

Milbank Memorial Fund

INTERNATIONAL STUDIES

VOLUME ONE

THE NETHERLANDS

DENMARK

SWEDEN

NORWAY

GERMANY

AUSTRIA

SWITZERLAND

INTERNATIONAL STUDIES

VOLUME TWO CONTAINS

BELGIUM	JUGO-SLAVIA
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VOLUME THREE CONTAINS

ENGLAND & WALES
SCOTLAND IRELAND

There will be a Concluding Volume which will summarise for the general reader the subject as illustrated in the countries surveyed, and will give a study of the underlying problems in the practice of preventive and clinical medicine, with suggestions for progress.

INTERNATIONAL STUDIES

ON THE RELATION BETWEEN THE
PRIVATE & OFFICIAL PRACTICE *of* MEDICINE
WITH SPECIAL REFERENCE TO
THE PREVENTION OF DISEASE

conducted for
THE MILBANK MEMORIAL FUND
by
SIR ARTHUR NEWSHOLME
K.C.B., M.D., F.R.C.P.

Volume One

THE NETHERLANDS, SCANDINAVIA
GERMANY, AUSTRIA
SWITZERLAND

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FOREWORD

ON BEHALF OF THE MILBANK MEMORIAL FUND

ONE of the major problems in present-day public health administration is that of ascertaining the proper sphere of the private physician in the field of public health. Upon a number of occasions during the past few years this matter has been earnestly discussed by private physicians and public health administrators in joint assemblies arranged for the purpose, and some progress has been made in indicating what should be the relationship between private medicine and public health to ensure co-operative service in conserving the health of the public.

During the past seven years the Directors of the Milbank Memorial Fund have had occasion to consider this problem very seriously, in connection with the opposition of some members of the medical profession to certain phases of the public health work, which the Milbank Memorial Fund helped to inaugurate in one locality as a part of its participation in the New York State Health Demonstrations. This opposition led the Fund to re-examine the initial tenets upon which its participation in the health demonstrations was based, in order to make sure that its philanthropic service in the field of public health was not such as would in any way embarrass or impede fulfilment of the legitimate professional aspirations of the private medical practitioner. Finding in the history of public health development in the United States few precedents to guide them, the Directors decided to arrange for an international investigation to be made objectively and without bias, the purpose of the study being to throw light on the relationship in different countries between the fields of activity of private practising physicians and of physicians and laymen engaged in public health work. It was felt that studies of what was being done elsewhere in public health might be valuable in indicating not only solutions of problems, particularly affecting the relation between private physicians and

physicians engaged in public health work, but specifically in showing how the co-operative services of private physicians may be utilised to the highest advantage by public authorities.

Such problems have arisen whenever preventive medicine has become in part clinical in character. In various countries medical treatment of the poorer members of the community is provided apart from private medical practice :

1. By the Poor Law authorities, for the destitute ;
2. By voluntary organisations, in hospitals, dispensaries, and similar institutions, for those who are destitute in the sense of not being able to pay for specially skilled help ;
3. Under public insurance schemes, which may be limited to medical aid or may also give financial assistance, and in which the State and the employer are, or may be, partially responsible, as well as the beneficiary ;
4. By public health authorities, given at the expense of the taxpayer, as, for instance, in fever and smallpox hospitals and in sanatoria for tuberculosis, in venereal disease clinics, and to a smaller extent in maternity and infant consultation centres ; and
5. By school or public health authorities in school clinics, at which eye defects, skin complaints, adenoids and tonsils, dental caries and other defects, are treated either gratuitously or at a small cost proportionate to the resources of the patient.

In different countries the activities under these and allied headings vary enormously. The public increasingly realises that each member of the community must have prompt and adequate medical care. By this means protraction of illness can be avoided, which in itself is a great public health gain ; subsequent crops of such diseases as tuberculosis and the venereal diseases can be prevented ; and the general standard of health and efficiency of the community can be raised.

As public health becomes more advanced and personal hygiene forms an increasing part of it, the stimulus to provide medical services either through voluntary or official organisations increases, and the delicacy of the relation

between private medical practitioners and voluntary and official organisations becomes accentuated.

Hitherto, most countries have evolved measures for reaching their hygienic objective only as each pressing need has emerged. There has been irregular and unbalanced progress, or stagnation has continued when opposition has been severe. The different countries have not learned adequately from each other; and at the present time, except as regards insurance schemes in England and Germany, but little international information of an accurate and authentic character is available for the medical profession and for social workers.

For the reasons incompletely set forth above, the Directors of the Milbank Memorial Fund, in the summer of 1928, secured the services of Sir Arthur Newsholme, M.D., K.C.B., former chief medical officer of the Local Government Board of England and Wales, and lecturer on public health administration, School of Hygiene and Public Health, the Johns Hopkins University, to make on their behalf: (1) an objective study of what is being done for the treatment as well as in the prevention of disease in the chief European countries, including Great Britain and Ireland; and (2) an impartial study of the philosophy of the subject, with the hope that therefrom will emerge further possibilities of action for the public good, which are not inimical to the real interests of the medical profession. The Directors of the Milbank Memorial Fund are confident that the two interests are essentially identical; but they believe it important to base any conclusions and recommendations that may be reached on the foundation of a wide and international investigation, which has been objective in character. In securing the services of Sir Arthur Newsholme to make the inquiries included in this series, the Milbank Directors had confidence that his long experience with the problems discussed in the studies and his familiarity with conditions both in England and in America qualified him to present an accurate account in perspective of the pitfalls and triumphs of preventive

medicine and public health administration in the different countries concerned. It is understood, of course, that the Directors of the Milbank Memorial Fund in submitting herewith the findings of Sir Arthur Newsholme's international investigation do not commit the Fund to endorse his views in any respect or to approve the methods of public health work described. It is to be remembered that the essence of the investigation is to throw light on the relationship in different countries between practising physicians on the one hand, and physicians and authorities in public health work on the other hand; and this consideration explains the choice of subjects discussed in each chapter, which are selected as best illustrating this main problem.

JOHN A. KINGSBURY
Secretary

PREFACE TO VOLUME ONE

THIS volume, as already indicated in the introduction contributed by Mr. Kingsbury, on behalf of the Milbank Memorial Fund, is one of three similar volumes describing the circumstances of medical work in a number of European countries as related to public administration, local and national, when this concerns itself with direct measures for the prevention or treatment of disease.

The investigation, the results of which for a group of countries are here summarised, was undertaken to obtain a record of observed facts; and although here and there reflections on these facts have been made, the present and its companion volumes, except an independent volume dealing with general problems, maintain this limitation.

Evidently a survey of every branch of curative and preventive medicine is beyond the power of any single investigator, unless years were devoted to it, which would make the observations out of date before they were published. It has been necessary, therefore, to proceed by sampling these medical activities, selecting those which are typical or exceptional, and which are specially instructive to the workers engaged in medical administration or in private medical practice, who desire to have the light of experience in other fields thrown on their own problems.

Although the survey, as I have made it, is only partial, it may be claimed that much is gained from the fact that it has been made by one person only, and that the facts and observations embodied in it are thus fairly comparable. It may be added that the writer's familiarity for several decades with the task of selecting and assessing the salient features in actual public health problems has made his present task less laborious than it would otherwise have been, and has enabled him to select subjects concerning which an interchange of experience is most important.

My earliest inquiries in this investigation soon revealed the fact that in nearly every country visited by me almost identical difficulties were being experienced, some at their

initial stages, in others partially solved; and ere long it became evident that these difficulties centred around certain specific medical problems. These are methods of medical attendance on the poor, the provision of hospital treatment and consultative facilities for the sick, the medical phase of sickness insurance, and the special problems of maternity and child welfare work, of school medical work, and of work for the treatment and prevention of tuberculosis and venereal diseases. In nearly every country it is concerning these problems that the "snags" of private medical practice in relation to the organised community recur and recur; and, although other aspects of medical work are not ignored, when points of interest emerge, it is to the study of the practice in regard to the above-mentioned problems that the following pages are chiefly devoted.

In order to understand the medical problems in each country studied, it has been found necessary to outline the governmental methods of the country concerned. Without this the administrative details of medical work would lose much of their significance.

In the present volume a specially interesting group of countries—the Dutch, the Scandinavian, and the German-speaking countries, and Switzerland—are placed under review. As will be seen by the prefatory summary to each chapter, some of these countries have gone beyond most other countries in the socialisation of medicine in one or another respect; and a study of the details of this movement has important bearings on the general problems behind the present investigation.

These general problems will be discussed in a separate volume, in which the experience in the different countries studied will be compared, and an attempt will be made to derive some general principles of action from the survey embodied in the preceding volumes.

It should be added that the contents of each chapter in this volume have been carefully revised in each instance by an important medical official of the country concerned. Although in each chapter I have expressed my indebtedness

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to the chief officials concerned, I must here more generally voice my gratitude for unsparing help and corrections, which enable me with confidence to pass the following pages for the press. If any mistakes have been made, I am personally responsible.

ARTHUR NEWSHOLME

January 1931

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