## THE PUBLIC HEALTH.

## THE STATE OF THE PUBLIC HEALTH.

The Annual Report of the Chief Medical Officer of the Ministry of Health to the Minister of Health, is always a document packed full of interest, and almost overwhelming in the diversity of important subjects with which it deals, so that it is practically impossible to present an adequate review in the limited space available in a monthly Journal.

The Report for 1934, presented during the last quarter of 1935, by Dr. Arthur MacNalty, the present Chief Medical Officer, in succession to Sir George Newman, to whom he pays a warm tribute, is lucid and masterly. It is, he says, a composite document, the work of many hands, and contains an account of the principal aspects of the work undertaken by the seven sections into which the Medical

Department is subdivided.
"The Ministry of Health has been defined as a central authority created for the purpose of supervising the health of the people, as a whole, and for unifying and simplifying the central agencies working to this end. It took over existing medical powers and functions of certain departments, particularly the work of the Local Government Board. the English and Welsh Insurance Commissions, as well as that of the Registrar-General. Certain subsidiary public health functions of other departments were also incorporated, namely, the Board of Control (which deals with mental disease) and certain medical duties or responsibilities of the Board of Education, Home Office and Privy Council, with the object not merely of collecting these agencies from various offices and concentrating them into one, but of welding them together, and giving them such new orientation as shall be conducive to the health of the people as a whole."

"It rests with the people to participate in the work

of the Ministry in order to make it effective. No exhortations, no regulations, no schemes, however ably planned, can make a healthy nation unless the force of public opinion is behind them. And lastly this support must be no mere lip service. The individual must pay the price of health in temperance, in self-control, in regular habits and the

hygiene of mind and body. .

"Increased longevity and the decrease in national mortality suggest that the people as a whole are not only alive to the advantages of a Ministry of Health, but are making it a bulwark in the fight against disease."

## LONDON HEALTH SERVICES.

Of special interest is a review of the Public Health Services in London, with a preface by the Rt. Hon. Sir Kingsley Wood, M.P., Minister of Health, in which the Minister states that this review was prepared after a general survey by medical and other officers of the Ministry of Health of the health services of the Metropolitan Health These authorities are the London County Authorities. Council, the Corporation of the City of London, and the 28 Metropolitan Borough Councils. The review was published originally as a section of the Sixteenth Annual Report of the Ministry for the year 1934-1935, which the Minister presented to the King in July last. In view of its general interest it has now been reprinted as a separate publication, attractively presented, and obtainable from His Majesty's Stationery Office, Adastral House, Kingsway, W.C.2, price 1s. net, or from any bookseller.

The Minister of Health states in his Preface that the

preceding Annual Report gave an account of the progress of the surveys of health services which had been conducted by officers of the Ministry in other parts of the country. This year it seemed fitting to record the results of the recent survey by his Department of the health services of the Metropolis, which cover a far larger population, and operate under more complex conditions than do those of any other administrative area.

## District Nursing Services.

The development of the work of the District Medical Officers has resulted in making it more varied and attractive, one development, as the Report states, being that they are now able to call freely on the services of the various District Nursing Associations. "This is one aspect of arrangements made by the County Council for promoting the district nursing services of London—arrangements which are of much importance in relation not only to domiciliary treatment but also to hospital provision for meeting the needs of the sick. The work of the District Nursing Associations of London has for a number of years been co-ordinated through the Central Council for District Nursing in London, on which the principal nursing organisations and also the London County Council and the Ministry of Health are represented. Before 1930 the District Nursing Associations (apart from other larger sources of income, mainly voluntary) were in receipt of subscriptions of varying amounts from different Boards of Guardians, totalling in all about £1,300 a year. A provisional scheme was brought into operation in October, 1932, by which a larger payment (at present at the rate of £3,000 per half-year) is made by the County Council under their Poor Law powers to the Central Council, who undertake the distribution to the various District Associations, the distribution being primarily related to the work directly done for the Council's patients, but account being also permitted of nursing provided for persons who without such assistance might have become a charge on the rates. These arrangements are a recognition of the importance which domiciliary nursing has from more than one point of view in relation to the domiciliary medical service for the sick poor and to the hospital service. Where adequate nursing in the home is available, admission to an Institution primarily for nursing attention can often be avoided, as also can the unnecessary retention in hospital of patients who have reached a stage at which medical attention in the home is sufficient if proper nursing also is available there. It is obvious that by assisting to finance an extended provision of domiciliary nursing services of proper quality, a Local Authority is not only helping to maintain and extend an indispensable adjunct to the care of the sick, but may also expect an economic return from the savings resulting in other directions.'

The powers of the London County Council are many and varied. It is responsible for the main drainage of London, for the control of infectious disease, for personal services (medical and institutional), for the tuberculosis service, the venereal diseases service. (In regard to this service "the important principle that a patient suffering from venereal disease should not be restricted as to the locality in which he obtains treatment renders this service one to be undertaken by the major Local Authorities.) In practice the provision for London as far as diagnosis and treatment are concerned embraces not only the Administrative County (excluding the City), since the six surrounding Counties and the County Boroughs of Croydon and East and West Ham have joined with the London County Council in arrangements for the common utilisation of the facilities provided at a number of selected voluntary hospitals and hostels. Apart from these arrangements, the Common Council of the City provide a treatment centre at St. Bartholomew's Hospital by agreement with the hospital authorities."

By the Nursing Homes Registration Act, 1927, the County Council are the authority responsible (outside the City) for the registration and inspection of nursing homes in London, including maternity homes. The County Council also arranges for the medical supervision of all women proposing to enter their hospitals for confinement, as continuity of medical care could be ensured only in this

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