

MILBANK MEMORIAL FUND

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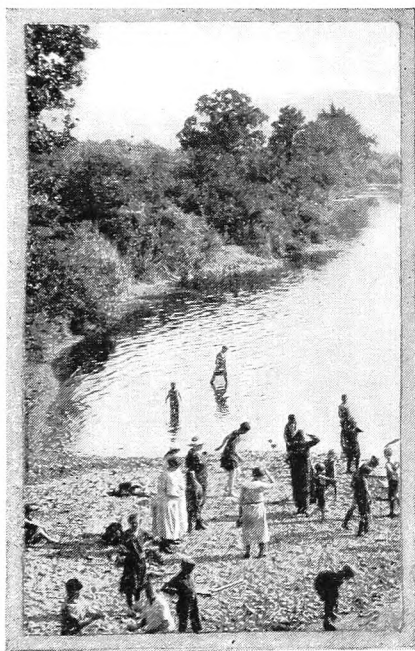
NEW YORK HEALTH DEMONSTRATIONS

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SIR ARTHUR NEWSHOLME REVISITS THE NEW YORK HEALTH DEMONSTRATIONS



SIR Arthur Newsholme, M.D., formerly principal medical officer of the Local Government Board of England and Wales, made a tour of inspection of the New York Health Demonstrations in May. It was his second such survey of the public health activities in Cattaraugus County and in Syracuse, his former visit having been made in the summer of 1926. It was his first review of the work in the Bellevue-Yorkville Health Demonstration in

the Borough of Manhattan of the City of New York.

Sir Arthur is a member of the Advisory Council of the Milbank Memorial Fund. His earlier appraisals of the progress of the rural and urban health demonstrations, which

appeared in the *Quarterly Bulletins* of July and October, 1926, give pertinence to special observations which he has made concerning the public health outlook in each of the three localities included in the demonstrations program. Of more general interest, however, are comments made by Dr. Newsholme during these visits concerning what he believes are the outstanding present-day problems confronted in the field of public health in the United States. Such extracts as are here presented are from various of his reports and from the stenographic notes of speeches made during his visits to the three demonstration centers.

SIR Arthur Newsholme, M.D., for the past two years has been keenly interested in the progress of the New York Health Demonstrations. He made an initial survey of activities in the rural and urban health demonstrations in May, 1926. (Sir Arthur was formerly Principal Medical Officer of the Local Government Board of England and has served as Examiner in Medicine and Public Health at three of the leading universities in England. He is the author of "Evolution of Preventive Medicine" and of many scientific articles.

There are three kinds of public health work, said Sir Arthur upon one occasion. There is, *first*, the old-fashioned public health work, for a large part of which we are immensely indebted to the engineering profession: the getting of a pure water supply, of adequate sewage and drainage, and the protection of food supplies. The stage of building up the sanitary regulations generally defining such work has been gone through with. And these regulations need to be continued as much as ever.

THERE is, *second*, the kind of public health work which views it with utmost importance that the consequences of physical defects be forestalled by their prevention and

eradication in infancy and in early childhood.

SIR Arthur's brief review of the public health services which have been developed in Cattaraugus County under the direction of the local official and voluntary health agencies is supplemented by a general summary of the outstanding results obtained from the first five years experience of the Cattaraugus County Health Demonstration, which appears on page 77 of this issue. A similar summary of the work during the past five years in the furtherance of public health activities in Syracuse will be published in a later issue.

And, *lastly*, there is the form of public health work which recognizes it as a public duty that health protection and medical treatment be provided when persons needing such protection and treatment, or their families, are otherwise unable to secure it.

"The making safe of the milk and water supplies," he continued, "has helped to prepare

the way for a lessening consumption of alcohol, which from the point of view of health is a tremendous gain. Typhoid fever is becoming so rare that some medical teachers are almost deploring the fact that they cannot find cases to use in teaching their medical students. Typhoid seems destined to follow the path of typhus fever which practically disappeared from civilized communities three decades ago.

"The modern increase in the duration of life is something outstanding. Yet there is still a tremendous amount of public health work to be done. Only 35 per cent of the population lives to be sixty-five years old; 20 per cent die before the age of five; and 40 per cent die in the wage-earning period of life.

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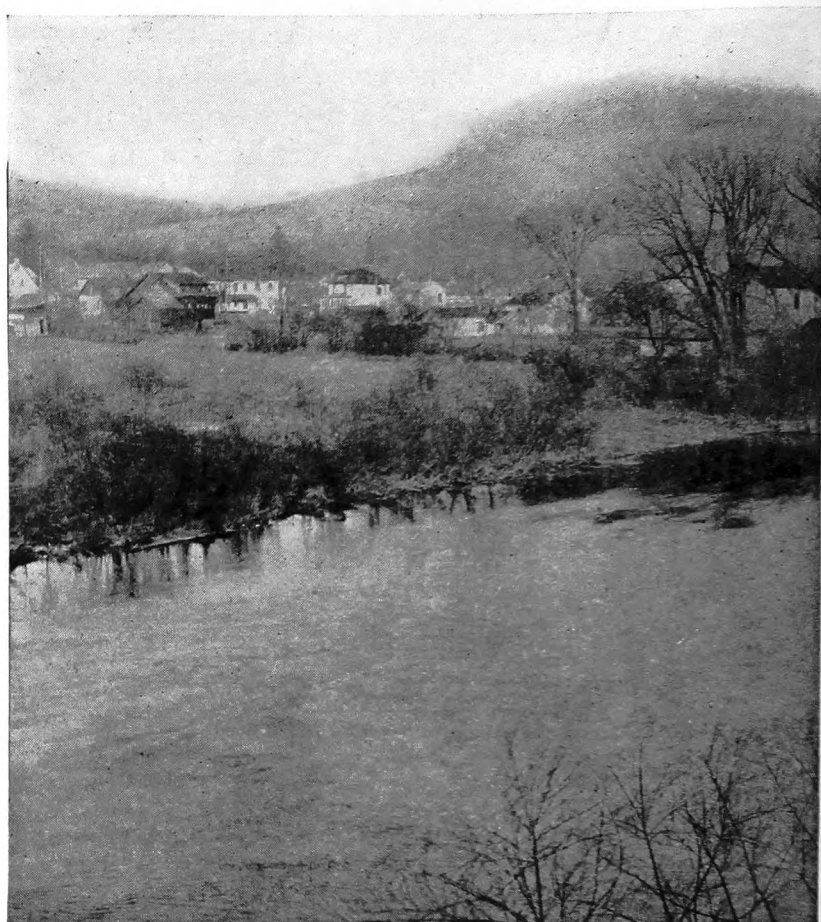
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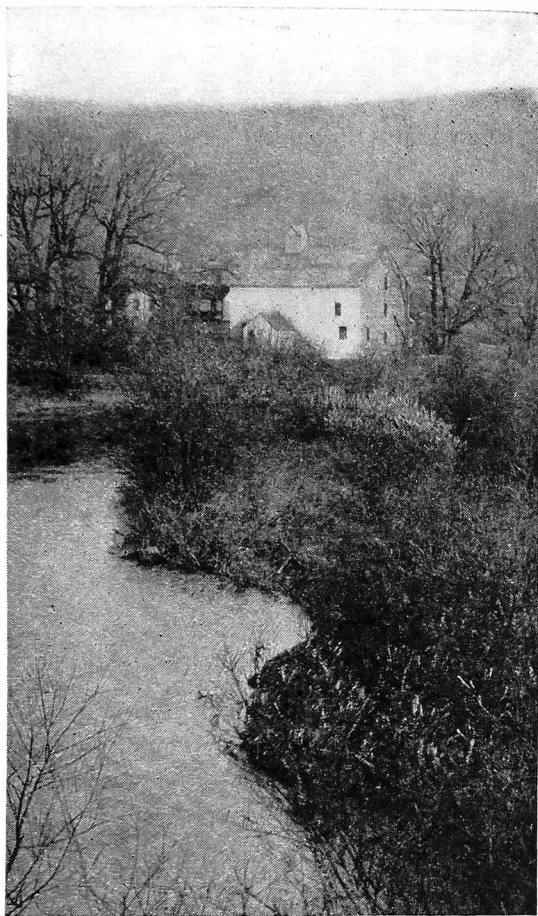
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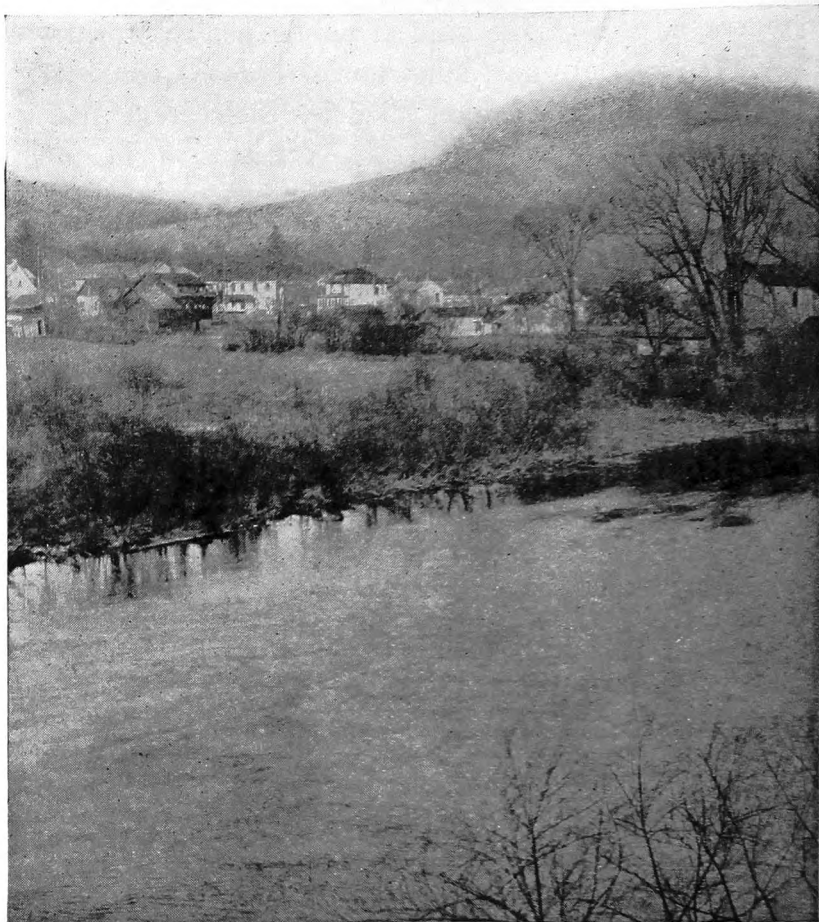
“Take, for example, the question of correction of physical defects among children, those of school age and those not yet old enough to go to school. Children who suffer from



dental defects, from adenoids and enlarged tonsils, from otorrhea, from defective eyesight, and other disabling conditions (actually or in prospect), will be handicapped for life unless such defects are remedied. A defect in early childhood may seemingly not be serious, but allowed to continue may mean total inefficiency in adult life, and possible curtailment in the duration of life. From the standpoint of public health, therefore, it is of the utmost importance

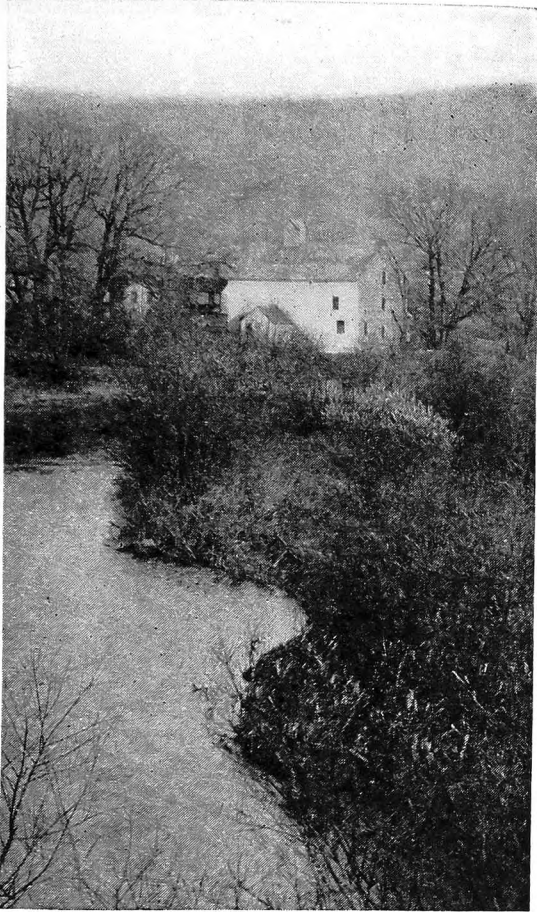
that such defects be remedied as early as possible.

"Of 300,000 school children examined recently in New York, 48 per cent had defective teeth; 18 per cent, diseased tonsils; and 15 per cent were breathing through their mouths. Over 12 per cent had defective eyesight. All those conditions mean inefficiency and, in very large measure, dependence on the community when adult life is reached. And all those conditions need attention. You may say, 'That is not public health. That is treatment of illness.' It *is* public health. Very little has been done in school hygiene in New York



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City. Practically nothing has been done in the seeking out of minor defects, particularly among preschool children.

"Now these defects ought to be discovered and treated by the private doctors, but how many parents of school children have private doctors? Shall we say two-thirds? Then one-third have none. The welfare of these one-third should be looked after. Unless their adenoids are attended to, some of them will grow up deaf. We ought to secure necessary health protection and medical treatment for every child. Who is to do it? The most important thing is not who is going to do the work, but whether it is going to be done.

"**T**HE average family income per year in the United States is about \$1,350. Sixty-seven per cent of all families are stated to have an income of \$1,450 or less. Can these families afford in all cases to have a private doctor? If so, how much can they pay him when he performs a tonsil or adenoid operation? They ought to pay him something, of course. What happens in many cases is that the children are medically neglected. The results of the neglect appear in after years when they come up as applicants for public charity. The question is: Can the doctors do the work alone? If not, then why should they not join in partnership with the public health authorities?

"If health work were extended in the schools and into the preschool period, the amount of clinical work done both by private doctors and at various clinics would be increased; though later there would be a decrease in the amount of hospital work and in total expenditures for hospital purposes."

Sir Arthur called attention to the relatively small proportion of the New York City annual budget which is being spent for the work of the Health Department. "It serves to illustrate," he commented, "that work in public health is generally concentrated on the 'end products' which necessi-

tate taxation, whereas if greater attention were devoted to the initial evils, the beginnings of evil, the expenditure on a large share of those 'end products' would be very greatly reduced.

"There is nothing so extravagant as inadequate expenditure on public health work. At the present time in New York City and in other cities (I am not speaking especially of New York City nor of the United States; the same thing applies to some extent in England), the money is being spent largely on what I have heard well described as 'post mortem first aid,'—to deal with 'end products' instead of to prevent their development.

"Destitution is an 'end product' of neglected disease in 60 per cent of the cases. If the sickness had been prevented the destitution would not have followed," he concluded.

The foregoing considerations point to the need of the adoption on a large scale of the kind of public health work which concerns itself with the prevention of the consequences of existing defects.

"OUR chief enemies at present are heart disease, cancer, pneumonia, tuberculosis and syphilis," Sir Arthur continued. "If the full facts were known, as Dr. Osler said, syphilis would probably come first. Syphilis is the biggest killing disease in the community. It and tuberculosis are undoubtedly the greatest present contributors to the total mortality prior to the approach of old age. By the removal of tuberculosis and syphilis, most of the preventable deaths from the age of fifteen to sixty-five would be avoided.

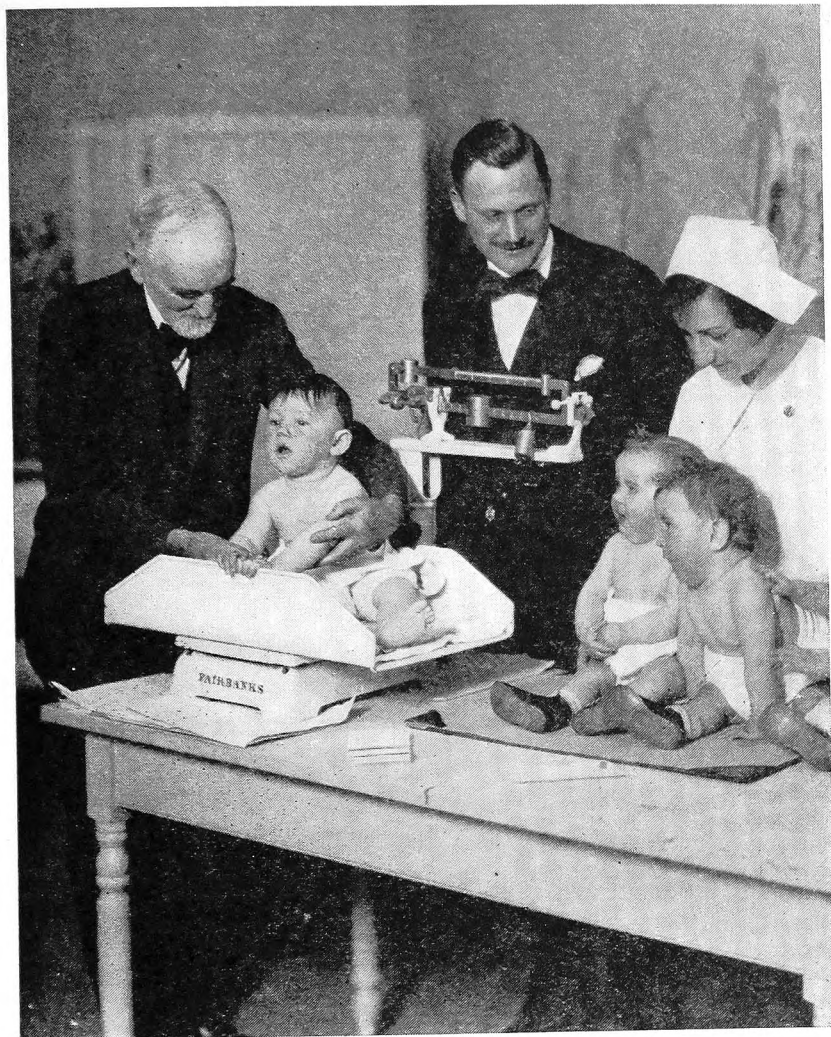
"More than 10 per cent of all commitments to the state hospitals for the insane are due to general paresis which is syphilitic in origin. This means that about 15 per cent of the cost of running these institutions (which runs way up into the millions each year) is traceable to syphilis alone.

All the beds occupied by these patients would be empty, were everything that could be done for the prevention and treatment of syphilis carried out.

"I was greatly struck by some figures which Surgeon-General Cumming published a few weeks ago, stating that in cities of over 25,000 population in this country, on an average of from 1 to 1.5 per cent of the total population are constantly ill with venereal disease. I see from the official figures that there were more cases of venereal disease reported in the United States in 1925, than of any other infectious disease, except measles. This is very deplorable. It would be more deplorable had not the Social Hygiene Association been doing extremely valuable work to educate the public on this matter."

It is generally recognized, Sir Arthur declared, that between those venereal disease sufferers who can pay their physicians for treatment and those who are treated in clinics, there remains throughout the country a large proportion of untreated cases, each a source for possible spread of the infection. This great body of untreated cases constitutes a gap in the modern public health outlook in the United States, for the filling of which adequate measures have not been supplied. "It is extremely important," he said, "that the organized medical profession should either by combination among themselves, by paid clinics or otherwise, and by help possibly from the public authorities, do away with this great gap."

"In England in 1916, the British Medical Association put into operation a new system for dealing with the problem of syphilis. Since then the death rate from syphilis (e.g., infantile syphilis, general paresis and aneurism) has steadily fallen. This result has been attended by the establishment of public clinics in every center of population throughout



Sir Arthur Newsholme (left), in making a survey of the metropolitan health demonstration, visited the baby health station maintained by the New York City Health Department every week-day morning in the Bellevue-Yorkville Health Building. He is here accompanied by the executive officer of the Bellevue-Yorkville Health Demonstration, Dr. Leverett D. Bristol.

England. Private physicians are paid for the services rendered in these clinics. The clinics are open to all patients wishing to come. The name of each patient is registered, as confidential, at his first visit. He is then given a number by

which he is thereafter identified. He is at liberty to go to any other clinic anywhere in England. The reason this system has been inaugurated is that great pox, like smallpox, is a deadly enemy to the community. The State suffers as well as the patient. The disease, if not properly treated, is passed on to innocent wives and children. The State therefore supplies free treatment at the clinics and free medication for use by physicians in their private practice. While some patients who can afford to pay go to the free clinics, many prefer to go to their private physicians.

"Now, if physicians can give assurance that every case of syphilis will be satisfactorily treated by them in private practice, well and good; but if only a minority of such cases are reached, is it fair, is it moral, is it humanitarian, is it Christian, to refrain from clinic methods which will reach the greater number? For the sake of humanity and the State, this problem must be dealt with adequately and humanely. If it cannot be dealt with by the medical profession, then it must be dealt with by the State.

"**A**ND then there is the form of public health activity which is concerned with the rehabilitation of individuals and of families that have gone down and under. That we call 'poor law work' in England, and at the present time we are engaged in welding poor law work into public health work—knowing the extreme importance of rehabilitating families. To take a simple illustration, a man with neglected varicose veins, who is deprived of any means of support other than his own labor, will become dependent on private charity or on public funds. To restore him to industrial efficiency is a very important part of the public health service of the future, though the expenditure need not in every case come out of official funds.

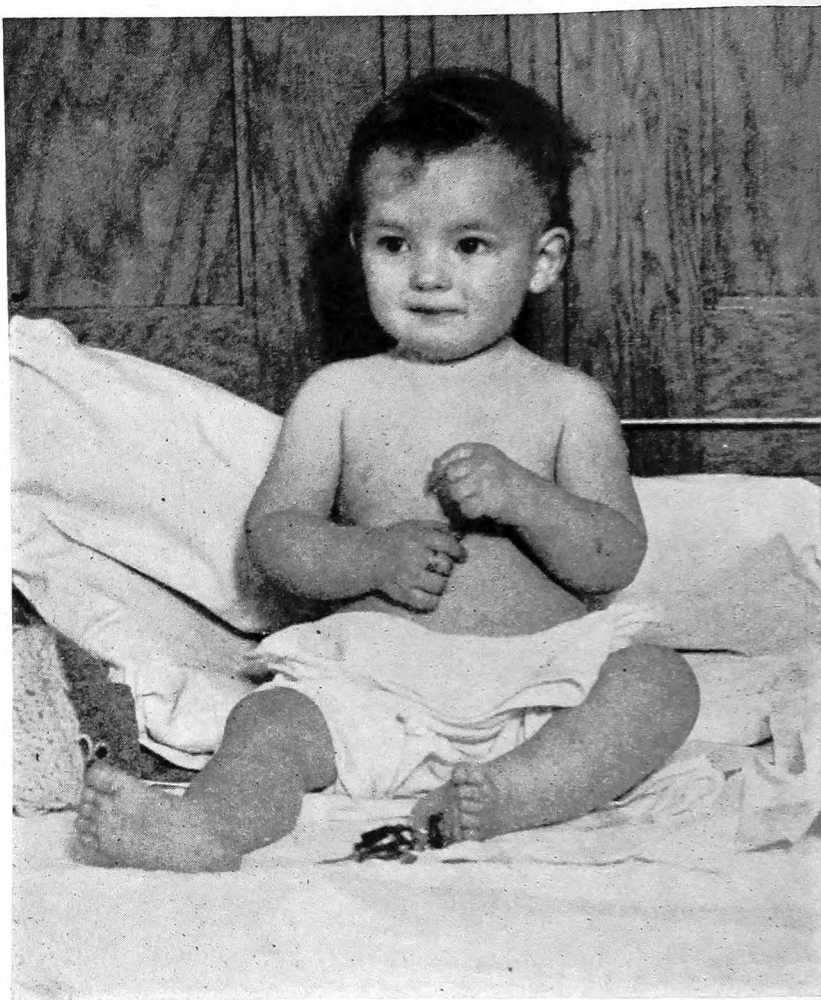
"I like to think of the parable of the Good Samaritan in

the terms of modern health work. It was all well and good, of course, to help the poor man who had been beaten and stripped of his goods by the thief. It is incumbent upon us to provide hospital and medical care for those who are sick. But should we not go back a step further and try to catch the thief? And should we not go back still another step and prevent the formation of thieving habits? In the domain of conduct, this is part of the task of religion and education. In the domain of health, it means we should catch illness early so as to prevent its development into greater seriousness, and going back a step further we should seek to prevent the beginnings of disease.

"Take, for example, the question of diphtheria immunization. My personal preference would be to have private physicians do the work if they can give assurance that all the children will be reached. In few communities is this problem being attacked hard enough. The question often seems to revolve about the matter of pay to the doctors. If the doctors cannot reach all the children, then they should be glad to have the public health authorities do the work. We are all partners and it is to our own interest, even financially, that there should be continuous cooperation between family doctors and the public health service.

"I say, then, that unless the practitioner can arrange and develop methods for the treatment of the poor, the public authorities must in part accept the responsibilities for handling the problem of syphilis, tuberculosis, defects among school children, and infant welfare.

"Is then the public health authority, itself or through other organizations, to be free to secure the treatment (a) of physical defects found in school children, preschool children and infants, and (b) of expectant mothers, in the same way and on similar lines to those to which no serious



"The ultimate aim and in some measure the immediately practicable objective of preventive medicine," Dr. Newsholme writes, "is to obviate the need for treatment by the application of the known laws of hygiene; and the period of life in which this is especially possible is in the ante-natal and post-natal period of an infant's life."

objection is now taken in the treatment of the acute infectious diseases and of tuberculosis? Taking a further special case of momentous importance and urgency, is the public health authority to be free to undertake directly, or otherwise

ensure, the diagnosis and treatment (c) of venereal diseases beyond the small extent to which this has hitherto been done?

"In all these instances the same points of principle emerge.

"Public health authorities have no desire to undertake the responsibilities of medical treatment. In fact, they may be said to desire to keep this, so far as is possible, in the hands of private medical practitioners. But two facts are notorious. At least a third of the population has no regular family doctor, and even if they had one, cannot pay (individually and in isolation) the fees necessary to secure the attendance which in the public interest is peremptorily needed. This applies increasingly as medical practice becomes more complete and complex, and the necessity for frequent cooperation of one doctor with another in a given case of illness is more and more realized. Public health authorities will fail in their duty to the community if they do not act on the principle that preventive medicine is not merely concerned with (a) the prevention of preventable diseases, but is also concerned with (b) the treatment of disease in its earlier stages, and through this the prevention of the more serious later consequences of neglect.

"Action on both these lines is being taken by public health authorities, especially for communicable diseases. In tuberculosis and venereal diseases the powerful influence of treatment in preventing further disease is too well known to need emphasizing. In tuberculosis, effective work is being done in a number of localities, but syphilis and gonorrhea have hitherto been grossly neglected.

"Nor there be any doubt that an adequate public health program must include the offer of diphtheria immunization to every child in the community. Similarly, the public is vitally concerned in the discovery of physical obstacles to

health and to education found in school and in preschool children.

“THIS duty of discovery of disease or defect does not, however, embrace the entire scope of the public health authority’s responsibility. Mere discovery is almost entirely futile unless followed by remedial action; and it will be the desire of the efficient public health authority to increase the scope of the private practitioner’s work and to employ such doctors as are willing to be thus engaged in treating on its behalf the patients who cannot in present circumstances be treated by a family doctor.”

Sir Arthur explained that he had stressed his personal views on the necessary relation between treatment and prevention in the public health work because he regarded this as the chief difficulty in securing an ideal result in such effort. “If only incomplete action in the desirable direction is being taken, it does not follow that much good is not being done; the good can only be partial,” he said. “The partial work is, however, worth while, and I would deprecate the idea that restriction to an incomplete program is a reason for non-continuance of the work already being done.”

He had outlined these general considerations, Sir Arthur stated, because, in his view, unless they are applied in the New York Health Demonstrations and in public health administration, the bright prospects of a great enhancement in the standard of health of the community will not be realized. It is essentially important, he added, that the public health authority and the private medical profession should cooperate to the fullest extent.

“That treatment and prevention must go hand in hand is an axiomatic truth, and on the realization and the fullest application of this truth depends, in large measure, the future of all public health work everywhere,” he declared.