

## THE PUBLIC HEALTH

### WORLDWIDE MALNUTRITION.

Speaking in the Second Committee of the League Assembly at Geneva on the Report of the Mixed Committee on Nutrition, Mr. Robert Bernays, M.P., Parliamentary Secretary of the Ministry of Health, said that there was one aspect of the Report in which he was personally especially interested. It was the references to the extent of malnutrition that existed outside Europe. He felt sure that the Committee would agree that there was a tendency in League discussions to examine problems of health and economics too exclusively from the European angle. Here in this Report we get some idea of the unsatisfactory position with regard to nutrition in Asia and Africa.

Having travelled fairly extensively in both those continents, he could speak with some practical knowledge of the extent of undernourishment in those regions. In India there were probably millions of people who could not afford more than one meal a day; in China, according to the reply of the Chinese Government to a questionnaire by the Mixed Committee, "most Chinese are in a state of malnutrition all the time," and from his own personal experience as one who had been fortunate enough to be a member of a Commission that visited tropical Africa this spring, he could emphasise how acute there was the problem of undernourishment.

Some months ago, the Advisory Committee on Nutrition had issued a first report, and following on that report maternity and child welfare authorities in the United Kingdom had been urged to review their arrangements for the supply of milk and food to expectant and nursing mothers and young children, and legislation is promised in the coming session of Parliament with a view to increasing consumption of milk among these classes.

The Report of the Mixed Committee urged the need for adaptation of agriculture in the direction of the provision of larger quantities of protective foods, particularly in European and certain other countries of Western civilisation. So far as Great Britain is concerned gone was the time when it was predominantly an arable country, producing a large proportion of its requirements of wheat and other cereals. To-day Great Britain was dependent to a very high degree for its supply of cereals on imports from overseas. The great bulk of its domestic production now consisted of milk, live stock, poultry, eggs, fruit and vegetables.

Concluding, Mr. Bernays said that he felt, after reading this searching analysis of the Mixed Committee, that we were on the threshold of great developments. This Report and the interim Report that preceded it might well play as vital a part in calling attention to the great problem of malnutrition as in the United Kingdom the Poor Law Commission of 1909 played in attacking the problem of poverty.

### DR. FENTON ON THE ACHIEVEMENT OF THE HEALTH SERVICES.

The achievements of the public health services during the past hundred years were described by Dr. James Fenton, chairman of the Central Council for Health Education, in an address on "Health and Happiness," delivered at a meeting of local authorities held at Abingdon recently in connection with the National Health Campaign.

When we declared that the people of to-day were nothing like so fit as they were in the "good old days," 50, 60 or 70 years ago, said Dr. Fenton, we spoke on thin evidence. We overlooked the fact that for every one that reached old age, there were many who died before we were born. In 1875 the average expectation of life in England and Wales was 41 years for males and 44 years for females. To-day it was 57 for males and 61 for females—an increase of 16 years for men and 17 for women.

Dr. Fenton recalled the fact that in 1837, the year of Queen Victoria's accession, the total sum voted for the public health services of the whole of the country was £2,000 a year. It was not until 1847 that the first Medical Officer of Health was appointed, at Liverpool.

Since those days a vast and elaborate system of health facilities had been built up, providing for the safeguarding of health and the treatment of disease at every stage of life.

As a result, the general death-rate had declined by one-half. Diseases such as cholera and typhus had been wiped out.

In 1900 the infant death-rate for England and Wales was 156 per 1,000 live births. In 1936 that rate had fallen to 59. As recently as 1912 the death-rate from tuberculosis was 112 per 100,000 persons. To-day it was about 60.

Dr. Fenton appealed to his hearers to do all in their power to support and stimulate the work of local government, which was so closely bound up with national health and happiness.

### TUBERCULOSIS.

#### Growth of National Scheme. Fall in Death Rate. Importance of Health Education and of Care Work.

Sir Kingsley Wood, the Minister of Health, speaking recently at a reception given by the National Association for the Prevention of Tuberculosis, emphasised the importance of care work in the campaign against tuberculosis.

After paying a tribute to the Association for its pioneer work and for its present work of education and propaganda coupled with the maintenance of a sanatorium colony for adolescent youths at Burrow Hill, Surrey, Sir Kingsley Wood said that the National Tuberculosis Scheme had its foundation in the years 1911 and 1912, and that we could look with legitimate satisfaction on the fact that since then the tuberculosis death rate had fallen by more than half. Factors which had contributed to this were, first, such general factors as the growth of better habits of living, the removal of slums and the great housing measures undertaken since the War, and the increased protection of the milk supply; and second, the specific anti-tuberculosis measures taken under the National Tuberculosis Scheme by the partnership of the State, local authorities and voluntary agencies such as the National Association.

As examples of the growth of the National Scheme, Sir Kingsley said that in 1911 there were some 80 tuberculosis dispensaries, 1,400 beds in local authorities' institutions and 4,200 beds in sanatoria provided by voluntary effort or privately owned. To-day we had 480 tuberculosis dispensaries covering the whole of England and Wales, while over 31,000 beds were available for the public treatment of tuberculosis. 155,000 persons (including 114,000 who were found not to be tuberculous) were examined at the dispensaries for the first time in 1936, and during that year 56,000 persons completed periods of treatment in residential institutions.

Sir Kingsley Wood said, however, that the finest institutions, even with the most skilled medical personnel, were not sufficient. To achieve full success the natural reluctance of persons who suspected that they were suffering from tuberculosis to have recourse to medical advice in good time must be overcome. This necessitated the health education of the people, which the National Association had done so much to promote, and which he hoped would be carried yet further by the national campaign just launched to bring home to everyone the vital importance of the slogan, "Use the Health Services."

Tuberculosis was a problem which touched in a hundred and one ways both the individual and his family. In many cases a patient and his family needed practical, and often

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