

THE MINISTRY OF HEALTH: FOURTH ANNUAL REPORT.

THE report of the Ministry of Health for the year ending March 31st, 1923, has now been issued.¹ Following a prefatory note the report is divided into five parts—(1) Public Health, (2) Local Government and Local Finance, (3) Poor Law, (4) National Health Insurance, and (5) the Welsh Board of Health.

Expenditure on health services was less than in the previous year, mainly owing to downward movement in prices and rates of interest, partly also to closer examination of institutional expenditure. The assisted housing scheme under the Act of 1919 was almost complete, over 154,000 houses having been erected at an average cost of £1,080 per house. There still remained 17,000 houses to be dealt with, of which over 13,000 tenders had been approved and over 9,000 had been started. Prevention of unemployment and supervision of relief of distress involved a total authorized expenditure of £24,000,000 by local authorities, over £8,400,000 being for works to provide employment. The Rockefeller School of Hygiene scheme is so far advanced that the transitional executive committee is to be replaced under Royal Charter by a permanent governing body, and preliminaries relating to the erection of the buildings on the site at Bloomsbury are being dealt with. The Voluntary Hospitals Commission has disbursed £421,000 of its half-million Exchequer grant, and regards the maintenance income as satisfactory, new and regular sources of revenue having been opened up in many areas. Urgent need, however, remains for additional bed accommodation. Many special inquiries have been conducted by the Ministry during the year, and have been the subject of reports separately issued.

PUBLIC HEALTH.

This section of the report covers a wide field.

Tuberculosis.—Concerning tuberculosis it is gratifying to learn that notifications and deaths, both from pulmonary and non-pulmonary forms of the disease, show a very notable diminution. In 1915 primary notifications of pulmonary tuberculosis numbered 68,309, and in 1918 a maximum of 71,631 for the period under notice was reached, but since then there has been a steady diminution, so that for 1922 the notifications are reduced to 53,422. In non-pulmonary tuberculosis 1915 had 22,283 notifications, and 1916 had 22,799. That was the highest figure, and the past three years have been well under 16,000, the exact numbers being 15,488, 15,368, and 15,837. Coming to deaths, the fall in the past five years is also satisfactory. In 1915 they numbered 40,803, and by 1918 they had risen to 45,338. There was then a remarkable drop to 35,984 in 1919, and the minimum of the period came in 1920, when the deaths were 32,791, but in 1921 they were 33,505, and in 1922 33,919. Deaths from non-pulmonary tuberculosis have diminished even at a more rapid rate, the figures for the eight years 1915-22 inclusive being as follows: 13,492, 13,089, 13,599, 12,735, 10,328, 9,574, 9,173, and 8,858. The deaths in 1922 were therefore less by fully a third than in 1915. One of the Ministry's medical officers visited Geneva in connexion with the Spahlinger treatment, and the clinical results warrant further investigation so soon as a supply of the complete serum and vaccine is available.

Veneral disease also appears to be declining. At the treatment centres in England only, the patients dealt with for the first time were in 1920, 99,000, in 1921, 79,000, and in 1922, 68,600. For syphilis the three years' figures were 40,000, 30,000, and 23,700 respectively; for gonorrhoea, 38,000, 30,500, and 27,500; and for soft chancre, 2,000, 1,500, and 900. The attendances at the centres show no diminution in 1922 as compared with the mean of the two previous years, and this indicates a laudable tendency not to discontinue treatment too soon, the same feeling being indicated by the fact that of patients submitting to examination 24 per cent. were found not to be suffering from venereal disease in 1922, as against 19 per cent. in the year 1920.

Other infectious diseases are notable mainly for the fall in scarlet fever and diphtheria in 1922, and the increase in cases of small-pox. The small-pox cases were 979, the chief centres being Middlesbrough 240 cases, Ilkeston 108, London and neighbourhood 78, Doncaster 51, Belper Rural District 49, Oldham 46, and Saddleworth 45. In the provinces the type was extremely mild, though severe cases occurred; in London it was of extreme virulence. That outbreak is referred to in our notice of Sir William Hamer's report (p. 423).

Maternity and child welfare receives much attention in the report. In 1921 a minimum infant death rate of 83 per 1,000 births was achieved; that of 1922 is still lower, being provisionally stated as 77, and it is reasonably claimed that infant welfare work has played an important part in the reduction. While financial stringency prevents large extensions of the work, close scrutiny of expenditure and more efficient administration are being practised. The maternity and child welfare grants for 1922-23 amounted to £785,204, and 436 local authorities are administering schemes. Details are given of the qualifications now required for health visitors, of whom there were 3,508 on March 31st, 1923, being an increase of 130 during the year. Nearly 300 additional are still required to bring the number up to the Department's standard of one whole-time officer for every 400 births. On the midwives' roll there are 51,565 names in England and Wales, of whom 12,422—less than a fourth—gave notice of intending to practise. Midwives notified 54 per cent. of the births in 1921, made up of 48.2 per cent. in London, 61.3 in the county boroughs, and 49.5 in the counties. The services of a trained midwife are now available for about 73 per cent. of the rural population of England. Maternity and infant welfare centres render important services, and usually serve also for health visitors' districts. Emphasis is wisely laid in the report on the policy that the main objects are to provide advice and teaching for mothers, and supervision of healthy infants, rather than treatment of the sick or provision of drugs and food at less than cost price. Voluntary enterprise plays a large part in the work of the centres. Dental treatment for expectant and nursing mothers is encouraged, and 300 centres now make such provision. There is still a shortage of institutional maternity beds, the total known of being only 1,879, or 204 more than in the previous year, and excluding Poor Law accommodation. Homes for mothers and babies now number 100, containing beds for 1,334 mothers and 1,288 babies. The question is being considered of introducing legislation for the registration of private maternity institutions, which are sometimes a subject of complaint. Powers have already been obtained by local Acts for London, Middlesex, Liverpool, and Manchester. Milk supply at less than cost price for expectant and nursing mothers and for young children has been provided under efforts to eliminate waste and abuse; notwithstanding widespread unemployment there has been some reduction in total outlay. Infant protection under Part I of the Children Act, 1908, continues to receive attention, the approximate number of children coming within the purview of the Act being 18,500, a decline of about 20 per cent. since 1920. Charges by foster-parents have risen, and unemployment has led to more children being kept in their own homes.

NATIONAL HEALTH INSURANCE.

The report deals with many points of interest in Health Insurance. In the smaller Insurance Committees—those with twenty or twenty-five members—local Medical Committees now appoint two members instead of one as formerly. The present Insurance Committees continue in office until November 1st, 1924. In sixteen cases questions of the scope of medical benefit were reported to the Department, the Local Medical and Insurance Committees being in agreement, that in thirteen cases the disputed service was outside of benefit, and in three cases within its scope. The total cost of the service for England (Wales being reported on separately) was approximately £7,500,000, of which £5,950,000 was paid to doctors for treatment. In addition rural practitioners received £210,000 on account of mileage.

¹ H.M. Stationery Offices. (Med. 8vo, pp. xii + 164. 4s. net.)

Drugs.—For drugs and appliances about £1,212,000 was paid to chemists and about £180,000 to doctors. Prescriptions were unusually numerous in the first quarter of the year, and the total dispensed by chemists was about 33,400,000, or 3,200,000 more than in 1921-22. Arrangements for standard dressings of superior quality came into force on March 1st. In respect of inquiries into extravagant prescribing, arrangements are being made which it is hoped will lead to more uniform administration.

Standard of Treatment.—Supplementary grant voted to provide a satisfactory standard of service was withheld from 121 doctors and 16 chemists, the total withheld being £2,175. In one case £300 was withheld from a practitioner for failure to notify the Insurance Committee that he had ceased to employ a permanent assistant, and £200 was withheld later from the same practitioner for not employing a whole-time permanent assistant. Sums of £100 and £80 were withheld for failure to provide proper treatment, £75 and £50 for not keeping records, and £50 for irregular certification. These were the largest amounts withheld. Among chemists, sums of £1 to £5 were withheld for various offences, such as refusal to dispense, alteration of a prescription, and inaccurate dispensing. During the year the Minister of Health received six representations for removal of doctors from the panel and five for removal of chemists. In two of the six medical cases the name was removed, one of them on a conviction for manslaughter. Two of those not removed had £100 supplementary grant withheld. There were only twenty-nine appeals against decisions of Insurance Committees regarding medical benefit. Of eighteen cases where doctors or chemists were the appellants, nine were dismissed, four allowed, three withdrawn, one decision was varied, and one appeal had been made outside the prescribed time.

Schemes of Additional Benefits.—The schemes adopted by approved societies with valuation surpluses have mostly been in operation for a year and nine months. Extra cash benefits have been easily administered, but other benefits have passed through a tentative and experimental stage, and in about fifty cases variations have been sanctioned. Until recently, indeed, many societies have found difficulty in spending the whole of the sums available. It is a common practice for societies with limited resources to require the member to pay a part of the charge made by the dentist, optician, etc., but during a period of excessive unemployment some members could not meet their obligation in that respect, and the Department has allowed societies to disburse for the time the whole amount, recovering the member's share by instalments. It appears from the report that the favourite non-cash benefits have been dental treatment and optical treatment, hospital or convalescent home treatment, and the provision of medical and surgical appliances. Amongst these, the provision of dentures stands easily first, and it is remarked in the report that looking to long years of neglect it is not to be wondered at. Societies are not entitled to set up clinics for the purpose, the benefit taking the form of payment for treatment. Also, there are no panels of dentists. The societies can, within their means, pay directly to members on their production of receipted bills, or pay in accordance with arrangements with any selected registered dentists, or through institutions or agencies. The Department cannot interfere in disputes arising out of arrangements to which it was not a party. Similarly, it is pointed out, the best way to utilize the £280,000 a year available for hospitals and convalescent homes is to be determined by the committee of management of each society. The larger societies have arranged with the British Hospitals Association on a basis of the duration of indoor treatment of members, and some smaller societies have arranged with local hospitals, also in respect of in-patients only, all the others being outside the scheme. Some societies, having members whose occupation involves eyestrain, have found optical benefit of particular use, and not very costly. The popularity of non-cash benefits has led to proposals for their extension; massage, radiant heat, electrical treatment, brine baths, and laboratory facilities have all been suggested. In concluding this part of the report, the Ministry holds it clear that such additional benefits have been most useful, and will react favourably on the

prevention of sickness, and eventually reduce the claims on the benefit funds. Insured persons and societies are reaching like conclusions as to the advantage of extending treatment benefits rather than cash benefits, and it is confidently believed that when the second valuation of societies is made the schemes adopted for utilizing surpluses will show a substantial advance in the provision of such facilities. That valuation, it may be noted, is to be made for some societies as at the end of 1922, and for others as at the end of 1923, the object being to spread over a longer period the heavy departmental work involved.

Regional Medical Officers.—This is the last matter of which we propose to make mention. When these officers were appointed in 1920 they were intended to deal not only with questions of capacity or incapacity, but also to consult with the practitioner in cases of admitted incapacity, as to restoration to health. Only the former function was undertaken at first, and only in urban areas containing about three-fourths of the total population of the country. The service was extended in the autumn of 1922 in respect of both these limitations. The references to the regional medical officers in England in 1922 totalled 103,010, of which 36,749 related to men and 66,261 to women; 101,093 were referred by societies, 1,426 by practitioners, and 491 by Insurance Committees. However, 23,022, or 22.3 per cent., failed to present themselves for examination; 19,361, or 18.7 per cent., declared off the funds without attending for examination; 18,918, or 18.4 per cent., were found capable of work, and 41,745, or 40.5 per cent., incapable of work. In Wales, for which the statistics are given in Part 5 of the report, the corresponding percentages were: failed to appear, 23 per cent.; declared off the funds without examination, 20 per cent.; capable of work, 22 per cent.; incapable of work, 35 per cent.

Nova et Vetera.

A MEDICAL LIBRARY TWO HUNDRED YEARS AGO.

In a previous contribution* to *Nova et Vetera* some account was given of a remarkable sale of books belonging to Sir Robert Sibbald, the noted founder of the College of Physicians and the Botanic Garden of Edinburgh. The sale by auction took place in 1723; it must have aroused considerable interest in the medical profession and amongst scientists at the time; and it may even have led London buyers to face the dangers of the Great North Road to attend it. It will not be uninteresting to glance at some of the books which tempted bidders on that winter's day (February 5th, 1723) in Edinburgh two hundred years ago.

The distinctively medical works in Sir Robert Sibbald's library numbered 799; there were 136 folios, 274 quartos, and 389 of octavo size or smaller. Seventeenth-century works predominated; but there were also many of the sixteenth century and one or two of the fifteenth.

The highest price (£10 18s.) was obtained for the Paris edition of the works of Hippocrates and Galen; it was entered as "Hippocratis et Galeni Opera Gr.Lat. cum Notis Charterii, in 10 vol. Lutetia, 1679"; and it may be that it was bought for the Royal College of Physicians, which has this edition; it bears no trace of Sibbald's name, but this may be due to the fact that it has been rebound. Another edition of Hippocrates was that of Geneva (1657); it was entered as "Hippocratis Opera Gr.Lat. cum Notis Foesii." From the marginal prices in ink and pencil in the copy of the catalogue which the present writer has before him it would appear that the original owner of the catalogue had been ready to bid a guinea for the work, but it was sold for £1 7s. Another book which brought a good price was a Stephanus edition of *Medicæ Artis Principes post Hippocrat. et Galen.* of 1567; it was bought for £2 10s. Most of the medical works, however, even among the folios, brought only one or two shillings, the quartos and more especially the octavos went for less, sevenpence being a not uncommon figure.

The languages in which most of the medical works of two hundred years ago were written were clearly revealed by the catalogue: among the 136 folios only four were in English and one in French; the remaining books were nearly all in

* BRITISH MEDICAL JOURNAL, June 3rd, 1922, p. 888.