

# How soon is now? Public health and the *BMJ*

Dorothy Porter

In the *BMJ* on the eve of the Public Health Act 1875 medicine's parliamentary champion, Lyon Playfair, honoured the contribution of physicians to securing the public health, while bemoaning the thanklessness of their task. "Each new confidence is bestowed under protest and is yielded after much show of suspicion," he complained, assuring his readers that

If you were to believe the speeches which are made, medical men, instead of being the saviour of humanity, are the enemies of mankind. The country is determined not to be ruled by them, and yet is continually bestowing upon them increased powers. What does all this mean?<sup>1</sup>

The answer was that the body politic was simply acting like an individual patient resisting treatment:

The public officer of health has to deal with the body politic just as the private physician has to deal with the body of an individual. . . communities are acting like individual patients. They try to resist the admission that they are in a state which requires an abnegation of their own will, and a submission to the orders of their medical advisers. They kick against the need, but yield while they kick.

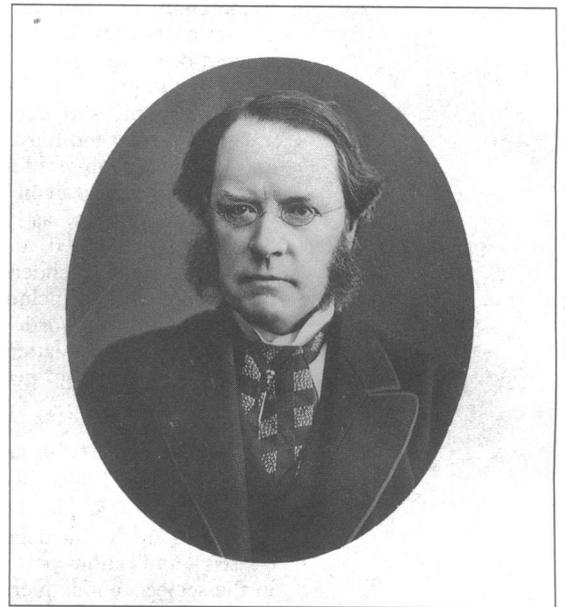
Eventually, however, Playfair confidently predicted, society would become a well behaved patient, thereby making public health "a great field open to growing medical men."

Throughout the Victorian age the *BMJ* represented public health as a high humanitarian calling but one experienced by medical men as a battleground. The doctor working in public health was portrayed as the victim of vested interests, vulnerable to the whims of central and local government and subjected to the hostility and prejudices of his "patient," the community. Early editors backed all measures that furthered the medical regulation of the community and deplored politicians' failure to take rational professional guidance—especially as urged by the BMA.

Thus the *BMJ* became a vocal defender of the faith in prevention of disease, a cause perceived from the outset as the province of doctors rather than philanthropists, engineers, or bureaucrats. On the setting up of the General Board of Health in 1848 the journal echoed Henry Rumsey's outrage that the nation's health had been entrusted to "two lords and a barrister." When, by contrast, John Simon, a favourite of the London hospital elite, was appointed the nation's spokesman for the public health the journal consistently praised his reports, while agitating for faster progress.

## Defenders of the filth

Simon's Sanitary Act 1866, judged the journal, proved that in respect of the "reciprocal relations that subsist between dirt, disease, drunkenness, pauperism and crime," enlightenment was finally replacing apathy—"better late than never." But it was still dissatisfied by the confusing sprawl of incoherent legislation, which failed to clarify the responsibilities of respective local authorities for public health.<sup>2</sup> Editorials demanded a comprehensive system of compulsory rather than permissive legislation and helped in the campaign that resulted in the establishment of the Royal Sanitary Commission in 1868. In an era before medical officers of health had gained their own unified professional organisation the *BMJ* remonstrated against their job insecurity and exposed recalcitrant local authorities as reactionary "defenders of the filth."<sup>3</sup>



Lyon Playfair (1818-98)

Nineteenth century public health legislation continued to disappoint. When provincial sanitary authorities were established in 1872 and appointments for medical officers of health were made compulsory the *BMJ* immediately pointed out critical weaknesses. The public health act failed to combine sanitary authorities into sufficiently large districts to be effective and thereby enable them to appoint full time officers. Above all the journal audibly groaned as its long time bête noire, James Stansfield, was appointed head of the new Local Government Board in 1871.

## Misguided philanthropy

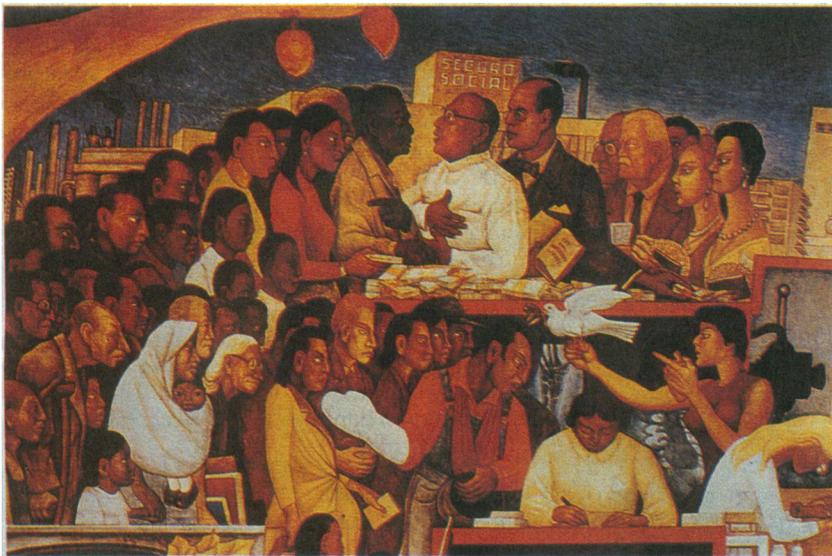
Stansfield had been a parliamentary spokesman for both the Anti-Vaccination League and the National Association for the Repeal of the Contagious Diseases Act. He was often depicted in the journal as the epitome of misguided philanthropy, leading society astray from the path of scientific rationality. Ernest Hart, the editor at the time, by contrast waged a personal campaign in support of vaccination, publishing his own articles and statistics and ridiculing the opposition at every opportunity. Anti-vaccinationists were dismissed as cranks and fanatical individualists.

The journal expressed its regrets that Simon did not join the campaign to extend the operation of the Contagious Diseases Act to non-military towns. It consistently advocated compulsory detention of infected prostitutes. William Acton's contributions in the journal characterised repealers of the act as benighted moralists determined to silence those attempting to end sexual ignorance. On the success of the repeal campaigns the *BMJ* uttered a long lament: when would the commonsense of medical science prevail politically?

By the turn of the century, however, this question was becoming complicated by the widening of the professional gap between preventive and curative medicine. The BMA had supported doctors working in public health, but after 1889 medical officers of health had their own professional organisation, the Society of

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"People's Demand for Better Health" by Diego Rivera (1953)

Medical Officers of Health, and their own journal, *Public Health*. Traditional solidarities subsequently fractured.

Registering the fears of a clinical profession feeling threatened by the dramatic expansion of public health departments in local authorities, the *BMJ* was soon warning that "a State medical service is at present coming into this country by stealth . . . each time the state sets up a new *ad hoc* salaried service it is lopping off something from the responsibilities and duties of the private doctor."<sup>3</sup> Not surprisingly, therefore, in 1920 the journal wholly supported the Dawson report, hoping thereby to "stave off the demand made by academic people and others to nationalise the medical profession."<sup>3</sup> Dawson proposed a unification of preventive and curative services designed to give independent general practitioners who were contracted, not salaried, the central role within a system of primary and secondary health centres.

### Social medicine

A generation later, in the in-fighting over the setting up of the NHS, the journal likewise championed "the strong individualism which is characteristic of British medicine and is responsible for its finest achievements," backing medicine's battle against the "modern dogma" of the "worship of the State."<sup>4</sup> In 1948 the clinical profession secured its freedom, and the public health profession utterly failed to influence events. This failure resulted, in part, from loss of intellectual authority in the face of the rise of the new academic discipline of social medicine.

The *BMJ* published some of the earliest definitive statements by John Ryle, the first professor of social medicine at Oxford. Ryle described the new discipline as clinical medicine applied to aetiology through an analysis of social pathology. But the journal remained unimpressed:

The broad idea of "social medicine" is of course not new, and it may be interesting to recall here the proposal made in 1908 that the B.M.A. should form a Section of Medical Sociology as one of the Sections of its Annual Meetings.

The new specialism was just another sign of the times: "there is a regrettable tendency nowadays to belittle the clinician."

Such problems raised themselves decisively when the NHS faced a major reorganisation at the end of the 1960s. From the 1950s public health doctors and social workers had become locked in battle over the "social component of health." In 1968 the Seebohm Committee on local authority services and the Ministry of

Health's green paper on the future of the NHS, both endorsed the demand for raising the professional status of social work into a separate sphere.

The *BMJ* warned of the grave implications of autonomous social services departments, not merely for those public health doctors most directly undermined but for the role of the doctor in family health as a whole. The issue, it noted, "goes far beyond simply depriving medical officers of a function." For the "transfer to lay staff . . . of medical and social functions now carried out by doctors raises questions of principle which are of concern to all doctors."<sup>5</sup> What was this principle?

Whatever social scientists may believe, when in trouble patients turn first to their doctor; and they look to him to sort things out. The report (Seebohm) is apparently horrified that the doctor should be expected to lead the team coping with personal problems. Doctors believe that this is their responsibility, and ask only for the chance to have the staff to get on with the job. The public would almost certainly agree with them.<sup>6</sup>

Evidently, the journal had taken to heart the message that Playfair had issued back in 1875:

Perhaps even more than the priest, the medical attendant becomes a confidant of the inner circle . . . a physician should look upon medicine as a sort of religion, and on himself as a priest of humanity, bound to spread his sphere of usefulness to all within range.<sup>1</sup>

The "lay staff," or the social workers, within public health departments did not share this view, and the 1974 NHS reorganisation redefined the role of the community physician as a specialist health strategist in the integration of services. As early as 1976, however, the *BMJ* was publishing a series of articles by community physicians who were discovering that their new specialty was a fiction. Having abandoned environmental prevention community physicians were left with no legislative authority; personal preventive medicine had been taken over by general practitioners, and the execution of service management in an era of severe financial cuts simply alienated assistant medical officers, district community physicians, and state certified midwives from their clinical colleagues.

Hence by 1980 the *BMJ* was pointing out that the objectives of community medicine had not been



John Ryle, FRCP (1889-1950). First professor of social medicine at Oxford

achieved. Instead of formulating policies for the promotion of health community physicians had become enmeshed in managing health service delivery. Boundaries had become blurred. "Where does the

function of the community physician end and that of his colleagues on the district management team begin?"<sup>7</sup> The opportunity for implementing specialist knowledge of disease prevention and health promotion had been lost, especially after the introduction in 1984-5 of general management after the 1982 Griffiths report.

Outbreaks of salmonella infection in Wakefield and legionnaires' disease in Stafford in 1984-5 exposed disturbing disarray in disease prevention. AIDS has further concentrated the public imagination on that old discipline that the World Health Organisation has decided to restyle the "new public health." The recent Acheson report also reflects the current eagerness for revitalising public health, though John Ashton, in his editorial, has pronounced it a "missed opportunity."<sup>8</sup>

### The new public health

There is a consensus for abolishing community physicians and bringing back public health doctors with a remit for surveying the state of health in a district; coordinating preventive medical functions, especially those concerned with infectious disease; and telling local authorities and the health services what is to be done. The *BMJ*'s hearty enthusiast for the new public health believes that the participation of those non-statutory bodies that have provided most of the stimulus in recent times must also be a priority in the pursuit of health for all. Ashton further claims that the Acheson proposals would gag directors of public health by relegating advocacy of health to "the annual report." Rather public health doctors should be permitted to speak out freely and represent community interests in all health controversies. All in all, the *BMJ*'s spokesman is disappointed:

We need a new type of practitioner for the new public health. The new public health is about giving away knowledge, power, and skills; it is enabling individuals and communities to take control of their own health.<sup>8</sup>

Thus today's *BMJ* offers a radically new representation of public health. Gone are the belittled clinicians reaching out to become Playfairian "priests of humanity" under the moral mantle of public health as a preventive medical specialty. Now the *BMJ* is telling its readers, right between the eyes, that "we need to start again on neutral territory with a genuinely interdisciplinary and intersectoral directorate." Most importantly, technicians of all varieties, including medical people, must rethink their role because "in the new public health, professionals should be on tap not on top."

Echoing its nineteenth century editors, the journal continues to ask: when will it be time for "health now?"

### *The Convalescent* (1919)

Gwen John (1876-1939; British)

*Gwen John was living in Paris at the the turn of the century, yet she was unaffected by the artistic revolution around her. Throughout her life her work remained figurative yet highly original. It owed much to her training at the Slade with Henry Tonks, who taught her to draw, and in Paris with James McNeill Whistler, who showed her the importance of tonal values. Lacking her brother Augustus John's flamboyance, Gwen's painting nevertheless has a strength that derives not only from the underlying structure but also from the subtle handling of paint and muted colour. "The Convalescent," of which she made several versions, illustrates these strengths well, with a characteristic inner quality and stillness.*



### CLASSIC OF THE DECADE

1914: Casimir Funk's *Die Vitamine, Ihre Bedeutung für die Physiologie und Pathologie, mit Besonderer Berücksichtigung der Avitaminosen*. Wiesbaden: J F Bergmann.

- 1 Playfair L. An address on the relation of medical men to the state. *Br Med J* 1875;ii:735-6.
- 2 Anonymous. The pursuit of health under difficulties. *Br Med J* 1866;ii:311-2.
- 3 Anonymous. Future provision of medical services. *Br Med J* 1920;ii:800-20.
- 4 Anonymous. The Health Service Bill. *Br Med J* 1946;ii:489-91.
- 5 Anonymous. A new structure. *Br Med J* 1968;iii:197-8.
- 6 Anonymous. Doctor or social worker? *Br Med J* 1968;iii:265-6.
- 7 Anonymous. Community medicine: a second chance? *Br Med J* 1980;281:826.
- 8 Ashton J. A missed opportunity for the new public health. *Br Med J* 1988;296:231-2.

