

Fabian Tract No. 148.

# WHAT A HEALTH COMMITTEE CAN DO

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## WHAT A HEALTH COMMITTEE CAN DO.

"With all deductions the triumphs of sanitary reform, as well as of medical science, are perhaps the brightest page in the history of our century."—W. H. LECKY.

MEMBERSHIP of a Health Committee opens up opportunities for social work of the highest importance. The duty of a Health Committee is a very extensive one. It is to confer on the inhabitants of their borough or district the benefits of Preventive Medicine, the purpose of which, in the words of Sir George Newman, the Chief Medical Officer of the Ministry of Health, is "to prevent such disease as is preventable, to lengthen man's life and to make it happier and more effective." Public health administration in the past has done wonderful things in the way of preventing disease and prolonging life. Typhus fever and relapsing fever, which were formerly scourges of the poor, have been swept out of the country; the mortality from typhoid fever, scarlet fever, and tuberculosis has been greatly diminished, and the general death-rate has fallen from 21·8 in 1848 to 12·4 in 1920.

\* Amongst the many influences which have been at work to bring about these results public health administration has certainly been the most important. But although much has already been accomplished, much remains to be done. The returns from Approved Societies under the National Insurance Acts show that, on an average, insured workers alone lose *fourteen million* weeks work every year through sickness, much of which is preventable. The object of this tract is to show in what directions further progress can and ought to be made.\*

### A Whole-time Officer of Health.

The Medical Officer of Health is the chief of the Public Health Department, and much depends on what sort of man he is and how he is supported by the Health Committee. It is most important that he should devote the whole of his time to public health work. All areas of not less than 50,000 population should have a whole-time Medical Officer of Health, and in many districts with less population, especially industrial towns with a large number of work-

\* This tract applies more particularly to England and Wales, outside the County of London. In London the Public Health powers are divided between the L.C.C., the Metropolitan Borough Councils, and the Metropolitan Asylums Board.

shops, and scattered districts covering a wide area, a whole-time Medical Officer of Health is necessary. Private practice greatly interferes with his public duties. If he is a capable, energetic and popular man—and a Medical Officer of Health should be all this—he will gain a large private practice and can find little time for his public health duties. The comparatively small salary he receives for part-time work will tend to be regarded as a mere retaining fee, and his work will degenerate to the perfunctory signing of statistical tables prepared by his staff. Moreover, it cannot reasonably be expected that a Medical Officer of Health should expose the insanitary cottages or slum dwellings owned by his own clients. Smaller districts should combine together to appoint a whole-time officer, which can be done under the Public Health Act, 1875 (Sec. 191). Towns over 50,000 need one or more Assistant Medical Officers. It is essential that every Medical Officer of Health should be specially qualified for his work, and therefore no applicant should be considered who does not possess the Diploma of Public Health (D.P.H.). Moreover, in districts with a population exceeding 50,000, the D.P.H., or similar diploma, is a statutory qualification under the Local Government Act, 1888; and unless a candidate possesses it the Ministry of Health cannot approve the appointment, and in consequence no grant towards his salary will be paid by the County Council.

The Health Committee should see that only

### Whole-time Sanitary Inspectors

are appointed. Unfortunately, in many districts the sanitary inspector is also surveyor, and may even hold other posts. This always leads to the public health work being neglected. In the Urban District of Braintree, with a population of 6,000, the inspector of nuisances was also surveyor of highways, surveyor of buildings, engineer to the waterworks, engineer to the sewage works, surveyor to the cemetery, and superintendent of scavenging. For three months this inspector was engaged in re-numbering the houses in the town, and had no time for his other duties.\*

A sanitary inspector should devote the whole of his time to his duties, and he should hold a proper qualification. On no account ought any candidate to be appointed merely because he is a good fellow, or a honest man, or the victim of misfortunes, or the friend of one of the councillors. The qualification recognised by the Ministry of Health is the certificate of the Sanitary Inspectors' Examination Board, without which no sanitary inspector can hold office in London. The certificate of the Royal Sanitary Institute is, however, a good qualification. At least one of the sanitary inspectors of any district should hold a special certificate qualifying him in meat inspection.

\* Dr. Reece's Report to the Local Government Board on the sanitary circumstances of Braintree.

### How many Sanitary Inspectors are wanted?

This depends upon the population, area, and social circumstances of the district. An industrial district covering a wide area will need more inspectors (among whom there should always be at least one woman) than a residential district of the same population with a smaller area. Furthermore, county boroughs administer the Food and Drugs Acts, which in most of the smaller boroughs and in all urban and rural districts are under the charge of the County Council. As a general rule a district should appoint not less than one sanitary inspector to every 10,000 population, in addition to health visitors; and if the women inspectors act also as health visitors, then more inspectors are required.

The most progressive towns already exceed this scale. For instance, Liverpool employed 43 male sanitary inspectors and 21 female, besides a milk depôt staff, inspectors of meat and animals, of fish and fruit, inspectors under the Food and Drugs Acts and the Factory and Workshops Acts, and others. The total sanitary administration staff consists of 162 persons (116 men and 46 women) besides the clerical staff. This is about 2 per 10,000 population.

### Women Sanitary Inspectors

are particularly needed in districts where female labour is employed. The women inspectors should ascertain whether proper and sufficient sanitary conveniences are provided for women in factories, workshops and work-places, and they should supervise the general sanitation of workshops and work places where female labour is employed and of the homes of outworkers. Women inspectors may take part in house-to-house inspection and in the supervision of tenement houses, and they can do very useful work in making enquiries in cases of infectious disease, investigating cases of overcrowding and other insanitary conditions. In some districts the women sanitary inspectors devote part of their time to health visiting; in others this work is carried out by special health visitors.

### Nurses.

Whilst cases of infectious disease are better treated at the Council's hospital than at the patient's home, if removal is not possible, owing to lack of accommodation or the health of the patient, the Council may provide a nursing service (Public Health Act, 1907, Sec. 67).

At Brighton the Town Council has started municipal home nursing. A trained nurse is employed, who attends at home on such cases as puerperal fever or erysipelas, when removal to hospital is not considered desirable. Nurses to visit the sick poor in their homes are also provided by the Health Committee of the Worcestershire County Council, and this example might well be imitated elsewhere. The Barry Urban District Council also sends out its hospital nurses into the homes.

Having briefly described the chief officers of a health department, we may now proceed to indicate some of the more important features of its work.

Now the bulk of a Health Committee's work may be summed up by saying that it strives to secure

### Systematic Cleanliness.

"Cleanliness," said Sir B. W. Richardson, "covers the whole field of sanitary labour. It is the beginning and the end." This rather overstates the case; but at all events we may agree with Sir John Simon, who said that "Uncleanness must be reckoned as the deadliest of our present removable causes of disease." We want cleanliness in many places, and in the first place we want

### Cleanliness in the Atmosphere.

In most of our manufacturing districts the atmosphere is anything but clean. Professor Cohen, of the Leeds University, has calculated that within the four most thickly populated square miles of Leeds twenty tons of soot are discharged daily into the air. It is an offence against the Public Health Act, 1875, Sec. 91, to allow any chimney (not being the chimney of a private dwelling house) to send forth black smoke in such quantity as to be a nuisance; and the same section provides that any fireplace or furnace used in any trade process must, as far as practicable, consume its own smoke. But in many districts this law is a dead letter, and the sanitary authority tacitly allows factories to pollute the air with poisonous smoke. It is said in excuse of this *laissez faire* policy that the emission of smoke is unavoidable, and that any attempt to control it would only hamper home industries. This is nonsense. A smoky chimney is wasteful to the owner; it is a danger to the community by shutting out the sunlight that is so essential to health; and it is an unnecessary evil. The emission of smoke can be prevented, as in some districts it is prevented, and it is not necessary to instal elaborate and expensive appliances. The chief preventive measure is good stoking. If a manufacturer chooses trustworthy stokers, pays them well, and makes it worth their while to prevent black smoke, he will keep his chimneys clean and at the same time confer a benefit on his neighbours. In Glasgow, according to the chief sanitary inspector, 90 per cent. of complaints made against manufacturers are caused by careless stoking. In Germany the training of stokers is subsidised by the Government as a branch of technical education.\* The result may be gathered from the evidence of Krupp's engineer to the Committee on Smoke and Noxious Vapours. He paid no attention whatever to smoke, but every attention to efficiency. And there was practically

\* "The Destruction of Daylight," by J. W. Graham. See also the Report of the Smoke Abatement and Noxious Vapours Departmental Committee for further information and suggestions.

no smoke there! Similar instruction is given by the Education Committee of the Leicester Town Council. It would often be a good thing to get the Health Committee to urge the Education Committee to start such classes for stokers. No Health Committee is doing its work properly if it fails to deal with the smoke nuisance.

### **Cleanliness in the Street.**

Dirt in the street soon finds its way into the house. A good deal of the dust in a city dweller's house consists of dried horse dung blown in from the street. Street cleanliness is a matter partly of paving and partly of scavenging, both of which are under the control of the Highways Committee, but the Health Committee, being responsible for the health of the district, should take note of them and should offer to the Highways Committee any suggestions that seem called for in the interest of the public. It must be remembered that the side streets of our large towns serve as playgrounds for the children, and for their sake we should make them as healthy as possible. A town street should be paved with impervious material which does not, as macadam does, soak up filth. With a smooth, impervious pavement the street is washed clean by every shower, and scavenging becomes much simpler and more effective; for on a smooth, impervious surface the hose and the squeegee can be used with excellent effect, as is done in parts of London and in many continental cities. The narrow passages leading to the back entrances of groups of houses are often the neglected dumping-grounds of noxious rubbish and filth. Another important feature of civic cleanliness is a frequent

### **Removal of Dust.**

In many districts garbage and house refuse are only taken away once a week. This is not often enough. The first principle of sanitation is that all refuse and waste matter should be removed as quickly as possible. Many towns have adopted a daily dust removal, and this system should be adopted in all urban areas. All fixed ash-pits should be abolished and only movable metal receptacles should be used. The Council may make bye-laws as to refuse collection under Sec. 157 of the Public Health Act, 1875, and Sec. 23 of the Public Health Act, 1907. If the receptacles are worn-out or damaged, as is frequently the case, the Committee should compel the owner to provide new ones, and if he fails to comply, they should do so themselves, and recover the cost from him. All progressive towns are now finding the collection of house refuse is quicker, cleaner and cheaper by electric vehicles than by the old-fashioned horse carts. The frequent

### **Removal of Manure**

from stables, mews and other premises should be insisted upon. Manure heaps are good breeding-grounds for flies, which are now

known to be inimical to health. Flies convey the germs of disease from the filth in which they live to human food, especially milk, and in order to keep down the plague of flies accumulations of manure and other filth should be prevented. Under Section 50 of the Public Health Act, 1875, an urban sanitary authority can require the daily removal of manure or other refuse matter from mews, stables, or other premises, and this should be done, particularly in the summer.

### **Backyard Cleanliness.**

If the backyard is not clean the house will not be clean, for filth from the yard soon finds its way into the house. It will be brought in as mud in wet weather and blown in as dust in dry weather. Yard cleanliness, like street cleanliness, is greatly promoted by impervious paving. The surface of a backyard tends to become polluted with all kinds of filth: the excrement of domestic animals, droppings from the dust-bin, scraps of putrefying food, etc.; and there is reason to think that the contamination of milk and other food with foul dust from a polluted backyard is one of the causes of summer diarrhoea. Backyards should be paved with a smooth, impervious surface properly sloped to a gully. This can be enforced under Sec. 25 of the Public Health Act, 1907. Such a yard will be effectually cleansed by every shower of rain.

Having secured cleanliness outside we must see that there is cleanliness inside, and for this purpose the Health Committee must institute a

### **House-to-house Inspection.**

This work has been definitely placed upon local authorities. Section 92 of the Public Health Act, 1875, requires the Council to make an inspection of their district from time to time, in order to enforce the Act, and the regulations issued by the Ministry of Health under the Housing Act, 1909, state the Council *shall* "make provision for a thorough inspection from time to time according to the varying needs or circumstances of the dwelling houses" in the district.

In every district there should be a systematic inspection covering the whole of the district at least once in five years. Every year each of the inspectors engaged in this work should have a number of streets allotted to him, and he should go from house to house with a keen nose for insanitary conditions. This inspection should by no means be confined to the poorer quarters of the district. Bad sanitation exists in good-class houses. Overcrowding may occur in servants' bedrooms, and bad smells and rats from defective drains, although they may be unnoticed by the family upstairs, may be a source of considerable discomfort and danger to the servants in their underground kitchens.

The caretakers' quarters in a commodious and imposing block of flats may be grossly insanitary. In Hampstead a systematic inspec-

tion of flats revealed the fact that in many cases the caretaker was housed in illegally-occupied underground rooms.\* Some classes of houses require more frequent inspection than once in five years. This applies particularly to

### **Tenement Houses.**

Many of these need constant supervision by the sanitary inspector to keep them in a decent sanitary condition, especially those originally built for one family only and occupied by several owing to the deterioration of the neighbourhood. Most of the London poor have to live in such houses, and it is only in a few exceptional cases that any structural alterations have been made to adapt the house for occupation by more than one family. The result is that the tenements lack many domestic conveniences and cannot be called homes. For instance, in many of these houses the only water supply for all the occupiers is a tap in the basement. When water is so hard to obtain it is idle to expect people to be clean.

The Council may now, under Sec. 26 of the Housing Act, 1919, make bye-laws with regard to tenement houses, fixing the number of occupiers, enforcing proper drainage and ventilation, closet accommodation, water supply, accommodation for storage and cooking of food and washing, and the proper lighting of staircases, etc. If the owner refuses to carry out any work which is necessary to the premises, the Council may do so and recover the cost from him. In London the bye-laws are made by the L.C.C.

The Health Committee should keep the local authority up to its duty in making and enforcing these bye-laws, and if this duty is neglected complaint should be made to the Ministry of Health, who may then make any bye-laws they consider necessary.

Another type of house that needs special supervision is the

### **Common Lodging House.**

The condition of these houses has greatly improved in recent years with the increasing efficiency of public health administration. The shifting population of a common lodging house has innumerable opportunities for spreading disease and vermin, and therefore requires careful supervision. A high standard of cleanliness should be maintained in these places; the beds should be kept free from vermin (an ordinary plumber's lamp will do wonders with an iron bedstead in the destruction of bugs); and spitting on the floor, which was formerly a common practice, should be sternly repressed. In the ordering of common lodging houses, as in many other things, example is better than precept, and the sanitary authority will find that by providing a well-managed municipal common lodging house they will achieve more than can be done by any amount of inspection to raise the standard of the other common lodging houses in the district.

\* Annual Report of the Medical Officer of Health, Hampstead, 1908.

### Cellar Dwellings.

Cellar dwellings (that is, underground rooms occupied separately as dwellings) are subject to special sanitary requirements—for instance, the Housing Act, 1909, prohibits the use of an underground room as a sleeping place—and it is the business of the Health Committee to see that these requirements are fulfilled. Special inspections should be made for the discovery of these dwellings, which should be entered in a separate register and dealt with as the law provides.

### The Protection of the Food Supply.

This is a vitally important part of a Health Committee's work. All places where food is prepared and sold, such as slaughter houses, butchers' shops, bakehouses, milk shops, restaurant kitchens and sausage factories, should be brought under frequent and systematic supervision. A vast amount of illness is due to unwholesome food. One at least of the sanitary inspectors should hold a special certificate of proficiency in meat inspection, and he should be on duty every Saturday night in the poorer parts of the district. Meat inspection is greatly helped by the establishment of a

### Municipal Slaughter House,

which butchers should be encouraged to use. Private slaughter houses are objectionable on several grounds. Adequate inspection is extremely difficult, and the public has no proper security that the work is carried out either with humanity towards the animals or with the sanitary safeguards necessary for the consumers' health. But this is not all. "Besides the general public there is another class which suffers from the system, namely, the unfortunate individuals who have to live in immediate proximity to the slaughter house. In nine cases out of ten we find these buildings packed away at the end of some court or alley, with dwellings crowded round within a few yards of them." This proximity is exceedingly bad both from a sanitary and a moral point of view for the dwellers in these courts, especially women and young children.\* Cheltenham, Glasgow, South Shields, Liverpool, Manchester, Dundee, Lincoln, Edinburgh, Leeds, Birmingham, and nearly a hundred and fifty other local authorities have public abattoirs. If all animals used for food were killed in municipal slaughter houses under proper inspection a good deal of disease would be prevented. In this respect England is far behind Germany and other countries. More important than meat, however, is the question of the

\* See an excellent article on this subject by Christopher Cash, B.A., in the *Medical Officer*, May, 1909, p. 876, and the same writer's book "Our Slaughter House System," Bell, 1907.

## Milk Supply.

Milk is a most valuable food, but it is easily contaminated, and when contaminated may be a deadly poison. Adulteration with water or chemicals may be dealt with under the Sale of Food and Drugs Acts, but filth and germs are much more serious, and the law at present is inadequate to deal with them. But even under the present law a good deal can be done to enforce decent sanitation in cowsheds, dairies and milk shops, and the Health Committee should see that these places are frequently inspected. All the milch cows in the district should be frequently inspected and reported upon by the Council's veterinary inspector.

Towns are at a disadvantage in this matter, for nearly all the milk consumed in the towns is produced in the country. Rural sanitary authorities, if they did their work properly, could effect considerable improvements in our milk supply. Every member of a Health Committee should procure a copy of the regulations that apply to cowsheds, dairies and milk shops, and should see that these regulations, instead of remaining a dead letter, as is too often the case, are properly enforced.

In 1914 the need for the regulation of the nation's milk supply became so urgent that Parliament passed the Milk and Dairies (Consolidation) Act, 1915, under which County and County Borough Councils were charged with the systematic inspection of dairy farms and dairy cattle. Any animal found to be suffering from tuberculosis likely to affect its milk would then have been immediately notified to the Tuberculosis Officer of the Council, and the supply of such milk for human consumption would have been stopped. Unhappily, the Act does not come into operation until a day appointed by the Ministry of Health, such day to be not later than one year after the termination of the war. The war was officially ended on August 31st, 1921; and up to the present no day has been appointed by the Ministry of Health. It is feared that a false idea of economy in public finance may lead to the indefinite postponement of the application of this measure.

## The Prevention of Adulteration.

Every local authority charged with the administration of the Sale of Food and Drugs Acts should take a sufficient number of samples for analysis under the Acts. The number that ought to be taken will vary in different districts, but it should not as a rule fall below 10 samples per 1,000 population per year.

This work should be done by special inspectors, who should use their wits to frustrate the numerous dodges devised by dishonest traders to evade the Acts. The inspectors soon become well known, and it is useless for them to purchase samples personally. They must work through agents and must change the agents frequently. Another precaution is necessary. Fraudulent traders always keep

the genuine article and are careful to supply it to strangers who may possibly be inspectors' agents. The adulterated article is reserved for regular customers, and in dealing with this class of trader it is necessary for the agent to become a regular customer by making a number of purchases before the official sample is taken.

The analyses made under the Food and Drugs Acts are chemical analyses, and although they afford valuable information of the kind of food that is consumed in the district it is necessary also in the case of certain articles of food and drink to make a periodical

### **Bacteriological Analysis.**

The water supply, milk supply, and certain foods should be analysed for the presence of germs—either the germs of disease or germs that indicate pollution with sewage or other noxious matter. For instance, samples of milk should be examined for the presence of tubercle bacilli. The Health Committee ought to know what proportion of food consumed in their district contains the germs of tuberculosis.

The sanitary authority should arrange with a bacteriological laboratory of repute for the examination of samples, or else establish a municipal laboratory.

Bacteriological examination is most useful also in the

### **Prevention of Infectious Disease.**

In the control of these diseases it is essential to arrive at an early diagnosis, so that the patient may be properly isolated and disinfection carried out. In certain diseases—for instance, diphtheria and typhoid fever—the bacteriological examination of a specimen taken from the patient may result in an early diagnosis which otherwise would be delayed. The cost of such examinations, which are made chiefly in the interest of the public, should be borne by the public, and every sanitary authority should encourage the doctors in the district to send specimens for examination free of cost.

### **Maintenance of the Public Health.**

But the duty of the Health Committee is not only to prevent the occurrence of disease: it is also to see to all the disease that does occur, in order to ensure that the necessary steps may be taken to prevent its recurrence in the same or any other person. For this purpose the Health Committee has very large powers; indeed, under Section 133 of the Public Health Act, Health Committees may take almost any action that they think necessary in an emergency to save life or prevent disease. Thus, they may (as many Health Committees have done) supply any medicines or drugs free of charge to patients or medical practitioners, and even (as some Health Committees have occasionally done) pay medical practitioners to administer them; they

may (as some Health Committees do) treat scarlet fever or puerperal fever, or, indeed, any other infectious disease, in the patient's own home, instead of removing the case to their hospital; they may (like the Worcestershire County Council) start a whole system of domiciliary nursing; they may even, as part of the treatment, pay what is necessary for the maintenance of the sick patient in his own home; they may pay for the maintenance of "contacts," or those who are prevented from going to work because they have come in contact with infectious persons.

### Hospitals.

The town or urban district council has power, under the Public Health Act, 1875, to establish and maintain public hospitals for all diseases whatsoever, and also for maternity cases. It is quite a mistake, though a common one, to suppose that this power is limited to isolation hospitals for infectious diseases. Very few Health Committees have yet used these powers, but the Barry Urban District Council and the Widnes Town Council have set up municipal hospitals for accidents and non-infectious cases. Why not get your council to do the same? The sanitary authority should at least provide hospital accommodation for the isolation of patients suffering from small pox, diphtheria, typhoid fever and scarlet fever, and, wherever possible, for measles. In the latter disease, however, the hospital is wanted not so much to prevent the spread of infection, but to reduce the mortality from it. Children die of measles because they cannot in their own poor homes get the warmth, good food, and good nursing they need. Deaths are chiefly due to complications that could be prevented if the patients were properly looked after, which in many poor homes is impossible. Unhappily, few districts provide as yet hospital accommodation for measles. The Liverpool Municipal Hospital now takes in cases of measles and whooping cough, and the same is said to be the case in Edinburgh. In London, the Metropolitan Asylums Board was enabled, by an Order of the Local Government Board in 1911, to receive patients suffering from measles into their hospitals under certain conditions.\* At present, admission is restricted to very severe cases and to children of the poorest classes. In certain large urban centres some hospital provision for necessitous cases has been made, but is generally inadequate for the needs of the population. Hospitals, free from the stigma of pauperism, for measles patients who cannot be properly cared for in their own homes, are much needed, and a Health Committee can do very good work in persuading the local authority to provide them.

### The Prevention of Tuberculosis.

This is one of the most pressing public health problems of the present time. Since local health administration seriously attempted

\* Cf. Ministry of Health Circular No. 35, on Measles and German Measles. In 1920 the Metropolitan Asylums Board admitted 526 measles cases.

to battle with this disease, it has continued to fall in notifications and deaths certified, but it is still the most fatal of all notifiable diseases, and in 1920 was responsible for 8·8 of the total deaths in England and Wales. Tuberculosis is due to the successful invasion of the body by a germ, the tubercle bacillus. It is communicable from man to man, and by means of meat, and especially milk, from animals to man. In its onslaught the tubercle bacillus is greatly helped if the person attacked lives among insanitary surroundings, is underfed, overworked, or alcoholic. Anything that tends to remove these conditions is working for the prevention of tuberculosis, but we want also more direct preventive measures aimed at the destruction of the bacillus itself. The chief source of infection is the expectoration of a consumptive patient, which contains millions of bacilli. These remain in the dust on floors and elsewhere, and are blown about by the wind. An effective way of attacking tuberculosis is to prevent indiscriminate spitting. The sanitary authority should distribute leaflets and printed notices on the dangers of spitting elsewhere than in a proper receptacle, and a bye-law against spitting in public places should be adopted. It is specially important that consumptive patients should be instructed as to the proper disposal of their expectoration. The early diagnosis of consumption is important, not only because it enables preventive measures to be taken at the beginning of the disease, but also because the patient's chances of recovery depend chiefly upon the early adoption of proper treatment. Tuberculosis is now compulsorily notifiable, and, under the Tuberculosis Act, 1921, the councils of all counties and county boroughs are required to make provision for its treatment. The Health Committee of such a council should offer free bacteriological examination of sputum, and should establish a

### **Tuberculosis Dispensary.**

The work of these dispensaries is to detect early cases of consumption, to treat in their own homes patients who cannot go to a sanatorium and who are unable to pay for medical treatment, to help the patients to live healthy lives as far as possible, and to instruct them so that they may not be a danger to others. The dispensary doctor supervises the home treatment and enquires as to the health of the other members of the family, with a view to detecting cases of the disease while they are still in the early and curable stage.

The dispensary supplies cod-liver oil and other medical necessities, and attached to it there is usually a body of philanthropic workers, who obtain suitable employment for the patient, give financial assistance when required to the family, and afford help in various other ways. A tuberculosis dispensary should form part of the health department in every large urban area. Wherever possible, the Health Committee should also have its own hospital for con-

sumptive patients, as the Brighton Health Committee has, where the patient can go for a month or two, and be taught how to live.

Another necessary institution is the

### Phthisis Sanatorium.

Sanatoria are needed for two classes. First, there are the patients in an advanced stage of the disease, for whom cure is hopeless. These patients are the most dangerous sources of infection, for they not only bring up a large quantity of sputum, but they are too weak to observe the strict cleanliness that a consumptive must maintain if he is not to be a source of grave danger to his family. The poor among these patients frequently die in Poor Law institutions, in many of which the consumptives are nursed in the general wards. Sanatoria where these unfortunate people may end their days free from the stigma of pauperism are much needed.

Sanatoria are needed also for patients in the earlier stages of consumption. Sir A. Newsholme thus sums up their advantages:\*

1. In early and suitable cases a cure may be expected.
2. Short of a cure, in a large number of cases, arrest of disease occurs, the patient is able to resume his work at least to a modified extent, and his working life is much prolonged.
3. While the patient is in the sanatorium his home is disinfected, his relatives are free from recurring infection, and have time to recover their full measure of resistance to infection.
4. On his return home and to his work the patient is much less likely than before, even though he continues to have sputum containing tubercle bacilli, to be a source of infection to others.

In some towns, for instance Brighton and Leicester, it has been found possible to devote one or more blocks of the isolation hospital to sanatorium treatment of consumption, and with great success. In other districts, including the county of Middlesex, the buildings provided to meet any large outbreak of small-pox are used in the meantime as a phthisis sanatorium. Patients in these institutions are taught the precautionary measures needed to prevent infection and the personal régime suitable to their illness; while at the same time their families have had a temporary holiday from sick-nursing, the house has been disinfected, and the patient has returned with a knowledge of the way to avoid re-infecting it. After-care of a discharged phthisical patient is vital if he is not to return again to the sanatorium, and the Tuberculosis Act, 1921, gives the council of every county and county borough the power to make the arrangements they consider necessary in this matter.

\* Newsholme, "The Prevention of Tuberculosis," p. 382 (abbreviated).

### The Cleansing of Verminous Persons.

There is one communicable disease that calls for special mention, and that is *pediculosis* or lousiness. This is a horrible condition that ought not to be tolerated in a civilised community, and it specially afflicts two classes—school children and the inmates of common lodging houses. The Children Act, 1908, gives the local education authority power to enforce the cleansing of school children, and the London County Council's General Powers Act, 1907, contains a provision, which might with advantage appear in many local Acts, conferring a similar power with regard to the inmates of common lodging houses. By the Cleansing of Persons Act, 1897, a sanitary authority has power to fit up and maintain a cleansing station, and in Marylebone, where the Act is energetically administered, 77,467 persons (of whom 23,432 were children) have been freed from vermin in the last ten years. Do not despise this matter, or think it of no consequence. Every town ought to provide in some way for this help to the poor to keep themselves clean.

### Rats and Mice.

Rats and mice—especially rats—afflict humanity by carrying disease and consuming many thousands of pounds' worth of foodstuffs annually. The Health Committee of a county council, or of a county or metropolitan borough, can enforce the provisions of the Rats and Mice Destruction Act, 1919, and compel the occupiers of infested premises to get rid of the pests; whilst the Health Committees of other boroughs and districts can perform useful service by seeing that in their areas the superior authorities do not neglect these duties.

### Infant Mortality.

The prevention of infant mortality is a matter of supreme importance, and every member of a Health Committee should find out precisely what is being done in his district in this direction. Ask the Medical Officer for a special report as to how the infantile death-rate compares with that of other places, and as to what is being done to reduce it. Infant mortality is due to many causes, and must be fought with many weapons. One of the most important causes is summer diarrhoea, which is a filth disease and can be prevented by cleanliness. The measures for promoting cleanliness indicated in the earlier part of this tract are most important in this connection. Clean air, clean streets, clean yards, clean houses, all work together to protect infant life, but these matters primarily come within the work of the Maternity and Child Welfare Committee. Many other measures are necessary.

## Venereal Disease.

When, in the dark days of the Great War, it was realised that venereal disease kept in hospital at least an army corps of otherwise fit men, all pretence at ignoring the cause or the effect of these diseases was rudely swept away, and county and county borough councils were enabled to treat the diseases and to undertake research work. Three-fourths of the cost is borne by the Ministry of Health, and as treatment at any Centre established by the Councils is available for all persons, regardless of residence, joint arrangements between many adjoining authorities may be set up and Centres established at hospitals serving large areas. An example is the joint scheme for London and the Home Counties, by which treatment was given at twenty-five hospitals and three hostels in 1919 to 27,000 "first cases," in addition to the cases, left over from the previous year. At many of the Centres appropriate medicines are distributed to private practitioners, and reports given on material submitted from suspected patients of such practitioners.

**USEFUL BOOKS** on the subject which every Public Library should have, and which the Library Committee would probably procure on a Councillor's application.

- Sanitary Laws and Practice. ROBERTSON and PORTER. The Sanitary Publishing Company. 10s. 6d.
- Public Health Problems. J. F. SYKES. Walter Scott. 4s. 6d.
- The Health of the State. G. NEWMAN, Headley Brothers. 1s.
- The Prevention of Tuberculosis. ARTHUR NEWSHOLME. Methuen. 7s. 6d.
- Infant Mortality. G. NEWMAN. Methuen. 7s. 6d.
- The Public Health Agitation, 1833-48. B. L. HUTCHINS. Fifeild. 2s. 6d.
- English Sanitary Institutions. Sir JOHN SIMON. Smith Elder and Co.
- The Destruction of Daylight. J. W. GRAHAM. Allen. 1s. 6d.
- Infantile Mortality and Infants' Milk Depots. G. F. MCCLEARY. 1905.
- The Common Sense of the Milk Question. JOSEPH SPARGO. Macmillan.
- The Problem of the Milk Supply. F. LAWSON DODD. Baillière. 1s. 6d.
- The Hygiene of School Life. RALPH H. CROWLEY. Methuen. 1910.
- Medical Education in England (Preventive Medicine). Sir G. NEWMAN. Board of Education. Cd. 9124. 1918. 9d.
- Preventive Medicine, Outline of the Practice of. Ministry of Health. Cd. 363. 1919. 6d.
- Health and the State. W. A. BREND. 1917. Constable. 10s. 6d.
- English Public Health Administration. B. G. BANNINGTON. 1915. King. 8s. 6d.
- The Nation of the Future. L. HADEN GUEST. 1916. Bell. 2s.
- The Modern Milk Problem. J. SCOTT MACNUTT. 1919. Macmillan. 10s. 6d.
- A Public Medical Service. D. MCKAIL and W. JONES. Fabian Society. 1s.
- The Story of English Public Health. Sir MALCOLM MORRIS. 1919. Cassell. 5s.
- Hygiene and Public Health. L. PARKES and H. KENWOOD. 1917. Lewis. 15s.
- Race Regeneration (in Bradford). E. J. SMITH. 1918. King. 7s. 6d.
- Public Health Acts. Text and index. F. STRATTON. 1915. Knight. 8s. 6d.
- The State and the Doctor. SIDNEY and BEATRICE WEBB. 1910. Longmans. 6s.
- Report of Committee on Smoke and Noxious Vapours. Ministry of Health. H.M. Stationery Office. 6d.
- Annual Reports of the Public Health Committee of the L.C.C., submitting reports of Chief Medical Officer and Medical Officer (Education). King.
- Annual Report of the Medical Officer of the Ministry of Health.
- Annual Report of the Chief Medical Officer of the Board of Education.
- Annual Reports of the Chief Inspector of Factories and Workshops.
- Annual Report of the Ministry of Health.

Those wishing to keep informed on public health progress should refer to *Public Health*, the monthly official journal of the Society of Medical Officers of Health.

The Royal Sanitary Institute, 90 Buckingham Palace Road, S.W. 1, issues publications and arranges lectures on public health questions, and the Coal Smoke Abatement Society, 25 Victoria Street, S.W. 1, in relation to the question it deals with.

# THE FABIAN SOCIETY

25 TOTHILL STREET, WESTMINSTER, LONDON, S.W.1.

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(Adopted May 23rd, 1919.)

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