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INSURANCE ACT: SANATORIUM BENEFIT.

IN our issue of August last we discussed in general terms the question of the relationship between the "chief tuberculous officer" of the Astor Report and the medical officer of health. On this occasion we propose to consider, in the briefest possible way, two other questions relating to the administration of sanatorium benefit. The first is the scope and method of a 'dispensary,' a subject which we are induced to take up because, judging by what has been printed and said about dispensaries, we have come to the conclusion that there is some uncertainty as to their proper activities.

The work of a dispensary is outlined in the Astor Report in the following terms:—"18. In a general way, the function of the tuberculosis dispensary should be to serve as:—

- (1) Receiving house and centre of diagnosis.
- (2) Clearing house and centre of observation.
- (3) Centre for curative treatment.
- (4) Centre for the examination of 'contacts.'
- (5) Centre for 'after care.'
- (6) Information bureau and educational centre."

The first five of the above are and have been included in the programme of every dispensary modelled on the original dispensary, viz., the Royal Victoria Dispensary in Edinburgh. How those duties are regarded and carried out may be seen from the following quotation from the last report of the dispensary established in Paddington.

"Our objects can be briefly summarised as comprising the care of the tuberculous, such care including in addition to medical treatment, the amelioration of the sufferers' homes and daily life—to promote recovery, to put the patients in the way of being useful citizens, and to prevent them from relapsing into ill health. Another object—in importance ranking perhaps even before those already mentioned—is the discovery of unrecognised cases of the disease. As regards such,

the Dispensary seeks to secure the treatment of their disease at the earliest date possible—when the prospect of arrest and recovery is most hopeful—and by bringing the patients under supervision to obviate all danger of the spread of the disease from unlooked-for centres of infection.

The methods employed to secure such objects include among others:—

- (a) The examination and treatment of patients.
- (b) The examination of relatives and others living or associating with patients.
- (c) The investigation of home conditions, with the remedying as far as possible, of all conditions inimical to health or prejudicial to the patients' recovery.
- (d) The removal to sanatorium, hospital or other institution, of patients requiring special treatment; and
- (e) The after-care of patients discharged from institutions."

The activities indicated in such a programme naturally fall under three heads, viz.:—(a) clinical, (b) preventive, and (c) administrative. As to the first—the clinical—it appears to us that any attempt to limit the "consulting officer" (for that is the title used by the Local Government Board in the Order of July 26th last) to diagnosis alone is to impose a limitation on the work of the dispensary, which is contrary to the recommendation of the Astor Committee and likely to seriously prejudice the usefulness of the institution. At the same time we think it would be well to lay down a general rule that treatment should be confined to patients able to attend at the dispensary, the dispensary staff only giving treatment at home in emergencies.

The preventive function is really the duty of the local authority, and when it forms part of the work of the staff of a dispensary, it should be done as on behalf of the local authority, to whose representative all results of the work should be communicated systematically and promptly. This consideration leads naturally to the second question which

we propose for consideration, viz., the relationship of the medical officer of health to the dispensary.

The authority for the administration of sanatorium benefit, being the insurance committee of the county or county borough, there has been a tendency to assume that the whole of the general scheme for dealing with tuberculosis which the Astor Committee advise should be inaugurated, will be administered by the medical officers of health of counties and county boroughs, to the exclusion from all participation by the officers of urban and rural districts. Such assumption appears to us to be unfounded. It is true that the Astor Committee recommend that the county and county borough councils should be primarily responsible for the work, but it has to be remembered that county (other than county borough) councils are not local health authorities, and except in certain specified matters have no executive sanitary functions. It will doubtless be found that the provision of sanatorium and hospital accommodation can be most advantageously undertaken by such councils, but it appears to us that the authorities who will have to provide and maintain dispensaries will be the local sanitary, viz., the councils of county boroughs, urban and rural districts—they being the authorities to whom (speaking quite generally) powers, to provide hospital accommodation are entrusted. It was owing to the possession of such powers that the Local Government Board decided a short time back that dispensaries could be established by local sanitary authorities. Wherever, therefore, a dispensary is established the local medical officer of health will retain his supervision over the tuberculous. That the establishment of such institutions is likely to become general may be anticipated as soon as effect is given to the promise of the Government to contribute half the cost to local authorities, of the treatment in institutions (which term includes dispensaries) of tuberculous persons other than insured. Ultimately a local authority maintaining an approved dispensary will secure re-imburements from the Insurance Committee of the county (for the tuberculous insured persons) and from the Local Government Board (for all others).

The opinion of the Society on the question of the relationship of the medical officer of health to the dispensary and its staff can be summed up somewhat as follows:—That where a dispensary is established the

medical officer of health should be responsible for all administration and work other than diagnosis and clinical treatment, and that the work of the "consulting officer" should, except as regards diagnosis and treatment, be subject to a general supervision by the medical officer of health. We fail to see how proper co-ordination of the work and efficient administration can be secured otherwise.

We have endeavoured in the above paragraphs to indicate what appear to us to be the true functions of a dispensary and how its activities should be correlated and linked up with the work of the medical officer of health. We are quite conscious that we have left untouched several very difficult parts of the subject, such as the case of a dispensary having to serve two or more small districts, or that of a dispensary maintained on a voluntary system. Such cases must be left to be settled on lines suitable to each individual case—the broad principles will remain unaltered.

DEFECTIVE SCHOOL CHILDREN.—At the recent meeting of the British Association, a committee, of which Professor J. J. Findlay was chairman, submitted a report on the methods and results of research touching the mental and physical factors of education. With reference to the mentally or otherwise defective children the report observes:—"It is insufficient to prove that the child is unfit for normal instruction. We have further to determine whether his state admits of any remedy. Often it is more or less due to imperfect nutrition, adenoids, abnormalities of the ductless glands, nervous diseases, and so on, which may admit of considerable betterment. Here we have an excellent reason why the final verdict on the child, in these cases at least, should rest with the school medical officer."

THE MAKING OF SLUMS.—That house-owners or house-farmers are not always to blame for the evil condition of so-called slums is fairly evidenced by a recent report of the medical officer of health of Lambeth on a petition addressed to the borough council anent the condition of Waxwell Street. After stating that the property was under frequent inspection, the medical officer of health proceeds to call attention to the habits of the occupiers of the property as the true foundation for the complaint. At one house where an additional supply of water was required, grave nuisance has arisen "owing to the dirty and slovenly habits of the tenants. . . . What is really required is to alter the habits of the particular people to whom the houses have been let." He was unable to advise the council to make any closing orders.