receiving a larger subscription, might during the same year shelter only one or two policemen in the wards. Under the new arrangement, which has been made at the instance of Sir Edward Henry, the Commissioner of Police, and with the approval of Mr. McKenna, the Home Secretary, the subscriptions from the Police Funds, while remaining as at present on a voluntary basis, will be approximately equal to a sum of 1 guinea per week on account of every police in-patient admitted to the hospital during the year. Further, from any officer above the rank of inspector who may be received in one of the hospitals an additional contribution will be expected, and the Commissioner of Police invites the management of the various hospitals to communicate with him when such a case arises, so that the suitable provision may be made. We know that this valuable change in the method of dealing with police in-patients in the metropolitan hospitals has long been desired by Sir Edward Henry, as an obvious way of making a more equitable recognition of the services rendered by the hospitals to the police, and we are certain that the new arrangement will be acceptable to the governing boards of the respective institutions concerned. A far larger sum of money will now be paid to the hospitals in recognition of the medical and surgical treatment received by police in-patients, and that sum will go in the different directions where it has been earned. We heartily congratulate Sir Edward Henry on carrying through a valuable piece of administrative reform.

At the next meeting of the Royal Microscopical Society at 20, Hanover-square, London, W., on Wednesday, Jan. 21st, at 8 o'clock, Professor G. Sims Woodhead will deliver his Presidential address on "The Microscope and Medicine."

SIR JAMES PAGET'S CENTENARY.—In our last issue the vicar of Great Yarmouth announced that the centenary of the birth of Sir James Paget would be commemorated at Yarmouth parish church on Sunday, Jan. 11th. Sir James Paget was born at Yarmouth on Jan. 11th, 1814, and his family was closely connected with the district and its parish church. An impressive service was accordingly held, at which the sermon was preached by the Bishop of Stepney, third son of Sir James Paget. The mayor and corporation of the borough attended, and representatives were present from St. Bartholomew's Hospital, from the University of Cambridge (in which Sir James Paget's brother, Sir George Paget, was professor of medicine), and from various medical societies. After the service the mayor received on behalf of the corporation from the Bishop of Stepney and Mr. Stephen Paget certain pieces of plate and other souvenirs which had been presented to their father by the citizens of his native town.

A JOURNAL OF PHONETICS.—The birth of a new journal devoted to any department of medicine is necessarily one of interest. The journal which is now attracting our attention is termed the *Archiv für Experimentelle und Klinische Phonetik*, and is edited by Professor J. Katzenstein. In this first number Dr. Otto Weis deals with the formation of the vocal—this word should be used in the same way as it would be employed by the singers—and there are several photographs of curves of sounds produced in various ways and in various parts of the vocal apparatus. There is a contribution to the Physiological Study of Phonetics, by Wolfgang Kühler, and a long, fully illustrated article on the Measuring of the Volume of Air in Speaking and Singing, by the editor of the *Archiv* and R. du Bois Reymond. The articles of this first number mentioned will give some idea of the scope of the journal, and one feels sorry that there is not a journal devoted to this subject in the English language, though we expect it would be extremely difficult to produce one of equal merit.

THE RATIONAL TREATMENT OF INCIPIENT INSANITY AND THE URGENT NEED FOR LEGISLATION.¹

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THE victims of insanity in its many forms claim the protection and the care of the two sections of which the Medico-Legal Society is constituted. They come under the care of the medical man for their mental and physical condition, and they need the supervision and help of the lawyer for the custody of their property and for the safeguarding of their liberty. In consequence of this dual control the term insanity probably has for members of the society two different meanings. To the medical section insanity is a disease which brings about (sometimes suddenly, but more often gradually) a change in conduct of such a kind that actions or speech indicate a loss of self-control and self-direction. As a result of this change in conduct the community in which the sufferer lives demands for his own safety and that of others that he should be placed under circumstances in which he may best regain his lost balance. To the legal section an insane person is one who has become recognised as such through the filling up and signing of certain forms and schedules in accordance with the provisions of an Act of Parliament, so that insanity in this sense is a transition from one territory or province into another, the line of demarcation being a legal one. The transition takes no notice of the condition necessitating the change, only of the delimiting frontier, which is certification. On one side of this frontier there is one law for him, on the other there is another; and it is the disqualifying condition which accompanies this certification that constitutes the basis of this paper.

The Stigma attaching to Insanity.

One of the chief functions of the Medico-Legal Society is to formulate and discuss schemes of legislation relating to important medical matters, and the insane subject needs legal support because an obloquy, a shame, and a disgrace attach in the public mind, and most unjustifiably, to insanity, to insane persons, and even to the places wherein these are now treated and cared for. Whilst recovering from this terrible disability no convalescent home will receive them, no family welcomes them, and even relatives and friends are suspicious and timid in regard to them. Their own children often shun them, and even when restored to their former health, as I am happy to say is very frequently the case when they come under treatment early, there is a difficulty in reinstating them in their former places owing to the prejudice which exists so widely. It is the duty of those who are acquainted with this sad affliction and who know the sufferers best to help them against the antipathy and to try to alter the public feeling which now prevails against them.

¹ Paper read to open a discussion at the Medico-Legal Society, under the chairmanship of Earl Russell, on Nov. 25th, 1913, at which Dr. Sidney Coupland and Mr. A. H. Trevor (Commissioners in Lunacy), Sir G. H. Savage, Dr. Helen Boyle, and Dr. Nathan Raw took part, and to which Sir T. S. Clouston and Dr. A. R. Urquhart sent contributions. The discussion has been postponed to Jan. 20th at 11, Chandos-street, W., at 8.30 o'clock. Dr. Henry Maudsley was present.

Of all disabling illnesses insanity is the most formidable, as it is also the most expensive, and the most difficult to deal with, yet if treated in its early stage it is most successful in results, which fact is of immense importance to the community, both from the point of view of prevention as well as of finance, for which reasons cases of insanity should receive prompt attention at the very outset.

Incipient Cases.

There are in round numbers 140,000 insane persons in England and Wales, and the cry is that these numbers are increasing. In addition to those who are insane there is possibly an equal number on the borderland. Many parents sacrifice themselves in order to give good schooling to their children and to equip their boys and girls for the battle of life, the gates of progress to-day being forced only by those especially prepared for the fray. Yet education has its victims, the physical side of children being often sacrificed to the mental, both parents and teachers forgetting that the secret of successful competition is first of all to have a healthy muscular and nervous system. The "speeding up" which is now universal has to start from below, time is precious and work has to be done at a white heat, and there is urgent need for a reliable physical health, for the neurasthenic class has never been more numerous than it is to-day, and it has become the fashion to run "homes" for all sorts of nervous breakdowns, as the friends of the early insane know already to their cost. If it were only more widely known how incipient insanity may be controlled and quickly relieved there would be a national effort to provide means for treatment and early advice. Yet what is being done to-day to prevent these cases becoming incurable and to keep down the numbers of the certifiable insane? It is but little known how many there are, especially among the poorer classes, who are struggling hard against tremendous odds to keep their ill ones out of the lunatic asylum and out of the workhouse infirmary as well. Few know the efforts made by the deserving poor to fight against a "damnable heredity," and it has been well said that the value of a life should be measured not by success but by effort.

The Legal Position.

The munificent gift of Dr. Henry Maudsley to the London County Council—viz., the Mental Hospital, which is to be called after his name in South London, is destined to be the finest clinic in the world, but before it can be of full use there must be a change in the law of lunacy. So far as England and Wales are concerned there is to-day in lunacy one law for the rich and another for the poor. But even a rich person who is suffering from insanity cannot be looked after upon payment even by his own father, mother, brother, sister, or any relative or friend except at the penalty of a fine, or being summoned in an action for misdemeanour. Further, no person suffering from insanity can be kept or maintained for payment unless that person is certified and registered as a certified lunatic. A person who is restless from loss of sleep and delirious with excitement cannot be looked after in any home or hospital except at the risk of an action being brought against his custodian for maintaining a person who should have been certified. But what does the certificate imply? It carries with it the stigma and the reproach—unjust as they are—of insanity, and once certified

the reproach remains, not only in regard to himself, but also to his family and his relations. To my knowledge many men have lost their situations in the service of the Crown, in the employ of public companies, and frequently in private service, owing to the stigma of insanity which certification implies. Many humble persons have been deprived of their livelihoods and have been actually prevented from recovering because they realised the portent of the certificate of insanity.

Causal Factors in Insanity.

Whilst it is customary to blame alcoholic excess for most of occurring insanity, nevertheless insanity is a condition with many antecedents and innumerable causal factors; unhealthy surroundings, the want of fresh air and sunshine, long years of strain and worry, noise, sleeplessness, and bad food are frequent etiological factors, which show that the person afflicted is not to be blamed for his own illness. Insanity is a gradual rather than a rapid change. A case illustrating physical causation is given, if I remember rightly, by Dr. Lewis C. Bruce; another on the mental side by Dr. Helen Boyle. The physical factor is illustrated by a mother who gives birth to a child; her confinement is associated with a slight fissure of the cervix uteri; over this fissure runs a discharge from the uterus which inoculates the wound with streptococcic or staphylococcic infection. After months, possibly years, of continuous infection her health at last gives way and she becomes a complete mental wreck, which proper treatment of the fissure at the start would have prevented.

On the mental side the example is that of a needy home and a poor mother with a large and young family. She stays up at night nursing her sick child in an overcrowded room—often with bad air and worse food, with noise and worry. Later she becomes sleepless, loses her appetite, her general health fails, and she is threatened with a mental breakdown, possibly complicated also with tuberculous infection. She knows she is going down hill, she becomes melancholy, and develops delusions. She feels unable to cope with the calls of home or with the needs of her husband and children; she is no longer able to do the mending, darning, washing, cleaning, and cooking expected of her, and she seeks medical help and advice. She waits for hours at the out-patient department of a general hospital and gets a bottle of medicine, with the advice not to worry, but to go home and rest. She is told she cannot be taken into the hospital because she has no definite organic disease, and she is not eligible for the asylum because she has not been certified. Even if she were, she would have to go into the workhouse first, which she dreads. She fears still more the stigma of the lunatic asylum, which will not only stamp her as an outcast among her family, but will also cast a permanent blemish upon her children.

Cases Needing Special Treatment.

These are the kinds of cases that need special treatment to save them from the stigma of insanity, and there are many more besides. There are those who suffer from the delirium of bodily illness such as may accompany an attack of pneumonia or pleurisy, or some of the acute fevers—more commonly perhaps typhoid and scarlet fever, many who suffer from the temporary delirium of puerperal toxæmia, some who suffer from renal uræmia, and scores of people who have "drunk not wisely but too well."

I have seen many instances of teachers,

governesses, maids, of poor clerks and working men among these cases, who, if they had been able to receive treatment in a general hospital, or some special place intermediate between the hospital and the lunatic asylum, would never have been certified as insane, and would not in consequence be deprived of their livelihood; nor would their relatives and dependents have been further debased by the additional stigma of pauperism. Picture, for instance, a young mother, after her first confinement, finding she has been from three to six weeks in the county asylum as a pauper lunatic—and there are scores of such cases. In her case each successive pregnancy is a nightmare to her, and, in the opinion of some, her own distress will have brought its bad effects upon the children born later. Other cases occur in which persons of a highly strung or nervous temperament have suffered from accident or shock, and as a result have become deliriously restless and excited. Without their knowledge or the consent of their friends they have been certified as insane and removed to the nearest lunatic asylum, and their future careers thereby absolutely destroyed. Many cases suffering from the effects of alcohol have, in consequence of mental symptoms lasting some days, been removed to the Poor-law infirmary; and here, it is satisfactory to know, efforts have been made to save many of them from the reproach of lunacy by detaining them until the mental symptom had passed away, and in some of the larger towns a successful effort has been made to treat these cases in the Poor-law infirmary wards, where nearly 50 per cent. of them have recovered completely within the statutory period of 31 days' detention. By this treatment their future position at least has been protected, and there has also been a saving to the public purse by delayed certification. It is cruel that these rescuable cases and their families and relatives should not get a chance of being saved the reproach of a painful as well as of a permanent stigma. For humanitarian reasons, apart from financial considerations, and for reasons which tend to affect the self-respect and the position of the family, it is right that these persons should have a chance to escape from the censure of being branded with lunacy, if this be possible, and we know that it is. It is hard enough for healthy men to compete with the world, how much more so those who are sensitive and refined, and who through no fault of their own have been compelled to yield in the unequal strife and struggle.

Institutions for Incipient Cases.

As the law now stands the rich man can be placed as a voluntary boarder in a licensed house or a mental hospital if he should feel a mental breakdown impending, and why, if this is satisfactory and possible for the well-to-do, should it be withheld from the poor? The rich patient may also enter a private house to be treated singly, but the poor have to be herded together, and in addition have to pass through the workhouse or Poor-law infirmary and be further censured for their illness as paupers. I do not wish to say anything against the treatment in Poor-law infirmaries. It is as devoted and as able in many of these infirmaries as it is in most of our general voluntary hospitals. But association with Poor-law relief is a stigma.

Although I have stated that the insane rich may enter private houses or homes, these homes are not by any means what they might be. We know there

are scores of so-called "retreats" or nursing homes ostensibly for cases of this kind described euphemistically as "nervous" cases, but the cases are looked after often by persons who know little or nothing of the conditions of incipient insanity. I have recently seen a man who spent practically the whole of his savings in residence at a nursing home, in which his mental disorder continued to develop and where much valuable time was lost in "curing his nerves" with galvanism and what was described as the "rest cure."

All who practise in my department of medicine know of these nursing homes, and there is, through the fear of the stigma of insanity, a tendency on the part of the relatives and friends to avoid asylums and to make use of them. A great deal of trouble is also often experienced in dissuading the friends from placing mental cases in them. There are many doctors in practice who, although themselves acquainted with the different types of insanity in their fully developed forms, yet do not recognise the early symptoms, and they often suggest, under a misapprehension, that patients in the early stages of insanity should enter these so-called "homes," where they receive no benefit. I believe there are some consulting physicians who also recommend these homes for the early stages of insanity, which shows the urgent necessity there is for some intermediate place and for an immediate change in the law. The Lunacy Commissioners are compelled to see that the law is carried out in regard to the treatment of the insane, yet they are loth to take steps to prosecute those who may be acting in the supposed interests of their patients. The line between sanity and insanity is so fine and the neutral territory between the two is so indistinct and ill defined that cases of confirmed insanity remaining uncertified certainly do exist, and in greater numbers than is generally believed. We know that cases of scandal, of suicide, and of coroners' inquests do occur, and the wonder is they are not more numerous. If I may be permitted to say so, this is a compliment to the manner in which the high lunacy officials perform their difficult and delicate duty—viz., the safeguarding of the interests of the insane. Some of these cases are undoubtedly difficult to treat, and those presenting dangerous delusions, those with homicidal or suicidal tendencies, should receive asylum care from the start, but there should be a possibility of keeping others of them under care for a time, at any rate, until a correct diagnosis of the case has been made, and to avoid abuse the patients kept during this probationary period should be carefully inspected, and the "house" or "home" recognised or registered for official supervision either by the Lunacy Commissioners or by such an authority as the London County Council in London, who now propose to register places for massage, rest cures, and "lying in."

It is firmly believed that the feeling of not having to go into an asylum would diminish the unwillingness there is now on the part of mental cases to seek early relief. It is known that when early relief is sought the duration of the illness is also shortened.

Results of Early Treatment in England and Scotland.

Let us consider what has already been attempted in this direction. In 1908 an effort was made to establish mental wards in the Edinburgh Royal Infirmary for the reception and treatment of early mental cases, but financial difficulties compelled its

relinquishment, or at any rate its postponement. In Glasgow the Poor-law authorities, under the advice and direction of Mr. John Carswell, have provided separate wards in their sick infirmary for the treatment of early mental cases. He reported, in 1904, that 1027 mental cases were placed in the infirmary under his care, of whom 583, or 56 per cent., were sent to the asylum, but 502 were treated in the infirmary, and 213, or 42 per cent., recovered within six weeks, and I understand that the authorities in Glasgow are so satisfied with the advantages to the patient as well as the financial gain to the public purse by this "early" treatment that they are now erecting a separate hospital which will be more suitable for their needs. In the Dundee General Infirmary there is an effort being made at the present time to set apart a ward for mental cases. Dr. J. M. Whyte recently visited the Claybury Asylum for the purpose of obtaining special information as to the treatment employed there for early cases with the view of arranging for the same in Dundee. It must be stated that the treatment of early cases is easier in Scotland than in England, because of the special clause in the Scottish lunacy laws which permits of the special treatment of incipient insanity for a period of not over six months before certification, and this merely upon the declaration of a medical man that such treatment is desirable in the interests of the patient. Dr. Helen Boyle, formerly my colleague on the staff of the Claybury Asylum, has established a mental hospital for 30 beds in Brighton which has proved an unqualified success for early cases of mental breakdown.

In London we have out-patient departments for mental cases at several of our general hospitals, and this is also the case at some of our county asylums, and we know there are many who seek help there and who are taught to realise that the sooner they come under treatment the better, and the more rapid will be their chances of recovery. In London also (particularly under Dr. F. S. Toogood, of the Lewisham Infirmary) and in Liverpool (under Dr. Nathan Raw) early cases of lunacy have, as already stated, been treated under the Poor-law, and with most satisfactory results. The Lunacy Act permits the relieving officer to detain a patient for three days; the magistrate may also detain a patient for the same period, and in addition may make a detention order for 14 days, and this again may be extended for another 14 days, making a total magisterial detention of 28 or 31 days. Dr. Toogood, in the year 1905, gave the statistics of his own experience at Lewisham for the three previous years, as also those for the whole of London under the Poor-law. The figures gave a total of 23,734 mental cases, of whom 11,428 were sent to the asylums, whilst 10,158 were sent out recovered within the period referred to above, a proportion of recoveries upon the admissions of over 42 per cent. Dr. Raw also presented statistics for eight years from his own experience, showing that 6200 mental cases had been received into the Poor-law Infirmary in Liverpool over which he had charge, representing an annual admission of nearly 800 persons into wards containing accommodation for only 150 beds. Of this total 2580, a proportion of 42 per cent., were sent out recovered within a period of 20 days, which corresponded almost exactly with the numbers quoted by Dr. Toogood.

Steps Taken in the Colonies and Other Countries.

The State of Ontario has recently enacted that all cases of mental disease that are likely to be benefited

by early treatment in a hospital for the insane should be admitted with the least possible delay, and that pending their reception they "should not be taken into a gaol, lock-up, prison, or reformatory, but direct into the custody of someone who will care for them"—i.e., I presume into a general hospital, and this on the certificate of two physicians. It is further enacted that, in order to continue his interest in the case, the family physician should be permitted to consider himself an honorary member of the visiting staff of the mental hospital into which his patient is sent. At the Albany General Hospital, in the State of New York, there is also a mental department, and much advantage results from this joint arrangement of a mental section in a general hospital. Students and post-graduates attend the clinical observations of these cases, which are further elucidated by laboratory research. By this association of scientific methods and the spirit of research the treatment of mental cases receives a fresh impetus, there is help to the individuals afflicted as well as to the community which pays for them by a shortening of the period of disability, and the treatment of insanity becomes—as it should—the treatment of a bodily disorder, and not of a mysterious entity which needs exorcising and correcting.

Victoria and New South Wales (the former under the enlightened direction of its Lunacy Commissioner, my friend Dr. Ernest Jones) have established special reception houses for the study of early cases of insanity, whence cases which do not rapidly respond to treatment are distributed later into the local asylums. In Berlin, Munich, Göttingen, Dresden, Vienna, and other places, there are institutions for the early treatment of mental cases. In Paris all the mental cases pass through the large central asylum—the Ste Anne—before they are distributed to the other asylums.

Need of Changes in the Lunacy Laws.

This is no new subject for discussion in London. The work which Mr. H. F. Keene and his staff have done for the asylums committee of the London County Council is well known. In 1903 the Lunacy Acts Amendment Bill for London, enabling the London County Council to establish receiving houses for mental patients, was presented to Parliament by Lord Carrington. A subsequent Bill was introduced in 1905 by Sir John Batty Tuke, Mr. John Burns, and Sir (then Mr.) John Benn. So far back as 1896 Mr. Henry Rayner advocated the early treatment of insanity. Dr. Outterson Wood, in 1903, urged the importance of this matter, and a joint committee of the Medico-Psychological and British Medical Associations presented a deputation to the Lord Chancellor, Halsbury, who inserted a clause in his proposed Bill to meet these views. This Bill was unfortunately withdrawn, but a similar clause appeared in the then Attorney-General's Bill in 1905. Since then—"autres temps, autres mœurs."

In view of the munificence of Dr. Henry Maudsley and the probable opening in 1914 of the new Mental Hospital, it is most urgent that we should have some changes in the Lunacy Laws if this new hospital is to become the leading mental clinic of the world. As the law stands, only the certified insane can receive treatment within its walls, and thus it will be merely one of the ordinary asylums of the County of London, receiving patients after their disease is fully developed, and as now, through the workhouse infirmary upon the order of the

magistrate. Such a procedure in regard to the mentally infirm seems to suggest it were a crime to be ill, and a crime which needed to be further stigmatised with pauperism. What we urgently need is greater elasticity to treat early symptoms, to treat them during the stages when an accurate diagnosis may not yet be possible, and before the disease has become chronic.

As has been wisely said by Dr. Helen Boyle, insanity begins long before the patient is insane. The relatives and friends observe changes in the manner, speech, and conduct long before the medical certificate has been signed or the magisterial order has been made. The trend of opinion to-day is to give a trial to mental cases before certification has become necessary, and our out-patient mental departments in general hospitals testify to the value of help and direction before delusions have become fixed and before the disease has become confirmed. The London County Asylums' statistics prove that 65 per cent. of all cases attacked with insanity get well and leave the asylums within a twelvemonth of their admission.

What would be thought of a doctor who did not place a patient suffering from tuberculosis under treatment until cough, hectic and emaciation had fully confirmed the diagnosis? Indeed, treatment in our sanatoriums is excluded when these symptoms are present, recognising the need for early treatment. What, again, would be thought of a medical officer of health who waited for desquamation in scarlet fever before removing the patient to the isolation hospital? Precisely on similar lines should be the case of the mental patient. I know that this question must be carefully safeguarded from abuse, and that there are many dangers connected with it; but it is the first time that the subject has been discussed at a meeting of the Medico-Legal Society, a society which is essentially constituted to deal fully and effectively with a condition whose every stage comes under the double supervision of the lawyer and the medical man.

SANITARY AFFAIRS AT ILFORD.

ON two recent occasions¹ we have drawn attention to the differences which have existed for the last four years between the Ilford urban district council and its medical officer of health, Mr. C. F. Stovin. Since we last wrote upon this subject further developments have occurred.

The public inquiry by the Local Government Board which Mr. Stovin had asked for was held early in July last. As a result of this inquiry two Inspectors of the Board drew up fresh regulations for the working of the public health department at Ilford, which were agreed to by the council and its medical officer of health, and for a time peace seemed to have been restored. But the underlying causes of the strained relationship were still at work. Before long further difficulties arose, and at a special meeting of the Ilford district council on Nov. 19th last it was decided almost unanimously to give Mr. Stovin three months' notice to terminate all his appointments under the council and to suspend him immediately pending the intervention of the Local Government Board. This meeting was attended by Mr. Stovin, and from the full account of the proceedings which appeared in the *Ilford Recorder* of Nov. 21st it appears that the council's drastic action was precipitated by certain technical acts of insubordination on the part of the medical officer of health. In two particulars of sanitary administration Mr. Stovin departed from instructions contained in regulations laid down by the council as a result of the Local Government Board inquiry. The

chairman of the public health committee of the council, who moved the suspension of the medical officer of health, characterised Mr. Stovin's action as in direct opposition to the wishes of the council, and announced that he would give up his seat on the council unless Mr. Stovin was removed from office.

During Mr. Stovin's suspension the assistant medical officer of health has taken charge of the Public Health Department. In the meantime the local medical profession has not remained inactive, but has definitely ranged itself on the side of the dismissed officer. On Dec. 2nd a general meeting of medical practitioners in the Ilford district was called by Mr. Percy J. Drought, honorary secretary of the Ilford Medical Society, and a resolution was carried unanimously to the effect that temporary assistance should not be rendered by any medical practitioner residing in the district during Mr. Stovin's suspension until after the decision of the Local Government Board had been made known. Moreover, representations were made to us by Mr. Drought that for the time being advertisements for temporary medical assistance in the Ilford department of public health should not be inserted in THE LANCET. Accordingly, advertisements submitted to us by the Ilford district council have been refused insertion.

The decision of the Local Government Board has now been given in a letter dated Jan. 9th, of which we have received a copy. The Board expresses regret that the adjustment of the differences between the Council and its medical officer of health, arrived at as the result of the inquiry held by the Board's Inspectors, has so soon been disturbed. The Board reminds the council that at a discussion between the Inspectors and a special committee on July 23rd the following principles, amongst others, were laid down with a view to defining the relations between the medical officer of health and the sanitary staff:—

1. The medical officer of health to be the head of the public health department, and the inspector of nuisances not to be independent.

2. The assistant inspectors to report and take instructions from the chief inspector of nuisances as a rule, but, in necessary cases, the medical officer of health to direct the assistant inspectors as thought fit by him.

3. Drainage work and collection of house refuse to be under the direction of the inspector of nuisances, this officer reporting and conferring with the medical officer of health when necessary.

The Board adds that certain regulations, which the council claims to have made with the full concurrence of the Inspectors, were not in fact communicated to the Board or its Inspectors, and were not in complete accord with the principles laid down at the conference on July 23rd. More important still, the Local Government Board emphasises the importance which it attaches to the general principle that the medical officer of health should be regarded as the chief officer of the public health department, and refers to a circular of Dec. 14th, 1910, drawing attention to the fact that the inspector of nuisances must as a rule act under the general supervision of the medical officer of health, who must be regarded as the head of the public health department of the council. This is a perfectly clear expression of policy and establishes the principle for which, as we understand the matter, Mr. Stovin has been fighting throughout this long-drawn controversy. With regard to Mr. Stovin's departures from the regulations, the Board considers that he acted improperly in varying his instructions, and holds that he should have represented his objections to these regulations to the public health committee of the council before giving directions to subordinate officers; and they regard his report upon his action in the matter as unfortunate in its tone. But while the Board considers Mr. Stovin deserving of censure for departing from the regulations without the authority of the committee, it holds that in view of the efficient manner in which he has discharged his duties for a number of years this departure was not in itself sufficient ground for the extreme step of dismissing him from office, and it requests the Ilford district council to reconsider the matter.

There the case stands for the moment, but it is clear that the Local Government Board will not be a party to the dismissal of a competent and zealous medical officer of health, who, finding his efforts on behalf of the community thwarted, refuses to be deterred from his duty by the lay body which is

¹ THE LANCET, April 12th, 1913, p. 1039; June 21st, 1913, p. 1752.