

THE LANCET.

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The Proposed Ministry of Health.

IN view of the imminence of a Parliamentary measure bearing on the coördination of the services of Public Health it is necessary for the medical profession to consider the questions involved in all their aspects. We reported in our issue of April 20th the views expressed at a special discussion held by the Royal Society of Medicine, and we have received communications arising out of that discussion which we should have published had not the Society determined to deliberate further on matters which are seen to be of prime importance to every section of the medical profession. The adjourned debate on the Future of the Medical Profession under a Ministry of National Health, to be opened on Wednesday next, May 29th, by Sir WILLIAM OSLER, will assist to a more general comprehension of the situation. Many of our correspondents, for example, write as if the erection of a Ministry of National Health implied a State Medical Service for all whose names appear on the Register. To advocate such a revolution and to cordially approve of the principle that a single Government Department of the first rank should have charge of the maintenance of national health are not the same things, and, for the sake of clearness, we trust that those who debate the proposed Ministry of National Health will bear this in mind, and will define clearly what they intend to discuss. A great waste of time may thus be obviated.

We print this week contributions from two whole-time health officers attached to the Royal Army Medical Corps, and therefore preferring to remain anonymous. Both our correspondents are men of intimate knowledge and large administrative experience, and the warnings contained in their communications should receive due attention in future schemes for the organisation of a Ministry of Health. They speak on principles rather than on details, but even on principles they differ fundamentally, showing the inherent difficulties there are in replacing by order what has become a magnificent muddle. The Senior School Medical Officer is ready to consider a scheme grading the various medical officers in a new National Health Service, and he is asking for a service based upon the pattern of the Royal Army Medical Corps, which also commends itself to Surgeon-General G. J. H. EVATT, whose letter appeared in our correspondence columns last week. A County Medical Officer puts forward substantial arguments for believing that reforms should begin at the periphery, immediate remedies being found for the more obvious defaults, when the great coördinating scheme could follow later, and digest the material in more assimilable form. His suggestion that increased executive powers should be given to County Councils is to the point,

for it is somewhat of an anomaly that the County Council is not exactly a sanitary authority, as is the council of a municipal borough or of an urban or rural sanitary district. There are signs, however, that this may be changed in the future, and that the county may, as a unit, perform more direct work in behalf of health, comparable to that which is now being done in the direction of the prevention of venereal diseases.

The British Medical Association have published in the form of a pamphlet the reasons proposed by the Association for the establishment of a Ministry of Health as one of the principal Departments of State, and add a plan for the constitution of such a Ministry. The scheme of the Association, which is thoroughly thought out both with regard to central and local organisation, shows, as would have been expected, a full appreciation of the impossible position suffered to-day by the individual member of the public and by the practitioner in regard to family treatment. Here the entanglement and overlapping are so great that we doubt whether reform by detail, as suggested by a County Medical Officer, can be calmly contemplated, inasmuch as such tolerance and patience would imply a new life for many separate examples of public activity which could well be fused into a common endeavour, with saving of time and personnel. The arrangements suggested by the Association for simplification show an intimate acquaintance with the practical troubles of the general practitioner, and should serve to bring out the one important underlying fact that if the energies of the general practitioner are hampered by unnecessary or mutually contradictory regulations it is the public which greatly suffers. The scheme of the British Medical Association postulates that the Ministry of Health, having a Minister of Cabinet rank at its head, should be supplied with an Advisory Council, and that this Council should be a statutory body including representatives of all the interests concerned, representatives of the medical profession among others. An Advisory Council, to be qualified to give advice or to be worth consulting, would have some such composition, but it must be made clear that the body has been constituted for the welfare of the public, and not to hold a watching brief for labour interests or medical interests. The functions of the Ministry would be discharged, according to the scheme of the Association, by a staff on which persons of equal rank have the care of the preventive and clinical sides of medicine, and the importance of this proviso is as evident in peripheral working as in central administration. We briefly summarise elsewhere a memorandum of the work of the Public Medical Service of Leicester, inaugurated a year and a half before the war began, which has also reached us this week. As telling the story of an organisation of undoubted efficiency and usefulness, which has been in existence throughout the war, the lessons to be learnt from Leicester are of practical value at the moment. They are evidence of how a local community can meet medical problems.

Public Health Training.

IN his Milroy lectures for 1918, of which we complete the publication in abstract this week, Professor H. R. KENWOOD deals with the wider aspects of training for the public health, and makes suggestions for a sweeping reform in our methods of teaching hygiene, not only to medical graduates and students who propose to enter the Public Health Services, but also to health visitors, sanitary inspectors, school teachers and others, who are now beginning dimly to appreciate the value of preventing disease and disability. He insists on the need of educating the community at large; and rightly, for at the root there is but one remedy for most of our social evils, including preventable ill-health. That remedy is knowledge. The tendency has been in the past to lay all the stress upon environment and not enough on the individual within this environment. If we can raise the standard of intelligence and knowledge of the man in the street he will not only look to the sanitation and hygiene of his own home, but will also see that his neighbour acts similarly. The cultivation of a health conscience among the masses is the most powerful agent for the attainment of these ends that we possess. In education we should properly start with the child, but before we can instruct the child we must obtain the teachers; and who is there to teach these teachers? Professor KENWOOD has thought out a solution of this difficult problem. He would begin by providing economical as well as efficient training for our medical officers of health. At the present time in London alone 10 schools or centres compete for the education of the 140 students who aspire yearly to diplomas in public health, and the resulting waste of public money is great. To avoid this overlapping and waste Professor KENWOOD outlines a practical scheme for a central Institute of Hygiene. When the health officers are in a position to put their knowledge into practice, he would pay them adequate salaries, and make their social status commensurate with the benefits they confer on the community.

Passing from the education of the public health officer to that of the school child, Professor KENWOOD outlines a practical scheme for training the children of elementary schools in hygienic habits. Nothing impresses the young scholar more than when one of his fellows is singled out for special duty. The appointment in each class-room week by week of a sanitary monitor to see to the opening of ventilators and the periodic flushing of the class-room with fresh air, to report on any accumulation of dust or of misuse of the sanitary conveniences, would be telling means of ensuring in these matters that practice which is so much more instructive than any precepts. The rôle of the school nurse, as well as that of the school doctor, is essentially a practical one. And on the education and position of health visitors, including school nurses, Professor KENWOOD makes

observations with which we are wholly in agreement. The health visitor is in large measure a hygienic pedagogue working amongst the members of the community, old as well as young. She has no clean-cut and easily defined duties to perform. She requires a working knowledge of physiology, of personal and domestic hygiene, of the special hygiene of the infant and expectant mother, of the essential facts of communicable disease, and of elementary first-aid. She should also know some sanitary law, as well as have a real acquaintance with the domestic sciences. Further, all this knowledge will fail in its application unless she knows much of the difficulties of the poor and of the various agencies concerned with child-welfare in the vicinity. The health visitor must also be able to take notes and keep records, and, above all, she must be tactful and resourceful. Judged from the standpoint of these requirements few health visitors secure a training sufficiently attuned to the needs of their future work. The hospital-trained nurse is not necessarily well equipped for the post of health visitor, a few months' intensive study at a special educational centre not being enough to make good her deficiencies.

Professor KENWOOD sees no justification for the tendency to develop unduly, or indeed specially, the health visitor's training in nursing, while his suggestions for training in other directions make large demands on the means and staying power of the prospective health visitor. He demands a minimum training of 16 months, four months of which are to be spent in a children's hospital, while during her last half-year the trainee is to pass at least one-third of her time at a welfare centre under skilled instruction gaining practical experience. Experience already shows that an all-round education and tact are the best qualifications for ultimate success as a health visitor, and medical officers of health and public health committees may do well to reconsider the practice of appointing trained hospital nurses alone to the more responsible posts. Preventive medicine must become more and more important in the near future, and in pointing out defects in its teaching and indicating lines for improvement, Professor KENWOOD has conferred a benefit on the community at large.

POLIOMYELITIS IN JOHANNESBURG.—In view of the outbreak in Johannesburg of infantile paralysis in epidemic form, and the probability of a return of the disease in succeeding years in the same locality, the municipal council recently voted £500 for the purpose of carrying out an investigation, obtaining, if possible, the services of a bacteriologist from the Rockefeller Institute of New York. As the greater portion of the research work which has already been done on this disease has been carried out at the Rockefeller Institute, it was thought that the employment of an investigator from that institution might possibly be the means of throwing further light on this malady. The South African Institute for Medical Research is prepared to contribute towards the total expenditure, which, it is estimated, will be in the region of £1000, that may be incurred, and contributions are expected from, the Government and other municipalities in the Transvaal.