

WHERE DO WE STAND IN PREVENTIVE MEDICINE ?

By WM. ROBERTSON, M.D., D.P.H.

IT is difficult to say whose fertile mind inspired the idea of doles. It is certain, however, that in the course of one's travels few, if any, are found to agree with the principle. To a certain section of our population State aid appears to be a corollary to existence. The old spirit of civic independence is sleeping, and the soporific appears to be doles from the State. The most recent exploitation of a scheme for the conversion of the medical practitioner into a glorified penny-in-the-slot machine clearly indicates how strongly the currents of some minds are flowing in the direction of tinctured Socialism.

This contribution is not meant to discuss the question of State-aided practice, but rather to inquire into the position of present-day Preventive Medicine. And, at the outset the opinion is hazarded that had the State done its duty in the past, the need for the present agitation in favour of kaleidoscopic social reforms would not have arisen. That assertion may be immediately questioned. But, let us take Housing as a practical illustration. Different political parties have placed Housing Acts on the Statute Book from time to time. Powers were granted in these Acts for adequately and completely dealing with the improvement of the admittedly wretched housing conditions that were to be found in almost every community throughout Great Britain. Local authorities made spasmodic attempts to tackle the problem. Medical advisers, without exception, urged upon civic rulers the clamant need there was to prevent the spread of tuberculosis by going to the very root of the cause. Clearing away of slums, opening up of congested areas and the provision of simply constructed yet airy houses, were outstanding recommendations. Little progress was made. Why? Because the question of pounds, shillings, and pence obtruded itself. "Why," it was asked, "should one section of a population be provided with houses at the expense of another? Let private enterprise make the attempt. We refuse to be parties to any such non-profit-yielding scheme." Private enterprise did nothing, for the simple and material reason that houses must be built to pay. Private enterprise never pretended

William Robertson

to masquerade in the guise of a philanthropic agency. So the whole problem was left unexplored and practically untouched. It is here that the State should have intervened with a metaphorical big stick. The Housing Acts gave the State the power to provide the stimulus of compulsion. A little far-sightedness would have avoided a vast amount of the present-day expenditure upon housing. It is easy to be wise after the event, but the event was foreseen by many, since the question of preventing tuberculosis was always discussed from the point of view of better housing conditions, with improved social environment for the people.

The irony of the whole situation consisted in the fact that civic authorities had no hesitation whatever in raising the rates in order to treat the conditions caused by bad housing. Prevention was quite another story.

The erection of Sanatoria and the initiation of such schemes as that pioneered by Sir Robert Philip become lines of offence and defence against an exasperatingly slow attack. The next stage reached was the present one. In order to stimulate action the State dangled the dole, called the grant, before the eyes of Local Authorities. For every £100 spent by a Sanitary Authority in *treating* cases of tuberculosis, the State promised to repay half. Next came the war, followed by the popular cry of "houses fit for heroes." Even the people who jeered at the heroes while the war was going on, took up the refrain, and every one joined in the chorus. We are now crying aloud for houses, the vast majority of which could have been provided ten years ago at ridiculously low costs as compared with the present.

This is neither the time nor the place to discuss the type of house that is now being erected to solve this side of the problem of Preventive Medicine. It is nevertheless true to say that the class of dwelling anxiously sought by the Preventive official is conspicuous by its absence. The slum-dweller is still looking for something better than his present abode. He cannot afford to occupy a four or five roomed establishment. One is tempted to digress and to expatiate upon "ca' canny" methods, Trade Unions, and so on, but that would be like beating the air. The facts are before us and we can make no more of them. It is pretty certain, however, that the man who finds taxation eating into his slender and fixed resources will ultimately rebel against further inroads into his treasury. The

Where do we Stand in Preventive Medicine ?

housing question is a national one. It was neither designed to keep tradesmen employed at fixed rates of wages, nor to compel the taxpayer to look on while the Trade Unionist worked at a speed that suited the rules of a Society. The onus of providing houses should now be laid upon the shoulders of the people who demand them. Until joiners, bricklayers, masons, painters and other tradesmen make up their minds to expedite the erection of houses the whole scheme should be scrapped. The dole is proving a pernicious evil. And doles, or grants, will be but sops as long as they continue. Meantime Preventive Medicine is waiting for relief. The Tuberculosis Officer still sees his relays of patients, and sanatoria are in many places unable to cope with the demands made upon them. One regrets to strike the chord of pessimism ; but we must continue to bang another alleged musical instrument and drum the melody of Prevention into the ears of those who have it in their power to solve it.

Child Welfare is another problem that has been favoured with grants of fifty per cent. How closely related housing and environment are to many of the affections of childhood everyone knows. It cannot be asserted that the solution of the housing question will do away with the need for Child Welfare expenditures, but better homes for the people will unquestionably raise the moral and physical tone of fathers, mothers, and children. The appeal to the Clinic and Convalescent Home would, under improved civic surroundings, not be so frequently made. But one must not forget that more could be done to obviate ignorance in the feeding of young and old if our girls were properly trained by qualified women in the craft of motherhood. It is a reflection on our present-day methods of education that many mothers attend mothercraft, sewing, and other classes, for the first time in their lives at one or other of our present-day Child Welfare establishments. When we are striving so strenuously to prevent disease by trying to establish healthy conditions among our citizens, one of the most certain short cuts seems to be early training in practical domestic life and economy.

Then again we are faced with the problem of unsatisfactory milk supplies. Government is always going to do something. An Act is ready for operation. It has been held up by the aftermath of the war. It is called The Milk and Dairies (Consolidation) Act, 1915, and is intended to come into opera-

William Robertson

tion not later than one year after the termination of the war. It is designed to prevent the sale of Tuberculous Milk. It also will give powers to Local Authorities to establish Milk Depots. Sect. 3 of the Act empowers the M.O.H. of a County or County Borough to stop the supply of milk if he is of opinion that tuberculosis is, or is likely to be, caused by it. When the Act is placed in the hands of a progressive Sanitary Authority much progress on the preventive side of Child Welfare will be made.

Experience has shown that advantage is being well taken of Child Welfare Schemes, but not in the directions that always appear most desirable. Day Nurseries and Clinics are in constant demand, but the Convalescent Home does not appear to find full favour with the mothers. The benefits following a brief sojourn in one of these institutions brings into bold relief the outstanding importance of good environment. Clean bodies, clean beds, simple and regularly served meals, clear air and fixed hours for going to rest soon work wonders. But, alas, the clear eyes, chubby cheeks and bright smile are quickly dispelled by a return to the conditions that compelled the child to go to the Convalescent Home. The benefits of the clean, regular, life point the finger straight at the need for better home conditions. Thus, the question of Prevention is again made the outstanding one. It is mainly the Clinical and Curative side of a big social problem that is being attacked with the help of doles.

Lastly, we come to the subject of Venereal Diseases. The war has fanned the flames of infection into a blaze of disease. The extent of Venereal Disease in the army almost staggered one. We are now dealing with the dregs. In this case the dole is substantial, and while the community pays £25 out of every £100 spent in treatment the taxpayer of the country contributes £75. In no branch of the Army Medical Service was better work done than in treating Venereal Diseases. It was fortunate that that should have been so, since the training received by many has provided the nation with a well drilled brigade of skilled medical and lay men. One has only to visit the centre at the Royal Infirmary to appreciate how methodically, scientifically, and thoroughly the work is being done. The majority of those engaged in the task had been trained in one or another V.D. military hospital. But, when we come to discuss the question of Prevention we realise how little is being done. The stream of cases seems to be never-ending. The

Where do we Stand in Preventive Medicine ?

source is not touched as one feels it ought to be touched. Those of us who have seen the disease in its actual nakedness clamour for that help that will place the power in our hands to seize hold of those who are neglecting treatment and in too many cases wilfully spreading infection. There is a good field open for discussing the question of some form of notification. The subject will require to be resolutely faced, no matter how difficult the proposition may appear to be. We cannot very well go on pumping "914" into veins and mercury into muscles if we are not to see some hope of betterment in the direction of preventing much of the spread of infection. The people who neglect treatment and continue to spread disease should be brought to book.

The notification required is not so far-reaching as that now in vogue for other acute infections. A scheme has been in operation in Australia, New Zealand, and elsewhere. The latest official report from Australia is to the effect that the number of notifications for 1920 has doubled, as compared with 1919. The preventive side of medicine is anxiously waiting for help in this serious social problem.