

Illustrations from the Wellcome Library

The Society of Medical Officers of Health: Its History and its Archive

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The Archive of the Society of Medical Officers of Health (SA/SMO) is held by the Wellcome Trust in the Archives and Manuscripts department of the Wellcome Library for the History and Understanding of Medicine, London. Catalogued in 1999 and available to researchers in the Library's Poynter Room, it is a collection rich in records on the history of the Society, the Medical Officer of Health, and public health in Britain from the mid-nineteenth to the end of the twentieth century. This article comprises two sections. The first contains a brief history of the Society thus providing the background and framework for the second, which describes the archives of the Society and shows how they may be of use to historians.

The Society of Medical Officers of Health, 1856–1997

The Medical Officer of Health (hereinafter MOH) was very much a product of the nineteenth-century Industrial Revolution and the public health conditions which arose in its wake.¹ From the mid-nineteenth century to the late twentieth, their

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¹ There exists a considerable amount of literature on public health and sanitary reform in the nineteenth and twentieth centuries, including the role and duties of MOHs. Some recent important works are: Christopher Hamlin *Public health and social justice in the age of Edwin Chadwick: Britain, 1800–1854*, Cambridge University Press, 1998; Anne Hardy, *The epidemic streets: infectious disease and the rise of preventive medicine 1856–1900*, Oxford University Press, 1993; Dorothy Porter, 'Stratification and its discontents: professionalization and conflict in the British public health service', in Elizabeth Fee and Roy Acheson (eds), *A history of education in public health: health that mocks the doctors' rules*, Oxford University Press, 1991; Anthony Wohl *Endangered lives: public health in Victorian*

Britain, London, Methuen, 1984; Jane Lewis, *What price community medicine?*, Brighton, Wheatsheaf, 1986; John Welshman, 'The Medical Officer of Health in England and Wales, 1900–1974: watchdog or lapdog?', *J. Pub. Health Med.*, 1997, **19**: 443–50; Sidney Chave, *Recalling the Medical Officer of Health: writings by Sidney Chave*, ed. Michael Warren and Huw Francis, London, King Edward's Hospital Fund for London, 1987. For the history of the Society, see the Society's journal *Public Health*, Jubilee Number, 1906, **18** (SA/SMO/J.3/17 and 18); Centenary Number, 1956, **69** (SA/SMO/J.70 and 71); 'The Society of Medical Officers of Health, past, present and future', 1972, **86**: 27–42, (SA/SMO/J.88); 'The future for the Society of Community Medicine', 1977, **91**: 1–2 (SA/SMO/J.93/1); Dr P Gardner, 'The Society of Public Health: a review 1957–1988', 1990, **104**: 293–319; and Dr P Gardner, 'A review of the Society of Public Health between January 1989 and September 1997', 1998, **112**: 365–71.



Figure 1: Frederick William Pavy (1829–1911). Photomechanical print after Bassano. (Wellcome Library, London.)

position, role and powers were largely determined by the development of local authority services which were established to deal with the contemporary health and social conditions. The history of public health reform from the Victorian era onwards, provides an essential and absorbing background to the formation and growth of the Society of Medical Officers of Health. However, I shall here concentrate on the history of the Society.

The Society of was founded in 1856 as the Association of Metropolitan Medical Officers of Health. During its existence it underwent a number of name changes, principally to the Society of Medical Officers of Health in 1873, the Society of Community Medicine in 1973, the Society of Public Health in 1989 and finally, in 1997, it became the Royal Institute of Public Health and Hygiene and Society of Public Health following a merger of the two bodies. The Association of Metropolitan Medical Officers of Health was formed after the passing of the Metropolis Local Management Act 1855, which divided London into forty-seven Metropolitan Districts and required each one to appoint an MOH. The initiative was taken by Dr Frederick William Pavy of St Luke's district (Figure 1), who called a meeting of metropolitan Medical Officers at his home in Finsbury Square, on 23 April 1856. They agreed to call together all the MOHs of the metropolis at the Medical Society of London, on

University College Hospital,
 May 6th, 1856.

Dear Sir,

It has been thought very desirable
 that the Medical Officers of Health in
 the Metropolis, should mutually confer
 and act together in Sanitary matters.

At a Meeting held at No. 3,
 Finchbury Square, consisting of the
 following Gentlemen, Dr. Ballard,
 Dr. Barnes, Mr. Gadwick, Dr. Hoff,
 Dr. Hillier, Dr. Lebbey, Dr. Odling,
 and Dr. Pavy, it was determined to invite
 all the London Medical Officers of
 Health, to attend a Meeting at the Rooms
 of the Medical Society in George Street,
 Hanover Square, on the Evening of
 Tuesday, May 13th, at Eight o'clock,
 for the purpose of forming a Sanitary
 Association.

Your attendance is particularly
 requested at this Meeting.

Believe me to be, Dear Sir,
 Yours faithfully,
 Thos. Hillier
 Hon. Sec. pro tem.

Figure 2: Letter from Dr T Hillier inviting Medical Officers of Health in London to form an association, 6 May 1856 (SA/SMO/E.2/1/1). (Wellcome Library, London.)

13 May, “for the purpose of forming a sanitary Association”² (Figure 2). The Association’s original objectives were “mutual assistance and the advancement of Sanitary Science”.³ Dr John Simon, who had been appointed Chief Medical Officer to the General Board of Health⁴ in 1855, was invited to become the first President of the Association (Figure 3). Although based in London, as early as 1859 MOHs outside the capital were allowed to join the Association.⁵ In 1869 “Metropolitan” was dropped from the Association’s title to acknowledge this important section of the membership and in 1873 the constitution was revised and the Association became the Society of Medical Officers of Health, a name which it retained for the next 100 years.

The passing of the 1872 and 1875 Public Health Acts resulted in a large increase in the number of MOHs outside London⁶ and also encouraged the formation of four provincial associations of MOHs, in the industrial north of England and Midlands in 1875.⁷ Many provincial MOHs were also members of the London based Society and played an active part in its affairs. In 1888 the Society officially recognized its nation-wide membership by merging with the three surviving provincial associations, which became “branches” of the Society. Over the next sixty years the number of regional branches increased to cover the whole of the United Kingdom. The last one to be formed was the Northern Ireland Branch, in 1948. As well as strengthening the Society in terms of making it truly representative of all MOHs in England, the 1888 merger considerably increased its prestige and aided its development. Duties of MOHs focused mainly on the environment and communicable diseases, with responsibilities in the areas of water supply, sewerage, street lighting and paving, new buildings and housing, nuisance removal, food inspection, infectious diseases, fever hospitals, sanitary burial, regulation of markets, offensive trades and

² SA/SMO/E.2/1/1 and B.1/1.

³ SA/SMO/B.1/1.

⁴ Established under the Public Health Act 1848, the General Board of Health was abolished in 1858 and its medical duties transferred to the Privy Council. Simon became Medical Officer to the Privy Council and remained in that position until 1871. During his term of office he issued a large number of reports on every aspect of the nation’s health which came to influence public opinion in favour of state intervention in health matters. Further reading see: Royston Lambert, *Sir John Simon 1816–1904: and English social administration*, London, MacGibbon and Kee, 1963.

⁵ MOHs had existed outside the capital since 1847. The first to be appointed was Dr W H Duncan, under the terms of the Liverpool Sanitary Act 1846, see W M Frazer, *Duncan of Liverpool: being an account of the work of Dr. W.H. Duncan, Medical Officer of Health of Liverpool, 1847–63*, London, Hamilton Medical, 1947. In 1848 the City of London (the square mile in the centre, as opposed of the whole of the capital) appointed its first MOH, John Simon.

Also, the Public Health Act 1848 allowed for the appointment of Local Boards of Health anywhere in the country, except London, which could appoint MOHs paid for out of the rates, whose duties included the enforcement of proper drainage, paving and cleansing of streets, and the installation of privies and sewers. By 1855, thirty MOHs had been appointed.

⁶ The Act of 1872 initially created a network of 1453 new urban and rural sanitary authorities in England and Wales all of which were required to appoint MOHs. The Public Health Act of 1875 laid down public health functions and duties of local authorities and gave them powers to enforce sanitary regulations. It provided for the compulsory appointment of an MOH, a surveyor and sanitary inspector to every sanitary district in England and Wales. MOHs were empowered to disinfect premises where those who contracted infectious diseases lived, and to examine food.

⁷ The North Western, Northern Counties, Yorkshire, and Birmingham and Midland Associations of Medical Officers of Health. The Northern Counties Association dissolved in 1882.



Figure 3: Sir John Simon (1816–1904). Lithograph by C Baugniet, 1848. (Wellcome Library, London.)

slaughterhouses. In its first thirty years the Society was very active, particularly in pushing for measures to prevent cholera, recording of sickness and mortality figures, and for the notification of infectious diseases. The calibre of members was very high and almost immediately after the Society's formation it became an important consultative body to government on public health matters. The standing of the Society was marked in 1888 by the publication of the first issue of its official journal, *Public Health*.

In 1919 the Society approved a new constitution which consolidated its position

as the “central representative body of the Public Health Service”.⁸ Eligibility for membership was extended to any Medical Officer (as opposed to *the* “MOH”) engaged in public health work, particularly the expanding field of personal and school health services. Constitutional provision was made for the formation of specialized groups of medical officers, based on function. By 1922 seven groups had been set up: the Tuberculosis Group; Naval, Military and Airforce Group; County District Medical Officers Group; School Medical Services Group; Dental Officers Group; Maternity and Child Welfare Group; and Fever Hospitals Medical Officers Group. These reflected growing health issues in the early twentieth century. Additional specialized groups of the Society were established over the years, up to 1964.⁹

The responsibilities of local authorities expanded rapidly in the late nineteenth and early twentieth century, culminating in the Local Government Act 1929, which transferred many of the remaining Poor Law functions to County and County Borough Councils. By 1930 the responsibilities of MOHs (who were, of course, senior local government officers), were extensive, covering water supply, sewage disposal, food control and hygiene; public health aspects of housing; control and prevention of infectious disease; maternity and child welfare clinics and their attendant health visitors and midwives; TB dispensaries; VD clinics; school health services; and administration of local hospitals¹⁰ (Figure 4). The Society’s advisory and co-ordinating role in the public health services expanded commensurately. Its activities centred around promoting the advancement of every branch of public health and improving the education and knowledge of MOHs, the medical profession and the general public in this field. It arranged meetings, lectures and conferences; organized training courses; published the journal *Public Health*; promoted research and publication of books, pamphlets and papers on all matters relating to public health; acted as an advisory and consultative body to government and other organizations; and granted prizes for work and study in the field of public health. The period from the late nineteenth century up until the National Health Service Act 1946 was the Society’s heyday. Although it welcomed the establishment of the NHS, and its members remained very active in both their professional¹¹ and associative roles during in the 1950s (celebrating its centenary anniversary in 1956 and establishing four new specialized groups in 1957 and 1958), the post-war period actually marked the start of a slow erosion of the authority and responsibilities of MOHs. The NHS Act 1946 transferred many public health service powers to central government,

⁸ ‘The Society of Medical Officers of Health’, op. cit., note 1 above, p. 31.

⁹ The County Borough Medical Officers of Health Group, 1937; County Medical Officers of Health Group, 1946; Scottish Child Health Group, 1947; Teaching (Social and Preventive Medicine and Preventive Dentistry) Group, 1957; Mental Health, 1957; Fluoridation Study Group, 1958; Welfare Group, 1958; Research Group, 1964.

¹⁰ Chave, op. cit., note 1 above, p. 127.

¹¹ The extensive duties of the MOH were detailed in a booklet published by the Society in 1955, entitled ‘The functions of the Medical Officer of Health’. Unfortunately no copy of this booklet is held in either the Society’s archive or by the Wellcome Library.

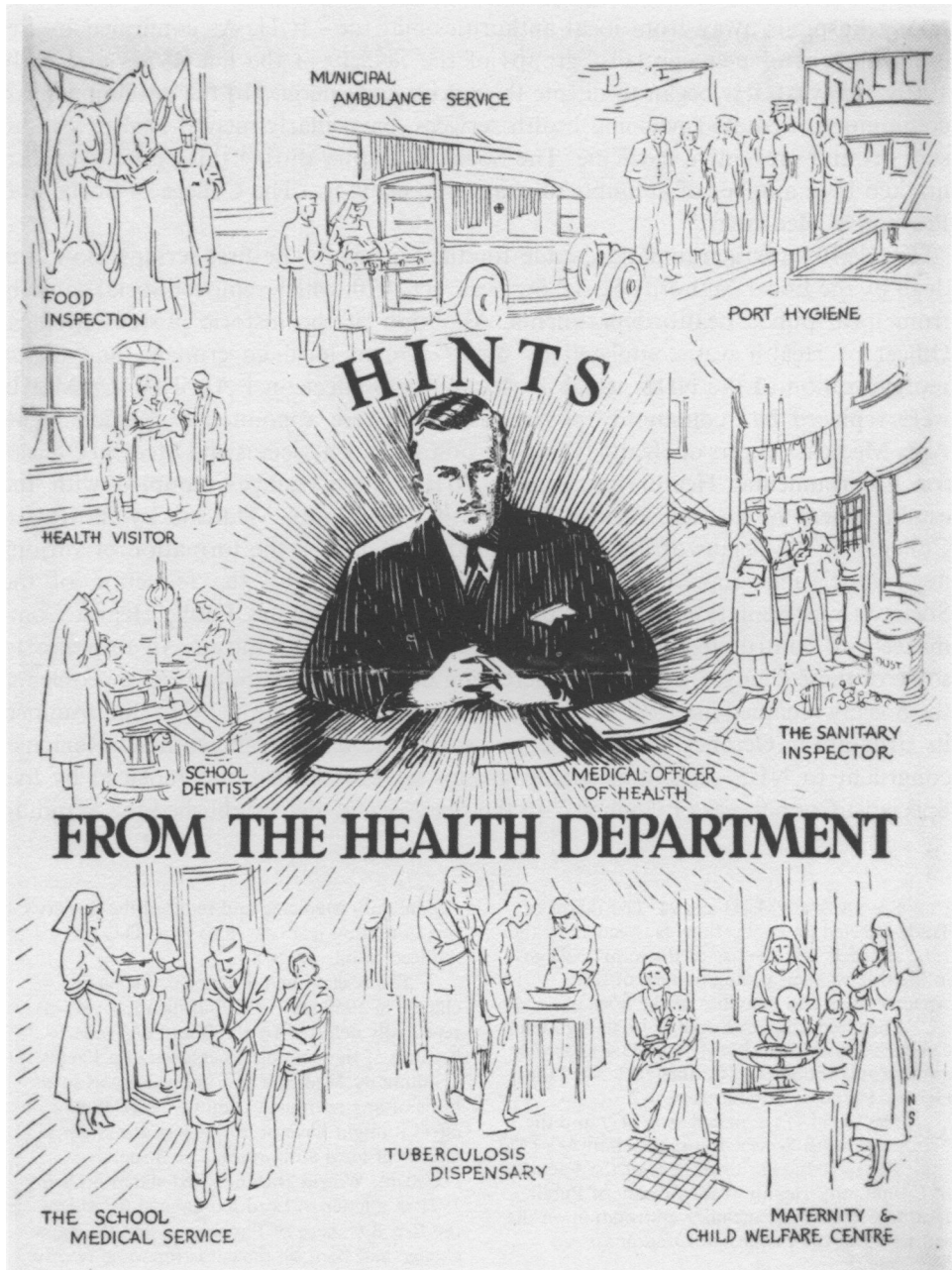


Figure 4: Front page of a leaflet issued by the Central Council for Health Education for distribution by Public Health Departments (SA/SMO/R.4/13). (Wellcome Library, London.)

taking hospitals away from local authorities and the MOH. As confirmed by the establishment of new specialist groups of the Society in the late 1950s and early 1960s, many MOHs began to devote their skills and energies to the development of community orientated personal health services, particularly mental health, welfare support and preventive medicine. The Society's history during this period was also marked by a number of attempts to change its name to "The College of Social and Preventive Medicine".¹²

The 1970s was a traumatic decade for the Society.¹³ The first serious blow was dealt by the Local Authority Social Services Act 1970, which removed social workers from local public health departments. Abolition of the historic post of Medical Officer of Health was completed by the reform of local government and major reorganization of the NHS, which both came into effect on 1 April 1974.¹⁴ MOHs were replaced by "community physicians" who were appointed as Regional and Area Medical Officers of Health, District Community Physicians and Medical Officers for Environmental Health in the new NHS. These changes, coupled with the establishment of an independent Faculty of Community Medicine by the Royal Colleges of Physicians of the United Kingdom in 1972,¹⁵ the formation of various new associations representing community medicine,¹⁶ and the reduction of the Society's representation on the British Medical Association's Public Health Committee¹⁷ all contributed to its decline in size, activity and stature. In response to some of these changes, and due to increasing financial and administrative problems, the Society renamed itself the Society of Community Medicine in 1973¹⁸ and trimmed its structure in October 1974. Branches were replaced by seventeen new "Regions" congruent to NHS ones, and special groups were abolished and replaced by five Specialist Committees of Council.¹⁹ In the same year it also established the Standing

¹² See SA/SMO/M.1/3 and /4. The Board of Trade rejected its applications between 1957 and 1960 as it felt that the use of the term "college" in the title was misleading in view of the circumstances and activities of the Society.

¹³ Files recording the Society's 1970s nightmare can be found in SA/SMO/M.1 and D.4/13 as well as the regular minutes of Council, B.1-2 and the General Purposes Committee, C.1-2.

¹⁴ The Local Government Act 1972 and the National Health Service Reorganisation Act 1973.

¹⁵ The introduction to records of the Faculty of Community Health of the Society of Public Health, SA/SMO/Q, includes information on the setting up of the Faculty of Community Medicine.

¹⁶ Association of Area Medical Officers of Health established in 1974 (replacing the former Association of County Medical Officers of Health) and the Association of District Community Physicians in 1975.

¹⁷ In 1974 the BMA renamed its Public Health Committee the Central Committee for

Community Medicine and reduced the Society's representation from seven to two. This was reduced to one in 1978.

¹⁸ The Society had attempted this name change in 1969 and 1970, but its approval was repeatedly deferred by the Board of Trade because of the possible emergence of a Faculty of Community Medicine and uncertainty as to the basis of any re-organization of the NHS and the effect it might have on the role of the Medical Officer of local authorities. The Society's President, Wilfrid Harding, had stated on 8 July 1971 in a letter to Lord Rosenheim, President of the Royal College of Physicians, that the name change had been on the cards for some twenty years as only a minority of members were, in fact, Medical Officers of Health (see SA/SMO/M.1/5).

¹⁹ Dental; Environmental Health; Health Services Management; Mental Health, Geriatrics and Welfare; and Obstetrics, Child and Youth Health.

Conference of Associations within Community Medicine, in an attempt to foster harmonious relations with the new associations and prevent fragmentation of the profession.²⁰ These actions, however, failed to prevent the Society's coming within a cat's whisker of being wound up in 1976.²¹

The Society rallied somewhat in the 1980s, establishing new groups on environmental health and child health,²² publishing a revised booklet 'The work of the child health doctor in the community' (1985),²³ re-vamping its public image by engagement of Botsford Public Relations Ltd in 1988 and re-naming itself the Society of Public Health in 1989.²⁴ In 1989 it set up the Faculty of Community Health to support community health doctors (many of whom were members of the Society), improve their training, and promote academic excellence in the field of preventive medicine.²⁵ In the 1990s members of the Society became more involved in environmental health and communicable diseases, formally establishing an Environmental Health Liaison Group in London in 1996. This group advised the Council and provided responses to consultative documents and draft regulations issued by national or local government and public health organizations.²⁶ In many ways this harked back to the origins and early activities of the Association of Metropolitan Medical Officers of Health. However, although the wheel may have turned full circle in this sense, by 1997 it had become clear that the much slimmed down organization, administered on a voluntary basis, was no longer able to represent adequately all aspects of the wide and detailed public health agenda. On 1 October 1997 the Society formally merged with the Royal Institute of Public Health and Hygiene.

The Archive of the Society of Medical Officers of Health

The Society's history is excellently documented and amply illustrated in the Archive of the Society of Medical Officers of Health. It is not an exaggeration to say that researchers will be able to find material in this collection on just about any aspect of public health, from the obvious to the obscure, although, inevitably, in different degrees of detail.

The Society's history—its origins, development, activities, successes and decline—is recorded extensively in its central administrative records, which are listed in Sections A to H of the catalogue. These include full sets of minutes of the Society's governing body, the Council,²⁷ and Annual General Meetings,²⁸ and the General Purposes Committee which dealt with the routine management of the Society's activities from its establishment in 1929 until 1981, when it was abolished

²⁰ See minutes of the Standing Conference, SA/SMO/D.5/9.

²¹ The Council recommended voluntary liquidation and this was agreed, by one vote, by an Extraordinary General Meeting, but as a 75 per cent vote in favour was required by the constitution, the Society continued. See SA/SMO/B.1/16 and E.2/2/8.

²² SA/SMO/P.14–16.

²³ SA/SMO/J.6.

²⁴ SA/SMO/J.7/2.

²⁵ For records of the Faculty see SA/SMO/Q.

²⁶ SA/SMO/P.17.

²⁷ SA/SMO/B.1-2.

²⁸ SA/SMO/B.1.1 and E.1.

as a consequence of the Society's on-going administrative and financial problems.²⁹ From its earliest days the Society also held regular "Ordinary" meetings at which, after the completion of formal business, scientific papers were read by members or guests. These were mainly on contemporary issues, such as developments in sanitary science and technology, recent outbreaks of infectious disease, poor housing conditions, quality of sanitary services, mortality statistics, standards of food hygiene, public health legislation and the role, status and powers of the MOH. Presentations were normally followed by a discussion, and demonstrations of new appliances, inventions, patent foods and specimens often took place. Ordinary meetings were open to all members, and also to visitors who had an interest in public health. A perusal of the meeting minutes of 1904, 1905 and 1906 shows that Rosalind Paget, Elizabeth Garrett Anderson and Sidney and Beatrice Webb were amongst some of the well-known visitors, indicating the popularity and value these meetings acquired. Beatrice Webb was a guest speaker on at least two occasions; in May 1906 she read a paper on 'The relation of Poor Law medical relief to the public health authorities' and in January 1910 spoke on 'The minority report of the Royal Commissioners on the Poor Laws'.³⁰

As well as being recorded in the official minutes, papers and discussions were published in the Society's journal *Public Health* (preceded by *Transactions of the Society*), until the practice died out some time in the 1950s. Minutes and papers of the Society's numerous working parties and standing, short-term and sub-committees supplement those of the major meetings, and provide a good illustration of the Society's main interests and activities at different times over the nineteenth and twentieth centuries. They are also a good reflection of major changes in the public health agenda, public health services and legislation. For instance, in the late nineteenth and early twentieth centuries a number of special short-term committees were formed on then prevalent infectious diseases such as tuberculosis, diarrhoea, scarlet fever and diphtheria;³¹ in the 1940s and 1950s there were special committees on the setting up, workings and cost of the National Health Service;³² planning and preparation for the reform of local authority social services and the NHS led the Society to establish committees on Family Services and the Maud and Mallaby Reports in the 1960s,³³ and on its own future, in the early 1970s.³⁴ Researchers will find, frustratingly, that minutes and papers of the short-term committees are often incomplete. However, in most cases the journal of the Society can help to fill the information gaps, since the proceedings, reports and papers

²⁹ SA/SMO/C.1-2.

³⁰ See SA/SMO/E.2/2/8. Two Reports on the Poor Law were published in 1909 because the members were not unanimous. Whilst both agreed on abolition of the Poor Law Boards of Guardians and replacement by a County and County Borough Council administration, insurance schemes, labour exchanges, and separate institutions for the sick, aged and very young, they disagreed on the causes of pauperism. The Majority Report stated that drink was "the most potent and universal factor".

The Minority Report, largely the work of Beatrice Webb and George Lansbury, argued that it was due to economic causes often beyond remedy by individuals, and also suggested that the concept of a "pauper" was wrong—that he was no different from his fellows—and that the Poor Law should be completely abandoned.

³¹ SA/SMO/D.1.

³² SA/SMO/D.1/7, D.2/2 and D.2/4.

³³ SA/SMO/D.4/7 and D.4/11.

³⁴ SA/SMO/D.4/13.

of the Society and its branches and groups were regularly published, in detail, until the 1960s.

The journal, *Public Health*, contains vast amounts of information on every imaginable public health topic. The first editor, Winter Blyth, wrote in 1888 that the journal aimed “to be an authoritative scientific periodical, treating of all matters which concern the Public Health and a faithful mirror of the opinions of the most eminent sanitarians of the present day”.³⁵ As well as the texts of scientific papers presented at Ordinary meetings, it includes articles of varying length, on a diversity of topics, from smallpox to Swedish dust carts, sewers to oysters, slum housing to welfare of gypsies, health service management to the teaching of housewifery, and food regulation to the health of immigrants. Articles range from empirical medical pieces to more discursive items. It also contains news relating to individual MOHs (e.g. appointments and obituaries), and the MOH profession in general; current issues in public health; news reports on relevant legal cases, Parliamentary bills, legislation, government committees, commissions, conferences and products; health related advertisements; and letters to the editor. Reflective of the all-embracing nature of “public health”, it is in many ways a good secondary source for those studying society, economics and medicine in Britain in the late nineteenth and the twentieth centuries. Detailed accounts of the Society’s past and the achievements of its luminaries can be found in the jubilee and centenary issues of the journal.

Apart from the early minute books, the Society’s archive contains only a small surviving number of records created in the nineteenth century.³⁶ These show some of the Society’s main activities in the emerging field of public health, and include documents on bakehouses, cholera, mortality, public health legislation, slaughterhouses, vaccination and water analyses. The filthy state of the water in the metropolis was an issue of great concern to all Londoners in the 1840s. The Thames and many of its tributaries, such as the river Fleet, were generally used as one vast open sewer. Even at that time it was realized that the state of the water was significant in the spread of disease.³⁷ About the time of the “Great Stink”³⁸ of 1858 which pervaded the Thames and offended the noses of Members of Parliament, the President of the Association of Metropolitan Medical Officers

³⁵ Quoted in Chave, op. cit., note 1 above, p. 102.

³⁶ See section SA/SMO/K.

³⁷ John Simon wrote in his Fifth Annual Report to the City of London, 29 Nov. 1853: “the evil, before all others, to which I attach special importance . . . is that habitual empoisonment of soil and air which is inseparable from out of tidal drainage. From this influence, I doubt not, a large proportion of the metropolis has derived its liability to cholera.” See *Reports relating to the sanitary condition of the city of London*, John Simon, FRC, Surgeon to St Thomas’s Hospital, and Officer of Health to the

City, London, John W Parker and Son, West Strand, 1854, p. 225.

³⁸ The “Great Stink” was due in part to increased sewerage in the Thames from more water closets. That and John Simon’s annual reports encouraged the authorities to build a new drainage system for London. Sir Joseph Bazalgette designed a system which carried sewage away to a point downstream where it was pumped out at high tide. See Stephen Halliday, *The great stink of London: Sir Joseph Bazalgette and the cleansing of the Victorian metropolis*, Stroud, Sutton, 1999.

of Health, Dr R D Thomson of St Marylebone³⁹ started to make regular analyses of the water supply of London.⁴⁰ His results had been published in the Weekly Returns of the Registrar-General. After his death the Association continued the work, which was carried out by Dr H Letheby, MOH for the City of London. Regrettably, by this time the Registrar-General had made arrangements with Professor A W Hofmann of the Royal College of Chemistry, to make the analyses for the Weekly Returns and therefore did not publish the Association's results. However, the Association continued its work, which was published in journals including *The Medical Times and Gazette*. The analyses were only discontinued in 1880 when Dr Meynott Tidy, who had been entrusted with the task in 1876, resigned from the Society after his links with the water companies had been brought into question.⁴¹ A considerable number of the original manuscript reports of the results of monthly analyses have been preserved (1865–1871 and 1877–1880).⁴² Of the Thames water companies, the Lambeth and the Southwark-and-Vauxhall appear to have generated particularly vociferous criticism from the local MOHs. In a report written to the Association, the Newington MOH decried their water purity record. He described incidences of particular turbidity in 1871, when the water was found to contain “living organisms” and was “unfit for domestic use” and “very undesirable for human consumption”. He went on to point out “the utter uselessness of providing for the treatment of cholera, when the greatest cause of its spread is allowed to continue in a state so calculated to convey the poison all over these districts”.⁴³ Only a couple of years previously, the MOH for Bermondsey, Dr William Parker, had complained to the Board of Trade of the Southwark Water Company's “frequently turbid” water, a fact which was especially and most readily observed in the public swimming baths of the parish: “Several months ago . . . the Water Co attached a strainer to the mouths of the supply pipes of the baths in order to exclude fishes and filamentous growth, offensive to the eye, which at times entered the baths in considerable quantities”.⁴⁴

In the nineteenth century, members' interests and concerns were dominated by water supply, sewers and public nuisances. But over the years, as sanitation measures improved, the interests of MOHs extended to many other areas of health, particularly personal and social services. This is apparent in the range of topics covered in the group of over 200 files in Section L of the archive, entitled ‘Comments and Evidence’ dated 1950–1997. One of the most important roles of the Society was to provide responses to consultative documents, reports and draft regulations issued by central government, local authorities and public health training and medical organizations. The ‘Comments and Evidence’ files cover areas such as environmental health; food hygiene and standards; mental health; geriatrics; welfare; disability; dental health;

³⁹ Thomson was President from 1861 to 1864. It is not known precisely when he started the analyses. See *Public Health*, Jubilee Number, 1906, 18: 41 (SA/SMO/J.17).

⁴⁰ The water supply of London was in private hands until 1905.

⁴¹ See *Public Health*, Jubilee Number, 1906, 18: 102 (SA/SMO/J.17).

⁴² SA/SMO/K.33-34.

⁴³ SA/SMO/K.34.

⁴⁴ SA/SMO/K.32.

obstetrics and maternal health; child and youth health; school health services; health education; status, duties and training in the public health professions; immunization; infectious diseases; screening; nursing; health statistics; and health service management. They vividly illustrate the extent of the Society's activities and importance as an advisory body and source of specialist knowledge. Responses to all the major public health committees and reports during this period can be found here, such as the Society's opinions on the reports of the Younghusband Committee on Social Workers in the Local Authority Health and Welfare Services, 1959,⁴⁵ the Ingleby Committee on Children and Young Persons, 1960,⁴⁶ the Swann Committee on the Use of Antibiotics in Animal Husbandry and Veterinary Medicine, 1969,⁴⁷ Green Papers on NHS reorganization, 1968 and 1970,⁴⁸ the Asa Briggs Committee on Nursing, 1972,⁴⁹ the Acheson Inquiry into the Future Development of the Public Health Function and Community Medicine, 1986,⁵⁰ the MAFF proposed Bovine Offal (Prohibition) Regulations, 1991,⁵¹ and the Health of the Nation Consultative Document 'Environment and Health', 1997.⁵² The Society did not just concern itself with the major issues. Researchers can also find files on computers in local authority health departments in the 1960s,⁵³ objections to TB patients using public libraries in the 1960s,⁵⁴ curtailment of free milk in schools in the early 1970s,⁵⁵ and the dangers inherent in children's anorak cords in the mid-1970s.⁵⁶ The extent to which food standard issues came to the forefront of the public health agenda in Britain in the 1990s is glaringly obvious: out of 80 files covering the 1990s, 28 relate to food regulation.

The level of activity of the Society's central organization was very often matched by that of its branches and groups, the records of which form a major part of the archive. What has survived, however, varies greatly in content, quantity and quality. This is largely related to the efficiency of past secretaries and the custodial history of the records. Fortunately, as already stated, the proceedings of branches and groups were also regularly recorded in *Public Health* until the 1960s. Those researching public health in a particular part of the country, or studying a particular aspect of the public health services, will find these records a good starting point. Branches played an important part in the regional and national affairs of the Society. They appointed their own officers and committees, arranged their own meetings, and had control of their business, bearing the cost of their own expenses. This independence led to a number of branches, notably the North Western, Yorkshire and Scottish, depositing their records in local repositories many years before the archive held at the Wellcome Library was catalogued.⁵⁷ The Society's palliative re-organization in

⁴⁵ SA/SMO/L.1.

⁴⁶ SA/SMO/L.2.

⁴⁷ SA/SMO/L.62.

⁴⁸ SA/SMO/L.65 and L.76.

⁴⁹ SA/SMO/L.84.

⁵⁰ SA/SMO/L.197/7.

⁵¹ SA/SMO/L.199/7.

⁵² SA/SMO/L.205/2

⁵³ SA/SMO/L.19.

⁵⁴ SA/SMO/L.25.

⁵⁵ SA/SMO/L.94.

⁵⁶ SA/SMO/L.178. The Society expressed its concern over reports of "fatal accidents in which young children have been strangled when the cords of their anorak hoods became caught on parts of slides on which they were playing".

⁵⁷ Branch records held by repositories other than the Wellcome Library are listed in Appendix 1 and 2 of the catalogue of the archive of the Society of Medical Officers of Health.

1974 was widely acknowledged to be a failure. This is reflected in the sparsity of the records of the 17 new regions, which had, in any case, mostly died out by 1977.

Also hard to come by are the records of overseas branches, which were established from 1900 onwards, normally by those working in current or former British colonies. The wide distances between members of overseas groups often prevented their long-term existence, regular meetings and consistent record keeping. Although the existence of groups in Southern Australia (established 1900 but dissolved three years later), Malaya and South India (1920s and 1930s) and Hong Kong (established 1963) is recorded in some of the Council minutes and *Public Health*, the archive holds only four of the overseas groups' files, generated by the East African Branch, formed in Kenya, 1957,⁵⁸ and the New South Wales Branch, formed in Australia, 1948, dissolved 1959.⁵⁹

Cataloguing the records of the Society's specialist groups was a particularly appealing task. One of the most active and influential was the County Borough Group (established 1937).⁶⁰ This is clear from the surviving files of comments and evidence provided by the group and programmes and proceedings of their annual summer schools. Training and teaching functions were also developed by the Maternal and Child Health Group⁶¹ and the School Health Services Group,⁶² which arranged refresher and weekend courses for members. Records of the School Health Services Group and the Fluoridation Study Group⁶³ stand out noticeably in this section. A large number of School Medical Officers were appointed in the early twentieth century, following the establishment of the School Medical Service in 1907.⁶⁴ This led to the formation of the School Medical Service Group in 1920 (renamed School Health Services Group in 1947). The official minute books of this group have not been traced, however thanks to the assiduous record-keeping of Dr Harold Cohen, a long-standing and leading member, a virtually complete set of group council minutes and other policy papers exists. These are supplemented by some records of the group's Research Committee set up in 1956 and Audiology Sub-group, formed in 1967 to provide a forum for local authority hearing assessment medical officers, and also seven files of press cuttings on the health of the school child from the 1920s to the 1980s collected by Dr Cohen. The group's pamphlet 'School medical inspections', published in the late 1950s as a code of practice for School Medical Officers, can be found in the publications section of the collection.⁶⁵

The Society's Fluoridation Study Group was unique in that it comprised representatives of other groups and from external organizations including the Ministry of Health, Ministry of Education, Central Council for Health Education and the General Dental Council. It was set up in 1958 to study the effects of water fluoridation,

⁵⁸ SA/SMO/N.16.

⁵⁹ SA/SMO/N.17.

⁶⁰ SA/SMO/P.1.

⁶¹ SA/SMO/P.6.

⁶² SA/SMO/P.9.

⁶³ SA/SMO/P.5.

⁶⁴ Concerns about national fitness, which originated from statistics showing a high rejection

rate for service in the army during the Boer War of 1900–1, led to the setting up of a school medical service in 1907. Very often the local MOH was made principal school medical officer for his area.

⁶⁵ SA/SMO/J.6/2.

which was then being considered in many parts of Britain,⁶⁶ and to promote it. As well as the recently discovered minutes of the group,⁶⁷ there are a number of files relating to fluoridation publicity, research on the long and short-term effects of water fluoridation, and anti-fluoridation campaigns. Transcripts of evidence given in the civil case of *Ryan v. Attorney General*, concerning the legality of the Irish Dail's Health (Fluoridation of Water Supplies) Act 1960, are also present. These contain a wealth of information on scientific research into human and animal dental health, related by twenty expert, international, witnesses. It is interesting to note that the issues surrounding fluoridation—civil rights and concern over unknown long-term effects of artificial manipulation—remain relevant today, particularly in the present debate over genetically modified (GM) foods.

Ironically, one of the most fascinating and enjoyable parts of the collection is one which does not, on the whole, consist of records created by the Society. Section R comprises various secondary sources, relating to public health in the first half of the twentieth century, including pamphlets, booklets, leaflets, reports, regulations, government circulars, journals, articles and newspaper cuttings. It is not known who in the Society collected these items, although it is likely to have been the Secretary or someone connected with *Public Health*. They cover various aspects of public health services, measures and policies, and many convey the authoritative paternal tone fashionable in the publicity literature of that time. Topics covered include health centres, industrial diseases, maternal mortality, nutrition, the Research Defence Society, smoke abatement, food regulation, health education, hospitals, housing, milk (Figure 5), nursing, physical education, professional qualifications, school medical services, venereal disease and water supply. As well as material issued by well known organizations such as the Peckham Pioneer Health Centre, Central Council for Health Education (CCHE) and the Medical Research Council, it is excellent for finding documents produced by lesser known, smaller, organizations, e.g., the Socialist Medical Society,⁶⁸ the Children's Minimum Council⁶⁹ and the Coal Utilisation Council.⁷⁰

One of the delights in this section is a book published in 1931 by the CCHE, *Health first, in verse, prose and epigram*⁷¹ (see the cover of this journal), which is packed full of entertaining, educational and philosophical odes such as "The purpose

⁶⁶ Fluoridation of the water supply was first introduced in Grand Rapids, Michigan, USA, in January 1945. The debate over the advantages and disadvantages of fluoridation grew in Britain in the 1950s as the prospect of mass fluoridation of the water supply was officially contemplated. In 1953 a British Mission which had visited North America in the previous year, reported favourably on the effects of controlled fluoridation but recommended further trials be conducted in Britain. In 1955 and 1956 the Ministry of Health began studies in part of Anglesey in Wales, Kilmarnock in Scotland and Watford near London. In 1963 the Ministry of

Housing and Local Government issued a circular declaring that the Minister of Health was prepared to approve, under section 28 of the NHS Act 1946, proposals from local health authorities to make arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally.

⁶⁷ Collected from the Group's last Secretary (in post until 1982) in October 1999.

⁶⁸ SA/SMO/R.3.

⁶⁹ SA/SMO/R.14.

⁷⁰ SA/SMO/R.24.

⁷¹ SA/SMO/R.4/4.

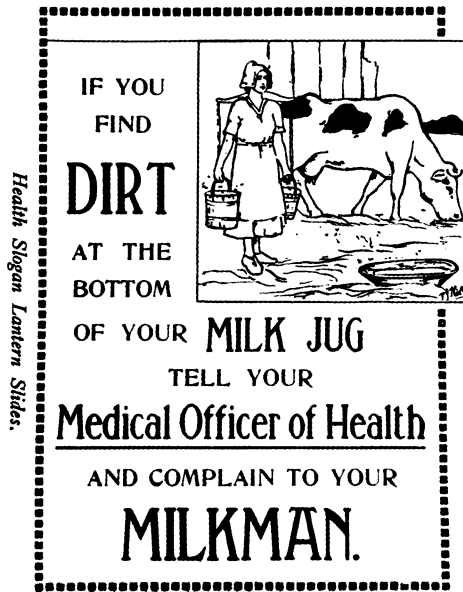


Figure 5: Health Exhibits (available on the part of health associations, etc.) issued by the Central Council for Health Education, 1929, p. 72 (SA/SMO/R.4/1). (Wellcome Library, London.)

of life', 'A health prayer', 'Cry of the onion', 'Try smiling' and 'Clean up and clear up'. The epigrams include such gems as 'One cannot have an A₁ body while holding C₃ thoughts', 'Laughing is much better exercise than grumbling', 'A cheerful wife is the joy of life', 'Cleanliness is not only personal, but national', and 'Many men have their troubles and most of them wear skirts'. My own favourite item in Section R, however, is a booklet published by the National Smoke Abatement Society, c.1950, entitled 'Britain's burning shame'.⁷² Directed against the effects of industrial pollution, it features the evil "Sammy Soot", and shows how a smoky atmosphere can wreck your marriage, ruin your complexion, pollute your food, impair the growth of your children, and increase your cost of living (Figure 6).

Further material on industrial smoke pollution can be found in other collections held by the Wellcome Library Archives and Manuscripts department.⁷³ The archive of the Society of Medical Officers of Health is complemented by many collections held in Archives and Manuscripts, which contain a wealth of material relating to public health. These include the papers of Sir George Newman (MSS 6201-6207), Sidney Chave (GC/178), Herbert Chalke (GC/200), Noel Gordon Harris (PP/NGH), James Randal Hutchinson and William Henry Bradley (PP/

⁷² SA/SMO/R.24/23.

⁷³ See SA/BMA/F.39 on smoke abatement.

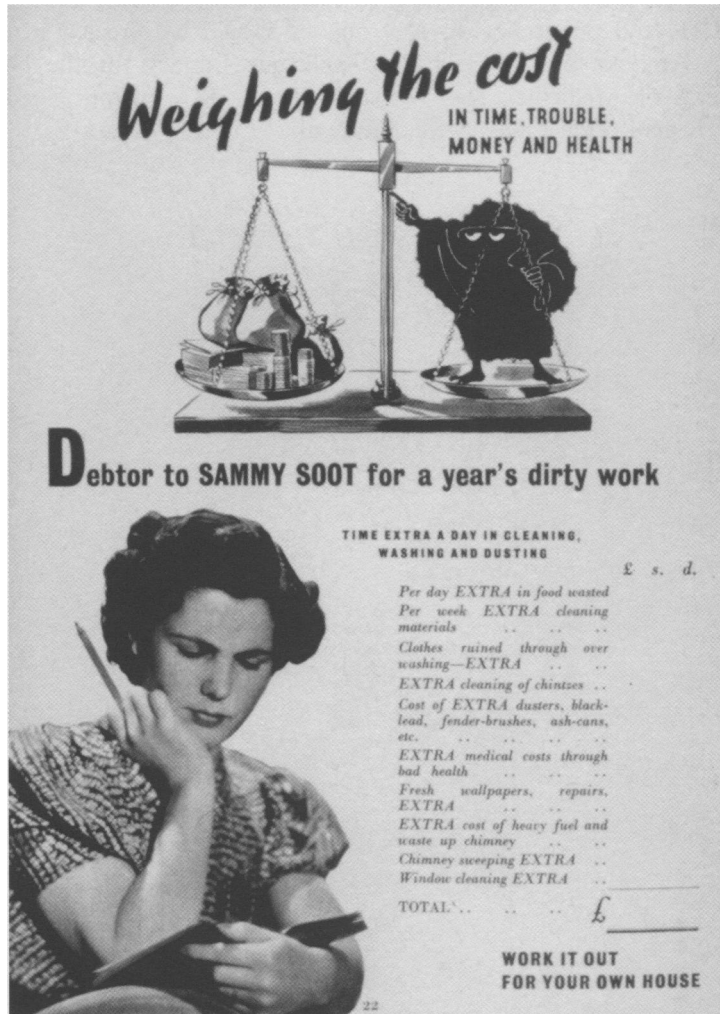


Figure 6: 'Britain's burning shame', a booklet issued by the Smoke Abatement Society, c. 1950, p. 22 (SA/SMO/R.24/23). (Wellcome Library, London.)

JRH) and Sir Weldon Dalrymple-Champneys (GC/139), all of whom had careers as medical officers in the public health service in the twentieth century. Also held are the records of the Association of Area Medical Officers of Health (SA/AMO), Association of County Medical Officers of Health/County Medical Officers Group of the Society of Medical Officers of Health (SA/CMO), Association of District Community Physicians (SA/DCP), the British Medical Association (SA/BMA), and the Health Visitors' Association (SA/HVA). In summary, the archive of the Society of Medical Officers of Health is a magnificent and important resource which, it is anticipated, will be thoroughly investigated by historians of the

Amanda Engineer

Society, MOHs and public health. Any queries should be directed to one of the archivists in Archives and Manuscripts, Wellcome Library for the History and Understanding of Medicine, The Wellcome Trust, 183 Euston Road, London NW1 2BE. E-mail: arch+mss@wellcome.ac.uk.