



Wellcome Film Project

The Evolution of Community Medicine: Part 4 – Mothers and Children First

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Medicine.**

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Produced by John Winn and Paul Wilks.

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Colour

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<Opening titles>

<Chave, seated, to camera>

I think it can be said with some truth that for the British people the twentieth century began on January 22nd 1901, the day on which Queen Victoria breathed her last at Osborne in the Isle of Wight. And certainly the passing of the old queen marks the end of an era of the greatest importance in the political, the economic and the social development of this country and of its influence across the seas.

But for us with our interest in the public health, the Edwardian period which followed was a veritable seedtime; a seedtime, the harvest of which we are gathering in still to this day. It began in 1902 with the Midwives Act. Remember we are now concerned with mothers and children, and the Midwives Act bade fair to end the career of Mrs Gamp, the untrained, unwashed intemperate handywoman who performed her lowly

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function for small fee and small beer, and replaced her with a properly trained midwife.

The Act created the role of midwives and only women who had undergone a course of training, approved by the Medical Officer of Health, could in the future be enrolled. And the Act created the Central Midwives Board to have supervision of the role. However, as with the first registration of any profession, all those who are practising at that time must in equity be allowed to register or to be enrolled. And so it was that all women practising midwifery, as they were at that time untrained, were allowed to enter their names on the roll. However, in such a situation one can always say, where there's death there's hope. And over time these untrained women passed away or passed out of the profession to be replaced by properly trained professional midwives. And this contributed to raising the standard of care of mothers in childbirth. It raised the status of the midwife to that of a profession and it contributed to the slow but steady decline in maternal mortality which took place over the years that followed.

Then came concern for the fitness of the nation as a whole and this came from several sources, two in particular: first from the work of the early field sociologists of whom the pioneer was Charles Booth. In 1880 Charles Booth started a long series of studies into the life and living conditions of the working people in the poorer districts in London. He published his first report in 1889 and that went on altogether to fill no less than thirty volumes. But in that first report, he showed that about 30 % of the people living in the downtown areas of London were living below the poverty line, and by this he meant not relative poverty as now, where if you haven't got a colour television in the bathroom, you must feel deprived; not that, not relative poverty, but absolute poverty – lacking the means to provide the necessities of life in terms of food, clothing and shelter. And this was disquieting.

Ten years later, Seebohm Rowntree repeated Booth's enquiries in the City of York and came up with the same figure and this was very disquieting. And these two men, Charles Booth and Seebohm Rowntree, founded the British line of empirical sociology based on the social survey and with its traditional and its continuing

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concern for poverty in our society. And that continues today in the Child Poverty Action Group.

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But now to return to our main theme. Next came news from an entirely different source and this was the disclosure that no less than 40 % of the men who had volunteered for service in the army [...]

<Chave narrates over photograph>

[...] in the Boer War, that was the South African war of 1899 to 1902, 40 % of those men had been rejected on the grounds that they were not fit for military service. And this caused a General, General Sir Frederick Maurice, to write a series of articles which roused the nation [...]

<Chave to camera>

[...] for Maurice asked, how can we maintain watch and ward over an empire across the seven seas on the basis of a generation of unfit men? How can we meet the rising menace of Germany and Europe with men who are not fit to fight? Parliament, the public and the press were concerned and this led the Balfour Government to set up a committee to review the whole field of national fitness. It was a committee with the longest, clumsiest name we shall meet in all our story for it was no less than the Interdepartmental Committee on Physical Deterioration, a clumsy name but a most important body. It was composed simply of seven civil servants. Now, I never cease to marvel at what they did. This bunch of seven civil servants, they found very little evidence of deterioration, but this did not deter them. Having got the bit between their teeth, they pursued their quarry far and wide and in the end came up with a series of bold, practical, sensible suggestions that, put together, amount to a blueprint to protect, preserve and, indeed, improve the health of the nation's children.

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And we have not, indeed, in fact, implemented all of their proposals to this day. For example, they suggested that we should have a continuing anthropometric survey. You see they said, look, and here I'm paraphrasing, you have asked us to assess the fitness of the nation, but where are the facts, where are the figures, as Chadwick would have said, where's the data? But there weren't any. Alright, they said, set up a continuing programme of weighing and measuring in samples of the population across the country and you will have the information you want, the answer to that question any time you want it. Now, in the light of their remit, what a sensible suggestion that was. But then, all their suggestions were sensible.

Let me just reel off the proposals that they made with regard to the health of children <*Chave picks up book for reference*>. And there were a number. They called for the registration of stillbirths. We didn't get that till 1927. They called for a special study of factors affecting infant mortality, especially the effects of mothers working. They called for the setting up of special centres where mothers could be instructed in the hygiene of infant care. And this is a time when infantile diarrhoea, gastroenteritis, was a major cause of deaths. They called for the establishment of municipal day nurseries for working mothers. We didn't get those until 1940. They called for the regulation of working by expectant and nursing mothers, and perhaps we're only just getting round to that now. They called for the provision of school meals for needy children and I'll say more about that shortly. They recommended the systematic medical inspection of children at school and I shall be dealing with that also. They called for physical training for all children at school and for the instruction of girls in the principles of hygiene, the practice of cooking and mother-craft.

They called for a bill prohibiting the sale of tobacco to young children on the grounds that it stunted their growth, and this was a popular belief at that time. They also called for a ban on the sale of tobacco in sweet shops frequented by children, and that wasn't a bad idea either. They called for the education of the public generally and children particularly on the evils of drink. They recommended a special study of syphilis, having regard to its prevalence and to its effect. They recommended the medical examination of young workers on entry to industry by specially appointed factory doctors, and we were to get that later. They called for an expansion of the



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health visitor service, which was then in its infancy, and to the appointment of full-time rather than part-time Medical Officers of Health and we waited until 1929 for that.

What a programme. I question whether a commission of doctors could have done any better?

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The immediate outcome of that report was the introduction of school [...]

<Chave narrates over historical photographs of children in school>

[...] meals in 1906 and the founding of the School Medical Service in 1907. And the implementation of these two proposals straight away was a tacit admission on the part of the nation that having swept all the children into schools, by the Education Acts, we were to discover when we got them there that large numbers of them couldn't benefit from the education provided either because they were hungry or they were sick. And these two services were introduced to deal with those two problems.

And first, school meals. Now, one might expect that a proposal to provide meals at school for hungry children would command nothing but general support – not a bit of it. Far from it, in fact. It aroused considerable opposition for there were those who said that this would shake the very fabric of our society; they said that it is a responsibility of parents to feed their children.

<Chave to camera>

For what is parenthood if it doesn't include the responsibility for the care and nurture of children? If through general misfortune, parents are unable to fulfil this natural obligation, then this is very properly, they said, a field of endeavour for private charity and benevolence which command the support of every Christian citizen. But, let the state intervene and this could only encourage that fecklessness, that irresponsibility

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which could shake the stability of the family and, indeed, of society on which it depends. And that was argued very strongly. However, wiser and more humane counsels prevailed and in a short time many hundreds of children were, can I say, enjoying the bowl of hot soup and the hunk of bread that was provided in these first school meals.

But far more in the long run was to be the founding of the School Medical Service in 1907.

<Chave narrates over historical photographs of children in school>

This was given supervision of all children in the local authority schools and that supervision was exercised through routine medical inspections. And in the end it boiled down to three medical inspections in the course of a child's school career. There was one on entry to school, one at mid-term and one in the year before leaving. Now, you'll notice, I speak of medical inspections not examinations. A doctor can inspect 5 children in an hour, [...]

<Chave to camera>

[...] but he can't examine them in that time. Now, what is important for us to note is that this service, the first of our personal health services and I must repeat that, the School Medical Service, later to become the School Health Service, was the first of our personal health services. This was not put under the control of the Local Government Board – remember the Central Department of Government responsible for the public health – for that would have been to stunt its growth from birth. On the initiative of an enlightened civil servant Robert Morant, [...]

<Chave narrates over photographs of Robert Morant and Sir George Newman >

[...] who at that time was Permanent Secretary to the Board of Education, a medical department was set up there under George, later Sir George Newman. And Morant and Newman together founded the School Medical Service.

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Now, they had to meet the objection from the Local Government Board that here we were setting up a new service as it were ad hoc, while we already had a national public health service under the supervision of the Board. Well, Morant and Newman thought up a very simple device for linking the service for children with the public health services at the local level whilst still keeping that service out of the control of the Local Government Board. They simply recommended that the Medical Officer of Health should also be appointed as the principal School Medical Officer of his area, and this was done. And from that time onwards, the Medical Officer of Health wore two hats: he was at once Medical Officer of Health for his district, responsible through his authority to the Local Government Board, but he was also principal School Medical Officer responsible through his authority to the Board of Education, later the Ministry of Education. And this was a very happy arrangement that worked and worked well and it continued to work until 1974.

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Now, the medical inspection of children in large numbers in the schools revealed a mass of information about the health of the nation's children that had perhaps been suspected by some but never fully known. For example, let me quote some figures.

<Chave picks up book for reference and then narrates over table>

In 1910 the medical inspection of 6 million children in school revealed that between 30 and 40 % of them had unclean heads and bodies. 10 % had serious defects of vision. Between 6 and 8 % had enlarged tonsils. Between 3 and 5 % had defective hearing. Between 1 and 3 % had suppurating ears. 1 % had ringworm. Between 1 and 2 % had heart disease. 1 % had readily recognisable tuberculosis. And malnutrition including rickets was not measurable because it was widespread.

<Chave to camera, interspersed with narration over photographs of children in healthcare settings>

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And that was the size of the problem and it was to that challenge that the new health service for children had to meet. And so it was that hungry children were fed, *<photograph>* dirty children were scrubbed with plenty of soap and water, nit infested children were cleansed, all children were medically inspected, *<to camera>* but to provide medical treatment, where it was needed, proved to be more difficult. For the school doctors were charged with the responsibility of inspecting the children, but the responsibility for getting any needed treatment lay with the parents. But the school doctors found themselves, time after time, inspecting and re-inspecting children whose defects, disorders and disabilities were going untreated, either through the unwillingness or more often through the inability of parents to get the necessary treatment or to pay for it as they had to.

The school doctors were instructed to tell parents that if they couldn't afford to pay for the treatment and they couldn't get it through a voluntary dispensary or a hospital, then they must take their children to the workhouse, to the doctors of the Poor Law. But, this they wouldn't do; they wouldn't inflict the stigma of the workhouse on their children. And, indeed, I imagine that if of all the children who needed treatment had been taken to the workhouse doctors, they would have been overwhelmed and they couldn't have coped with the problem anyway.

Well, Newman and Morant saw this, and they saw it and they acted on it straight away, and they recommended to the Board of Education that it should devote large sums of money to the local authorities for the setting up of what were to be called Minor Ailment Clinics to deal with the minor disorders of treatment *<photograph>*, but also to provide dental treatment and sight tests and spectacles. And these, the Minor Ailment Clinics, were to provide a very important backup for the medical care of children until the coming of the National Health Service in 1948. *<To camera>* And that contribution has often been overlooked.

Now, the Act was passed in 1907, the service was set up in 1908. By 1912 Newman and Morant had got that service working fully across the country: medical inspections, records coming in, good numbers accurately recorded, and the Minor Ailment Clinics working in every district in the country. And in four years that was

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complete. Now, that was initiative. Contrast that with the slow development of the Maternity and Child Welfare Service as it grew under the surveillance of the Local Government Board.

But first, let me just say a word about the health visitor who has an intrinsic and essential part to play in that service. If as historians we look for beginnings in place and time, I think we can fairly place the beginnings of health visiting in Salford in Lancashire in 1862. For there, the Salford Ladies Voluntary Sanitary Association, a body of well-meaning, middle class ladies employed, I quote: a good motherly woman *<photograph>* to visit the homes of the working class to instruct mothers in the care and nurture of their infants. And from those small beginnings, as so often in this country, was to grow health visiting, first as a voluntary service and later as a statutory service within the ambit and responsibility of the Medical Officer of Health.

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<To camera> But now, let's turn to the Maternity and Child Welfare Service of which the health visitor has an important part to play. This came about as a result of three quite separate developments all initiated by Medical Officers. And the first was the milk depot: the milk depot which supplied cheap or free milk to nursing mothers. And the first of these was opened by Dr Drew Harris in St Helens in Lancashire in 1899. Other medical officers saw what a good idea that was and so they got milk depots opened in their areas, and notably in Glasgow and in the poorer districts of London. That was the first development.

<Chave narrates over portrait of Dr John Sykes>

The second was the School for Mothers and here the initiative was taken by Dr John Sykes, the enterprising Medical Officer of Health of St Pancras in London. He faced a considerable problem of infant deaths from infant diarrhoea, gastroenteritis, due to the insanitary conditions in which large numbers of people were living in the slum areas of his district. So, he got a dilapidated old house near Euston Station, did it up a bit and put a great big board across the front: School for Nursing Mothers. And he

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encouraged nursing mothers to go there, be instructed and taught in the care and nurture of their children but especially in infant hygiene.

<Chave to camera>

Other Medical Officers saw that, saw what a good idea it was, and before long Schools for Nursing Mothers were springing up in many districts across the country. I mentioned John Sykes just now. He was also a pioneer of the voluntary notification of births to the Medical Officer of Health. The civil registration of births had begun in 1837, but the notification of births to the public health department, to the Medical Officer of Health, didn't come until much later. And one of the pioneers was John Sykes. He put up notices all round his district saying that he would pay anyone who notified a birth to him, a shilling. And it is said that Sykes would be sitting at his desk, working away, and his door would open and a scruffy little urchin would come in and say, 'Eh, mister! Mother's just 'ad a baby,' and Sykes would say, 'Give him a bob and send round the health visitor. Send round the health visitor today.' And it's from initiatives such as this that our health services were to develop.

But, to return again to our main theme – two strands: the milk depot, the School for Nursing Mothers. And the third was the Medical Clinic for Infants, of which the first was opened by Dr Stallybrass in Liverpool in 1906. And here doctors encouraged women who were going to be delivered of their babies in their local hospital to come back some weeks later to have the infants examined and to be examined themselves. This was seen to be a good idea so that was copied across the country. And gradually these three developments came together under a single roof, providing food supplements as had the milk depot; providing health education as had the School for Mothers; and providing medical surveillance of mother and child as had the Medical Clinic. And so the Maternity and child welfare Centre was born, and the first of these was opened in Islington in 1913. It had been a long, slow development and it had owed everything to the initiative of Medical Officers.

<End credits>



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<In addition to those listed at beginning of transcription>

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