

Pointers

Plagues Today : Modern transport makes the spread of diseases likely from one continent to another, and Dr. P. Dorolle argues that the poorest nations must be helped to combat them at source (p. 789). Leader, p. 785.

Tropical Splenomegaly : Idiopathic splenomegaly, though probably not related to malaria, was found to respond to proguanil (p. 793).

Acromegaly : Reduction of serum calcium was noted after treatment of patients with acromegaly ; serum phosphate was a poor index of disease activity (p. 797).

Salmonella virchow in Chicken : An outbreak of food-poisoning due to *S. virchow* is described, and spit-roasting of chickens was found to be unsatisfactory (p. 801) ; the infection probably reached the chickens from feeding-stuffs (p. 804). Leader, p. 784.

Valve Surgery : Heterografts to man of calf or pig heart valves were found to cause less post-operative haemolysis than valves of artificial materials (p. 806).

The Drunk in Court : Existing ways of dealing with men charged with drunkenness are believed to be inadequate (p. 808).

Bristle in Heart : Bristle believed to have entered heart after being swallowed ; it caused death (p. 812).

Practical Psychiatry : Depressive illness discussed by Professor L. G. Kiloh (p. 813).

Dutch Hippocrates : Tercentenary of Boerhaave's birth memorialized by Dr. E. Ashworth Underwood (p. 820).

Venous Pressure : Self-levelling apparatus described (p. 825).

Christmas Quiz : Koro or ouch-ouch ? (p. 826).

Personal View : Dr. William Cowan (p. 827).

Green Papers : Council's recommendations to Special Representative Meeting on administrative structure of N.H.S. (*Supplement*, p. 77). Leader this page.

Police Surgeons : Arbitration proposed by Management Side (*Supplement*, p. 77). Resignations by members of Association of Police Surgeons (*Supplement*, p. 89).

University Teachers : Government accepts Prices and Incomes Board's recommendations for higher salaries (p. 841) ; *Supplement*, p. 90.

Administrative Structure of the N.H.S.

Some time next year, after it has learnt the profession's views on the Green Papers,^{1 2} the Government is expected to publish firm proposals for a new administrative structure for the N.H.S. So it should be told in clear terms what doctors want for the Service and their patients and what they are not prepared to accept. Before Christmas the Council approved a report (*Supplement*, p. 78) setting out the principles that the profession should insist on in any reformed structure, and this will be debated at a Special Representative Meeting in January.

The division of the N.H.S. into sharply separate branches for hospitals, general practitioners, and local authority services has often been criticized. The Green Papers propose that all the functions of hospital boards, executive councils, and local authorities should be taken over by single area boards. Some 40-50 boards are proposed for England and Wales, perhaps with the same boundaries as the foreshadowed larger local authorities. Each board would have about 15 members, and doctors on it would be appointed in a personal capacity and not as representatives of any branch of the profession. The chief administrative officer would be a layman, and there would be a chief medical officer with access to the board.

These proposals have not been welcomed by the profession, though there is wide agreement that the present structure needs reform. Comparison of the Green Papers with the scheme for area health boards prepared by the Porritt Committee³ shows many differences. The Porritt boards had overall planning responsibilities, but the day-to-day running of the services was left to subsidiary councils, one for each branch of the profession. Doctors were to be elected to boards and to the councils ; teaching hospitals were not to be affected ; and the report suggested a pilot scheme to determine the best size for the board and its area of control. The Porritt proposals are much more in line with current medical opinion. There is complete agreement within the profession that the Health Service should be run by doctors and not by laymen—either social scientists or professional civil servants. Medical representation on the boards must be guaranteed at a minimum level and should be at least in part elected by the profession in its area. No good reason has been advanced for the proposal that the chief executives of the proposed boards should be laymen, except that this was the pattern at the Ministry of Health. A medical chief officer is essential if the decisions taken by the board are always to take into account the interests of patients and of medicine rather than administrative convenience. Doctors should not be relegated to a role of specialist advisers in a health service run by laymen.

The number of boards proposed for England and Wales seems to have been decided on grounds of convenience and expediency. Doctors suspect, probably correctly, that it was the Minister's intention to link the area boards with the new, larger local authorities, which the Redcliffe-Maud Commission is expected to advise should be created. Fortunately

the Scottish Green Paper, which was written after consultation with the professions and other interested bodies, makes it clear that no support could be found for putting health services under local authority control and that alternative proposals would be considered. A total of 40-50 boards is too small for some purposes and too large for others. Experience with regional hospital boards has shown that if professional staff of high calibre are to be recruited—and this means architects, engineers, and so on as well as doctors—the area and population covered must be large enough for the job to be worth while; and only large authorities can afford and justify rates of pay good enough to attract really good staff. On the other hand, if the boards are to have any real contact with local communities and their interests then 40-50 is far too few for England and Wales. So once the proposed marriage between area boards and local authorities is broken off the answer seems clear: about 15-20 area boards and a larger number of district boards concerned with local matters. Again the Scottish Green Paper repays study. Despite its apparent rejection of the two-tier structure it proposed that local committees might be appointed in those areas which are remote from the boards. Since the proposed Scottish boards are in any case smaller than the English ones the case for the two-tier system for England and Wales is most persuasive.

The area boards proposed in the English Green Paper would achieve a "clean break" with the present system by having no committees set up to look after sectional interests, such as general-practitioner services; all standing committees would cover all parts of the service. Comment in the Green Papers makes it clear that the Government believes that integration depends for its success on the eradication of any traces of the present tripartite system. The departments suggested for the area boards are for planning, staffing, logistics, and finance, and a secretariat. This scheme is in strong contrast to the Porritt Report's subsidiary councils, and the B.M.A. Council wants each area board to have councils of this kind with elected representatives of the branch of the profession concerned. Indeed, the G.M.S. Committee suggests that area boards should be concerned with planning and evaluation and that administration and finance should still be organized on the tripartite system. Representatives of each branch of the profession have natural anxieties about its future when major changes are made. Administrative efficiency and democratic representation are antipathetic, and an acceptable compromise will have to be found.

So changes will be needed in the Green Paper proposals before they are acceptable to the profession. But the other side of the picture also needs emphasis. Reform of the N.H.S. gives opportunities for introducing many of the changes that doctors agree are needed to put life back into the Service. For instance, staffing structure proposed for the hospital service last week (p. 720) should make for closer co-operation between G.P.s and their hospital colleagues, and should lead to the breaking down of some of the barriers. And there will be other ways of increasing functional integration irrespective of administrative reform.

The profession should insist on proper occupational and community health services in the new system. The relationship of the teaching hospitals and universities to the boards needs further study; teaching and research must not

be subordinated to service needs just for administrative convenience.

Changes in medicine are unpredictable, and it is essential that the new structure is flexible enough to cope with these. Each area board should be given scope to design its services to suit the needs of the area. The Health Departments should give enough financial and administrative control to the boards to allow them to be imaginative and creative, which is impossible with rigid annual budgeting. Adequate finance is essential, yet some features of the proposals in the Green Paper can be interpreted only as offering the cheapest solution. But above all the Government must be left in no doubt that the development of the medical services will be seriously impaired if the influence of the medical profession on the course of events is in any way weakened.

Infected Chicken

A well-documented account of an outbreak of infectious disease identified, traced to its source, and brought under control is not only instructive to those concerned even in only a limited way with public health but also possesses something of the entertainment value of a well-plotted detective story. The reports by Professor A. B. Semple, Dr. G. C. Turner, and Dr. D. M. O. Lowry at page 801 and by Dr. J. H. Pennington and his colleagues at page 804 of the *B.M.J.* this week on an outbreak of infection due to *Salmonella virchow* in man, cattle, and poultry in the north-west of England are models of the way in which such investigations should be made. They also testify to the fruitful results to which collaboration between the medical and veterinary services can lead.

The public health authority in Liverpool was first warned by a general practitioner of a possible outbreak of food-poisoning within less than four days of the last mouthful of infected chicken being swallowed at a communal meal. It is to this alert and anonymous family doctor that at least some of the credit for the subsequent exposure of an unsavoury hygienic situation should go. Fifty out of 120 people who had eaten cold spit-roasted chicken at the meal had symptoms of food-poisoning and were found to be excreting *S. virchow*. In the course of the inquiry it emerged that no fewer than 162 people in the Merseyside conurbation were or had been excretors of *S. virchow* during the 11 weeks which extended from two weeks before the meal which gave rise to the outbreak to nearly nine weeks after it. *S. virchow* is not a common cause of human food-poisoning, as the statistics for the Liverpool area for the period before the reported outbreak suggest. Possibly partly because of this the clinical picture was severe, and just over 20% of the patients required admission to hospital for periods of more than a week. *S. virchow* was isolated from blood cultures in eight of the patients. Semple and his colleagues were disturbed by the number of patients who remained excretors of the germ after clinical recovery. R. C. S. Burnett and B. I. Davies¹ reported prolonged excretion of *Salmonella reading* in connexion with an outbreak due to that germ. In another episode M. Lennox

¹ *The Administrative Structure of the Medical and Related Services in England and Wales*, 1968. H.M.S.O.

² *Administrative Reorganization of the Scottish Health Service*, 1968. H.M.S.O.

³ *A Review of the Medical Services in Great Britain*, 1962. London.

¹ Burnett, R. C. S., and Davies, B. I., *J. Hyg. (Lond.)*, 1967, 65, 1.

² Lennox, M., Harvey, R. W. S., and Thomson, S., *J. Hyg. (Lond.)*, 1954, 52, 311.

³ George, T. C. R., Harvey, R. W. S., and Thomson, S., *J. Hyg. (Lond.)*, 1953, 51, 532.