mobility, intelligence, continence, and renal damage. Others too have found that determining the neurological function, by charting the activity of specific muscles, is useful postnatally in predicting mortality and quality of life among survivors.³ But, as with the sensory level, muscle activity cannot be determined in utero.

It is hard to think what factor might be used. Flexion and extension of knees and hips have been seen to be normal on ultrasonography at around 17 weeks' gestation in fetuses with spina bifida,⁵ so movement is not informative. Neither is the diagnosis of renal malformations as these occur in only 15% of fetuses with spina bifida.⁶ Until a reliable anatomical prognostic indicator is found the prospects for selective termination of fetuses with open spina bifida in utero do not seem good.

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The ghost of Edwin Chadwick

We need more giants like him—ready to take on governments

Not so long ago a healthier, safer Britain seemed assured. Epidemics had dwindled, and hygiene was improving. Public health's mission apparently accomplished, the medical officer of health was painlessly put to sleep in 1974. A new beast, community medicine, moved into his shoes programmed for "management."

Today that optimism seems misplaced. Legionnaires' disease, salmonella, AIDS, drug misuse, homelessness, pollution, and environmental blight are all rampant—symptoms of the deprivation and despair created by divisive socioeconomic policies. Once more the inner city is crumbling into a health and welfare nightmare, redolent of Dickensian horrors. What has medicine to say? *The Victorian Public Health Legacy: a Challenge for the Future* speaks out.¹

This pamphlet, issued by the Public Health Alliance and the Institution of Environmental Health Officers to mark the centenary of Edwin Chadwick's death, reminds us that it was to tackle just these problems that public health was created. Faced with the sickness and crises spawned by industrialisation, Edwin Chadwick, Sir John Simon, Florence Nightingale, and others perceived that ill health

could not be remedied in isolation from the wider problems of destitution, slums, smoke, water supply, and sewage.

These were matters not for personal but for public action, and they demanded political solutions. In 1848 Chadwick badgered parliament into setting up the General Board of Health, distant forerunner of the Ministry of Health. Following a more "softly softly" approach, Sir John Simon, chief medical officer to the Privy Council, planted public health in the provinces. Their achievements were consolidated in the great Public Health Act 1875. By the close of the century battalions of medical officers of health armed with statutory powers were overcoming disease and filth.

Ironically, success proved their undoing. Retrenchment set in, public health lost its way, and newer radical groups championed the people's health. With the advent of the NHS the public health profession was reduced to a Cinderella service—hence its euthanasia in the NHS reorganisation of 1974.

This run down must be reversed. Endangered by a deteriorating environment, we must learn the lessons of the past to confront the "challenge of the future." It is time to tune our ears to the real Victorian values and make our priority prevention. Not least, as the costs of curative medicine spiral, preventive medicine makes economic sense. "In all sorts of preventable illness," Simon himself emphasised, "it is the public that, too late for the man's health or independence, pays the arrears of wages which should have hindered this suffering and sorrow."

Above all, argues the pamphlet's author, medical historian Charles Webster, prevention should be our social goal. The past decade has seen the inequalities of health pinpointed by the Black report worsen. If Britain is to provide "health for all"—and, as signatories to the World Health Organisation Charter on Environment and Health, that is our obligation—it is time to tackle not just the symptoms but the causes of sickness in our society, by grasping its connections with wages, working conditions, housing standards, and nutrition.

This will need leadership. Whitehall grooms grey technocrats trapped in bureaucratic machines; Where, Webster asks, are the health warriors of our time? Giants like Chadwick and Simon spoke out for public health. They took on the governments of their day. We should take our inspiration from them.

But not blindly. For Chadwick himself was a Jekyll and Hyde figure. He was a crusading reformer, but he was also the infamous author of the Victorian poor law, with its workhouse system; an arrogant centraliser; and a detester of doctors. This last Chadwick would doubtless be welcomed with open arms by many politicians. It is the other Chadwick, the public health champion, we should honour today.

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