Graduation Thesis

(Public Health)

from

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Nuisances are of two kinds: public or common nuisances which affect the Public, and are an annoyance to all the King's subjects — for which reason we must refer them to the class of public wrongs or crimes and misdemeanors. Blackstone 3 Com. 216

The keeping hogs in a populous town is given as example of such a nuisance.
English Sanitary Law — The Public Health Act, 1875.
considered chiefly Medically.

The sanitary legislation of England, which formally dates
from at least the year Sixteen Hundred and Sixty Five, when an
Act was passed by Parliament for the charitable relief and
ordering of Persons infected by the Plague, and which, forming
part of the Common Law, dates from time immemorial (by
the common law, any nuisances injurious to the community were
not only actionable as a private injury might be, but were of
the nature of misdemeanours and punishable by Public prosecution
and Fine) may be considered as now being to a great extent
consolidated in the Public Health Act of 1875.

I shall endeavour to show how far this Act has succeeded,
how and why it has failed, and how far, and how its failures
may be probably remedied; bearing in mind that a great
number of conflicting interests have to be dealt with; that the
legislature is not omnipotent; that the accumulated evils of
Sanitary law has long been deemed requisite; and
considerably stringent on some of the legislation has been.

A Proclamation issued by the Lord Mayor and Aldermen of the
City of London under authority of the Act of 1665 to which allusion is
above made (a copy of which proclamation I have), although issued
more than two hundred years ago, might with very little alteration
be reissued by the same illustrious Corporation to-morrow in
Plague or any other acute Contagious Malady, should again
ravage London. It certainly cannot be accused of want
of vigour; in fact its provisions are considerably, in advance
of anything we could now expect to get done on a large scale. It provides sworn lay examiners, stenographers, female searchers, able and discreet chirurgeons—medical officers of health, we should term them—and nurse-keepers, all of whom had during the emergency to devote their whole time to the service, and were forbidden to employ others in any other way. Physicians are also mentioned as being appointed to special parishes, but there appear to have held the position of an ordinary medical officer of the present day and are not represented as devoting their whole time to dealing with the plague.

Isolation or sequestration of the plague-stricken was most rigorously ordered.

"As soon as any man shall be found by the examiners, chirurgeons, or searchers to be sick of the plague, he shall the same night be sequestered in the same house, and in case he be a sequestered there, though he afterwards did not, the house wherein he sickened should be shut up for a month after the use of the depositions taken by the rest."

"That to every infected house there be appointed two watchmen: one for every day and the other for the night; and that these watchmen have a special care that no person go in or out of such infected houses whereof they hold the charge, upon pain of severe punishment. And the said watchmen to do such further offices as the sick house shall need and require; and if the watchmen be set upon any business, to lock up the house and take the key with him, and the watchman by day to attend until ten of the clock at night and the watchman by night until six in the morning."

Stringent rules were also made against "altering" clothes, stuff, bedding, or garments from infected houses. That no clothes, stuff, bedding, or garments be suffered to be carried or conveyed out of any infected houses, and that
The Carriers abroad of bedding or old apparel to be sold or pawned, be utterly prohibited and restrained, and no brokers of bedding or old apparel be permitted to make any outward show or bargain in their stall, shopboards, or windows, towards any street, lane, common, way, or passage, any old bedding or apparel to be sold, upon pain of imprisonment. And if any broker or other person shall buy any bedding, apparel, or other stuff out of any infected house within two months after the infection hath been there, his house shall be shut up as infected, and shall continue shut up twenty days at the least.

That every house visited be marked with a Red Cross of a foot long in the middle of the door, evident to be seen, and with these usual printer words, that is to say "Lord Have Mercy Upon Us," to be set close over the same cross, there to continue until lawful opening of same house. — The shutting up to be for the space of four weeks after all be whole.

The bodies of those dying of the Plague were to be buried at night in graves at least six feet deep, and that no neighbours of friends be suffered to accompany the corpse to church.

It was also enacted that precise order be taken that the searchers, chirurgeons, keepers, and carriers are not to pass the streets without holding a red rod or wand of three feet in length in their hands, open and evident to be seen, and are not to go into any other house than into their own or into that whereto they are directed or sent for, but to forbear and abstain from company, especially when they have been lately used in such business or attendance.

That all offices so dangerous and disagreeable must have been somehow remunerative is certain, although no direction is given for this, except that "twelve-pence a body searched by them" it species of payment by results hardly to be commended. The summers
The Public Health Act 1848 did not apply to the country at large, but almost entirely to what would now be termed "Urban Districts; nearly the same be said of the Sanitary Acts of 1866, 1868."
appear to have been unpaid, and to have continued in office for
two months only. They were appointed by the Alderman and Council
of the ward; and if any fit person so appointed shall refuse to
undertake the same, the said parties so refusing be committed to
prison until they shall conform themselves accordingly.

From all this it is clear that our forefathers were much less
fastidious than ourselves in overlooking private rights for the public
benefit. The most doctrinaire sanitarians of the present day
would hardly contemplate any more stringent measures than
those thus put in force two hundred years ago. No doubt the
Londoners of the period were horribly frightened and so submitted;
but it may I think be doubted if any amount of fright would
ensure equal submission now.

From the time of the great Plague downwards various
laws, edicts, and proclamations were issued occasionally,
all embodying some good, but all having the cardinal vice
of simply dealing with the particular epidemic or infection
then feared; and altogether ignoring the continuing causes
on which the prevalence to infections and disease depended;
and which, although one particular epidemic might be extinguished
or die out, were certain if they remained to soon bring another.

For the first time in English history a systematic effort
has been of late years made for the general Prevention of
Disease and the protection of the Public Health. This
effort is still feeble and confused but is yet a great advance
on the apathy of a time not far from us.

Up to the year 1872 it could hardly be said
that (except in a few large towns) any definite system for the
Protection of the Public Health existed. In Powers for dealing
with great outbursts of epidemic or infectious disease there
were, which might the part in force by special order of the
Privy Council when such disease was actually close at hand.
olating Providences,
A weak power, apart from private action did also exist, but was strongly divided among divers authorities until it was practically ineffectual.

As a matter of fact no sanitary precautions whatever were usually taken except when some serious outbreak of epidemic or infectious disease immediately threatened. Then there would be a general shrill of alarm, a lavish use of disinfectants, and stirring of stinks, and a frantic effort to do in a few days what should have the patient work of years. Moreover there were not only the difficulties of divided authority and of reluctance to act systematically, but too often no one could be found really competent to advise or direct what ought to be done. The Charity, or the Town Council, or the Board, usually and very properly, applied to their Medical Officers for advice or assistance, but competent knowledge in many branches of Sanitary Science was, and yet is, no more a part of the professional training of a Medical Practitioner than of the training of a Lawyer or a Clergyman. Physicians and Surgeons are by no means convertible terms, and the "able and discreet chirurgeon" of ten years than no more be relied on than he could have been two centuries back for competent advice in Ventilation or Drainage.

So seldom, until lately, was such knowledge required or remunerated, that it was very rarely with while in a matter of business, for the busy Physician to give the necessary time and labour to acquire and retain it.

The need of some systematic protection of the Public Health became at last so urgent that in the year 1872 a general Law was made for the purpose.

This divided the entire Area of England and Wales into Districts for Sanitary Purposes, Urban districts being presided over by Town Councils, Improvement Commissioners,
and Local Government Boards: Rural Districts by the Boards of Guardians of the Poor. So these different bodies a large but varying amount of power was given.

The Act of 1872 was confessedly and to some extent necessarily tentative. Only appointments to be made under it being limited to five years. Most unfortunately they were not only tentative but to a great extent permissive.

And the scheme for the Preservation of the Public Health was made in Rural Districts a mere addition to the Poor Law.

Not only was the carrying out the details of the new law put into the hands of Boards and Town Councils, the Members of which, however respectable, had been elected for entirely different purposes, and could not be expected to be conversant with matters so completely new—but they were too often from the permissive nature of the law compelled to decide on principles as well as details, while no efficient instructions were given to guide them. The only guidance given was that of the Poor Law Inspectors, who were less competent than the Guardians themselves to advise in a matter so essentially scientific as Sanitation. Moreover the Inspectors differed amazingly among themselves in opinion, and the positions of the various Sanitary Authorities differed still more. The result has naturally been a most astounding Muddle.

Unquestionably the Health Law of 1872 with all its muddle and inefficiency was an immense advance in Sanitation. It did for the first time in English history recognize the care of the Public Health as worthy of the constant and systematic care of the State; and that the Common Health is an essential part of the Commonwealth, not merely in towns but everywhere.
The Public Health Act 1848; the Local Government Act 1858; the same Act 1861; the Local Government Act Amendment Act 1863 were repealed entirely. The Common Lodging Houses Act 1851 and 1853; the Disease prevention Act 1855; the Nuisances Removal Act for England 1863; the Act to amend the Acts for the removal of Nuisances and the Prevention of Diseases; the Nuisances Removal Act for England Amendment Act 1863; the Sewage Utilization Act 1865; the Nuisances Removal (No. 1) Act 1866; the Sanitary Act 1866, parts 1, 2, 3; the Sewage Utilization Act 1867; the Sanitary Act 1868; the Sanitary Tram Act 1869; the Sanitary Act 1870; the Public Health Act 1872; and the Sanitary Law Amendment Act 1874, were repealed for England and Wales (the Metropolis excepted). Parts of the Public Health Supplemental Act 1849; the Public Health Act 1850; the first Public Health Supplemental Act 1852 were also repealed — Public Health Act 1875.
Useful as it is, despite its deficiencies, this Law was, it added yet one more maze to the labyrinth of sanitary laws. Wherefore in the year 1875 another Law, or rather Code, was passed by the Legislature which embodied and superseded nearly all preceding laws on Public Health.

This known as the Public Health Act, 1875, is essentially the present sanitary law of England and Wales. It is shown that some such consolidation was needed by the fact that no less than nineteen Acts of Parliament are repealed and replaced by this one Act, which as published by the Queen's Printer, itself forms a fair sized octavo volume.

However great may be the advantage of this codification of the Health Laws, and it is very great; it must not be supposed that Public Health Act, 1875 — the English Sanitarian's 'Family Bible' — is theoretically much advance on previous legislation. It is really little more than a massing together, and simplifying, and once clearly enunciating the precepts, formerly scattered among a large amount of irrelevant matter. The essential merits and defects of the old laws remain with little change, but are much more readily ascertained and acted on — or little advantage in itself.

Under the present law the Public Health Act, 1875, as before, sanitary districts are divided into urban and rural provided, over respectively, by town councils, improvement commissioners, local boards and by boards of guardians, with much the same powers as formerly and still the 'Standing Middle' continues as under the previous law.

How can it be otherwise? All urban sanitary authorities have the same powers; the same laws; and the duties and must have the same set of officers: but what likeness is there among these urban authorities?
Liverpool, with a population of near half a million, and Manchester, with less than five hundred inhabitants, are both Urban
Authority districts, with responsibilities, powers, and officials. But
what real resemblance is there in the position of the great
City and the little Hamlet? How can rules which may be
fair and reasonable, or even essential, in the one case be
applicable in the other?

Much mischief has been caused by these caricatures Urban
districts, a vast number of which, instead of being towns are
really Rural Hamlets.

In Rural Districts the differences in Population and Circumstances,
although not so extreme as in Urban districts, is often very great,
Moreover not only were the Sanitary Authorities left by the
permissive nature of the Law pretty much to their own device;
but their advisers - the Poor Law Inspectors - differed much in opinion.
In consequence of these things the most diverse and opposite schemes
of Sanitary action have been adopted, and all alike sanctioned
by the central Authority - the Local Government Board.

Sometimes the Authorities of a large group of districts
agree to unite for Sanitary purposes (although occasionally
some form a District in the very midst of the Group will
obstinately refuse all inducements to join with the others).
Sometimes there will be no more cohesion among neighbouring
Authorities than among so many grains of Sand.

In one neighbourhood, a Medical Officer of Health will have
under his charge the whole of a small County, or a considerable
part of a large County, or the whole of a great City; and the
Population under his care may be reckoned by the Hundred
thousand; he will have subordinate to him many Inspectors
of Nuisances, and will give his whole time to Sanitary Work.

Just beyond - say, sometimes in the midst of such combined
districts will be found in operation a totally different plan.
X. Of these, 1487 are paid by salary, and the remainder by fees, either for reports and services of other kinds, or sometimes a small sum is paid for reports and other services and others are paid by fees.
where the Officer of Health has to superintend a Village, or petty district, containing but a few hundreds of Inhabitants; and is paid a salary so small as to barely remunerate him for making the various formal reports required. Five or Six Medical Officers on this petty scale are usually subordinate to Undersuperintendent of Insurances. It is well perhaps that they are so, as the Inspector, however deficient in all scientific qualifications, does from usually devoting all his time to his official duties acquire some knowledge of the routine of business, and keeps the machinery in some sort of motion. (I use the word "undertake" advisedly, holding that in every work the unskilled Man is subordinate to the skilled, whatever their nominal positions may be.

How extremely the positions and emoluments of the Medical Officers of Health vary may be seen from the subjoined statement prepared by a careful analysis of the Report of the Sanitary Medical Service published in the Medical Directory for 1879. (Some of the officers being paid wholly or partly by fees for special services it is not practicable to be absolute accurate, but the error can be but little.)

The Number of Medical Officers of Health of England and Wales—The Metropolis included—is very nearly 1500.

The total Salaries paid to them is £71,500, or about £60 per officer; while the number of persons under charge of every officer would, were the Population equally divided among them, be about 13000, and average sum paid for the charge of one thousand persons would be very nearly £4.14.0.

As a Matter of fact, the arrangements are very far from this ideal average. The Population under charge of a single Medical Officer of Health varies immensely. In Manchester it is three hundred and sixty six thousand; in Dorset, Dorsetshire, it is four hundred; both being alike Urban Districts; and in the
Rural District of Pontes Island it is twenty-six (£26) only.
The salaries very quite as much.
The Medical Officer of Birmingham receives one thousand pounds a year; he of No. 6 district, Orsett Union, Essex, receives in an annual stipend of fifteen shillings and ninepence; these sums I believe represent the fourth and the tenth of the income of the Medical Officers of Health: between them however are gradations many and various.

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Three gentlemen who receive salaries above four hundred pounds may be deemed to devote their whole time to the sanitary service; and either are, or ought to be, experts therein. Their number is but small. More than half the Medical Officers of least standing in England and Wales receive salaries less than thirty pounds, averaging from eighteen to nineteen pounds, and if these gentlemen are not quite experts in sanitary science, they probably allege with truth that they know quite as much as they are paid for.

Theoretically all these officers are assumed to be equal in knowledge and skill. The few assuming that competent acquaintance with sanitary science is possessed by every resident practitioner of medicine or surgery. Indeed, not only are their very few; this assumption is from the truth. As long however as it is allowed to continue comparatively few persons will
be likely to seriously and systematically study Sanitation, as they
would gain little pecuniary advantage by so doing. It is very
doubtful whether the possession of the Diploma of Qualification
in Sanitary Science, which have been lately granted by the
Universities of Dublin, Edinburgh, Cambridge, or London
is of much avail in competing for any appointment under the
Public Health Act. All Medical Men are deemed nearly
equally competent by the Sanitary Authorities, who are unable
to judge for themselves and therefore not unnaturally take the
fiction of the law to be fact.

The smaller appointments are of necessity given to such resident
Medical Men as are willing to accept them, and who think that the
duties may be done in so exemplary a manner as to give no une
trouble and to earn no more unpopularity than the trifling
salary will recompense.

The objections are very great to making Sanitary appointments
depend on the absolute will of various small authorities, the
Members of which are themselves generally of so very high position
or education, and are themselves commonly advanced from year
to year only. Not only is it impossible to obtain a properly
qualified Officer for the petty salaries which can be paid from the
small districts, and which must necessarily be regarded as merely
trifling adjuncts to the emoluments of ordinary Medical practice,
but the General Practitioner who accepts such Office will probably
very soon find himself in a false position. He soon discovers
that if he do his duty as Officer of Health he will probably quarrel
with many of his ordinary patients, some of them perhaps Members
of the very Authority by which he has been appointed. Commonly
also his appointment is only annual, and he will find his chance
gereditary or reappointment to no means increased by such zeal as he may
display in abating nuisances on the property of Members of the
Sanitary Authority, or of influential Patrons.
Thus he can only use such knowledge as he may have, at considerable pecuniary risk. These are by no means imaginary difficulties. I have known a Medical Man dismissed from attendance on a well-to-do family, purely because in his capacity as Medical Officer of Health he had reported some property belonging to the family as insufficiently drained. Similar cases are I believe very common, although the cause of dismissal may not be always openly stated.

When a Medical Officer of Health is engaged in ordinary Medical Practice, serious difficulties also arise in his relations to other Practitioners. Many physicians who would readily give information of the occurrence of Epidemic or Infectious disease to a Specialist Sanitary Officer, and would be glad to avoid themselves of his special skill in Sanitary Science, will do neither the one nor the other to the neighbouring and probably rival, practitioners, whom they reasonably judge to be no more specially skilled than themselves are. They are also much disposed to regard as an intrusion any visits he may officially make to Patients under their care suffering from Infectious disease. Such visits although sanctioned by authority have necessitated the appearance of defiance of the ordinary etiquette of the Profession of Medicine, and have on several occasions given rise to unpleasant reconsideration.

It is true that a Medical Officer of Health, any part of whose salary is paid from a Parliamentary Grant cannot be dismissed from office without the concurrence of the Local Government Board. Unfortunately this protection is too often merely nominal. A very large proportion of the appointments, being annual only, an Officer who has in any way become obnoxious may be quietly shelved by his not being re-appointed at the end of the year; and if the Authority are sufficiently wise not to assign
any reason for their action all redress or even complaint is out of the question. Should a Sanitary Authority be sufficiently rash to say that they displacetheir officer for some imaginary professional offence against themselves the Local Government Board can and will interfere, as it did a few months since in the case of the Town Commissioners of Horrogate and Dr Seville, their Medical Officer of Health. But nothing is alleged but the burden of the old song
'We don't like you Dr. Fell.'
'The reason why we cannot tell.'
'But this at least we know, all well'
'We do not like you Dr. Fell.'

There is nothing for it but Doctor Fell's compulsory retirement with possibly enough of the knowledge that he has lost many of his best patients by carrying out conscientiously the duties of the very office from which he is dismissed.

Even when a considerable number of Sanitary Authorities agree to form a combined district, trouble of another sort will occur. The Combination being altogether voluntary it will sometimes happen that some of the Authorities think fit to withdraw themselves suddenly diminishing their Officers salary very seriously. Every one of the Combined Authorities can require the attendance of the Medical Officer of Health at any of their Meetings, and this right is not infrequently so exercised as to plunder away the Officer's time in attendance at petty Meetings in distant Villages. Notwithstanding these drawbacks there can however be no doubt that for small or moderate sized authorities the Combination system is far better than the separate plan.

The precarious tenure of these appointments practically much diminishes their value so that a Sanitary Appointment with a salary of £500 is much less valuable than a Private Practice.
brining the same amount of income. The consequence of the subdivision of these appointments; the petty salaries paid; and uncertain tenure; together with the fiction of the law that every registered practitioner is competent to act as a sanitary officer; there is no doubt that the sanitary service is getting into disrepute, and instead of the medical officer of health being regarded as a man fully competent in the ordinary routine of medical practice, and in the wide subject of public health; in addition, he is quite as commonly spoken of as a person who accepts an undignified office because he has failed in ordinary practice.

The same evil, though in a less degree, results from previous tenure of office by the inspectors of nuisances — or as they might better be termed 'lay sanitary officers'.

The causes of these difficulties are various: some can be dealt with; some almost ineradicable.

The principal and fundamental cause is the enormous general ignorance of sanitary science; an ignorance by no means confined to the lowest and least educated classes. I lately heard a respectable clergyman of the Church of England deem the enforcement of a rate for procuring a supply of water and for the drainage of his parish as a grievous oppression of the poor, and openly state his opinion that divers and other epidemics were direct visitations of Providence, and in no way connected with diet or overcrowding. That 'stinks are wholesome' has been more than once been stated in court by guardians sitting officially. If these things are believed by men of some education it may be easily guessed how the proletarian is likely to regard such an impost as a sanitary tax on him, and how he will approve of the restriction of his natural liberty, of keeping pigs in his back yard, ducks in his cellar, dogs in his kitchen and bedroom, and lodgers in every possible corner, until cleanliness becomes a Myth, and fresh air something hardly to be hoped for.
of some other house; that even water-supply and drainage, however much needed, may possibly be too costly for the persons to be benefited. That is, the cost of water-supply and drainage (as paid for by the inhabitants) can only be met by increased labour or diminished expenditure, or by the two combined; and that a population already struggling for the means of subsistence it may very possibly that the injury done by increased soil and drainage may exceed the harm done by the want of water and drainage. It is in the judgment between such evils and difficulties that knowledge and experience of the world are needed, and it is in the judgment that the mere doctrine is deficient. It does not follow that because any point of sanitation is in the abstract good, its immediate and thorough introduction into any particular place must also be then and there good. More frequently, there will be a counterbalance of evil which should be carefully considered.

Some faults of our sanitary laws are however capable of remedy either by the legislature, or by the Local Government Board, which has very considerable power of control.

Among these are the short tenure of office by the Guardians in England and Wales the Rural Sanitary Authorities. All these are elected for one year only. Sanitary work involves slow work, but to the small Ratepayer the test of the efficiency of the Guardians is, not so much whether good work has been done, or is doing by them, as whether the rates have been raised or lowered. So well is this known that a Board of Guardians the Members of which are appointed for re-election is tolerably certain to avoid as far as possible all expenditure of money for some time before the new election. All avoidable expense, however needful, being put off for the consideration of the new Board.

This might be easily obviated by causing Guardians to be elected for a time of three or four years: a proportion of their number
X. The amount of qualification varies in different poor-law unions according to the original order constituting the Union. Forty Pounds is the maximum. The actual rating qualification is generally much less.
Now quitting office every year.

The rating qualification for Guardians is too low—sizer above forty pounds, applied to Dwellings alone, would be quite high enough, but it is by no means so when applied to farms or to Business Premises. In England, the Dweller in a private house rated at Twenty pounds will be usually a man possessing a higher pecuniary, educational, and social standing than the Tenant of a Forty-pound Farm.

In the greater number of Urban districts—those under Local Boards—

the qualification of Members of the Authority is still lower than that for the Guardians of Rural Districts—being for districts containing less than two thousand inhabitants as low as a Fifteen Pounds rating, and in the largest districts never exceeding a rating of Thirty Pounds. The lower these qualifications, if applied to private dwellings only, would not be taken as very high status, but when applied, as it now is, to all Business Premises, it admits the poorest of petty traders, and the smallest of small farmers. Persons who, though often perfectly honest and respectable, are rarely of sufficient education, knowledge, or business habits to be safely entrusted with Authority.

A Seat at a Board of Guardians is a common and legitimate object of ambition to lower middle class Englishmen, and that at a Local Board, to those of a lower social grade; but they are little valued by Persons of Higher Rank. Therefore although Gentlemen of position and education are much better fitted for the office, and will, of appointed, often fill them as a duty to the State; yet they will under ordinary circumstances make little exertion to secure their own election, and if opposed by Men of lower position, by which the office is often much coveted, they will either refuse the contest, or probably fail therein. They do not care to canvass Ratepayers for votes, to make Speakers in Public houses, and to attend turbulent Parish Meetings to obtain an
See P. Health Act  Port. III. Sect. 91 — Mischances, paragraph 7

Any fireplace or furnace which does not as far as practicable consume the smoke arising from the combustible used therein, and which is used for working engines by steam, a iron mill, pugmill, brewery, bakehouse, a gasworks, or any manufacturing or trade process whatsoever, and any chimney (not being the chimney of a private house) sending forth black smoke in such quantities as to be deemed a nuisance shall be deemed to be a nuisance liable to be dealt with summarily.
Office which in any way intimated their present position of the public health. The Sanitary Council, by order of the Lord Mayor, after some consideration, have decided to proceed with the matter of the present position. The Sanitary Council are now in a position to demand that the public health is to be maintained. As a result of this, the Sanitary Council have decided to proceed with the matter of the public health.
and lay) in pressing action on the authorities, but not only have these officers very little independent initiative power, but, as I have before shown, the tenure of place by the officials has been by the law placed it so completely in power of the sanitary authorities that any very pernicious efforts on their part would very likely simply prevent their re-election. When any sanitary authority exercises a distinct duty with regard to the public health the medical officer of health not only may, but should, make a special report on that matter, and as a copy of every special report must be sent to both the sanitary authority and to the Local Government Board at Whitehall, it is supposed that the attention of the Local Government Board will certainly be drawn to the subject, and if requisite the obstructive authority be compelled to action. Theoretically this looks very fair, but making special reports now for any purpose that the officer of health will convene to his own re-appointment, perhaps in course of a few weeks only, is a question which he, at least, will probably consider.

The incapacity of the officers is also a great difficulty in good and effective sanitary work. By this I do not mean in the least that the general practitioners of England and Wales are not usually honourable men, or are not well skilled in their profession, which they have been trained and which they constantly practice. Sanitary science they have not been taught, and have little encouragement to study; and it is therefore no disparagement to their professional status to say that they usually know little of it. This clearly shown by the examinations in sanitary science instituted by the Universities of Dublin, Edinburgh, Cambridge, and London, which, though differing somewhat in the amount of knowledge required, yet are altogether in accord as to its nature. Some the branches of knowledge which these learned bodies consider is requisite for a medical officer of health form part of no curriculum.
of Medical Study; and, if known at all to the ordinary Physician, have been acquired by him not as any part of his professional training, but just as Astronomy or Philology would have been.

The results of the Examinations hitherto held plainly indicate that such knowledge is probably possessed by comparatively few Medical Men. The number of the successful Candidates at Edinburgh, London, and Dublin is I believe Eight only; and it even the Examinations of these Universities be set aside from the stringency of the preliminary qualifications required and of the Examinations themselves, the Cambridge Examinations give something a similar result. The Authorities of that University admit to examination in "State Medicine" any Practitioner of Medicine whose name has been three years on the Register, and as I can state from my own experience, the standard to be attained is certainly less high than at Edinburgh and probably than at London; yet at the first examination (held there in October 1875) Ten out of Twenty Nine Candidates were ineligible. I have been unable to obtain the numbers at the succeeding examinations, but have reason for believing that the proportion of the successful and successful little changed, but that the total Number was much smaller.

It is therefore a perfectly warrantable statement that less than a Twentieth (under 20) of the present Medical Officers of Health of England and Wales have shown by examination that they are even moderately qualified in Sanitary Science. I do not of course assert that only that proportion are competent, but merely that not many others have given proof of competency.

Till long as the law assumes that all Medical Men are likewise in State Medicine this state of things will probably continue. Unless a Diploma in Sanitary Science be given with it some tangible advantage few Men will give time and labour to its study, or will care to submit to examinations; failure in which would cause mortification or
The Public Health Act 1875 requires that all appointments shall be sanctioned by the local Government Board; the approval of this Board is also required as to salaries; and combination of districts.
even; it is not to be expected that success will bring no adequate advantage.

The Director in Science of Edinburgh will probably be sought by a
few persons in 'Public Health' as in Mental; a natural science, for the
simple distinction of becoming Members of the renowned University, and with
no expectation of securing advantage; but the more diplomas granted
by Cambridge and Dublin, although more easily obtained, will hardly
be sought without further cause.

Among the evils I have mentioned those relating to the
qualifications and tenure of office by the Members of Sanitary
Authorities can be remedied by the Legislature only.

Those of Petty Sanitary Districts, limited tenure of office by
the Medical Officers of Health and Inspectors of Nuisance, and the
very inadequate salaries and appointment of insufficiently
qualified persons to office, may be dealt with almost entirely
by the Local Government Board. This Board can with little
difficulty compel the Combination of Sanitary Authorities so
that no district should comprise a population of less than
Thirty thousand; it can prevent such Combination from
being prematurely broken up; it can exempt the Medical
Officer of Health from unnecessary attendance on Local
Authorities; it can insist that when once appointed he shall
hold office for a definite term of years, unless his inability
or negligence be proved; it can require that the Medical
Officer of Health shall be altogether a Public Officer, and not be
engaged in Private Practice of Medicine, although he might well
exercise some other public medical functions and certifying Surgeons
under the Practice Act; and it can also very well direct
that in all future appointments under the Public Health Act
preference shall be given to Persons who have either obtained
a diploma in Sanitary Science, or have in at least two years
held the appointment of Medical Officer of Health to a
Town or district with a population of at least fifty thousand.
persons. Were these points insisted on by the Local Government Board the question of salaries would soon be solved. At present the tenure of office is so insecure that no one engaged in extensive private practice can afford at any reasonable salary to exchange it for the Public office, whatever the aptitude in sanitary work may be.

Might I suggest that those Universities which have instituted Examinations in Public Health or State Medicine could by memorializing the Local Government Board, either directly or through their Parliamentary Representatives, much assist in obtaining a practical value to be attached to the Degree or Diplomas granted by them?