

# NEWS DIGEST

THE critical economic and social conditions prevailing in England, as elsewhere throughout the world, make the forthcoming publication of the third volume of Sir Arthur Newsholme's "International Studies on the Relation between the Private and Official Practice of Medicine" especially timely. The need for caring for the sick poor was obviously never so pressing as today. This volume has to do exclusively with England, Wales, Scotland, and Ireland, and in view of the author's intimate knowledge of public health administration as practised in Great Britain for nearly half a century, the present volume of his series is more detailed than those on European countries that have already appeared. The author also justifies this more detailed presentation of present-day health conditions in England by the statement that Great Britain, more than most other countries, appears to have approached, though

slowly and with many mistakes, to a solution of the difficult problems of adequate treatment and prevention of disease, especially in their bearing on the interrelation between private and public practitioners.

The municipal and county official medical service now existing throughout Great Britain, Sir Arthur points out, more completely meets the need of the necessitous than any other medical facilities. It is unique, he says, in that it constitutes a complete acknowledgement on the part of the people that in the absence of other provision, they, the people, are responsible for the medical care of the sick poor. Potentially, and already in fact, in every parish in the country, it provides, to a certain extent, for the treatment of the sick poor at home or in a hospital.

"As it is now an accepted principle that the necessitous sick must be treated in accordance with the nature of their

illness, and not with skill or care which varies with the degree of ability to pay, there is no reason to doubt that all requiring this succor will receive it to a fuller extent than has hitherto been realized. The increasing adoption of payments for treatment assessed in proportion to means, both in voluntary and in official hospitals, brings this end more quickly within reach."

The discussion of the English National Insurance Medical Service is notable at this time when the whole question of economic safeguards for workers in periods of emergency is of vital and world-wide importance. Some 15,000,000 employed persons in Great Britain, Sir Arthur says, come within the scope of the National Insurance Act, which applies, with a few exceptions, to all persons, men or women, over the age of 16, who are employed in manual labor, and to all other employed persons whose rate of remuneration does not exceed 250 pounds (about \$1,250 a year).

It can be an accepted fact, says the author, that for the majority of insured persons, medical benefit as now administered in Great Britain has been a boon. Every obstacle to early

medical consultation and diagnosis has been removed and, so far as concerns the wage earner in each family, the expense of domiciliary medical attendance no longer exists. These are important gains, the author states, to set against any alleged inferior service under the medical benefit system. "I have found no reason to doubt," he declares, "that the majority of 'panel' doctors give honest and competent service within the prescribed limits; and this conclusion is confirmed by the evidence given before the Royal Commission on Health Insurance."

There is a need for further medical benefits, Sir Arthur believes, since the provisions of the National Insurance Act are incomplete in certain serious respects. Facilities for serious operations, expert medical advice in certain contingencies, X-ray and other aids to diagnosis in obscure cases, adequate nursing services, and similar advantages are now lacking.

Comments on the first two volumes of Dr. Newsholme's "International Studies" continue to appear, supplementing those presented in the July issue of the *Quarterly Bulletin*. Tribute is paid to the thoroughness

and skill with which Sir Arthur has conducted this survey, which, when completed, will, according to the *Medical Press* of London, "form one of the most instructive expositions of the problems which must inevitably present themselves to every civilized nation."

"Though the protean problems of public health, maternity and infant welfare, tuberculosis, venereal disease, alcoholism, the sick poor, sickness and invalidity insurance, and the like remain the same the world over," says the *Medical Officer* of London, "yet the social and political conditions which obtain in different countries vary so widely that no comparison is possible. The great interest in these volumes, especially for those engaged in the practice of preventive medicine, lies in the different methods of approach to these problems and in the relationship which holds between the medical practitioner and the community. There is a tendency in England for the general practitioner to complain of the inroads which state medicine is making upon private practice. Let him take courage, for a careful reading of these chapters will give him cause for self-congratulation on the much

happier circumstances under which he carries on his professional work than those of his continental confrères and on the much more adequate return which he receives for his labours.

"One of the sidelights brought out by these enquiries is the difficult position which arose as the necessary accompaniment of the partition of the Central Powers. Newly-formed countries, such as Czecho-Slovakia, Jugo-Slavia, and Poland inherited systems of national insurance and found themselves heirs to commitments on behalf of the insured sections of their populations, but without the funds which had formed the background of the insurance schemes of the pre-war regime and often without the qualified personnel to meet the demands of their inheritance."

The *Prescriber* of Edinburgh, says of these "International Studies" that "an imposing mass of information is presented on the conditions of practice at present prevailing in various countries, and the reader can ascertain the methods adopted for handling modern medical problems, particularly in the matter of prevention of disease. These studies are likely to be of

the greatest service to those interested in the development of medical questions today. The volumes are well printed and handsomely produced."

The *Literary Supplement* of the *London Times* finds in these volumes interesting evidence of a trend toward a widespread assumption by the state of medical responsibility. "It is interesting to observe," says the reviewer, "the steady movement in nearly all these countries toward the socialization of medicine. The economic troubles of Eastern Europe are reflected in the limitations imposed by necessity on the carrying of interesting and well-designed national schemes to the conclusions obviously hoped for. When they read of the straits to which their professional comrades are reduced in some of the countries here discussed, English doctors may be encouraged to face their own difficulties with thankfulness. . . . The book should be read and digested by all those interested in, or concerned with, the planning of public medical services."



THE districts chosen for the first four community health centers to be constructed in

Greater New York in the next few months as part of the city-wide program announced two years ago by Health Commissioner Shirley W. Wynne are listed in a recent report of the Committee on Neighborhood Health Development, whose investigations were the basis of the health center plan formulated by the Department of Health. These districts are Mott Haven, in the Borough of the Bronx; the Williamsburg-Greenpoint section of the Borough of Brooklyn; Astoria and Long Island City, in the Borough of Queens; and St. George, in the Borough of Richmond. A site has already been purchased in the Mott Haven district, at 349 East 140th Street, and options have been obtained on sites in the other boroughs.

The building consultant employed by the Committee has made a report on the type and cost of buildings necessary for the adequate maintenance of the preventive and clinical health services contemplated. The Mott Haven center will be of stone and brick, of fireproof construction, and will occupy the site of an old continuation school which has been transferred by the Board of Education to the Department of

Health. The cost of the building will be about \$175,000.

The plan of operation which the city health authorities and the Committee on Neighborhood Health Development have adopted includes public health nursing, clinics for the examination of suspected or recognized cases of tuberculosis, laboratory and X-ray tests, prenatal and baby care, venereal disease diagnostic service, school hygiene, conferences for children of preschool age, and general health education. It is expected, too, that the new health center programs will include many of the activities usually undertaken only by private health and welfare agencies, including district nursing, community welfare work, dental, psychiatric, and orthopedic clinics, and health education. The special needs of each of the four districts under consideration were analyzed and the Committee made an exhaustive study of the existing health facilities in the various sections, a procedure which will be followed in determining the location of the additional health centers proposed under the program.

"In planning these future programs," the Committee's report states, "special attention

will be given to the possibility of developing demonstration or training centers in connection with local medical schools, with a view to establishing a close relationship between them and the Department of Health." Such a relationship, the Committee believes, would stimulate the interest of graduate students in public health studies and thus enlarge the ranks of adequately trained medical personnel for the district health services.

In connection with this subject, the Committee made a special study of the Kips Bay-Lenox Hill section, where a new medical center is now in course of construction. Commissioner Wynne has appointed a committee to formulate tentative plans for the establishment of a municipal district health center in the neighborhood, where its activities may be definitely related to the academic instruction carried on in the medical center.

This cooperation with the organized medical profession is further reflected in the invitation extended to the committee of presidents of the five county medical societies operating within Greater New York to consider the City's plan and

program for neighborhood health development, the fundamental purpose of which the Committee has recognized as being the promotion of health through preventive medicine. It will be the policy to limit the free clinical service at the centers to those persons who are unable to pay a private practitioner. The health educational features, however, will be at the disposal of the entire neighborhood. The center will provide the physicians of the district with a central service where X-ray and all kinds of biological analyses and other laboratory tests will be available.

With the cooperation of the private practitioners the Committee on Neighborhood Health Development believes that the cause of health education and preventive medicine will be furthered through the centers to the benefit both of doctors and of the public.

"Every large city should have its district centers at strategic points," the report concludes. "The people of a community would soon protest vehemently if their particular district were not supplied with adequate police and fire protection. There is just as much need in a district for health protection."

THE widespread interest aroused by the publication of Dr. C.-E. A. Winslow's "Health on the Farm and in the Village," is reflected by the continued comments appearing in the press and in health publications concerning this report of the results of the Cattaraugus County Health Demonstration. The *Boston Transcript*, after giving a detailed outline of the origin and conduct of the eight years' rural health program inaugurated in Cattaraugus County, New York, by the local health units with aid from the State and the Milbank Memorial Fund, arrives at the following conclusion:

"Offering as it does a rare opportunity for the realization of an ideal, the experience deserves to command the greatest attention. Among other things it has demonstrated the fact that the forces of disease need not, whether for financial or any other reasons, be considered as in any fashion beyond control. Although the eight years which have elapsed constitute too short a period for the effect of a health program to be fully registered, important results are already capable of statistical demonstration. The mortality rates for diphtheria, tuberculo-

sis, and diseases of infancy have been reduced sharply and suddenly, beyond any reasonable influence of chance. The saving of lives has been computed as equivalent to a reduction in economic loss to the community of \$300,000 a year, nearly double the entire yearly cost of the health program. This program, as described in full by Professor Winslow, should be the object of study by practical sociologists and economists everywhere."

One of the chief aims of the New York Health Demonstrations was to point the way to similar undertakings in other sections of the country, both urban and rural, and to place at the disposal of these communities the benefits of the experience of the New York health programs. An editorial in the *St. Louis Post Dispatch* would seem to indicate that the results of the Cattaraugus County demonstration as revealed in Dr. Winslow's book may fulfill this original aim of stimulating public interest in all parts of the country in bettering health conditions in neglected rural districts. The *Post Dispatch* writer gives interesting data on health conditions in the rural sections of Missouri as compared with

those in New York, and describes the enlarged health program now being launched by the state officials as the result of a grant by Congress to relieve drought sufferers.

"Rural areas," the writer observes, "with their natural advantages of pure air and wholesome foods, once were superior in health as well. Of late decades, however, cities have become active in public health conservation and have reduced their mortality rates, while rural areas have made no such advance. . . . Missouri's rural areas contain only 56 per cent of the State's population. Yet in 1930 these districts were charged with 90 per cent of the total deaths from malaria, 75 per cent of those from typhoid, 80 per cent from dysentery, 79 per cent from influenza, and 82 per cent from whooping cough."

After outlining the New York rural health program and its results as presented by Dr. Winslow, the writer declares that the Cattaraugus County community "through the educational efforts of the health staff, have been convinced that such a public undertaking is as essential there as its counterpart in the cities.

"Missouri has not had funds

available for such an extensive campaign. Where Cattaraugus County has an average per capita income of about \$900 annually, the figure for our rural counties is \$550. Where \$2.20 per capita was spent there, Missouri spends only 29 cents per capita in the 13 counties where its work is carried on. . . . Missouri assists the counties with funds and supervision, and is in turn aided by appropriations from the Federal Government and the Rockefeller Foundation. Each unit consists of a county health officer, one or more nurses, and a sanitary engineer, all full-time workers. Missouri's per capita expenditure is viewed by Dr. Winslow as inadequate, yet the State has made notable progress in its field.

"According to Dr. James Stewart, state health commissioner, the 13 units, serving 628,796 persons, last year immunized 13,242 individuals against typhoid, 24,908 against smallpox, and 5,795 against diphtheria. They treated 8,158 persons for venereal diseases, placed 5,526 under quarantine for contagious ailments, and examined 1,099 for tuberculosis, of whom 403 were found positive. Physical examinations

were given to 50,065 school children, and 31,794 of these were found defective. In 8,101 cases, these defects were corrected. In addition, the health workers gave instructions in prenatal and infant care, acted to control soil pollution, to safeguard water and food supplies, to control insects likely to carry infection, and carried on general educational efforts. Working with the United States Public Health Service, the State Board of Health has accomplished a great deal in fighting trachoma, the leading cause of blindness. More than 5,000 cases have been treated and 200 free clinics have been held in rural Missouri. The results are indicated by the reduction in trachoma sufferers admitted to the \$300-a-year State blind pension, from 119 in 1924 to 49 in 1929.

"An innovation in rural health work just now is being launched in Missouri, in district health work for five groups of nine counties each. These districts are south of the Missouri River, and are using funds voted by Congress for public health programs as an aftermath of the drought. Each district will have a physician, a sanitary engineer, a laboratory



technician, and five nurses. This is an economical means for reaching wide areas which could not be covered otherwise, and is being watched with interest over the country.

"Public health work is in keeping with the medical profession's latest trend, to place emphasis on preventive medicine. Yet the rural health program over the nation is still in the pioneer stage. . . . Missouri's duty is to find the means for purchasing better health for its neglected rural districts."



**T**HE medical services of the Department of Health conducted in the Bellevue-Yorkville Health Center, covering the fields of tuberculosis and pediatrics, reached a larger number of people than in previous years, despite a decreasing population trend in the district, according to the report of the Bellevue-Yorkville Health Demonstration for the year ending December 31, 1930. The tuberculosis service includes diagnostic consultations for private physicians, the Yorkville district chest clinic, and the tuberculosis service for children. The consultation service, which is not restricted to physi-

cians or patients of the district, proved of increasing value, with 1,674 patients examined in 1930 as compared with 437 in 1929. A total of 313 doctors availed themselves of the service, of whom 116 were resident in the district and 197 outside the demonstration area. The average number of new cases per doctor was four. These facilities are designed for those who can afford to pay the fee of a private physician but who are unable to meet the cost of X-ray diagnosis and of a specialist's examination.

The Yorkville district chest clinic, to which the patient applies directly for diagnosis, advice, and placement, showed substantial growth during 1930; new cases totaled 1,121 as compared with 934 in 1929, while total attendance reached 3,443 as compared with 2,017 in 1929. Many patients lived outside the district.

The work in pediatrics during 1930 represented the first full year of clinical activity in all age groups from birth through adolescence. The three baby stations in the area registered 856 new cases in 1930, that located at the Health Center caring for 351 patients, as compared with 286 in 1929. The

preschool clinic received a total of 467 new patients, while the total number of visits was 2,537. This clinic, which until the end of 1930 was the only one of its type conducted under the auspices of the Health Department, received substantial assistance from the demonstration.

The children's clinic, too, is the only one of its kind conducted by the Department of Health. It likewise received aid from the demonstration. It cooperates with the schools in providing medical examinations, refers selected children to special clinics, gives advice on nutrition and general hygiene, provides vaccination and toxin-antitoxin immunizations and tuberculin and Wassermann tests, and in general furthers the work of health education and preventive medicine.

Two nursing units of the Department of Health continued to function during 1930 in Bellevue-Yorkville with offices at the Bellevue-Yorkville Health Center. In the Yorkville district the nurses numbered sixteen, four of them provided by the demonstration. In the Bellevue district there were eleven. The former group made 18,990 visits, and the latter 18,704 during the year.

The initiative and perseverance of the nurses were regarded as most important factors in the successful operation of the whole demonstration organization. The introduction of the "generalized" nursing system, whereby each nurse is trained to assist in every service offered by the Department of Health, marks a notable advance over the specialized system formerly in force, since it involves more intensive training in social, mental, nutritional, and recreational problems, and a consequent expansion of the nurse's duties aside from the increased demands arising from the growth of the demonstration's activities. The nurses were helped in carrying on their work by special consultants, who gave them advice and technical training in special fields. A consultant worked with the nurses on social problems such as vocational guidance, unemployment, child placement, workmen's compensation, widows' pensions, fresh air relief, temporary shelter for children, and family maladjustments. The consultant was also active in improving relationships with other agencies in the social service field.

In November, 1930, a complete mental hygiene unit was

established as part of the demonstration, consisting of a part-time psychiatrist, a part-time psychologist, and a full-time psychiatric social worker. This service is largely for consultation, though with present facilities treatment can be given in some cases. Cooperation with the visiting nurses was a large part of the unit's duties, together with the investigation of cases needing psychiatric therapy. It is expected that the service will develop not only as a part of the local health center in serving the patient but in training the nurse for her work in problems of childhood behavior and family relationships.

The demonstration's work during 1930 covered a wider range of activities and reached a larger number of people than in earlier years. In addition to its continuous work of popularizing general health knowledge, intensive educational campaigns in the fields of venereal disease, diphtheria, tuberculosis, and safety, were carried on both independently by the demonstration and in cooperation with other agencies. Measures were used to reach not only residents of the community, but children in the schools, and members of various professions,

including physicians, nurses, social workers, and teachers. In the course of the year more than half a million pieces of printed matter were distributed in various ways. In the diphtheria campaign about 50,000 leaflets and 2,000 posters were given out.

The division of research and records, under the direction of Godias J. Drolet, continued its work of gathering and tabulating statistical information of the daily activities of the demonstration and in cooperating in this field with allied bureaus of the Department of Health. The division also completed a review and summary of the statistical reports of the various services of the demonstration, including those conducted by the Health Department and cooperating organizations both at the Center and in the district, during the three-year period, 1927-1929. The report included discussions of present trends in public health work and the technique for an economical system of reporting the volume of work in such a cooperative health organization as the demonstration represents.

The death rate in the Bellevue-Yorkville district for 1930 was 15.1 per thousand, while in

1929 it was 16.7, according to preliminary figures supplied by the Bureau of Records of the Department of Health. The total number of deaths in the district, which has a population of about 150,000, was 2,289 in 1930 and 2,606 in 1929. The report shows a decrease in the number of infant deaths, which numbered 186 in 1930 and 192 in 1929. There were no deaths from diphtheria in the district during 1930, the last fatality from this disease being recorded in August, 1929.

Heart diseases (558), pneumonias (275), cancer (238), accidents (216), and tuberculosis (150) were as in previous years the leading causes of death. Deaths from cancer were higher by 15 than in 1929, though in other cases the figures were lower.

The tuberculosis death rate in the district averaged 148 for the five-year period 1922-1926. In 1930 it was 99, while in the previous year it was 106 and 141 in 1928. The rate for Manhattan

for the period 1922-1926 was 133, as compared with 126 in 1930, 122 in 1929 and 129 in 1928.

The maternal death rate in 1930 in the Bellevue-Yorkville district was lower than in the preceding year, deaths numbering 7 in 1930 and 18 in 1929. The rate per thousand for live births was 3.5 in 1930 and 7.9 in 1929.

The total registration of communicable diseases in the district in 1930 was 4,032, as against 4,774 in 1929. New cases of venereal diseases, numbering 1,597, formed as usual the largest single group. There were 525 new cases of pulmonary tuberculosis registered, three more than in 1929. The attack rate for the fifteen leading diseases listed in the Bellevue-Yorkville area continued higher than in the City as a whole, being 2,665 per 100,000 in the district as against 1,817 in the entire metropolitan area, and 3,072 in the Borough of Manhattan.