A DAY IN A LONDON PUBLIC HEALTH DEPARTMENT.

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Have you ever wondered what goes on in a public health department, and what work there can be to justify the existence of medical officers of health, lady doctors, tuberculosis medical officers, borough analysts, a large staff of clerks, sanitary inspectors, health visitors, disinfectors, workmen, etc.?

Perhaps an easy way of understanding the work of all these people is to be present in imagination when the offices open in the morning and see what goes on. Let us suppose we are in the private room of the medical officer of health when the post is brought in. This is usually at 9 a.m., and in most up-to-date departments the mail is opened, sorted and booked in by the chief clerk with assistance from a junior clerk.

Medical certificates notifying the occurrence of cases of infectious disease, e.g., scarlet fever and diphtheria, and notices received from the Metropolitan Asylums Board reporting cases removed to hospital by their ambulances, are passed immediately to the infectious disease or notifications clerk, who telephones orders to the disinfectors to carry out the necessary disinfection in all the cases where the patient has been removed. This clerk prepares inquiry cards for the outdoor officers (inspectors or health visitors), who visit the homes of the patients and make diligent inquiry with a view to tracing the origin of the disease and preventing its spread.

The letters are rapidly opened, stamped with a date-stamp and sorted under their various headings. Complaints of insanitary conditions and nuisances are entered in a special register, which is required to be kept by law, and the action taken by sanitary inspectors to whom they are passed for attention is later recorded therein. At the next meeting of the Public Health Committee this register will be examined by the chairman and initialled by him, thus ensuring that he, as a representative of the sanitary authority, has satisfied himself that all complaints received have been attended to.

Notices of sanitary works, plans of drainage, etc., are entered in a special register before being issued to the sanitary inspectors.

Letters asking the Council to supply information about municipal houses, asking for applicants' names to be placed upon "waiting lists" of tenants, etc., are referred to the housing clerk or other appropriate officer.

Complaints of adulterated food, unwholesome meat, etc., are handed to the food inspector, who also watches over milk-shops, bake-houses, etc.

Special communications, such as those relating to venereal diseases, are not recorded anywhere as a rule, being treated as highly confidential. In one department, known to the writer, letters asking for information about
clinics are destroyed immediately after being answered in plain envelopes, and no permanent record is kept of disinfection of bedding or clothing in this connexion.

Other correspondence deals with tuberculosis and includes notification certificates, case reports, disinfection requests, arrangements for admission to sanatoria, attendances at the dispensary, etc. These are recorded and passed to the dispensary staff for attention.

All births are now reported to the medical officer of health, and these notices are examined and cases suitable for home visiting by the health visitors, together with other communications relating to maternity and child welfare work, e.g., children needing attention, expectant and nursing mothers wanting help or hospital treatment, applications for milk and food, requests for dental treatment, and many other features of this work among women and children, are all referred to the lady clerks engaged on this section for entry in the various records before being passed to the health visitors for attention.

The medical officer of health arrives while these matters are in progress, and quickly runs through the various documents, which have been placed in appropriate folders. Any special instructions are either given direct to the officer concerned or are pencilled on the documents in question.

Meanwhile the telephone bell rings. Now, it is an irate ratepayer demanding special consideration for his needs; then, it is a councillor wishing to discuss a matter with the Council's medical officer. Perhaps a local doctor phones up about an obscure case of illness which he wishes the medical officer of health to see, and so on. Later in the morning the outgoing correspondence, letters dealing with many varied subjects, is brought in for signature; for the ever-widening sphere of activities of the public health departments are bringing them more and more into close contact with the lives of the people at all stages and ages, and at a constantly increasing number of points in their lives do they look for and rely upon the advice and help afforded.

For the first hour and a half or so the outdoor staff are in attendance at the Town Hall to post up diaries, conduct correspondence, interview callers, etc. Sanitary inspectors discuss notices and plans with builders; health visitors interview mothers; and workmen receive orders. Gradually, however, as the outdoor officers go upon their various ways, the department quietens down, and the clerical staff concentrate upon such matters as accounts, statistics, returns, and are constantly interviewing callers, answering telephone calls, etc.

As each succeeding delivery of letters takes place, the procedure already indicated is repeated; urgent business is communicated to the officers concerned and does not wait until their return to the office. In some departments the outdoor officers make a point of returning to the office later in the afternoon; in others they report by telephone and do not come back to the office.
As opportunity offers, the medical officer of health visits the various centres, clinics and other places under his control, and generally "keeps an eye" on the whole of the activities of his department. At some time during the day (it may be after the offices are closed) he discusses with subordinates reports for committees, and arranges the various plans of campaign for combating disease and illness. The public health departments are of necessity becoming more and more sectional as the sphere of their work widens; yet the sections must be harmoniously advanced together, for each is too closely interwoven with the other to be separated. In order to ensure that this shall be achieved, the chief clerk often acts as a "liaison" officer. Usually he is a man who has been an official for many years in the public health service. He keeps his finger on the pulse of each section, and is usually more an administrator than a clerical officer. He is able by his general knowledge and experience to give advice and sound opinions when called upon, and generally acts as private secretary and confidential clerk to his chief.

The activities of all sections of the department have a direct bearing upon its work as a whole. It will be readily understood, for instance, how close is the connexion between maternity and child welfare work, the efforts to secure a pure milk and food supply, and proper housing of the people. Thus, for example, milk or food supply that has been tampered with and overcrowding are bound to produce bad effects upon the mothers and children.

The subject of maternity and child welfare, indeed, affords a good illustration of the intermingling of public health questions, no one of which can be effectually dissociated from the other, and to the most casual observer it must be clear that an improvement in housing, a purer milk and food supply, and better sanitary conditions generally, will aid the efforts made for the well-being of the mothers and children.

The earlier work of sanitary authorities was limited to dealing with environmental conditions, but their activities have been enlarged by recent legislation relating to the personal health of members of the community, and this has brought public health authorities into close contact with the citizens, for to-day even the cleansing of the person in the case of verminous adults or school children is a matter for the attention of these authorities, whereas in earlier days they could not proceed beyond insisting on sanitation in the home.

The medical officers of health have very considerable responsibilities, and apart from the high professional standard demanded of them they are required to carry out administrative duties of great importance. It is questionable whether many members of the general public realize this fact, for only in times of emergency or epidemic—such, for instance, as an outbreak of typhoid fever, food poisoning or small-pox—are the citizens at all conscious of the fact that these officers and their staffs are combating disease, ill-health, and death, on their behalf.