

## PUBLIC HEALTH IN GREAT BRITAIN

By SIR GEORGE NEWMAN, G.B.E., K.C.B.

**F**OLLOWING precedent in time of war, the Ministry of Health under the vigorous leadership of its Minister, Mr. Ernest Brown, has just issued a "Summary Report" on the public health of Great Britain from April, 1941, to the end of March, 1942\*; this is instead of the usual annual statement by the Chief Medical Officer. It is recognized that war has the effect of re-distributing the population, affecting the incidence and mortality of disease, and producing a variety of emergency services of a temporary nature (evacuation, raid shelters, and the care of the homeless). Nevertheless, it is highly satisfactory that the health of the people of Great Britain has been more than maintained; and this indeed has contributed substantially to the war-effort itself. This high standard is attributed largely to the improvement made in matters of health, housing, nutrition, and the wider general public services accomplished in the last two decennia. "It owes much to the improvements in housing, health and other social services that were made between 1919 and 1939, and also to all that was done during the same 20 years to educate the public in health matters." The schools of all grades, the public newspapers, the B.B.C., and the most admirable work of the Ministers of Food and Agriculture in regard to rationing, agricultural development, and domestic application, each of which is a national science and art, have co-operated; and at the back of it all, and inspiring it all, there has been an expanding public appreciation of what is at stake in the cause of freedom. In fact, this is one of the outstanding agencies serving as a lively stimulus of public opinion; developing a sense of devotion and service, and of mutual interdependence, necessary to a State that is set on winning a war; this 'something' is a kind of generative 'human credit', something to bank on, which when it grows in volume and extent inevitably leads to triumph of a constructive kind of statecraft.

Consider this astonishing fact. In the midst of the international struggle which has involved us all, and all our affairs down to the smallest detail, the English people have re-discovered their sense of solidarity and essential unity in purpose, with its consequent demand on their service, not only in the fighting line but also in what has come to be thought of as the 'home front', in maintaining the fundamentals of civilized life in Christendom, and its ordinary decencies. It is most impressive and enheartening. Instead of capitulating to the monstrous demands and outrageous policy of a group of gangsters, they have suddenly found themselves and their own soul. Life is after all not hedonistic; nor is it the common thing which they had assumed, but a great and even glorious adventure. Are we really to suppose that Russia, and America (north and south), and China (which has come down through the ages), as well as Great Britain and her Dominions, are under some delusion that a monomania of Hitlerism and his New Order is the last word in human civilization? If so, it is a grave misapprehension.

The redistribution of population in Great Britain

due to the War called for sacrifice, both from the evacuated and those who received them. The local government service accepted the strain of the duty thus imposed upon it, and its reputation for efficiency and devotion was if anything enhanced; by 1940 and 1941, accommodation had been organized for 3 millions in public and communal shelters and 4½ millions in Anderson shelters. The absence of 'alerts' towards the end of 1941 relieved the Ministry of a most exhausting effort, central and local, and allowed it to attend to the routine duties of health.

The general health all through 1939-42 has remained excellent. The total death-rate was 12.1 per 1,000 in 1939, and 12.9 in 1941. The *infant mortality*, which by 1939 had been reduced from the 'homicidal' figures of earlier years (such as 150 per 1,000 from 1870 to 1900—involving the loss of 140,000 infant lives yearly) had come down to 90 in 1916-20 and to 60 by 1930 (that is, a loss of 38,000 children) and was in 1939 so low as 50, moving up in 1941 to 59 (representing 34,000 deaths of children less than one year of age).

The *maternal mortality*, as is well known, changed for the better in 1934. Before that date, Great Britain had been acquiescent in losing the lives of 3,000 every year, but in 1932 the figure declined to 2,500 and in 1940 to 1,640. This meant a fall in the maternal mortality from upwards of 4 or 5 per 1,000 to 2.6, the lowest on record. This welcome and extraordinary reduction is rightly attributed to improved midwifery, and especially to an improvement in the treatment of puerperal sepsis, by the use of sulphonamide. How was it done? The answer is clear. The fall in the infant and maternal mortality was due to *better motherhood* and better midwifery practice. In other words, the physical functioning of motherhood is not hereditary, but must be learned by each mother; and three or four years ago it was discovered, medically, that by the wise use of sulphonamides puerperal fever might be reduced. The State and voluntary agencies did their part for mothers and children by establishing infant welfare and ante-natal centres where the art of midwifery and the care of infancy might be taught; 3,600 of these centres were established by local authorities or voluntary agencies by 1941, and they were attended by 70 per cent of all the babies born alive in that year. There were also 1,800 ante-natal clinics, and many hundreds of health visitors visited in the homes. The National Milk Scheme provided free milk for mother and baby, and eggs, free oranges and lemons, or orange juice, blackcurrant juice or purée, and cod liver oil. The Government also provided many new nurseries and contracted for others, and by March, 1942, there was new accommodation for 11,400 children; and in addition there were 2,000 hostels provided for mothers or children, or both. The exaggerated talk about 'malnutrition', before the present War began, has died down, and what has been said here shows how keenly interested the Government has been in protecting the mother and child from any degree of under-nutrition. Investigations show nothing disquieting; indeed the reports from many districts show evidence of improvement.

Owing to the rise in the incidence and mortality of *diphtheria* the Ministry has urged the public to have children immunized against this infection. In 1941 a campaign was initiated by Sir Wilson Jameson, broadcasting the favourable experience of New York in this matter, and up to June, 1942, upwards of three million children in Britain had been inoculated.

\* Summary Report by the Ministry of Health for the Period from 1st April 1941 to 31st March 1942. (Cmd. 6394.) Pp. 35. (London: H.M. Stationery Office, 1942.) 6d. net.

It is curious to remember that England, the home of vaccination against smallpox, is slow to practise immunization. It waited fifty years, and lost many lives, before it used its own inventions; similarly with diphtheria and typhoid. *Tuberculosis* also has been a cause of anxiety owing to an increase of 23 per cent among industrial young women. The avoidance of droplet infection, the use of pasteurized milk, and miniature radiography in diagnosis are recommended.

*Venereal disease* is a still more complex problem, which tends to increase in importance in war-time. The Royal Commission of 1916 elucidated it and directed attention to the importance of early diagnosis, free treatment, the use of Salvarsan or its derivatives, and the prohibition of quack advertisements, false remedies, and unqualified practice. It also advised widespread public education, and numerous clinics, of which some two hundred were established. In March of the present year, the Central Council for Health Education was authorized to assist in the necessary educational work (see also NATURE, Nov. 7, p. 529). Notification of venereal disease was not recommended in 1916, as it tends to drive the disease underground; but its present tendency to rise in incidence is full of warning as to the need for alertness and vigilance. The reaction of the Ministry of Health to the problem is seen in a Defence Regulation (33, B.) issued on November 11 (since the "Summary Report" was published) announcing that, particularly because of the presence of numbers of service men and women from countries where treatment of venereal disease is compulsory, treatment is now made compulsory in Great Britain.

Happily this is not all. For the Minister of Health has an eye to the future reconstruction of the public health services, and his advice on this subject is much to the point. The prior aim to meet the admit-

ted needs of mothers and children, which has proved itself most effective, is not enough; and in 1941 the Minister laid down the principles of his particular "New Order". There must be no return after the War to the confused and unrelated hospital services pursuing independent, wasteful, and competitive courses; the hospital business must be *planned* as a whole into a comprehensive and adequately integrated national service by which everyone in need will actually receive appropriate and prompt treatment. This is to be undertaken by the larger local authorities (in close co-operation with the smaller) and in recognized co-operation also with the voluntary hospitals, in areas substantially larger than those of existing local authorities. This meets the new demand for regionalization. Further, the Exchequer should give financial help, especially to hospitals undertaking the teaching of medical students or the highly specialized services of medicine, surgery and practical midwifery. To this end the Minister of Health has instituted a system of survey of the present administrative situation, beginning in the London district, and also an inquiry into organization of the medical schools, and their arrangements for clinical teaching and research. Such inquiry will not include the curriculum of medical training, already provided by the General Medical Council under Act of Parliament. Nor has the Minister lost sight of two new spheres of applied medicine, industrial and rehabilitation. We must complete our medical treatment (vocationally or otherwise) by following up effectually our remedy, so that the industrial worker who has been disabled may be returned to his job fit to continue his work, or any new work to which he may be transferred. All this is very timely and hopeful; and it envisages a long-felt need for co-operation with medicine of the rehabilitators, the vocationalists, and the medical specialists.

## NEWS and VIEWS

Dr. D. R. Pye, C.B., F.R.S.

DR. DAVID RANDALL PYE, formerly fellow of Trinity College, Cambridge, and of New College, Oxford, has been appointed to succeed Sir Allen Mawer as provost of University College, London. Dr. Pye, who has been for many years connected with the scientific side of aeronautics, succeeded Mr. H. E. Wimperis as director of scientific research to the Air Ministry, which appointment was transferred by a war-time change to the Ministry of Aircraft Production. In this position he has had control of a large scientific and experimental staff, principally at the Ministry's London headquarters, the Royal Aircraft Establishment at South Farnborough, and the Aircraft Testing Station at Boscombe Down. He has also worked in collaboration with the Aeronautical Research Committee, and the National Physical Laboratory, Teddington, and has been responsible for maintaining the high standard of scientific aeronautical research in Great Britain.

Dr. Pye's own original scientific work was on the internal combustion engine, and he is the author of a standard work in addition to many papers on this subject. His administrative work at the Air Ministry has covered all the other branches of work associated

with the development of aeronautics, and the production and use of aircraft in the widest sense. He was elected a fellow of the Royal Society in 1937, and is a past vice-president and member of the Council of the Royal Aeronautical Society. He is also one of the general editors of the Oxford Engineering Science Series of works.

Akbar, the Great Mughal

ON November 23, 1542, Akbar, the future Mughal Emperor, was born at Amarkot. His father, Humayun, had already lost the kingdom won by Babar, and Akbar's childhood was spent in exile. Humayun reconquered India in 1555, only to die, and the boy-king had to endure five years of regency before he came into his own. He stands out among Asiatic rulers as a determined leader and enlightened organizer. But the man was greater than the king. His interest in religion and philosophy, art and science is famous, but the distinguishing marks of his greatness were the questing intelligence and fearless judgment he consistently brought to bear upon the difficulties with which he was surrounded. He set himself to unite Hindu and Muslim India. He married into the ancient Rajput royal families, and