A HUNDRED YEARS AGO

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IMPROVEMENTS IN PUBLIC HEALTH

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IN THE CURRENT, 1917-18, Annual Report of the Local Government Board[1] it was to be expected that some reference would be made to the world of public health by the Local Government Board since the Board's establishment in 1871, and the future public health requirements for the country.

With respect to the review of events since 1871, attention is directed to the lack of knowledge of present methods of public health administration and of the progress which already has been made by local authorities in securing improved conditions of life for the people; but a hope is expressed that, in the future, this lack of knowledge will no longer exist, especially now that women form an important element in the new electorate, and are already beginning to take an increasing interest in the administrative activities of local authorities in connection with maternity and child welfare.

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The improvements that have been effected in the public health since 1871 are not a reason for contentment, for there is still a large mass of avoidable or preventable morbidity and mortality existent. Success in the past must only be regarded as an encouragement and incitement to redoubled effort.

Comparison of death-rate is the method adopted in the review. These death rates for England and Wales are given as follows:

Ages	Death-rate per 1,000 living at each age-period in 1911-15	Percentage reduction in 1911-15 from death-rate of 1871-80
0	36.7	42%
5	3.4	48%
10	2.1	43%
15	2.9	46%
20	3.5	51%
25	4.5	50%
35	7.4	42%
45	13.3	25%
55	27.0	15%
65	58.6	10%
75	131.8	7%
85 and upwards	262.9	15%

Reduction in mortality goes, *pari passu*, with a reduction in morbidity. The expectation of life at birth has, during the same period, been increased from 41.4 and 44.6 to 51.5 and 55.4, males and females respectively.

Improved conditions of life have gone far to counterbalance the evils of urban aggregation, and these improved conditions of life have been brought about by pure water supplies, improvement in food supply, more adequate scavenging, drainage and sewerage, better housing, street paving and sanitation generally, together with improved industrial hygiene (especially in the prevention of industrial dust and the reduction of the hours of labour), the education of the people, police preventive work and that of voluntary agencies in regard to drunkenness and cruelty to children, etc.

More than a quarter of a million fewer persons die annually than would die if the experience of the decennium 1871-80 continued, with a consequent enormous annual saving of sickness and disability, of loss of wages, of the production of dependent widows and orphans, etc. One of the chief causes of poverty is sickness.

Public opinion must be educated. Medical services should be readily available for all needing them, and not confined, as at present, to insured persons, to persons under the poor law, and to mothers and children under local schemes and to children of school age under educational authorities. In other words, every person should have the right to command the best medical services throughout his or her life, including expert and consultative facilities, institutional treatment, and, of course nursing advantages.

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Voluntary organisations and help are to be encouraged, to work in amalgamation and conjunction with official efforts. It must always be remembered as an axiom, that public services concerned with preventive and clinical medicine cannot be separately administered without grave loss of efficiency.

Prevention and treatment must go hand in hand, and the medical practitioner of the future must be a hygienist as well as a physician.

1 Forty-seventh annual report of the local government board, 1917-18

