THE MEDICAL PRACTITIONER AS AN ASSET TO PREVENTIVE MEDICINE.

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"MEDICINE," wrote Plato more than two thousand years ago, "is the science of health." To-day it is popularly regarded as the science of disease; otherwise we should be in the habit of paying for medical attendance only while we were actually maintained in good health, and yet, as matters now are, we are taught to live when our life is wellnigh spent.

A revolution in act as well as in thought is necessary if it is hoped to create a national, or indeed an individual, health conscience during the present generation. The establishment of an individual health conscience is, I believe, the ideal we all have in view.

Two tentative schemes to this end are now under discussion:

1. The creation of a central Ministry of Health.
2. The inauguration of a State medical service.

Neither scheme makes one iota of difference to the individual health conscience. The first is purely a paper scheme without any guarantee or suggestion of real progress towards the object in view. As Mr. Percy Alden, M.P., has remarked: "Ideally it is a solution of the problem; practically, for the time being at all events, it is no solution." The second is also an idealistic scheme and at the present time quite visionary, and, however good in itself, is open to all kinds of practical objections. Both schemes as now formulated are open to a further serious objection—that of officializing and stereotyping medicine both in its clinical and its preventive aspects. Medicine is not a subject which will lend itself to the cramping routine of officialism, and under neither of the proposed schemes for simplification, concentration, and unification of the medical services is there any attempt (except in the form of vague promises) to limit the powers and duties of the bureaucracy which it is intended to set up. Medical and sanitary officials, whether they be in the army, the navy, the public health, or other medical services, tend to become both bureaucratic and autocratic. What guarantee is there under either of the proposed schemes that there is to be any alteration in the existing régime or in the system? Precedent and tradition are far too strongly entrenched at the present time to allow themselves to be overcome by the creation of any central Ministry of Health or by any State medical service which is to be organized from above downwards.

Both these proposed schemes appear to be fundamentally wrong in putting the cart before the horse. Moreover, both schemes imply the superimposition from above of health regulations on the national conscience, whereas what is really wanted is to make some effort in the opposite direction with the object of building a health conscience from below upwards. This can be done in two ways—either

- (1) by education at school—a method that will need one or two generations to make a real impression; or
- (2) by enlisting forthwith in the cause of preventive medicine the goodwill, sympathy, and active co-operation of every medical practitioner.

A fortiori if the machinery for both (1) and (2) is established now and at the same time, the object in view will be the sooner attained.

There is no difficulty in drafting a theoretical or paper scheme for evolving an individual health conscience by means of education, or for making every medical practitioner interested in preventive medicine in all its branches. But now is not the time for theoretical or utopian schemes. What is wanted is some practical scheme to which no person (or rather no body of persons) would raise objection if the scheme were started to-morrow or next year.

Such a practical scheme can be devised to subsidize State service on the part of the general practitioner by paying him an annual grant, and in return requiring service in certain regards as to certificates (births, disease, deaths), sanitary conditions (housing, food, water, employment, etc.), attendance on urgent cases when summoned by

midwife, police, or coroner, and reports required by municipal or State medical officers. Many of these services at present are unpaid or inadequately paid, and therefore are often only perfunctorily accomplished. Probably an annual vote of £2,000,000 would cover all these services and result in every family doctor (say 20,000 in all) becoming the medical officer of health of the home and a servant of the State, thus forming a semi-officialized medical service.

In addition to these required duties, and apart from panel practice under the National Insurance Act, practitioners, if suitably qualified, should be encouraged to hold a minor public appointment, such as local doctor for (a) schools, (b) treatment clinics, (c) maternity centres, (d) factories, (e) police duties, medical referees, and other similar purposes. These appointments should be stereotyped financially and made interchangeable as involving certain definite proportions of time for service. Special posts, such as oculist, aurist, tuberculosis officer, officer to venereal disease clinics, pensions medical officer, legal medical assessor, might be reserved for specialists or consultants.

Criticism of a theoretical nature directed against part-time employment of medical men breaks down when subjected to actual experience and where actual responsibility is felt by the worker. It is with the inefficient bureaucrat who devises schedules and demands useless statistics, and not with the actual responsible worker, that failure chiefly arises. The bureaucrat nearly always fails to appreciate local conditions and local requirements, and insists on literal conformity with his own views rather than individual interest and ideas.

In this connexion it is interesting to call attention to the recent change in the declared attitude towards the medical practitioner of the two Government departments supervising the largest number of medical officials. In June of this year the Chief Medical Officer writes officially to the President of the Board of Education as follows:

The imposition of new duties and functions by the State does not involve the relegation of the general practitioner to the background. His place in the community is not less but more important.

Again:

"In the practice of preventive medicine the first line of defence rests with the medical practitioner, who should himself form an integral part of any scheme for the practice of preventive medicine in his area." And again: "Death under 50 or 60 years of age has got to be prevented or avoided, and the medical practitioner is the primary agent in the task."

Only a few weeks ago the professor of medicine at Cambridge, reviewing these official statements, wrote:

In a chief place I would welcome the emphasis laid upon the general practitioner as the foundation of medicine in this country. . . . Almost unawares a contrary process, that of gradually eviscerating the general practitioner . . . has been, and is, at work; tuberculosis has been taken from him, the infectious fevers, venereal diseases, childbirth and child-care, and so on; so that general practice may become but a gleaming after the reapers. Sir George [Newman] tells us truly that this tendency is a grievous mistake.

The pity is that this mistake was not realized sooner.

Another Government department—the National Insurance Commission—on the other hand, ever since its inception in 1911 has been fully alive to the value of the general practitioner in the national health campaign, and definitely decided against setting up a whole-time State medical service. The general practitioner has proved himself to be "one of the essential elements" in working the Insurance Act, and thus he is daily playing his part in a great national scheme. If in many respects the full responsibilities entailed on the practitioners have not been realized, it is because no kind of ideal, no kind of guidance, no kind of direction has been offered to them by those in authority at the top.

¹ BRITISH MEDICAL JOURNAL, August 3rd, 1918, p. 113.

Drs. Caroline S. Finley, Anna I. von Sholly, and Mary Lee Edward of New York, who are attached to the American Women's Overseas Hospitals, have been decorated by the French Government, and given commissions as lieutenants in the medical corps of the French army, in recognition of their surgical work and their treatment of the wounded under heavy bombardment in a hospital at the French front.