Correspondence

Health Centres

SIR,—The medical profession has approved of the conception of health centres with certain provisos to safeguard the public and the medical men who may work in them. In fact the idea originated in the profession, but doctors foresaw the dangers of such centres degenerating into miniature hospital clinics or becoming the playthings of local politics or the dead ends of bureaucratic control and interference. The essential safeguards are that in any health centres the doctors working there should do so freely and by voluntary association or in partnership, and further that these doctors should either own or rent the building and major equipment and most certainly own all personal equipment, otherwise they risk becoming the serfs of Government. As Carlyle says, "Without his tools man is nothing." Another important proviso is that health centres must be made suitable to the particular locality, as obviously one in a town near to hospital facilities need not be so elaborate in scope as one in the country. The variations in size, type, and equipment must be very great, even to the inclusion in some districts of casualty and observation beds.

I have had the good fortune to work in a country practice in a mining valley in Wales, and for close on twenty years in a large partnership practice in a county town, which has in fact been run on health-centre lines. From this experience and from what I know of medical friends who practise in different types of town and country practice I am convinced that the basis on which the health centre, wherever situated, should be built up should, with moderations according to local needs, be as described below.

If possible the doctors should be in partnership and should mutually agree upon their individual shares and should own their goodwill. If a partnership cannot be formed there must be mutual agreement on the formation of the team, as no mere appointee, possibly unlike by, or unsuitable to, or unfitted to the team, should be foisted on the others by a local or central authority. Friendly team work is essential to the welfare of patients and doctors. The doctors should own or rent the building or parts thereof. Each doctor should have his own consulting room and personal equipment and be part-owner or part-renter of such major equipment as may be required. Waiting rooms should be large, comfortable, and either communal or not according to local circumstances, and there should be appropriate examination rooms, dressing rooms, minor operating rooms, and laboratory. There should be a full-time secretary in charge of the required number of assistant secretaries, receptionists, and surgery maids. The secretary should see to the organization of the secretariat, card-keeping, filing, visiting lists, calls, and appointments, etc., and keep the accounts of the team and expenses of the health centre. The secretary should be given wide discretionary powers by the medical team and owe her allegiance to the team; further, the secretary should, if possible, live in the flat above or in the health centre.

A fully trained nurse may be required in a whole-time capacity in a large country health centre. Each member of the medical team should take up a part-time specialty, so that his services are available to the team for consultation, treatment, or operations, but all should do general practice as well. Thus in a team of five one might specialize in general surgery, one in eyes, one in ear-nose-and-throat work, one in midwifery and gynaecology, and one in children's diseases; and if possible each should hold an appointment in his specialty at a local or near-by hospital in order to keep entirely up to date. An agreed rota should be drawn up by the team for half-days, week-ends, holidays, second-call duty, and post-graduate work; and, in my view, in a team of four there should never be less than two on duty at any one time. Obviously there will be many times when all will be on duty.

By this means the team keeps fit and happy and able to work hard, while the patients get the benefit of this and get to know, to trust, and to rely upon the team and its members, and come to realize that they are not being let down if they cannot see Dr. A when he is away or ill, because they know and have been treated by Dr. B or C or D on various previous occasions. This family feeling and personal touch of friendship and loyalty is essential to good medical practice in these abominably materialistic days. A large team should include at least one woman doctor and, according to the locality, a medically qualified dental surgeon. Both for town and country health centres of any type consultants should be available, either for domiciliary visits or special consultations at the health centre according to need. An x-ray and pathological service could be included

in the health centre if suitable hospitals were too far away, as in mid-Wales, for example.

I am certain that along these broad lines which I have indicated health centres could be made a great success and be of immense benefit to the people, both in preventive and curative medicine, because above all the medicine of the future must be human and not merely humane. The freedom, honour, and integrity as well as the physical and mental well-being of the patients are in the doctor's hands, and if the doctor is not a free man and does not remain the arbiter between the patients and any third party then the patient is inevitably lost in totalitarian oppression. "For what shall it profit a man if he shall gain the whole world and lose his own soul?"—I am, etc.,

Reading.

S. F. LOGAN DAHNE.

Aetiology and Prophylaxis of Puerperal Sepsis

SIR,—Every throat surgeon must be particularly interested in a few of the many facets presented in the fascinating survey of "The Aetiology and Prophylaxis of Puerperal Sepsis" by Prof. Joseph W. Bigger (Oct. 18, p. 599). It is not only the throat (tonsil and pharynx) which harbours in great numbers the specific virulent strain of the *Streptococcus pyogenes*, the cause and spread of puerperal sepsis. Such a focus has long been recognized, coped with, and the danger eliminated. There remains, however, in an infected maxillary antrum (as a sole lesion or part of a suppurative pan-sinusitis) another insidious and frequently overlooked, but nevertheless a recurrent, source of the virulent causal organism. The pharynx is merely the catchment area of the nasal passages, which are continually polluted from the cesspool of streptococcal pus in the antrum. The infection persists for a period far beyond that of any acute transient primary throat streptococcal lesion. Some years ago, in discussing puerperal sepsis with a colleague, he informed me that in every necropsy performed by him where the cause of death was infection after labour or a septic abortion he had never failed to find pus in the maxillary antrum.

The maxillary antrum is a cavity in which pus can be easily overlooked, a fact attributable to the mildness of the symptoms an empyema there commonly produces. The complacency with which such a condition once diagnosed is left untreated is staggering. This suppurative lesion appears to have received a special dispensation from the universal surgical rule of *ubi pus, ibi evacua*. The infected antrum case is permitted to remain ambulant, and probably untreated, to constitute a far more dangerous streptococcal "throat" carrier. The throat surgeon should also read with interest, profit, and admiration of the stringent precautions adopted to prevent the entry and outbreak of infection in the obstetric wards and of the great and sustained success achieved—a high standard taken for granted by contemporaries.

Those to whose lot it falls to supervise any large and busy ear-nose-and-throat surgical ward soon become only too familiar with the unpleasant regularity with which a dangerous form of spreading cross-infection rears its ominous head—an infection conspicuous by its absence when similar cases are nursed in a single room. The designers of the ear-nose-and-throat ward in the new era would do well to ponder on Prof. Bigger's remarks that "the ideal method of avoiding case-to-case transfer of infection is to provide a separate room for each woman admitted." Such an arrangement would go far to control at its source the spread of any infection.

General wards for surgical E.N.T. patients should find no place in the hospital of the future. If at all necessary the wards should be designed solely to house *convalescent* patients. For over twenty years I have stressed the inherent dangers of performing operations such as removal of tonsils and adenoids, submucous resection of the nasal septum, and, more recently, the fenestration of the labyrinth on patients housed in a large busy ear-nose-and-throat ward. Operative morbidity and serious complications are rife especially at certain seasons of the year, and many such an operation of convenience is but the prelude to a period of pyrexial anxiety terminating in a subsequent emergency operation for a dangerous infective complication. If the measures of prophylaxis against hospital infection described by Prof. Bigger are adopted in the ear-nose-and-throat wards of the new hospitals which are to arise phoenix-like from the ashes of the old, this stigma of recurrent epidemics and cross-infection should be a thing of the past. But the price of success will be constant bacteriological vigilance.—I am, etc.,

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