

and, fortunately, there are plenty of signs that medical schools are beginning to realise the importance of this. It will take time to develop; but it is worth stating clearly at the outset that, unless this kind of medical care is ultimately provided for every person and every family, the medical profession will not be giving the public the full service which it needs and which only the medical profession can give. To provide or to extend a service which considers only the treatment of the sick is neither in accordance with the modern conception of what a doctor should be trained to do nor in keeping with the general desire that the family practitioner should begin to undertake many of the duties at present performed by his colleagues in the public health service.

VI.

CLINIC AND OTHER SERVICES.

Apart from the hospital and consultant and family doctor services, the comprehensive health service must include arrangements for home nursing and midwifery and health visiting and the various kinds of local clinic and similar services which have either been provided in the past under special statutory powers or will have to be established in the future.

When the new service is established, these local services will not be provided as entirely separate entities, but rather as parts of the one new general duty to secure a whole provision for health. It will be the duty of the new joint authority—by means of the arrangements proposed by it and approved by the Minister in the general area plan—to ensure that all these different activities are properly related to each other, to the personal or family doctor service and to the hospitals and consultants, and that they are arranged in the right way and in the right places to meet the area's needs. This done, it will be the duty either of the joint authority or of the separate county and county borough authorities which together constitute it, as the case may be, to provide and maintain the various services on the lines of the settled area plan. The usual sharing of responsibility in this respect between the joint authority and the several counties and county boroughs—under the proposals described earlier in this Paper—will be recalled.

When these local services are arranged and regarded as parts of the one planned service of the wider area, there will be room for experiment and innovation in the way they are provided—particularly as time goes on and the full service gets into its stride. It is reasonable to look forward to the time when the general medical practitioner, the personal doctor with whom the individual and the family are regularly associated, will be able to be connected more closely with the services which are performed at special clinics—e.g. for child welfare, in which there is no doubt that in much of the general care of the young child and the handling of many of its day-to-day problems the clinics and the family doctor who has the general medical care of the child must be enabled to work in better contact for their common purpose. To make this possible on any substantial scale there will have to be much more opportunity than there is now for the family doctor to acquire special experience in the children's wards of hospitals and in general child welfare subjects and the chance of post-graduate training and refresher work in these and other special subjects. Where grouped general practice in Health Centres is tried there will be special opportunity for this kind of development.

But whatever developments there may be in the clinics or other services locally provided, or in the method of operating them in relation to other branches of the service as a whole, it is clear that the coming into operation

of the new service will certainly not involve closing down or abandoning any existing facilities—but much rather increasing and strengthening them to fit the new and wider objects in view. Therefore the effect of the proposals in this Paper on the main local services of this kind as they are known now—and on the position of the local authorities responsible for them—can be summarised.

Maternity and child welfare services.

The arrangement of lying-in accommodation in hospital or maternity home—indeed all the institutional provision for maternity, both for normal and for complicated cases—will become simply one part of the re-organised hospital and consultant services and will be the responsibility of the new joint authority. The ordinary functions of the maternity and child welfare clinics, however—concerned, as they are, not primarily with direct medical treatment but more with the convenient local provision of general advice and care in the day-to-day bringing-up of young children and in the mothers' associated problems—will not be transferred to the new joint authority but will lie wherever the related functions of child education are made by Parliament to lie under the new Education Bill. Under the proposals in that Bill, as they stand now, this will mean that the county and county borough councils will be the authorities primarily responsible, but that arrangements will be made in suitable cases for delegating much of the practical care of the service to some of the existing authorities, within the counties, which have hitherto carried the responsibility and which have accumulated good experience and local interest.

The maternity and child welfare clinics, although provided and maintained in this special way over the various parts of the joint authority's area to meet the need for the link with education, will be as much a subject as any other part of the health service for the general plan for that area which the joint authority will prepare and the Minister finally settle. The sufficiency of the clinics, their distribution, their connection with the necessary specialist services and the hospitals, and the other main arrangements concerned, will all be covered by the wider area plan.

What has been said of the clinics applies equally to those arrangements for domiciliary midwives and health visitors which need to be ancillary to the clinics' work, and responsibility for those will lie with the same authorities and be similarly affected by the general area-plan.

School Medical Service.

In this service also the proposals need to be related to the proposals in the current Education Bill. The conception underlying both the Bill and the present Paper is that the education authorities will retain as part of their educational machinery the functions of inspection of children in the school group (the supervision, in fact, of the state of health in which the child attends school and of the effects of school life and activities on the child's health), together with the important function of using the influence of the school and the teacher and the whole school relationship with child and parent to encourage the recourse of the child to all desirable medical treatment. But, as from the time when the new health service is able to take over its comprehensive care of health, the child will look for its treatment to the organisation which that service provides—and the education authority, as such, will give up responsibility for medical treatment.

Tuberculosis dispensaries and other infectious disease work.

The local tuberculosis dispensaries will in future be regarded as out-patient centres of the hospital and consultant service, and responsibility

for them will normally rest directly with the joint authority dealing with the whole of this aspect of the new service over its wide area. Just as it will be the aim to enable the main sanatorium and hospital treatment of tuberculosis to be more fully related in future to other specialist aspects of the diagnosis and care of diseases of the respiratory tract generally and of orthopaedic conditions, so it will also be essential to develop the local tuberculosis dispensaries as specialist out-post centres of the same service, where the physician has charge of—and direct access to—hospital and sanatorium beds and where the same consultants cover both in-patient and out-patient activity. The physician in charge needs particularly to concern himself also with the social and home conditions of his patients in tuberculosis, but it is not proposed that such activities as the securing of appropriate housing for the tuberculous shall pass with the dispensaries to the new joint authority. In such matters the physician in charge must look to the local authority normally concerned with these things.

All isolation hospital responsibilities will similarly pass, under the proposals earlier explained, to the new joint authority as part of the general hospital problem of its area. But there will remain a field of day-to-day epidemiological work—many of the measures dealing with the notification of the diseases, the local control of the spread of infection, and environmental factors affecting this, which are the subject of statutory powers under the Public Health Acts already—which can still be suitably carried out locally in the different parts of the joint authority's area, although it will probably be found that most of these activities should in future be centred in the county and county borough councils rather than distributed more widely, as they are now, over the districts of the minor authorities.

In epidemiology in its wider sense there will be some activities which must be organised on a full national basis, rather than locally, and here the valuable experience of the Emergency Public Health Laboratories will be a pointer to future development.

Cancer diagnostic centres.

Responsibility for the local centres of diagnosis and advice which were contemplated when the Cancer Act of 1939 was passed, and which have had little chance to develop substantially during the war, will pass with the other responsibilities of that Act to the new joint authorities as a part of the general hospital and consultant service.

Mental clinics.

Local mental clinics are essentially an out-patient activity of the hospital and consultant service—like the tuberculosis dispensaries—and responsibility for these clinics will therefore belong to the new joint authority in its general care of mental health.

Venereal diseases.

The allocation of the present service for venereal diseases between the county and county borough councils and the new joint authority presents peculiar difficulty. In one sense it is essentially a clinic service which can continue to be locally organised within the framework of the new area plan, and which—it is arguable—need not be regarded as essentially part of the wider hospital and consultant field. The newly developing use—started during the war—of the help of individual general practitioners to supplement the work of the clinics lends some point to this. On the other hand it is a service requiring a high degree of specialisation in future, and it is as a matter of convenience one which

is usually attached to hospital premises; these are factors which point to associating it directly with the re-organised hospital service. It is something of a "border-line" case, in fact, and will be best left to the settlement of the area plan in each case to determine.

New services likely to develop.

A full home nursing service must be one of the aims of the new re-organisation. How far it needs to be directly provided by public authority, or indirectly by public arrangements made with other bodies, or both, will be matters for discussion. Its object must be to ensure that all who need nursing attention in their own homes will be able to obtain it without charge. Responsibility for securing this will normally be exercised by the individual county and county borough councils within the general area plan.

The fact that there must be delay in reaching a stage at which general dental and ophthalmic services can be provided for all has been referred to earlier in the Paper. Nevertheless, nothing less must be the object in view and the best ways and means will need to be discussed in detail with the dentists and doctors and others concerned. For some time dental care, at least, will have to be concentrated on the present priority classes—and particularly on the children and adolescents. These are matters on which, so far as dentistry is concerned, the views of the Teviot Committee, already referred to, will have a valuable bearing and must be awaited. But it is clear that one of the main calls at first will be on the clinics and similar services for the pre-school and school child.

The new service of the Health Centre for general medical practice has already been considered, and when it comes into operation it will normally be the county or county borough council's function to provide and maintain the Centres.

Medical research.

A valuable part of the medical research carried on in this country is conducted in the hospitals, and in close association with the day-to-day work of the hospitals. It has been the policy of the Medical Research Council—the body set up under Royal Charter and under the auspices of the Committee of the Privy Council for Medical Research to guide and stimulate and co-ordinate research—to encourage this work in the hospitals themselves and to assist it financially. Generally, it is felt that this is a more fruitful method of securing valuable results than the alternative method of multiplying special State institutions for the purpose, and it is of first importance that it should continue and develop, both in the municipal and in the voluntary hospitals and institutions. It does not appear to require any new express authority, and the powers of local authorities under statute and of voluntary hospitals under charters or trust deeds or other instruments seem to be already sufficient.

The Part of Medical Officers of Health and others.

Whatever changes there may be in the scope of the health services locally provided and in the local organisation for providing them, it is clear that there will be an even more important part in the future than there has been in the past for social medicine and the medical organisation of public health. The new service will make great calls upon all those medical men and women already engaged in the work of local health authorities, and upon all those who assist in the ancillary services now; just as it will give new scope and better opportunity not only to those already engaged but to newcomers to this branch of professional life.