

The Hospital and the Primary Health Centre in relation to a Health Service, from the standpoint of the General Practitioner.

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THE title of this paper suggests a means to an end, and I will first consider the end.

A Health Service contains a wonderful ideal in three words. The finest and most valuable national asset is the national health. A Health Service should work for and secure the health of high and low, rich and poor. More than that, a Health Service must work to maintain health rather than to cure disease. The benefits of medicine and surgery must be made available to all in the earliest stages of a deviation from health, for that it is easier to cure any illness in an early stage rather than in a late one is a truism which needs not to be laboured. A Health Service is, or must be, an organisation by means of which the full resources of modern knowledge are placed at the service of anyone not in good health and at the service of any member of the profession endeavouring to make the earliest possible diagnosis of a departure from health. A Health Service must not involve a whole time national service, nor must it ignore the varying capacity of the individual to make a return for services rendered.

So much for the end. Now as to the means.

Firstly, what now are known as preventive and curative medicine can in no wise be allowed to be separated, for the ends they serve are one. My friend and colleague, Dr. C. W. Ponder, will deal with that aspect of the health service which is more particularly connected with his specialism from the point of view of the Public Health expert. It is my privilege to speak concerning the point of view of so-called curative medicine.

The title of this paper mentions the Hospital, the Primary Health Centre, and the General Practitioner. On these three agents the curative services depend. The interdependence of the three and the general lines of their efforts have already been set out in Sir George Newman's memorandum and in the interim report of the Consultative Council.

Better still, the principles of those papers have been translated into working facts by the genius and enthusiasm of Dr. J. Middleton Martin, of Gloucester. Where the rest of us have hoped and dreamed, Dr. Martin has insisted and accomplished, and I offer to him the respectful admiration of the striving pupil for the acknowledged master. In November, 1919, fired by Sir George Newman's memorandum, I ventured to set a-rolling the controversial ball of a health service for Maidstone and district. We

have had many meetings in the past eighteen months, and we still have no organised health service, but we have, at least, an elected health council which is making its first work the consideration and organisation of such a service. By the courtesy and encouragement of your secretary, Dr. W. J. Howarth, I am here to-day, but I still feel that I am here under false pretences. I have always considered that he who reads a paper to a learned society should do so because he has some new thing of value to impart, and I have never yet found myself in that enviable position. To-day I make a débüt without satisfying my own criterion, and I confess my delinquency to you here and now. In the past eighteen months I have met with difficulties, and I foresee other and greater ones. It is of my difficulties that I speak, and to you that I look for advice as to how to meet them.

“Public health,” says the motto of the New York Department of Health, “is purchasable.” Precisely! And there’s the rub. Given unlimited finance I take it that the foundation and continuance of an adequate health service would be a comparatively easy affair. Unlimited finance is, however, an affair of mythology, and even Phrygian Midas begged release from his gift and subsequently, though for another reason, died of shame because his ears grew long like an ass. To-day, finance is anything but unlimited. Alike from tribune and press, as well from the man in the street as from the grim guardian of our pass-book’s skeletons, come unceasing calls for rigid economy and retrenchment. It would seem that the great renaissance of medicine which we are witnessing could hardly have occurred at a more inopportune moment. We are become a second House of Israel, and must fain make bricks without straw.

Whenever I have been able to persuade people that the idea of a Health Service is not a subversive and anarchistic doctrine, I have been met invariably with a second line of defence—“Yes; it sounds very nice and pretty, but who’s going to pay for it?” The hospital says: “If we are going to throw open our resources to all, irrespective of class, we must have extensive extra accommodation and equipment. We cannot bear our present burdens, still less dare we add to them.” The municipal authorities, the public, the ratepayers applaud the abstract idea of primary health centres, but dismiss it as a fantastic mirage; “Not another penny from us,” they cry. The practitioner caught between the upper and nether millstones of high prices and diminished spending capacity, views the scheme as an insidious attempt of socialistic dreamers to rob him of the little he yet may earn.

Public health is purchasable, but we have no money. Is that, then, to be the end? Is there no other thing which we may barter in kind to obtain our desire, despite our poverty? I suggest that to the former question we

must return a ringing "No," and that to the latter we may, if we will, advance a considered "Yes."

"The common problem, yours, mine, every one's,
Is not to fancy what were fair in life
Provided it could be—but, finding first
What may be, then find how to make it fair
Up to our means—a very different thing!"

It is certain that neither this year nor for many years can we, as a people, afford or attain to a perfect Health Service. But we may yet make a start. If each and every one would give to the fund of the common weal interest, readiness to work, tolerance, and freedom from suspicion . . . ? With the wealth of such gifts what wonders might not be wrought? The schemes of the interim report would cost more money than the country can afford. How far along the road to an ideal Health Service can we get with the aid only of existing facilities? It is to this point that I address myself.

First, as to the Primary Health Centre, which is generally admitted to lie at the root of an efficient Health Service. I have before me Schedule 10 of the Gloucester scheme, and I note that in the whole county only four new out-stations have been established. For the rest, use has been made of existing institutions. That seems to me to be the key to the present situation in regard to Primary Centres. Full use must be made of anything even remotely resembling a hospital in any given area, and only under the greatest pressure can we afford to establish a new centre or out-station. In some parts of the country, Maidstone and district for one, there is not the same number of existing institutions as in the Gloucester area, and the problem is correspondingly more difficult. Here is a matter where co-operation becomes vitally necessary. Consider the case of a large village or small town with no existing hospital. In this place there is already a medical inspection of school children, very probably an infant welfare centre, possibly a branch clinic for pensioners, and almost certainly one or two medical men. All these agents are carrying out their work independently, each with their own costs for housing and maintenance; costs already defrayed from existing sources. Their work is done at different hours and mostly on different days. It is surely not putting too great a strain on *amour propre* or personal independence to ask these agents to combine, pool their resources, diminish their expenses, conduct their several activities under one roof, and with the balance of their common funds maintain the nucleus of a Primary Health Centre. The village hall and the school premises may well come to the aid of the common weal, where no other adequate building is available, and here both the ecclesiastical and educational authorities have a great opportunity for public service.

Next as to the hospital. There is not, I suppose, a hospital in the country which has not cause to complain of inadequate premises, and that long waiting list which Sir George Newman has branded as "an anachronism, itself a condemnation of our inadequate hospital provision." It appears at first sight that it is not possible, out of the present funds, to provide the additional facilities for diagnosis, advice, and treatment which would be required by an adequate Health Service.

But is it so? The crowded premises and the waiting list are, I suggest, for a large part a matter of inadequate organisation rather than of inadequate provision. Much has been written and spoken of hospital abuse, and certainly the abuse of a hospital's charity by those who could well afford to pay for the services they receive is a matter which demands the most serious and urgent attention. I hope that the day of a sliding scale for payment by patients to a hospital is not far distant. But there is another abuse of hospitals, equally grave, and possibly more harmful to their work. There are far too many treatments being given in hospital which could just as well be carried out in the patient's home, or in a primary centre, or in a convalescent home. Every treatment so given in hospital is an abuse of the hospital and a curtailment of its power for good.

It is commonly assumed that the primary health centre would only make increased demands on the hospital, but I would point out that by filtering cases referred to the hospital, by carrying out the treatments advised by the hospital after reference, and by diminishing the number of cases fit for hospital as a result of its preventive activities, the primary health centre would go far towards relieving the congestion of hospitals which is now so apparent.

If the average stay of a patient in hospital be taken as twenty-one days, it is probable that at least ten of those days might well be spent out of hospital provided that intermittent medical inspection and elementary nursing were available during the period. This line of thought has been much developed by Lord Knutsford, and his solution is that every hospital should have attached to it a convalescent section in the country where rent, rates and upkeep are alleged to be less than in the town. That is a pretty idea, but for most hospitals it involves building, and building to-day is taboo. I suggest that full use is not being made of existing convalescent homes, and that, in some cases, improper use still further diminishes their power. It is time that a sort of Domesday Book of England's convalescent accommodation were compiled, and that to every hospital, according to its size, a corresponding fraction of the available convalescent bed accommodation should be assured. To-day all over the country the Poor Law infirmaries

are largely empty, and, in many cases, are being closed by the local authorities. If the stigma of pauperism were removed from the name, and their doors were thrown open to the hospitals for the latter's convalescent patients, here is a means ready to the hand to reduce the average stay of a patient in hospital by one-half or two-thirds; in other words, to double or treble the effective capacity of the existing hospitals.

The out-patient departments of hospitals, too, are unnecessarily over-worked. It is wrong that for months at a stretch a medical specialist should be required to write "Rep. mist." for the dyspeptics, neurasthenics, and debilitated who throng the waiting hall. Only such treatment as the hospital alone can supply should be furnished after the first visit by a patient. Treatment other than that, i.e., such treatment as can be given as well outside as within a hospital, should be furnished by the panel, the private practitioner, or the poor law.

I would also put forward a plea for reconsideration of the attitude which at present forbids the admission of cases requiring even the simplest dressing to so many tuberculous sanatoria and convalescent homes. This goes far to stultify their value and to engorge the hospital waiting lists.

Lastly as to the the general practitioner and the practitioner acting in a specialist or consultant capacity. We are an altruistic profession and at heart are proud of our altruism, though at times a cynical bitterness is apt to read "folly" for "altruism." There is, however, another side to the matter which cannot be ignored. In these times it is unwise and unfair to ask the profession to diminish their means of livelihood for the sake of an abstract and generally conceded ideal. Not once, but many times, and always with truth, has it been laid down that the goodwill and co-operation of the general practitioner are essential to any scheme for a Health Service. If the practitioner can be shown that the proposed service will provide an adequate return for his labours and will allow him to conduct those labours on lines agreeable to his professional independence, the greatest of all obstacles will be removed from the path. This question of payment for services rendered to the primary and secondary centres worries me. I can see that judicious and willing co-operation between the Insurance Commissioners, the Guardians, and the Ministry of Health will cover part of it, but I am still at a loss to find a means to cover the residue. I look forward eagerly to hearing from Dr. Middleton Martin how he has solved the problem. Perchance, like Bunyan's pilgrim, he has "kept in the midst of the path" and proved that the lions in the way "are chained, and are placed there for the trial of faith where it is and for the discovery of those that have none."

In conclusion, I wish to advocate the foundation and recognition of

Local Health Councils. The problems of a Health Service cannot be adequately considered and solved by the medical profession, or any section of it, alone. The laymen who control the local activities of the education, insurance, infant welfare, poor law, and other authorities, have waiting for us knowledge and experience with which we cannot dispense. We cannot and shall not make the most of the available resources without their help, and we must, therefore, from the first, have the benefit of their advice and approval. In Maidstone and district we have now a local health council composed of representatives of every branch of professional activity, and also representatives of the various county and municipal authorities interested in or working for the health of the public. I hope and believe that this Council will be of the greatest possible service to the cause. I am sure that its power would be infinitely greater were it one of a series covering the whole country. I have been told that the organisation of the British Medical Association, on the one hand, and the Health Committees of municipal and county authorities, on the other, are amply sufficient for the purpose, and that a council such as I urge is an unwarrantable entrenchment upon their ancient preserves. I deny both these assertions. A Health Service is, to quote the words of the interim report, "an undertaking which can be at once begun and steadily proceeded with, and at a rate proportional to the enlightenment and determination of local public opinion—lay and medical." To secure that enlightenment and to confirm that determination I submit that lay and medical men must meet and work on equal terms on a local health council. At the meetings of such a council the especial and peculiar needs and difficulties of a district can be discussed with first hand evidence available from those specially versed in each branch of them. From such discussions only good can spring.

Eighteen months ago I thought that the dawn of a real Health Service might well be at hand. To-day I feel that there is need for us to heed the call of sober reality rather than the lure of unfettered imagination.

Dr. JAMES WHEATLEY (Shrewsbury) said that his principal reason for taking part in the discussion was that in Shropshire they had a scheme for dealing with crippling conditions, which, in some respects, might be applied to general hospitals, with advantage. Before dealing with this scheme he would like to point out that "Health Centre" was hardly a proper term to apply to an institution dealing entirely with the sick. By such measures it would never be possible to build up a fit and healthy nation. The centres described by Dr. Lobb were centres for medical treatment, and should so be described.

The Shropshire orthopædic scheme consisted of a hospital, 14 after care centres, and a body of health visitors who acted as scouts. The health visitors searched out the cases and referred them to the after-care centres, from which they were drafted off to the hospital. The after-care centres carried out the treatment after discharge of patients from the hospital, and saw that the patients went back to the hospital when necessary. These centres were open once a week, a skilled orthopædic nurse always being in attendance, and the medical officer of the orthopædic hospital being in attendance at somewhat longer intervals.

Probably similar organisations were required in connection with general hospitals, so that a proper selection of cases for admission could be made, and the patients got in as early as possible, and particularly so that they might receive supervisory care after discharge. These organisations could not be properly provided unless the hospitals were linked up closely with the public health service. By such arrangements the present hospital accommodation might be utilised to much greater advantage, and considerable economy of beds made.

Another important matter which would lessen the amount of hospital accommodation required was the provision of district nursing service, composed of well-trained nurses, well educated and trained in public health. The district nurse should be at the top of her profession, and her training in hygiene and public health should be a real one. In a district so provided many cases that should otherwise be removed to a hospital could be kept at home. There was a great advantage in treating persons at home where this could be done without detriment. The influence upon the home was good, and the teaching of the nurse should be of great value. There was no corresponding improvement to the household when the patient was removed.

Dr. H. HANDFORD (Nottingham) advocated the closer co-operation between the great general hospitals and the authorities engaged in preventive medicine. Much of the work of the general hospitals was undertaken not only to relieve suffering, but to restore patients to health and efficiency, and by early effective treatment to prevent crippling disease. The increase of hospital expenditure was due mainly to the remarkable advances and developments in hospital treatment, which were expensive, and to the growth of special departments. The latter were wanted, but the cost was great.

The great question was whether hospital treatment of a preventive character was to be undertaken in "Ad Hoc" institutions financed by the rates, or by the closer co-operation of the voluntary hospitals.
