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# MEDICINE AND THE PUBLIC 1910–1935

When King George the Fifth came to the throne he succeeded his father as Patron of the British Medical Association. He has no more loyal subjects and no more sincere admirers and well-wishers than the members of that Association, or, indeed, of the medical profession in general. Next week, when the Silver Jubilee is officially celebrated, a loyal address will be presented to him from the Association ; and this should remind us not only of His Majesty's patronage, of the fact that he, with the Queen, personally came to open the House of the Association in the year 1925, of his own constant interest in and care for the health and well-being of his subjects, but also of the great progress of the science and art of medicine and the enormous changes which have marked the relationship of the medical profession to the public during the past quarter of a century.

We publish to-day three short surveys of medicine, surgery, and obstetrics respectively over those twenty-five years from the pens of Sir Walter Langdon-Brown, Sir Cuthbert Wallace, and Dr. John Fairbairn. A similar review of the field of medico-sociology and public health would be no less interesting and suggestive. It is no exaggeration to say that since the year 1910 medicine, using the term broadly to cover the whole field of work of the profession, has not merely advanced as a science and an art, but has become the most important of our social services ; and the public health medical service has expanded from a relatively small group of doctors concerned mainly with general matters of environment, sanitation, and epidemic disease, into a very much larger group which, in addition to these matters, is concerned both clinically and administratively with particular classes of persons and kinds of illness specially important from the communal point of view. Happily also this extension of the public health service into a limited area of the clinical field has been accompanied by a recognition of the immense amount of preventive work which has been done and should be done by private practitioners, both general and special. A more intimate relationship between the service and the whole body of practitioners not officially members of it has thus grown up ; and, in spite of the obscurant reluctance of some local authorities, the day is appreciably nearer when private practitioners will be more closely and directly associated with public health work and utilized in that sphere to a much greater extent. The full significance of these changes and tendencies is perhaps not yet properly appreciated by members of public health, Poor Law, and education authorities or by the general public, but they are important characteristics of the period under review.

At the beginning of that period the school medical service was in its infancy. School medical inspection a year or two before had been imposed as a duty upon education authorities as regards public elementary schools, but medical treatment was as yet only a power, and a power only exceptionally acted upon. Shortly afterwards the provision of medical treatment also became a duty so far as elementary schools were concerned, and the duty of inspection and power of treatment were extended to those undergoing other forms of education. A little later attention was given to the medical needs of children in relation to their mental condition. The initiation of legislation with regard to mental defect was a momentous event, and though, owing to the interruption of the war years, practical application of the law was much more restricted than had been intended, it has more recently begun to have a wider beneficent effect. Other State enactments have recognized the value of early treatment in mental illness, and have enabled authorities to facilitate such treatment and to take other steps towards a more favourable dealing with persons of unsound mind in institutions. The recent general change of name of such institutions from " asylum " to " mental hospital " is an indication of the new spirit. Supplementing, or more correctly leading up to, these measures, a voluntary movement by the medical profession, associated with enlightened laymen, has created a real revolution by its insistence on the importance of mental hygiene and the recognition of the nature, the prevalence, and the need for treatment of the psychoneuroses in adults and corresponding maladjustments in children. The initiation of this movement is one of the most important events of King George's reign.

Another revolution in medical practice and in social welfare was signalized by the introduction of the first National Health Insurance Bill at the end of the first year of the reign. Great efforts by all concerned have been necessary to alter and adjust many of the features of the Act, but, through it, there has been established a system which, though still in need of improvement, has had the most profound effect upon the provision of medical attention for the workers of the poorer classes, and has within it the seeds of still greater developments. Similarly, the Local Government Act of 1929 has changed the administration of the Poor Law in its medical aspects as well as others, and is leading to the gradual establishment of a public hospital system which must have far-reaching effects. Space allows of no more than mention of the increased attention now paid to nutrition in general, to the milk supply, water supplies, housing problems, slum clearance, industrial diseases, and of the rise into the arena of public discussion of questions relating to conception and sterilization. Note should also be taken of the establishment under the auspices of the League

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of Nations of an International Health Department of great potential and practical use.

It is interesting to recall how far the British Medical Association has been concerned with these and kindred matters. It was the Association which was largely responsible for the initial impetus towards the establishment of a school medical service and of a Ministry of Health. The first Medico-Sociological Section at the Annual Meeting was held in 1910, and such a section has been a feature of each Annual Meeting since then. State insurance and the position of hospitals have naturally been prominent among the subjects discussed: others that may be noticed here include medical aspects of the Poor Law, a general medical service, the use of alcohol, mental deficiency, pure milk, fatigue in industry, the falling birth rate, sex education, the effects of motoring on health, defective hearing as a national problem, and the value of health propaganda. During the same period a number of expert special committees have been set up: among these were those whose reports on infant mortality, puerperal mortality and morbidity, drunkenness, psycho-analysis, mental deficiency, chronic arthritis, nutrition, early mental illness, medical education, osteopathy, and fractures have been published as Association pamphlets; and there are now sitting similar committees on the medical aspects of abortion, on vaccination and immunization, and on national physical training. This enumeration alone is sufficient to prove that the Association has taken a large and worthy part, during the past twenty-five years, in informing, guiding, and influencing public opinion, and in leading the profession itself to participate in necessary public health activities and in new social movements for the public good.

## VOLUNTARY HOSPITAL FINANCE

That happy phrase "a handsome surplus" once more describes voluntary hospital finance for the latest completed year—1933. *The Hospitals Year-book*[1] just issued states that in that year the hospitals of Great Britain and Ireland received close upon sixteen million pounds, reckoning both income available for maintenance and revenue for capital purposes, and spent something less than fifteen millions, leaving a surplus of £922,000, or £176,000 more than in 1932. But, like the occasional surplus of personal finance, this credit loses some of its rosy colour on a closer inspection. In London, for example, the surplus is diminished to £73,000—a mere bagatelle in a turnover of four or five millions—and in one-third of the London hospitals in 1933 there was a deficit on maintenance account, which is a danger signal in hospital finance. Indeed, these large, prosperous-looking aggregates conceal many hard cases. On paper the individual deficits disappear, being balanced by surpluses somewhere else, but in fact they remain as stubbornly as ever for the hospital concerned. Furthermore, of this increase in the surplus over the figure for the preceding year, the bulk goes to Ireland, and signifies, not a true increase in hospital revenue, but the mere accident that the distribution of the sweepstakes moneys came within this period.

Altogether, voluntary hospital finance has some disquieting features. Almost everywhere voluntary gifts are shrinking, if not in total, at all events in amount per available bed. Interest from investments, owing to the lowering of rates of interest after conversion, is shrinking also. The buoyant figures are largely attributable to legacies, and one wonders how long the line of generous testators will last. Only receipts for services rendered—that is, payment for public services and the contributions of patients—show a consistent upward tendency. In London in 1933 patients' contributions per available bed amounted to £71—a large gain on the year—and payment for public and other services, £20. The revenue for services rendered, so far as the London hospitals were concerned, was greater than that received from voluntary gifts, though that does not apply to other parts of Great Britain. Money is of the same colour, no doubt, whether it comes by way of patients' contributions or voluntary subscriptions, whether by payments for specific public services or by congregational collections, but in the enlargement of this item "Payment for services rendered," the voluntary hospitals will have increasingly to reckon with their municipal neighbours. As Sir Arthur Stanley says in his foreword to the *Year-book*, it is impossible to disguise the fact that, whatever the financial situation may be, administratively the voluntary hospitals have reached an important stage in their history, finding themselves no longer in sole possession of their field. New relationships with the municipal authorities have to be made, and a large measure of joint action is necessary. "The voluntary hospitals, through their representative association, are making efforts to meet these new responsibilities and to bring about arrangements between themselves and the municipal authorities to the benefit of the health of the nation as a whole and to the pockets of all concerned, whether as voluntary donors or as ratepayers." The voluntary hospitals are also learning the value of joint action among themselves in matters of a domestic character. One result of this has been to secure a measure of recognition of the work they do in connexion with road traffic accidents; another is the promotion of the Bill now before Parliament to enable hospitals in whose trust deeds there are restrictive clauses to obtain powers to establish beds for paying patients. With regard to payment for road traffic cases, Sir Charles Harris, the honorary financial consultant to the Central Bureau of Hospital Information, estimates that 25,000 such cases were treated in 1934, at a cost of £235,000, of which a total of £110,000 has been recovered, as to three-quarters of it under the Road Traffic Acts and the common law, and as to the remainder from the patients or their friends.

[1] *The Hospitals Year-book, 1935.* Central Bureau of Hospital Information, 12, Grosvenor Crescent, S.W.1.

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A word should again be said in praise of the careful statistical compilations. Even the most unimaginative can get some impression of the immense services rendered by the voluntary hospitals as these regiments of figures march past. In close upon 1,000 hospitals in 1933 the number of new in-patients was 1,233,986, and of new out-patients, 5,657,759—in each case representing large increases on the year. There is no doubt a good deal of duplication in these figures, but on the face of them it appears that one person out of nine in Great Britain and Ireland attended an out-patient department of a voluntary hospital in 1933, and one out of forty occupied a bed in the wards, while 984,276 surgical operations under a general anaesthetic were performed.

## NEW HOUSES FOR OLD

Outwardly residential London may appear much the same as it did at the beginning of the present reign, but in fact one family out of every four in London is living in a post-war house. That is one of the many interesting facts to be gathered from the second volume of the Annual Report of the London County Council for 1933,[1] which deals principally with the Council's housing activities. The Council itself in thirteen years has built more than 54,000 houses and flats, and the estimated population of its dwellings is 379,530, equal to more than 8 per cent. of the population of the administrative county. Since 1920 private and public enterprise in Greater London has provided 448,789 houses, about a quarter of which have been put up by the various local authorities. On the outskirts of London there have grown as magically as the bean-stalk a number of "council towns"—large cottage estates owned and administered by the County Council—one of which, Becontree, on the border of Chadwell Heath, in Essex, compares in population with Norwich or Gateshead. Here, on an estate four square miles in extent, the London County Council has erected 25,000 working-class houses. Another estate, St. Helier, in Surrey, has 9,500; Downham, in Kent, some 8,000; and there are others. Whatever may be said about the "council house," this development means that many thousands of people are living in dwellings which meet the minimum demands of sanitation and comfort, and are living also in healthier surroundings, where gardens are encouraged, parks laid out, and provision made for sports, gymnasiums, and community centres. But the provision of cottage estates is not enough. Many working-class people in undesirable tenement houses are compelled to live near their work, or for other reasons are disinclined to seek such far-away elysiums. The L.C.C., therefore, has for years past devoted itself to slum clearance and the rehousing of dispossessed persons on or near the site, and for the ten years beginning April, 1934, it has set itself to a policy of slum clearance and improvement necessitating the demolition of 33,000 houses, the erection of 58,000 houses and flats, and the rehousing of over a quarter of a million persons. The provision of new houses for old does not necessarily solve the slum problem. No doubt County Council ownership and supervision will prevent any lapse into slumdom, but one has heard strange reports of houses erected in outer London suburbs by speculative builders—reports of cheap materials, unseasoned wood, cracking walls, and warping doors. The old tenement houses had at least a certain building quality. The slum problem may easily return in a few years in a new environment unless vigilance is exercised. But the record of the London County Council in the matter of housing is one of substantial and enduring achievement.

[1] London County Council. Annual Report of the Council, 1933. Vol. ii. Public Health—General Matters of Public Health, Main Drainage, and Housing. (1s.)

## POST-MORTEM TECHNIQUE

During the second half of the last century pathology and morbid anatomy were almost synonymous terms, and in this country the clinicians were the pathologists. With the rise of the various branches of pathology morbid anatomy lost its pride of place, and the teaching of pathology passed largely from the clinician to the professed pathologist; but the old tradition linking morbid anatomy with the clinician lingered, and in some schools the making of post-mortem examinations is still the cherished prerogative of the physicians. The tradition is a good one and is worthy of being preserved, provided always that those who follow it remember that morbid anatomy is still a living study and not merely a demonstration of the anatomical cause of death. To our forefathers morbid anatomy provided the one great avenue of advancing knowledge that was open to them in addition to purely clinical observation, and those who were lucky enough to have the chance spent, often enough, more time in the post-mortem room than in the wards trying to reclothe the dead bones and force them to tell the story of their decay. Thus did such men as Paget and Wilks lay the foundation of their greatness, and only those who are willing to follow in their footsteps have the right to claim that they are passing on the torch of that old tradition. This, however, is not to suggest that necropsies should only be made by those who have the time to make a special study of the subject, for that would mean the loss of a great deal of information of inestimable value; indeed, no praise can be too high for those who, being deprived of the help of a skilled pathologist and being themselves without the easy precision that comes only with daily practice, do what they can to acquire that knowledge which only a necropsy can give. While everyone is agreed that the examination should be as thorough as possible and that all available information of value should be obtained, yet, as every pathologist who is asked to report upon post-mortem material knows, it is quite common to find that some point that proves essential has been overlooked at the necropsy. This is in most cases due not to any real lack of care, but rather to a haphazard technique and want of appreciation of apparently small points whose importance is only recognized after the damage is done. Our thoughts have been turned in this direction by a pamphlet prepared by Dr. W. G. Barnard for the help of those keen clinicians in the service of the London County Council who have the opportunity to make their own post-mortem examinations. In it he describes his own technique, giving a concise and

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clear account of the simple measures by which a thorough examination may be carried out. A post-mortem examination when made by Dr. Barnard seems the easiest thing in the world, and his description makes it seem very simple to the reader ; in practice it is of course less straightforward, but there must be many who, if they follow Dr. Barnard's advice, will find their examinations greatly simplified and much more informative. The pamphlet should be of great value to many besides those for whom it is primarily intended, and we hope that it may be made available for a much wider circle of readers. By a coincidence we have received almost by the same post a little book on the same subject, by Dr. D. R. Coman,[1] describing for the benefit of Canadian students and practitioners the technique of post-mortem examination as practised in the Pathological Institute of McGill University at the Royal Victoria Hospital, Montreal.

## ON PAYING THE PIPER AND PLAYING THE GAME

There were those in 1911 who, when the medical profession was faced with a great crisis in its affairs, insisted very loudly on the principle that he who paid the piper should call the tune. The same insistence is still to be heard to-day, and a constant vigilance is necessary to ensure the recognition of the principle that the co-operation of the piper is a somewhat vital factor in the bargain. An unwilling or discontented piper may pipe a tune that is lacking in harmony ; a whole company of unwilling or discontented pipers might safely be expected to produce a result that would be hideously discordant. Those who insisted in 1911 on the principle of the payer calling the tune were up against a little difficulty. Fifteen millions of prospective insured persons were not organized as such ; the employer and the taxpayer, both of whom came under the definition of payer, were not organized at all. Fortunately the medical profession had an organization ready at hand, and, as noted recently in these columns by so shrewd and competent an observer as Dr. G. F. McCleary—a former high officer in the medical hierarchy first of the Insurance Commission and then of the Ministry of Health—the scheme of national health insurance moulded on the German model had to be radically altered before it could be made to serve in this country. And, says Dr. McCleary, it was the medical profession which did the insisting. The fundamental principles which distinguished the British scheme from those of its predecessors are now so inherent in the working of the scheme that those who did not go through the heat of the battle in 1911, or those who have entered the ranks of the profession at any time during the last twenty years and have not seen the moulding and development of the scheme and the way in which it has come to bear the impress of the profession, are apt to think that all these things just happened. They observe—and take it as a matter of course—that the cash benefits and the medical benefits are divorced for the purposes of the administration ; that the great approved societies throughout the land have no voice in and control of the medical service apart from a majority representation on the insurance committees ; that when complaints against doctors are heard the medical members on the tribunal have an equal voice with the representatives of the insured persons ; that where excessive prescribing or laxity in certification is alleged the panel committees—the doctors themselves—make the ensuing investigation ; that throughout the whole administration, central and local, the representatives of the medical profession take a significant share in the conduct of affairs ; and that, in particular, the Minister, when practitioners appeal or make representations to him, calls to his assistance the services of a standing medical advisory committee. Now, as we have said, these things do not merely just happen, and whenever any proposal is made affecting the medical service for the insured, from whatever quarter it comes, the first question the Minister has to ask himself is—"What have the duly accredited representatives of the insurance practitioners to say about this? What are the views of the Insurance Acts Committee of the B.M.A., which receives its mandate year after year from the Annual Conference of Panel and Local Medical Committees?" We began these reflections with a reference to the piper and the tune, and the same proverb may be examined from another angle. There are some people, suffering from a particular form of meanness, who are content to let the others pay the piper and to share in the enjoyment of the piper's performance without payment. This class of person may be observed at open-air performances at the seaside omitting to pay for his seat. If membership of the B.M.A. is highly desirable in the case of general practitioners as a body, it is surely essential for every insurance practitioner. It is of the essence of collective dealing in such a vast scheme as that of national health insurance, where there are so many large and conflicting interests, that a body representative of the profession—the very pivot of the whole scheme—should be organized and strengthened to the utmost. Every member of the profession who refrains from making his contribution is a potential source of weakness.

## ROCKEFELLER MEDICAL FELLOWSHIPS

The Rockefeller Medical Fellowships for the academic year 1935–6 will shortly be awarded by the Medical Research Council, and applications should be lodged with the Council not later than June 1st. These Fellowships are provided from a fund with which the Medical Research Council has been entrusted by the Rockefeller Foundation. Fellowships are awarded by the Council, in accordance with the desire of the Foundation, to graduates who have had some training in research work in the primary sciences of medicine, or in clinical medicine or surgery, and are likely to profit by a period of work at a university or other chosen centre in the United States or on the Continent of Europe, before taking up positions for higher teaching or research in the British Isles. A Fellowship held in America will have the value of not less than £350 a year for a single Fellow, with extra allowance for a married Fellow, payable monthly in advance. Travelling expenses and some other allowances will be paid in addition. Particulars and forms of application are obtainable from the Secretary, Medical Research Council, 38, Old Queen Street, Westminster, S.W.1.

[1] Montreal: Renouf Publishing Company. 1935. (1.40 dollars.)

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## BALANCED DIETS FOR INDIA

We have before us Pamphlet No. 7, entitled " Balanced Diets," prepared and issued by the Bombay Presidency Baby and Health Week Association.[1] It represents the results of an attempt made with the co-operation of Sir Robert McCarrison and others to devise, by actual feeding experiments in school children, a diet that will satisfy physiological needs at a cost of from 5 to 7 rupees per month. In this attempt Dr. Tilak and his associates appear to have attained a high measure of success by the inclusion with the staple food grains, in common use by the people of India, of soya beans, dried skim milk, rice polishings, fresh ground nut cake, and preparations of sprouted seeds. The children of the Byramjee Jeejeebhoy Home, Matunga, Bombay, have " been living on this diet for the last eighteen months. They show a definite and steady increase in the rate of their growth which is over and above what might have occurred on their old diet. Their health is also well maintained ; all this has been brought about without increasing the total cost of food per child." This diet was tested on young rats by Dr. H. Ellis Wilson, professor of biochemistry and nutrition at the All-India Institute of Hygiene and Public Health, Calcutta, and found to be excellent as judged by the growth of the animals and their freedom from disease. In a foreword to the pamphlet Sir Robert McCarrison says of it: " It is accurate in detail, makes use of existing knowledge of food and nutrition in a way most admirable, and goes far to solve the problem facing millions of people in this country (India): how to obtain a reasonably good diet for 5 to 7 rupees a month. It should be circulated widely, its principles taught in the schools and practised in the homes of the people. If this be done, great benefits will accrue to those whose need is greatest—the poorer classes." We congratulate the Bombay Presidency Health Association on this practical demonstration of what can be effected in improving the diet of the Indian people by the prudent application of existing knowledge.

## SIR PETER CHALMERS MITCHELL

Many middle-aged medical men who were students at the London and Charing Cross Hospitals in the nineties of last century will have pleasant recollections of their introduction to biological science by Sir Peter Chalmers Mitchell, who for some ten years was lecturer in biology and examiner in zoology at London University and the Royal College of Physicians, and has just retired from the secretaryship of the Zoological Society of London, to which post he was elected in 1903. Those of us who have maintained our interest in biology and have been able to keep in touch more or less with the Zoological Society during the last thirty years have watched with increasing pleasure and satisfaction its sustained advance in economic prosperity, scientific authority, and the ever-increasing range and variety of exhibits which, in the London Gardens, now include representatives of the animal kingdom from land and water all over the earth. Mitchell was the first secretary to apply the principles of modern sanitation to the housing and feeding of menagerie animals and to utilize to the full the opportunities afforded in a great zoological collection for the advance of anatomical science and medical zoology. And to this end he gathered around him in council great doctors, of whom Bland-Sutton, Elliot Smith, Leonard Hill, R. T. Leiper, J. P. Hill, and the late Andrew Balfour are perhaps best known in our generation. They gave expert advice in their particular professional capacity and were instrumental in forming a permanent " liaison " between the Zoological Society, the Royal College of Surgeons, the London School of Tropical Medicine, and other institutions, which is advantageous to all parties and to private students of anatomy, pathology, and parasitology. The increase in material and prosperity of the Society made it possible to found research scholarships in anatomy and zoology whereby anatomists and zoologists—some of whom now hold positions of distinction—have gained their early opportunities for original research in the laboratories of the society. Moreover, we owe to Mitchell's foresight, initiative, and courage the preservation of perhaps the finest of England's beauty spots within easy reach of London as a sanctuary for animal life and zoological park for the delectation of future generations of nature lovers in England. Sir Peter has been the pioneer in animal welfare not only in menageries but in the Dominions also, where his great authority in his capacity as vice-president of the Society for the Preservation of the Fauna of the Empire has contributed in no small measure to the provision of nature reserves in which the indigenous fauna can be saved from extinction in localities where their preservation does not conflict with human welfare.

## MILK IN SCHOOLS

The strenuous efforts that have been made in recent years to educate the farmer and dairyman in the production of milk have resulted in a uniformly improved standard. This fact is not, however, widely appreciated, for only a few consumers have followed the developments in the industry in such a way as to appreciate the changes that have ensued. The introduction by the Marketing Board of the "Milk in School" scheme offers a suitable opportunity for diffusion of this information via the school children to the general public. The Preventive Medicine and Agricultural Advisory Departments of the University of Bristol are accordingly providing a short course on " clean and safe milk " for school teachers. The subjects dealt with comprise the details of production, nutrient values of milk, milk products and ice cream, health and disease in the cow, the means of increasing the safety of milk, storage of food, etc. Accompanying the syllabus there is a brochure on milk as a food, written in simple language for children under 12 years of age, with a supplement intended for those over 12 years. The children are invited to write essays or make drawings (suitable for posters) upon the subject " A Glass of Milk," and prizes will be awarded to senior and junior boys and girls.

[1] B. D. D. Chawl No. 10: Delisle Road, Bombay, No. 11. (4 annas.)

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