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ORGANIZERS OF HEALTH*

BY

Lord ADRIAN, O.M., M.A., M.D., F.R.C.P., F.R.S.

Master of Trinity College, Cambridge

Many of the professions essential to the modern state must be a complete mystery to the average citizen. We may have been told that our friends in the train are insurance brokers or members of discount houses: we are willing to believe that what they do is of great assistance to our economic life, but we know too little about it to feel any positive gratitude to their profession.

With medicine there used to be no such hesitation. The art might be a mystery, but its purpose was plain. The doctor was there to cure his patient; he was the figure of power and reassurance at the bedside of the sick child in Sir Luke Fildes's picture. Our calling was thought of with gratitude, and when I was a student there were still some elements of magic in our exercise of it. Possibly the reassurance was greatest in the age of Victorian prosperity, when many people had more leisure to feel ill, for before that, in the eighteenth century, there is not so much evidence that the doctor's calling was overestimated. It was rather a case of recognizing "the single talent well employed"—and we have to go back to earlier times to find traces of the priest from the garden of Aesculapius.

But we are now subdivided like any other great profession, and it is only the clinicians who may have to face more gratitude than they want. Those of us who work in laboratories or medical schools or administrative offices can be well satisfied to see the rapid development of medical science and to know that our own special branch has played a part in it.

Medical science would no doubt have preserved more lives if it had advanced faster, but in the light of what we know now it does not seem that many great chances have been missed or great mistakes made. Pathology and therapeutics could not go much faster than biology and physics and chemistry, and preventive medicine had to wait for social enlightenment as well as for progress in civil engineering.

The Society of Medical Officers of Health has now existed for one hundred years and has good reason for satisfaction. What you and your colleagues in hospitals and Ministries have done has made it possible to ward off a large number of the diseases which threatened our great-grandfathers and killed a great many of their children. We are all proud of the advances made in

preventive medicine in the nineteenth century and of the part which Great Britain played in it.

The advance has been spectacular, but it was bound to be on a limited front, for it could go no faster than the rest of medicine. It had to concern itself with preventing the spread of infectious diseases by air, food, and water, and in this it succeeded so well that for a time it gave the impression that the major victories were already won; though there were still some infectious diseases to be dealt with, the greatest scope for preventive medicine seemed to lie in this one field and its extension to others was for a distant future. But the dream is already a reality. With more knowledge about the causes of disease it is already clear that there are other fields in which preventive measures might improve our prospects of a healthy life. In fact, the branch of medicine which aims at improved public health can now be thought of as one of the most valuable activities we can pursue.

Unfortunately the picture may not seem so encouraging to those who are most intimately concerned in it. We praise the achievements of our medical officers of health and urge them to further efforts, but the great reorganization of our medical services seems to have passed over their heads and left them with innumerable minor tasks and little chance to make effective progress. It must be cold comfort to know that the public has come to rely so much on what they do that no one has wished to interfere with it.

Personal Associations

Like other members of the public, I have so much reliance on and so little first-hand knowledge of what they do that I feel it rather impertinent of me to speak about it. But I have the excuse of a family contact extending back to the very early days. My father, grandfather, and great-grandfather were Civil Servants, and, though they were not doctors, my father and grandfather were in the departments where the public health organization was forged—the Poor Law Board and then the Local Government Board, which has now become the Ministry of Health.

As a Local Government Board inspector in the 'eighties my father had to conduct inquiries into the proposals of local authorities for new schemes for water supply and drainage. He must have been an impartial chairman, for he had no knowledge of engineering or bacteriology, but he was a good lawyer and was in

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close touch with Dr. Thorne, who had succeeded Dr. Buchanan as chief medical officer of the Board. He had ceased holding inquiries and had become legal adviser to the board when I was still a small boy, but considerations of public health made a deep impression on my mind because my father's inside knowledge gave him decided views on the seaside places where we could stay in safety for the summer holidays. Many had to be ruled out. He knew that X was in trouble with its sewage disposal and that there had been cases of typhoid at Y. The families of my school friends could go where they pleased, and I used to envy their freedom and wonder whether I ought not to warn them of the risks they were running. But those were the days when one could not take the water supply for granted even in a considerable town, and when no one would have dreamt of drinking water in any of the capitals of Europe unless it came in an expensive bottle with the magic label of a famous spa.

The central health authority then was the Local Government Board, a body which suffered both from the variety of its functions and because it had only limited powers to enforce its recommendations on local authorities. There were some national measures for preventing the spread of infectious diseases—notification, quarantine, inspection of food, and so on—and most of the activities of the medical officer of health had the same fairly limited objectives. But even though the health services, central and local, were mainly concerned with checking the spread of infectious diseases, this involved a great variety of tasks, many of them demanding an understanding of matters quite outside the usual field of medical work. By the time I was a medical student at Cambridge in 1910 a glance at the textbook of public health made it clear that anyone who aspired to the diploma should be able to hold his own with architects, heating and ventilation engineers, statisticians, and lawyers, and, although there was nothing about it in the book, it should have insisted that the candidate ought also to be a good advocate, able to persuade his council to spend the ratepayers' money. Presumably the course for the diploma took all these requirements into account, though at Cambridge bacteriology still claimed the lion's share of the teaching.

A Familiar Story

I have not had the courage to look at a modern textbook of public health or at the papers which are now set in the examination for the diploma. It could scarcely avoid the familiar story of the expanding medical curriculum, a vast addition of new material and very little subtraction of old. No doubt the difficulties are met, as usual, by the tacit agreement of examiners who demand good sense rather than encyclopaedic knowledge. But new difficulties are bound to come, not so much from the expansion of existing fields of preventive medicine, but from the bringing in of entirely new kinds of activity.

There is, of course, a great deal more to be done in the traditional field, in the measures taken to check infectious diseases. Many of them have been checked so thoroughly that we have forgotten what they are like. Even in my childhood vaccination had done so well that it was rapidly turning into a solemn rite commemorating dangers long past, like the rites of the Fifth of November. In the first war we were effectively armed against typhoid and tetanus; diphtheria is now going the way of smallpox; malaria has ceased to be an important check on overpopulation; and the viruses are seen and cultivated. But I suppose no one who works in this field would feel that he could safely turn to something

else. After the first war we had two plagues for which there was no treatment and no effective prevention—influenza and epidemic encephalitis. They ran the natural course of epidemics, killing and maiming too many to count and then subsiding like the plague of Athens or the sweating sickness. Perhaps we shall have no more visitations of this sort, but it would not do to suppose that we know enough to check them if they happened to come.

Again we have to remind ourselves that infected food and water can still spread disease, though no one can read the monthly reports of the public health laboratories without realizing what an efficient machinery we have for tracking the infection to its source. But public health now implies far more than a pure water and food supply, a good drainage system and empty fever and tuberculosis hospitals. There are many malign influences other than micro-organisms which may threaten our health and that of the society we live in. We may suffer because of prenatal difficulties, faults in our diet and upbringing, or general physical and mental inadequacy for the major disturbances which have to be faced in our course from the cradle to the grave. In the past these factors could often be recognized and blamed after they had gained the upper hand, when there was a patient for the paediatrician, the endocrinologist, or the psychiatrist. Now we believe that they should be recognized and might be corrected before they have done much harm. There would be fewer patients to treat if the influences menacing health were kept at bay by antenatal care, infant welfare services, a contented family, and a school which did not expect too much or too little. The health services, therefore, have extended their range into the field of general bodily and mental welfare. It must be their aim to ensure that each individual has the upbringing and career best suited both to his bodily and to his mental needs.

A Wider Aim

This is aiming very high, but I fancy that most countries share this view of the enlarged obligations of preventive medicine. Most of them have medical services responsible for at least some of the fields where early intervention is most likely to be effective, and some have gone much further than we have. Naturally the nature and scope of these services varies with the general medical and social organization of the country, whether the administration is centralized or dispersed, and how far the individual can be expected to do as he is told. Here we are moderately obedient; but we have a long tradition of decentralized administration and local self-government. Whatever may be done in Whitehall, much of the burden of an extended preventive service must fall on the medical officer of health, and those of us who see his task on paper are beginning to wonder how he can possibly manage it.

If we could see him in action we should no doubt realize that with reasonable good will to back him he manages a great deal. But the list is formidable. He is responsible to his health committee for such diverse services as antenatal and post-natal care, infant welfare clinics, health visitors and home nursing, for ambulances to take patients to hospital, and for the supervision of mental defectives. He must work in close touch with the hospital services of the region and particularly with the general practitioners. If he has charge of the school medical service as well, he is responsible to another local committee directed by another Ministry, and if the area is large enough for a separate school medical officer he must be ready to share their difficulties. The medical officer of health, therefore, has charge of a diffuse organization which must involve him in a great many official and unofficial contacts with his colleagues, and he must rely on a skilled team of assistants for most of the routine work which comes his way.

It must strike the outsider that the present organization of our health services is not remarkable for tidiness. For instance, the troubles of a mentally defective child may involve him with a bewildering array of doctors, officials,

social workers, and psychologists working under a variety of Ministries and local committees. But with the best will in the world activating the tidiest mind, it will be impossible to avoid some overlap between social and medical services when we are dealing with social difficulties which have a medical origin or outcome. Administrative changes may simplify the work of preventive medicine by reducing the number of departments involved, for example, in the welfare of elderly people; they can scarcely touch the main problem, which is to decide how we should go and how far in the attempt to supply everyone with the environment which will suit him best.

That, in fact, is the wider aim to which our health services began to turn early in this century. It is recognized now that the attempt will involve both physical and mental adjustment, and it is with the latter that we are most likely to go astray, for we have scarcely begun a scientific study of the factors which are needed to support mental health, whereas for physical health the field may have uncultivated patches, but medicine has been at it for centuries. We are reasonably acquainted with the hazards arising from bacteria and viruses, from birth injuries and bodily defects of all kinds; the public on the whole accepts the measures which have to be imposed on it, and the research side is flourishing.

Research in pathology and bacteriology goes on at all levels of utility, from the most academic to the most practical. There are established methods and obvious problems: in fact, the danger is that there is little need to formulate new ones. Research on the preventive side in obstetrics and paediatrics and the other relatively new additions has not quite the same academic standing, for it is not so much concerned with principles of general scientific interest. In the clinical field, however, all such research can expect the co-operation of the pathologist and biochemist and the still more important co-operation of the general practitioner. It would be unwise of anyone to suggest openly that these branches of medical science have all the money, premises, and staff they need. They seem to have a good deal, but I will merely emphasize that at least they have the advantage of a fairly long experience in choosing their problems and of fairly uniform material to work on. It may be difficult to decide whether a particular vaccine is useful or useless: the conditions of testing may not be uniform enough, but at least we know what order of uniformity is needed. Statistics of infant mortality and of infectious diseases can be misleading, but they show what is happening, although they may not show what has caused it.

Problems of Mental Health

Research into the prerequisites for mental health is in a much less favourable position. It would, of course, be absurd to say that there has been no attempt to solve the various problems which face the mental health services. The problems raised by the village idiot, the tramp, the feckless mother, and the idle apprentice have exercised social reformers and law-givers without number. Mental defective children must have been given a training more or less adapted to their capacity long before there were intelligence quotients and special schools with medical officers to send them there. But past attempts to deal with social misfits have little to tell us about the kind of research we should undertake now. Most of them were aimed more at the welfare of the community than at that of the individual. With a more stable society we can afford to be more sympathetic to mental inadequacy, and we have come to doubt the efficacy of punishment in this world or of the threat of it in the next as a deterrent to faulty behaviour. But they used it and believed in it in the past, and it might be difficult to find evidence which would convince a jury from another planet that delinquents behave better nowadays because they are more kindly treated. All we could expect from them would be a verdict that kinder methods are undoubtedly better for our own peace of mind.

Law-breaking is not necessarily a sign of mental inadequacy, and I have used it merely to emphasize the complex factors which have to be taken into account when we try to assess the results of our efforts to prevent it. Criminal statistics are now available, and might be supposed to give evidence for or against the efficacy of particular measures, like capital punishment or indeterminate sentences. Everyone knows, however, that such evidence is seldom enough to change deep-rooted convictions. And when it comes to deciding how often a baby should be fed to ensure its mental welfare we can see how easy it is to confuse new fashions with positive advances. As with the problem of checking delinquency, the problem of deciding how long a baby should be left to cry is made more urgent by the knowledge, or at all events the suspicion, that scientific study could provide an answer which would at least prevent disastrous mistakes. For we have left the comfortable security of the past, and, though we may not believe all we are told by the psycho-analysts, they have convinced us that the early experience of the infant is the most important controllable factor in determining its future chances of happiness.

But we are not yet convinced about the practical measures which we can take. It is true that some of them can be accepted without reservation, for no one who has visited an occupational centre for the feeble-minded or a home for old people could feel that they do not confer real benefits. Yet no one can feel that all the measures which might be taken to ensure mental welfare could be settled without more knowledge of psychiatric factors than we possess at present. These measures are bound to become an increasing responsibility for those on the spot who have to organize them, and so it is worth considering how our mental welfare services have been built up and where we should look for their improvement.

For new ideas we must look to individuals rather than committees. In the sphere of public health the individuals have been members of the public impressed with the need for better services, as well as the medical men who have thought of ways of improving them; and the latter have often been the medical officers of health in the larger areas and those of them who have moved on to join the central authority. Sir John Simon was Medical Officer of Health for the City of London for seven years before he went to the General Board of Health in 1855, and this kind of recruitment has maintained contact between the centre and the periphery. Sir Arthur Newsholme, for instance, was M.O.H. for Brighton when he began his studies of infant mortality and was then able to organize maternity and child welfare services when he became Principal Medical Officer of the Local Government Board. Whitehall will view health problems from a different angle and the central directorate is an essential element in the research team, for it can survey the evidence reported from each area. The local workers are equally essential, for it is their province to collect the evidence.

That, surely, is where the difficulties are most likely to arise in expanding the services for mental health. The movements of the human body are nicely adjusted to their aim because there are sense organs in the limbs to provide information from joints and muscles. To use the fashionable terminology, there is a feed-back mechanism to favour the action without allowing it to overshoot the mark. And movements undertaken by the social body to improve its health need the same kind of feed-back mechanism to control them. For measures concerned with physical health the feed-back is adequate because the evidence is usually plain enough—the tables and graphs are there to support the conclusions—but the results of mental health measures are seldom as clear-cut. Reports on them must be based much more on general impressions, and these will have little value unless they have been made by someone with knowledge of mental hygiene and the time to study it.

The medical officer of health or the school medical officer may happen to be specially interested in this field, or, if the

area is large, they may have colleagues with psychiatric training who can advise them. It is no criticism of the service to say that now, as in the past, the initiative comes mainly from outside, from psychiatrists and paediatricians and teachers and the many organizations which have grown up in recent years with intelligent lay and medical interest to keep them active. What they have done has been invaluable; but when it comes to evaluating the methods which are on trial the evidence must still come, in the smaller areas at all events, from the teams of skilled assistants who are operating them. Success in psychotherapy will certainly be influenced by the faith of the psychotherapist in the methods he is using. His evidence is not valueless on that account, but few of those who have to carry out the daily tasks of the mental health services can have the detachment as well as the knowledge to act as impartial judges.

The remedy lies, no doubt, in greater provision for expert local advice for the medical officers who supervise mental health services in the community and in the schools. Voluntary organizations have accomplished so much that no one would wish them to do less in future. But in a field which might expand almost indefinitely we should be happier to know that the responsible officials were not expected to rely entirely either on their own knowledge of mental development or on the advice they receive from central bodies. We shall certainly blame them if they allow the enthusiasts too much scope, for it is the medical officer who is responsible for advising the local authorities about new measures; and we shall blame them equally if they turn a deaf ear to current opinion and allow the rival area to achieve a cleaner bill of mental health. In the end no doubt the responsibility rests on those who live in the area and on the whole community, for the final decision about the standard of welfare services is for the layman. But the medical officer of health must carry the burden, for it is his responsibility to judge the value of the methods he is using.

Responsibilities and Dangers

Research on the merits of different schemes for mental welfare must be conducted on an international as well as on a national and local basis, and there are already various international teams at work. It is true, however, that there is so much national variation in the organization of the family that general principles may be slow in coming. It is true also that what can be done elsewhere depends in part on what the public opinion of the country allows; preventive health services are bound to interfere with individual liberty, whether they condemn a slaughterhouse or send a patient to a fever hospital, and if they aim at mental as well as physical health they must be prepared to separate mothers from children and to supervise the lives of people who would like to be let alone. This may involve wider powers and responsibilities for the medical officer, but he has already some responsibility for the mentally disabled, and public opinion will certainly support him in any reasonable preventive measures. There is a danger, none the less, that by too much insistence on measures which have not been well considered, by too much official visiting and advice, the Mental Health Services may forfeit the co-operation without which they will certainly fail—co-operation from the general practitioners, the schoolmasters, the parents, and the public at large.

There is a more remote danger in the development of Mental Welfare Services, and it is a relief to feel that our decentralized organization may help to guard us from it. It is the danger that too much insistence on mental health will raise a new standard of good or, rather, of uniform behaviour. We must aim at a stable and contented society but not one without the reformers and critics and eccentrics, the people who will not conform and are a nuisance to their fellows. Bernard Shaw's doctor had to decide whether to save the life of the honest G.P. or of the psychopathic

painter of genius. He saved the duller man, and most of us would have preferred him to the rascal, for most of us would have greater confidence in recognizing the signs of moral obliquity than of artistic merit. Fortunately the two qualities do not always go together; but it might be asked why we want the rebel and the genius who may be a rascal—indeed, what sort of mental health should be our aim? Both questions are too searching to be dismissed in a few words, but the way the world may go in the scientific age makes them worth asking from time to time. Clearly we want a contented society where people do not become so angry with one another that they will try to settle their differences by fighting, but we must allow them to have differences, to experience strong emotions, not always pleasurable, and to develop new ideas and habits of life which may not commend themselves to the majority. We must allow some revolt, because our nature, as beings with human brains, ensures that we shall sometimes be discontented however wisely we are brought up, even though we are steered through infancy and adolescence with just the right amount of parental affection and the schooling which will make us responsible units in a democratic society. Though it may be worth asking whether we want everyone to be without mental strife, it is an academic question, and there is little chance that in aiming at mental health we shall produce a society which is unhealthy for lack of rebels. There is even less reason to anticipate this while the organization remains in the hands of those who are not entirely occupied with mental problems and have to justify their measures to the community they serve.

I suppose the Society of Medical Officers of Health is used to solemn warnings of this kind. When Chadwick took control of the sewage and stopped its sale to contractors for manure, some of the warnings came from quite disinterested persons who felt that the liberty of the subject was threatened when he could not dispose of his own property. I have raised what I am sure is a remote bogey to emphasize the load of responsibility which we expect our medical officers to carry. Most of us realize that they have many cares and little time. It is probably right that a preventive service of such wide scope should be directed by someone who cannot let himself become immersed in case work, but the time will soon come when it will not be only in the larger areas that he will need the assistance of colleagues with special training in psychiatry. There must be someone well qualified to weigh the results, or the mental welfare services may fail because there is so much outside pressure urging them to go faster.

Conclusion

I have spoken of the gratitude which may come the way of the clinician and ought to come equally to those who keep us out of his hands. We show our gratitude now to those who protect our health by loading them with new cares and giving them little else. But the climate of opinion is favourable to prevention. Those who have to organize it must miss the contact with patients which is one of the rewards of medical work. They have to spend their time with Councils and Ministries, receiving circulars and writing reports. Yet it must be some reward to know that the whole community is in their charge. The clinician is fortunate in saving occasional lives, but the Public Health Services preserve the lives and may in time preserve the sanity of millions.

In his annual report for the year 1955-6 the Principal of the University of London remarks that, out of 18,201 full-time students in the University, no fewer than 5,279 are reading medicine. If any substantial increase in medical practitioners is needed—which the Principal of the University himself thinks is unlikely—the required expansion should take place in medical schools outside London. On the other hand, the dental schools in London have only 944 full-time students, and they could expand with advantage.