



Wellcome Film Project

The Evolution of Community Medicine: Part 6 – The Ministry of Health

Presented by Dr Sidney Chave, London School of Hygiene and Tropical Medicine.

University of London Audio-Visual Centre, 1984.

Produced by John Winn and Paul Wilks.

Edited by David Crawford.

Colour

Duration: 00:17:19:16

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<Opening titles>

<Chave, seated, to camera>

What I have called the Edwardian period really came to an end on the 4th of August 1914, the day on which the lamps went out over Europe and the war, the Great War, the war to end wars, as it was called, broke out and the price was paid in the slaughter of a generation on the fields of Flanders. One wonders how many of those young men had been made fit to fight by the measures that had followed the work of the Interdepartmental Committee.

During the war, three developments took place which call for mention. They were concerned with tuberculosis, venereal disease, and maternity and child welfare. And first, tuberculosis. Tuberculosis had been a scourge of Britain all through the nineteenth century when it had become known as 'the captain of the men of death' for where as cholera and the other fevers would come and go, tuberculosis was always there. In the 1880s Robert Koch, the great German bacteriologist had

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isolated and identified the tubercle bacillus, but his attempt to produce a vaccine based on tuberculin had been a failure and had cast a shadow after the later years of his career. But the disease could now be identified by finding the causative organism in the sputum of the patient.

The communicable nature of the disease, communicable from man to man, and from animals to man and here I refer to bovine tuberculosis, had been established by the beginning of this century. And this was followed by the introduction of treatment for the first time. This was long-term in sanatoria and it was based on bed rest, sound nutrition, fresh air and above all careful nursing, and these together could result in a recovery to good health if the disease were detected in its early stages. And later on I may mention in the 1920s, there came artificial pneumothorax which could provide rest and the opportunity for restoration for the affected lung.

So, during the war years, sanatoria were set up in country districts by the county authorities and these were backed up by the opening up of tuberculosis dispensaries in every public health district in the land. These undertook the detection of cases, the follow-up of contacts and the aftercare of tuberculosis patients. And these tuberculosis dispensaries were placed under the control of the Medical Officer of Health.

Next, venereal disease. There was a massive and alarming increase in the incidence of venereal disease during the first war. The Gonococcus, the causative organism of gonorrhoea, had been isolated and identified by Neisser in the 1880s, but the Treponema, the causative organism of syphilis, eluded discovery until Schaudinn found it in 1905. This disease had always been difficult to diagnose, but in 1906 Wassermann introduced his complement-fixation test which enabled diagnosis to be made with certainty and then in 1910 came effective treatment. And this came with Salvarsan, Paul Ehrlich's 'magic bullet' as he called it, which opened the way, which opened the era of modern chemotherapy.

So, now we had diseases which were increasing in incidence, which could be diagnosed with certainty and for which treatment was now available. And so the



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Local Government Board bestirred itself and saw to the setting up of a national VD service with venereal disease clinics in every public health district in the land, and these also were placed under the control of the Medical Officers of Health. And let us commend the Local Government Board that it did at long last bestir itself to bring this about.

The third development was the expansion of maternal and child care. Now, on an earlier occasion, I traced the development of the Maternity and Child Welfare Clinic. During the war, there was a very considerable expansion in the provision of this service; for with the men away at the Front, young mothers were left to care for their babies, for their infants on their own, and the local health departments responded to their need in this respect by opening up Maternity and Child Welfare Clinics in just about every place in the country. And these too were put under the control and indeed were, in fact, developed through the initiative of Medical Officers of Health.

The Local Government Board watched this happen and then, somewhat belatedly, in 1918 it secured the passage on to the statute book of the Maternity and Child Welfare Act which required local authorities to provide a service that many of them had been giving for a decade. And that was the Board's swansong. For as the war ended, public pressure and political wisdom combined to sweep it all away, unwept and unlamented after its 50 years of life, and to replace it by the Ministry of Health.

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The Ministry of Health was founded in 1919 and this was an important milestone in our progress.

<Chave narrates over photographs in turn of Christopher Addison, George Newman and Robert Morant>

The first minister was Christopher Addison, afterwards Lord Addison; he was a doctor, one of the few medical men who have held this post. Now Addison needed an able doctor to head up the professional and advisory side of his new department

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and who better for this than George Newman, whom he took from the Board of Education where he was still running the School Medical Service, and made him the first Chief Medical Officer, the first CMO at the Ministry. And this was a post that George Newman filled with considerable distinction over the next 16 years. And his writings show the very considerable leadership and the importance of his leadership, both in the new department and in the public health service generally.

Addison also needed an able administrator to head up the administrative side of his department and who better for this than Robert Morant whom he took from the Insurance Commission and made first Permanent Secretary to the Ministry of Health. And so Newman and Morant were in harness together yet again.

<Chave to camera>

And with Addison they combined to begin to work out the policy and programme of this new department of health. But by that time Robert Morant was a sick man and he died towards the end of 1920. Robert Morant had been a great public servant. He had made a signal contribution to the development of health services in this country. He was a man who combined considerable administrative ability with vision. And these are qualities not often found together in the corridors of Whitehall – what a pity.

So then, we now had a Ministry of Health or as the Act put it: <Chave reads from book>

It shall be the duty of the Minister to take all such steps as may be desirable to secure the health of the people including measures for the prevention and cure of diseases; the avoidance of fraud in connection with alleged remedies therefore; the treatment of physical and mental defects; the treatment and care of the blind; the initiation and direction of research; the collection, preparation, publication and dissemination of information and statistics relating thereto; and the training of persons for health services.

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That was a big enough remit in all conscience, but to it were added two other very heavy responsibilities and they were housing and the Poor Law.

And first, housing. Housing, or more particularly the shortage of housing in the towns, had been a problem that had plagued the nation for half a century. And the nub of the problem was this: that with rising expectations and with rising public health standards, it was becoming increasingly difficult for private enterprise to build houses to let at rent which working people could afford to pay and which would bring in adequate return on the capital invested, while the local authorities couldn't cope with the problem because they hadn't the resources.

The war, by bringing new building to an end, had exacerbated the problem. Lloyd George had won the 1918 election on the slogan 'a land fit for heroes to live in', but when the heroes came back they were homeless heroes, or many of them were. And this problem of housing was laid on the doorstep of the new Ministry of Health. And there it was to remain until 1951 when the Conservatives set up the Ministry of Housing and Local Government with Harold Macmillan as its first Minister. But it was this problem of housing which dominated the thinking and sapped the energies of the new department for the first 10 years of its life.

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Then there was the Poor Law. It is often forgotten, conveniently forgotten I think today, that the new Ministry of Health was made responsible for the old Poor Law for there it was, there it remained still obstinately unreformed – Boards of Guardians and all. So then, one might ask, was the new Ministry of Health simply the old Local Government Board under a new name board? Well, no it wasn't, and the difference was one of attitude for the attitude of the new Ministry was to health positive and constructive and not to that deterrence which had been the built-in philosophy, the built-in principle of the operation of the Poor Law right from its beginnings.

And so they began to look on the Poor Law as a kind of social service supporting health. Boards of Guardians were encouraged to ameliorate the harsh conditions

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which still obtained in the workhouses. They were encouraged to bend the rules so long as they didn't break the law. And George Newman himself saw to the equipping and staffing of the infirmaries which under the old Local Government Board had been starved of resources. Right away, the new Ministry began to make preparations to bring the Poor Law to an end, but in the economic climate of the 1920s and with the problem of housing hanging heavily around its neck, it was 10 years before any action could be taken. And then after 10 years those two massive reports, the Majority and Minority Reports of the Royal Commission on the Poor Law of 1909, after 20 years were taken down and read all over again. And you won't be surprised to know that [...]

<Chave narrates over photograph of Neville Chamberlain>

[...] Neville Chamberlain, the Minister for Health in Baldwin's Conservative Government, came down in favour of the Majority Report, and its findings and recommendations were implemented in full in the Local Government Act of 1929.

<Chave to camera>

And this was a very important milestone because it swept away at long last the Boards of Guardians. We'd had done with them. And all their duties, all their powers and their responsibilities were transferred to the local authorities, who were required to set up Public Assistance Committees to administer not Poor Relief but what was now euphemistically to be called Public Assistance to the Needy. And so the old Poor Law lived on until 1948 and with the passing of the National Assistance Act for the National Assistance Act of that year declares in its first clause: <Chave reads from Act> 'The existing Poor Law shall cease to have effect.' And that brought to an end a system of local responsibility for the local poor which had lasted from 1601.

But Chamberlain's Local Government Act did more than that, much more than that, because it transferred all the institutions of the Poor Law to the local authorities including the infirmaries which now became Municipal Hospitals under the charge of the Medical Officer of Health. So you can imagine then the old infirmary with its



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dilapidated old name board outside announcing that it was the Xton Infirmary brackets Boards of Guardians of the Poor, there was now substituted in its place a brightly new painted name board proclaiming proudly that it was Xton Municipal Hospital and in brackets underneath, Dr Smith Medical Officer of Health.

The Medical Officer of Health was now responsible for the administration of the local hospital. Just think of the responsibilities of the Medical Officer of Health at this point. He was responsible for the traditional environmental services of water supply, waste disposal, for food – its composition and hygiene, for the public health aspects of housing, for the control and prevention of infectious diseases. He was responsible for the Maternity and Child Welfare Clinic with its attendant health visitors, nurses and midwives. He was responsible for the tuberculosis dispensary, for the VD clinic. Then under his other hat, he was responsible for the school health in his area. Now to all this was added the responsibility for the administration of the local hospital. Preventive and curative medicine had been brought together under his hand. He was now at the height of his powers. This was the peak of his career and this was the position he was to hold for all but 20 years until the coming of the National Health Service in 1948. And we shall consider next time the events that led up to that.

<End credits>

<In addition to those listed at beginning of transcription>

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