incomplete and unorganized mass of information upon the powers, duties, activities, and technique of sanitary authorities and administration. But surprisingly little was known even to the Ministry of Health of what the various local authorities were doing or leaving undone in the domain of public health until the Ministry asked every Medical Officer of Health to make for 1925 a comprehensive report [1] upon:

(*a*) The measure of progress made in the area during the preceding five years in the improvement of the public health.

(*b*) The extent and character of the changes made during that period in the public health services of the area (e.g. housing, water supply, sewerage, scavenging, or refuse disposal, food inspection, or other services affecting the environment of the inhabitants; and maternity and child welfare schemes, schemes for the treatment of tuberculosis and venereal diseases, provision of isolation hospitals, or other services directed to the prevention or cure of disease in individuals).

(*c*) Any further action of importance in the organization or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health.

In another respect the Ministry is behind the Board of Trade and Ministry of Agriculture; it does not issue a gazette or journal dealing periodically with matters which concern its sphere of administration. This is an omission which could be made good with considerable advantage, affording, as it would, not only immediate information to officials, but, by being placed upon library tables, bringing clearly before the public matters with which it is closely concerned—those pertaining to the public health.

[1] Circular 684.

CHAPTER XXVII

THE NEED FOR REFORM

At the conclusion of a survey of the machinery by which it is sought to promote the public health the questions inevitably arise: How does it work? Does it achieve its object with a minimum of friction and waste? and does the action of the national and local officials stimulate the individuals for whom they work to efforts on their own behalf?

Judged by the national vital statistics, there can be no question that it has been effective. The general death-rates for England and Wales were 19·9 per 1,000 in 1850, 19·3 in 1890, 15 in 1907,[1] and 12·3 in 1927; and the infantile mortality, which was 146 per 1,000 births in 1850, 151 in 1890, 118 in 1907,[2] has been reduced to 70 in 1927. During the same period typhus and cholera have been practically wiped out, typhoid fever has been diminished by four-fifths, and deaths from tuberculosis have undergone a 70 per cent. reduction. Small-pox, unfortunately, has of recent years shown a decided upward tendency and, although the mortality therefrom remains very low, the case-rate mars the picture of progress. These facts and figures disclose positive gains, and it may be that they have been cheaply purchased, indicating as they do general improved health and longer life. But they do not afford any answer to the question as to whether or not we are justified in thinking that they could not have been gained by a less expenditure of effort and wealth or that the same expenditure could not be expected to have given

[1] *Public Health and Social Conditions* (Cd. 4671), p. 25.
[2] *Ibid.*, p. 27.

better results. They indicate progress, but give no data for its comparison with efforts.

Unfortunately such data are impossible to obtain. If it is desired to answer the question involved, the only method available is to critically examine the machinery. Is it as simple as possible having regard to the work it has to perform? Does it cover the whole field of efforts without overlapping? Does it combine with other non-governmental agencies so as to prevent duplication of public efforts by voluntary endeavour? To attempt to answer these questions involves critical and constructive work of far too great a magnitude to be attempted here. The whole subject of local government is under the consideration of a Royal Commission and the domain of public health has been surveyed, from the view-point of the Central Government, in a comprehensive and instructive memorandum by the Ministry of Health; and the views of local authorities of various kinds will no doubt be fully weighed ere the final report is presented. But already there is enough information available to enable a negative reply to be given to these questions.

It is, however, impossible to close this book without in some measure amplifying criticism which has been made, *en passant,* in the preceding chapters. It cannot have escaped notice that the basis of public health legislation is fifty-three years old, and that upon this has been reared a complex mass of statutes, orders and regulations which are made more complicated and various by adopted and private Acts, bye-laws and regulations differing in each locality. A glance at such a small volume as Knight's *Public Health Acts* (1925 edition) discloses the fact that out of ninety-two Acts given therein sixteen may be quoted as Public Health Acts. The standard legal work, Lumley's *Public Health* (9th edition) runs to 2,967 closely printed pages of Acts, orders, etc., there is a table of statutes taking up 122 pages and a table of relevant statutes covers 78 pages with the addition of 620 pages of orders and 274 pages of decided cases.

With such a superabundance of statutory, sub-statutory and judicial law it is not suprising that there is often a great difference between what Parliament meant, what ordinary people believe it meant, and what judges decide it meant. Despite this, no one can exactly define the difference between a drain and a sewer, or what constitutes a nuisance, or the standard of fitness for human habitation of a dwelling-house; and because of it the methods of adopting Acts, the powers of entry, and the means of securing the abatement of nuisances are bewildering in their variety. Such conditions as these gave point to the assertion of an expert publicist: [1]

> "That our existing codes of health laws are neither practically efficient nor sufficient for the purpose originally intended and still expected by the public. The methods of administration are too intricate and confused, the wide differences of opinion as to scope and definition are fatal to direct and speedy action, and in the result we get the maximum of cost and effort to the minimum of result, a comparatively low standard of administrative efficiency, and a money cost to the ratepayer out of all proportion to the improvement effected."

This may err somewhat on the side of rhetorical exaggeration, but fourteen years of legislative effort has done, on balance, little to make matters better.

The necessity for a general overhauling and consolidation of laws was never greater than it is to-day in connection with public health legislation. Three years ago we were told that "the consolidation of the Public Health Acts was in hand"; [2] and there it remains. It seems as if the work involved is so arduous, the fear that, in seeking to improve, much that is good might be lost is so great, and the fact that such a task, even if successfully achieved, is not very likely to be an asset in party politics, makes such a consummation almost too remote to be hoped for.

The confusion which the Royal Commission found in

[1] *Municipal Journal,* May 29, 1914, p. 653.
[2] The Right Hon. Neville Chamberlain, M.P., Minister of Health. See *Municipal Journal,* June 12, 1925, p. 862.

1870 amongst the authorities dealing with the discovery and suppression of nuisances is fortunately no longer in existence. In this branch of the service there is completeness of organization and a separation of jurisdiction which permits of no overlapping or lacunæ, but the efficiency of inspection and the enforcement of the law exhibits a very wide range of difference. In some areas special inspectors are so numerous that the public are said to be "inspected to death," in others inspection is so slight that the people may be said "to die without inspection." And efficient and energetic officers may meet with a blank wall of opposition in the form of a council reluctant to sanction the legal proceedings necessary for the enforcement of the law. Add to this the obvious unwillingness or even antagonism of many magisterial benches when asked to punish those who refuse to carry out the legal demands of local authorities, and it is easy to see that there are numerous factors creating friction and waste in the administration of the law.

When, however, we turn from the efforts aimed at the prevention of disease to those occupied with its treatment we reach a realm of the greatest confusion, overlapping and gap-leaving that it is possible to imagine. Here the efforts of public institutions and authorities and voluntary institutions and agencies are made with little regard to co-ordination and economy; and the National Insurance Act, extending the public treatment of disease, increased the confusion. It is possible in some districts to have members of the same household undergoing treatment in the institutions or at the hands of the officers of the sanitary authority, the education authority, the guardians of the poor, the insurance committee, and some one or more of the voluntary hospitals or nursing associations. On the other hand, there are districts where, unless a person is destitute or insured, there is practically no treatment provided, however necessary it may be. It is needless to labour this very serious defect; it was scathingly exposed in the Minority Report of the Poor Law Commission, and

persists despite efforts by the Ministry of Health to rectify it in various directions. The existence of two authorities, one of which welcomes and treats all suffering from certain diseases without regard to economic circumstances, whilst the other avoids giving any aid or treatment unless the person is destitute, is too absurd an anomaly to be tolerated much longer. For this reason, if for no other, the proposals now being made for the distribution of the functions of the Poor Law authorities between the councils of counties and county boroughs is to be welcomed. It is a step in the direction of one authority for all health purposes, and it is to be hoped will be the foundation upon which will be established a public medical service available for all persons of all ages and both sexes for all purposes, centring upon and directed from the public health department of the local authority.

Avoiding the objection that a general provision of treatment for ill-health is likely to sap independence and pauperize the recipients, involving all the evil consequences that the Poor Law Commission reported upon in 1834, the question is largely a financial one. It is not difficult to provide against possible pauperization; administrative co-ordination can be achieved without great difficulty, but the financial burden is one that many, perhaps most, authorities could not possibly undertake at the present time without some measure of equalization. This, in the main, can only be done by a reorganization of the financial relations between the Central Government and local authorities, for which proposals have been recently submitted to Parliament.[1] But the fact remains that the major part of the local sanitary authorities are too small and too poor either to properly administer or to adequately finance an efficient system of prevention, treatment and cure of disease.[2] The following tables are as eloquent as figures can be in favour of larger and wealthier areas.

[1] See Proposals for Reform in Local Government and in the Financial Relations between the Exchequer and Local Authorities (Cd. 3134).

[2] See Memorandum submitted by the Ministry of Health to the Royal Commission on Local Government.

DISTRIBUTION OF POPULATION—COUNTY DISTRICTS

Population.	N.C. Boroughs. *255*	Urban Districts. *785*	Rural Districts. *658*
5,000 or less	66	302	126
5,000–10,000	40	222	216
10,000–20,000	53	178	229
20,000 or less (Total 1,432)	*159*	*702*	*571*
20,000–30,000	33	45	67
30,000 or less (Total 1,577)	*192*	*747*	*638*
30,000–50,000	50	28	15
50,000 or less (Total 1,670)	*242*	*775*	*653*
50,000 to 100,000	12	6	5
Over 100,000	1	4	—
Total over 30,000 (121)	63	38	20
Total over 50,000 (28)	13	10	5
(*Grand Total 1,698*)			

RATEABLE VALUES

Values.	1*d.* Rate produces	N.C. Boroughs. *253*	Urban Districts. *782*	Rural Districts. *663*	Total. *1,698*
Under £10,000	£40	19	83	9	111
£10,000–£20,000	£81	34	150	27	211
£20,000–£30,000	£122	26	125	40	191
£30,000 or under	(*£122 or under*)	*79*	*358*	*76*	*513*
£30,000–£40,000	£162	16	91	58	165
£40,000–£50,000	£203	13	70	47	130
£50,000–£60,000	£243	17	47	49	113
£60,000 or under	(*£244*)	*125*	*566*	*230*	*921*
£60,000–£100,000	£405	38	116	207	361
£100,000 or under	(*£405*)	*163*	*682*	*437*	*1,282*

Here, again, it is to be hoped that the labours of the Royal Commission on Local Government may be fruitful in reforms which will improve public health administration, but it may be laid down as a general rule that the fewer and more powerful the authorities the more efficient and consistent will be the general administration.

Enough has been said in this and the preceding chapters to afford a general answer to the question whether the machinery for the promotion of the public health works with a minimum of friction and waste. It may be confidently asserted that it is more efficient than it was, but that its imperfections are still very great. Its intricacies and complexities require simplification; it covers the field of efforts too unevenly, leaving parts quite untouched; it meets opposition where it ought to get assistance, and efforts are but partially co-ordinated; and in many directions it lacks the motive power of an enlightened and vigorous public opinion. Fortunately the defects are being recognized and questions of public health are coming to the front in every department of social and political life, thanks in large measure to increasing education and propaganda in health matters by local authorities.[1] Public discussion is a necessary preliminary to reform, and when once it is realized that no branch of administration more closely affects the lives of the people than that concerned with public health the demand for its efficient organization will rapidly follow and as surely be conceded.

It may therefore be affirmed without fear of contradiction that the time is ripe for a national survey of the institutions for and the methods of promoting the public health. Nearly sixty years have elapsed since the Royal Sanitary Commission reported upon the sanitary administration of the country and provided the information and impetus for its reorganization and a consolidation of the law. The interval has been filled by scores of legislative enactments and by

[1] See *Public Education in Health*, by Sir G. Newman, K.C.B., M.D., F.R.C.P., Chief Medical Officer of the Ministry of Health and of the Board of Education.

hundreds of administrative experiments of which we have no complete and consistent records available for guidance. Local authorities muddle along, happy to avoid glaring failure, seldom achieving brilliant success. It is of good omen that the Ministry of Health has awakened to these facts and in its circular [1] to medical officers of health asked for information in their reports for 1925 which was to be the basis of the first of a series of survey reports. The report is compulsory upon medical officers of health and it does not speak too highly of the attachment to duty of those of sixty-nine out of 1,686 sanitary areas when the Ministry can report that on March 31, 1927, no reports had been received from them.[2] The information so collected, although not intended for that purpose, was used by the Ministry as the basis of its evidence to the Royal Commission on Local Government. At present the central authority is without that comprehensive knowledge of the extent and ways in which local authorities have performed their duties and used their powers which is an essential condition to action for a general levelling up of administrative efficiency. There is an imperative call for a statesman with the strength to demand and the genius to direct a broad survey of public health law and administration with a view to its reform and improvement. Perhaps it is not too much to hope that the statesman is there, and to believe that we may already discern the foundations of reform.

[1] Circular 648.
[2] Memorandum of Evidence submitted by the Ministry of Health to the Royal Commission on Local Government.

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