

PUBLIC HEALTH A FULL-TIME JOB.

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To speak of the whole-time judge or even the whole-time policeman sounds foolish. These are officials of long standing and recognized importance, and it goes without saying that their whole time is engaged in public service. Why, then, does not the title "whole-time health officer" sound equally foolish? The fact that it does not furnishes an interesting commentary on the estimate generally placed on material values as compared with human values.

The judge's main function is to see that those who trespass upon the rights of others in respect to person or property shall be properly brought to book. The policeman is simply the agent who takes in charge those who thus trespass. Questions involving property rights have for ages taken most of the time of the courts; property values have therefore inevitably assumed for them weighty proportions.

The health officer's position, however little it may be buttressed by precedent, is of scarcely less importance than that of the judge. Officially, however, he takes no thought of property as such. He deals in human values alone. His function is to see that all—the least as well as the greatest—are safeguarded against anything that tends to imperil health and shorten or render precarious their days. Life is his stock in trade. He operates before the event in order to forestall it. His best work is done in prevention. The causes of disease and death are the objects of his attack, and his efficiency is best shown by the absence of communicable disease within the territory under his jurisdiction.

The judge and the policeman go into action only when somebody gets into trouble—action after events always. The alert health officer is constantly putting into operation plans to keep people out of some of the worst trouble that can happen to them, namely, loss of health and all that such loss implies.

The best man possible should be secured for such a position, and his whole time and thought should be engaged. Under present conditions this is frequently not the case. Every community has some one whom it designates as health officer. Almost invariably he is a doctor, and more often than not he is paid a mere pittance for a pittance of his time. That such an officer should be on part-time service in most of our communities is bad enough, but that the man who is placed in charge of such work should be one whose time when not on duty officially is taken up in pursuing for profit a calling exactly in opposition to that for which he is paid as an official, is, to say the least, illogical. To put a physician in charge of the public health a side line to the practice of medicine, from which most of his income is derived, is much the same principle as permitting a judge (if such a thing were possible) to practice law in his own court. The health officer must pass judgment constantly on the delinquencies of those who call upon him in his private capacity as physician and fee him for his service. Human nature subjected to such a strain cannot render the highest grade service. This statement is made with full appreciation of the fact that it is to the unselfish part-time physician-health officer that our present public health development is largely due.

As long as the old-time theory obtained about sickness being a visitation of Providence, the man dealt with the pestilence when it came. Now that we know that communicable sickness comes from contact with ignorant or careless people who are sick or who have been sick or who have sickness in their homes, the problem resolves itself into a control of the sick people or the poisonous material coming from those who are diseased.

Anyone can readily see that this is not a doctor's matter. It is a question of environment more than it is a question of the diseased person. The doctor in charge can usually be left to see that the patient is looked after properly, but some public functionary must be available to see that those in the vicinity who are not yet sick are safeguarded from the disease. Common sense would dictate

that this officer be not a competing physician. If a doctor is to be the health officer (and by training the doctor is generally the best-fitted man in the community for the position) no other work should be permitted him, and his compensation and backing should be such as to make it worth while for him to be energetic, faithful and fearless in the position.

The position of health officer is often considered a sinecure and given to some unsuccessful practitioner with a pull. There being no standard by which to measure his work, things thereafter go on much as usual, so far as one can judge. Since no accurate records are kept, no reports of births, deaths and disease given out, there is no more sickness than ordinary, no more nuisances than usual, the "let-well-enough-alone" policy obtains, and progress in disease prevention is completely blocked.

The man of family pays a heavy tax to his physician. When he reflects that about three-fourths of this tax is by reason of ailments entirely preventable and usually contracted from other people, he must perceive that economy, as well as regard for health and life, demands that a proper health organization be perfected in his community, with a full-time trained man in charge and sufficient funds available to enable him to do his work well.

No town of above 4,000 inhabitants can afford not to have a competent whole-time medical health officer. If, in the opinion of those in authority, a town of moderate size cannot afford to finance a well-trained medical health officer for the whole time, it should not then try to make shift with the part-time service of a half-trained physician. Let the town authorities employ the whole-time service of a trained lay sanitary inspector. Health departments all over the country are training good men who may be secured for a moderate sum. The vital preventive work can then go on unhindered.

The recognition of infectious disease has long since ceased to be the most important phase of public health work. The health officer acts on physicians' reports and rarely questions their diagnosis. Where there is a question, the lay health officer can easily secure expert medical opinion at current rates. The only seriously important phase of modern health work which may not be completely directed by a layman is that pertaining to child welfare and school inspection. This work calls for a public health nurse, and no health organization is worthy of the name without one. Private organizations like the Red Cross can usually be counted on to aid in her support.

The following are some of the duties devolving upon a health officer, and should indicate to the most sceptical the importance of his office and the size of his job:

- 1.—The first and most important duty will be to receive regularly from all physicians reports as to births, deaths and contagious diseases. This constitutes the balance sheet of the department.

- 2.—Quarantine for diphtheria, scarlet fever, smallpox, infantile paralysis, and other diseases has to be applied vigorously when the first cases appear, and vaccination against smallpox must be systematically done. Thorough cleansing of premises must be seen to after recovery or death of patients.

- 3.—The water-supply must be watched and constantly safeguarded. Polluted wells and springs must be abolished.

- 4.—Sewage disposal must be as perfect as it is possible to make it, remembering that all infectious disease comes from the excretions and secretions of some other person, and these wastes must be guarded in such a manner that they will not get back to others. Sewers and sanitary privies, then, are public health necessities, and it is the health officer's particular business to see that they are installed.

- 5.—Nuisances such as stables, pig-pens, bad drains, standing water and fly-breeding places should come in for attention.

- 6.—Milk must be inspected, both at the farm and at the dealer's.

- 7.—Food of all kinds and soft drinks should be clean, wholesome, and safely handled, and inspection must be made to keep them so.

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