by Dr. Cameron, that as infectious diseases hospitals exist mainly for the benefit of the public, no charge should be made by central authorities to persons treated in them unless extra accommodation is desired.

Dr. Kaye (Huddersfield) said that they had succeeded in removing by voluntary efforts 91 per cent. of all infectious cases to the public hospital.

A resolution was adopted, asking the Central Council to obtain a legal opinion respecting Clause 35 of the Factory and Workshop Act, the point being whether the Act is inoperative as to bakehouses where there are no persons employed except members of the same family.

On the motion of the President, a vote of thanks was accorded to the Mayor of Doncaster for his kindness in allowing them to meet in the Mansion House.

This concluded the business, a paper by Dr. J. Mitchell Wilson, on "Baths, a Sanitary Necessity," being left over for future consideration.

PROCEEDINGS OF THE NORTHERN BRANCH OF THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH.

SUGGESTIONS RESPECTING THE DUTIES OF COUNTY MEDICAL OFFICERS OF HEALTH.

By Dr. A. E. Harris.

(Continued from page 331.)

10. To keep himself informed, as far as possible, as to the sanitary work neglected, undertaken, or duly completed by local authorities, more especially in respect to drainage, scavenging, refuse disposal, and water supply, and to keep the central authorities thereon from time to time; and to be prepared to advise the local authorities thereon if required.

Each of these is a subject of considerable importance, and has a direct bearing on the public health. It is well known that drainage works have had most beneficial results, both in respect to infectious diseases and to phthisis, while scavenging in the villages and smaller towns has been much neglected, and refuse (excreta and house) disposal has been performed in a most perfunctory or happy-go-lucky manner. It is left too much to the whim of the householders, who delay the cleaning of the ashes, privies, or cesspools as long as possible, so that they may escape the expense or annoyance, or, until such time as the neighbouring farmer can afford time to send a horse and cart to remove the refuse. The cleaning of these places should not be left so much to chance, but should be under some stricter supervision than is at present exercised, which is partly in a measure due to the fact that the inspector of nuisances is also the local surveyor, and, therefore, more absorbed in those duties which are of the higher order. The water supply has been dealt with under heading No. 5. But, under the present heading, it will be the duty of the medical officer to see that samples of water from wells or supplies in the neighbourhood of possible sources of pollution are examined from time to time, so that at the earliest moment a warning may be given to the people, and disease prevented. When one considers the large number of cases of most serious outbreaks that have arisen from water pollution, and the numbers of deaths that have followed, it is not too much to say that the importance of the duty can hardly be over-stated.

11. To advise the County Council on the pollution of rivers, canals, and streams, and to advise on the means to be taken to prevent it.

If there be one subject more than another which the County Councils have attacked, it is the question of the pollution of rivers, from whatever cause it may have arisen. River inspection is an urgent necessity, whether viewed from a sanitary or an economical standpoint. From the former, it will be noted that river waters have been rendered undrinkable by man and animals, and been rendered a positive nuisance in some places where large manufactures are conducted on the banks; and in a lesser degree, the discharge of sewage and the building of privies, stables and cowbyres, and pigsties in its neighbourhood have rendered them in the highest sense carriers of disease to mankind. From the economical view, pollution has led to the wholesale destruction of fish, so that in some rivers where once fish of a particular kind or even of various species were to be caught in abundance, now not a solitary fish can exist. In some districts to-day the washing of clothes and animals, to say nothing of human bathing, is carried on very extensively, while the throwing of rubbish, dirt, filth, and "other noisome thing," as the Rivers Pollution Prevention Act, 1876, describes it, is an every-day occurrence. It is no wonder, then, that a state of affairs such as this should have quickened some County Councils into appointing medical officers of health, whose duty has been laid down in respect to this matter even to the procuring and making "analyses of samples of water and effluent sewage as may be required" (Derbyshire). There can be no question that the condition of the rivers has a great sanitary aspect. Populations always aggregate near streams and rivers, and, consequently, if these be polluted and give off noxious smells, they may become the cause of serious disease among the riparian communities. And from these it spreads to the dwellers in the drainage area. Taking the river Trent as an example, it is a fact that the total urban population dwelling in its basin amounts to over one million and a quarter human beings. It is no wonder, then, that this subject of river pollution, which was the first matter of sanitation dealt with by Act of Parliament (in 1588), when comparatively few persons peopled this country, should now, after the lapse of five centuries, again engross so much of the attention of local authorities and sanitarians.

12. To advise the County Council on effluvium and trade nuisances.

As a class, these are of little, if at all, less importance than river pollution, and although as yet no special reference has been made to them in the duties laid down by those County Councils that
have appointed officers, it may be expected that before long the force of circumstances will awaken them to the great necessity that at present exists for the adoption of measures to prevent the wholesale air pollution that is at present permitted in some districts, so as to lead at times to fogs more dense than midnight darkness on a cloudy night, and more suffocating than smoke. Besides this, there are nuisances arising from various noxious trades, which, while they cannot always be said to be injurious to health, are most objectionable. Polluted water need not be drunk, but there is no escape from polluted air. The protection of the air against impurity is, therefore, as necessary as the prevention of river pollution. The alkali works are regularly inspected by Government inspectors, who do not permit more than one fifth of a grain per cubic foot of air, gas, or smoke to escape into the air. But even this quantity destroys vegetation.

There will occasionally be under this head some very useful sanitary work for the medical officer to perform. Formerly, it was usual when such changes were made to send two inspectors from the Local Government Board, one of whom was a medical man. If he be not sent, it is customary for the Board to obtain privately the necessary information from the inspector who is most familiar with the district. This duty will be most important in preventing areas being united which, from a sanitary point of view, would be better kept apart. For instance, it does not follow that because two districts are contiguous that they should therefore make a good sanitary area when combined. Their watersheds may be altogether different, their customs dissimilar, so that for drainage purposes they would not be workable. And it may be that even owing to the different hygienic and health circumstances under which each lives, that their union would be most undesirable. The character of the populations as to occupation, age distribution, and the like, would have to be considered. The death-rate of the one may be excessive, of the other low; so that when combined they would present a moderate death-rate, and so escape that attention which is desirable in places where the rate is high. The great object of a medical officer of health should be to reduce the mortality in small circumscribed areas, as they are the factors to swell the larger districts, for then assuredly the root of the existing evils will be destroyed, and the general community will benefit.

The future alteration of county districts falls on the County Councils under section 57 of the Local Government Act, 1888.

14. To advise the County Councils on the erection of fever hospitals and public disinfectors, especially having regard to their erection for the use of combined neighbouring authorities.

There can be no doubt that in the near future fever hospitals will be far more numerous than they are at present, and that the need of places, in which to disinfect clothes and household goods that have been exposed to infection, will be more apparent. At the present moment the County Councils Association, through its Parliamentary Committee, have prepared a Bill, which it is their intention to endeavour to get passed by Parliament, authorising County Councils to direct the erection of such hospitals in districts where it appears to be established on the reports of the medical officers that any districts absolutely requires them. The passing of the "Notification of Infectious Diseases Act" has opened the eyes of the public in rural districts to the absolute necessity of fever hospitals; and if the panic that arises in villages or small towns on the appearance of infectious diseases is any criterion as to their need, then indeed the case is made out. But there is a cry among farmers and dairy producers for some place to send their servants when afflicted with disease. Notification has laid bare disease when it exists in these places; and as they are always warned against selling their produce while any persons suffering from an infectious ailment, their business more or less suffers, and they will be pleased to send their patients away for isolation.

The medical officer of health will clearly be the person, in the event of this Bill passing into law, who will guide the County Council as to its situation, size, and construction. It is he who has done so with so much success in many of the large urban areas. The situation of these institutions will be most important; they will be used by a group of local authorities, and therefore they must be centrally situated, and at the same time so placed that their presence will not be a source of danger to the district in which they are erected.

The administration of the hospitals after erection will also be a matter for him to keep the County Council informed on, for its success will depend largely on its adequate and efficient administration.

In connection with this subject generally, the debate at the annual meeting of the County Councils Association is most interesting.

15. To advise the County Council from time to time on the sanitary condition of all buildings belonging to that authority.

When County Councils were formed, they took over a large number of buildings, many of which were old, and others modern. Some of these are in a most defective sanitary state, while others are far from being built on approved principles. As the only official skilled in sanitation as applied to buildings, it will be necessary for the medical
THE DUTIES OF COUNTY MEDICAL OFFICERS OF HEALTH.

Officer, when required to do so, to report to the Council on the defects in such buildings, and to suggest such alterations as he may think necessary for safeguarding the health of their occupants. As time advances, the counties will have to erect other buildings for their various wants, either for administrative purposes, or for the needs of the public, and it is only reasonable to suppose that his advice will here also be sought.

16. To keep the Council fully informed as to the administration of the "Sale of Food and Drugs Act."

This Act has done an enormous amount of good in ensuring for the public pure and unadulterated foods and medicines. It is, however, very unequally administered, both in towns and counties. This should not be so, and it is therefore highly important that the County Council, who has a paramount interest in its being efficiently enforced, should ask its medical officer to keep himself conversant with the manner in which it is carried out. He can easily do this by obtaining returns from the public analyst as to the extent which the inspectors appointed under the Act have forwarded samples for analysis.

17. To advise the County Council as to the desirability of making bye-laws for the suppression of nuisances not already punishable in a summary manner.

This regulation is one adopted by the County Council of Derbyshire when appointing a medical officer of health. It does not appear, however, from the Local Government Act that County Councils have the power to make bye-laws; yet when it seems to the medical officer that any one of the rural or urban authorities within the county is negligent in its sanitary administration, and that the negligence can be remedied by the adoption of bye-laws, he would inform the county authority of the fact, and then the latter would make a representation to the offending authority. A great deal of solid work can be accomplished by such in this direction. It is notorious that the bye-laws in many, especially rural, areas are very defective, and that in many cases the powers possessed by the authorities of their districts have never been utilised in the interest of the public. By bringing these offenders to task much good will be accomplished.

18. To collect all county statistics relating to deaths, births, and marriages, such as possess sanitary or meteorological interest, and all others of health interest, so that his office may become the recognised official centre for all such matters relating to the county.

This duty will clearly entail considerable trouble. It is, however, absolutely essential that the medical officer, for the proper and efficient discharge of his duty, should be able at any moment to lay his fingers on the statistics of each part of the county over which he presides. He should possess a knowledge for at least a period of ten years of the vital statistics relating to births and deaths, so that he may be able to judge of the improvement or the reverse of all such parts. He will, of course, learn something from the reports of the various medical officers of the sanitary authorities; but as these, as a rule, are devoid of much information of this kind, he will have in a great measure to glean the information for himself from such sources as are available to him. First of these, of course, will be the returns of the Registrar-General, and from them much useful information can be obtained. Unfortunately they do not deal with the urban and rural sanitary areas, and are consequently by so much the less useful. Nevertheless, as the sub-districts given in these reports are sometimes almost coincident with the boundaries of sanitary districts, and as the population living outside the district, especially if it be a town, is small, through being rural, a very closely approximate estimate may be formed of the conditions existing in past years. Statistics properly translated are the life and soul of sanitary administration, and without them very little of the wants and necessities of the people in this respect can be understood.

It is necessary for the proper understanding of mortality returns at various seasons of the year to also understand the meteorology of the district. Comparisons cannot be made nor opinions formed without such information; for it is generally acknowledged that climatic influences are sometimes a very great factor in the causation of disease. For instance, the county of Durham, so exposed by its coast to the long biting east winds of spring, cannot be very well compared to, say, Hampshire, with its early summer and less severe winds.

All that is interesting and useful in health statistics should be compiled by the medical officer of health, or under his direction and control, and should be available at his office, not only for reference for himself, but for those medical officers who have control of small districts. The labour will be in first collecting them, but once collected they can easily be kept up from year to year. The district medical officers, if not asked for too many statistics, could no doubt be asked to supply their statistics in a uniform and systematic manner; by doing this they would render very great service to the County Councils and themselves.

19. To devote his whole time to the duties of his office.

Even from this bald sketch of the possible duties of a county medical officer it will be seen that ample duties may be performed to fully occupy his time. At the present moment eight counties require the entire services of health officers; and their experience is that their time is more than fully occupied, and that their existence is fully justified. This being so, it is to be hoped that an early date officers will be appointed to every county in England.
It was resolved that the next meeting of the branch should be held on the third Friday in September at Newcastle.

(The End of Proceedings of the Incorporated Society of Medical Officers of Health.)

The appointment of Dr. Thorne Thorne, the medical officer of the Local Government Board, to a companionship of the Civil Division of the Most Honourable Order of the Bath, is in every respect a well-deserved honour to the official head of the English Public Health service. It is especially marked, as being the first instance in which the medical officer of the Local Government Board has had any honour conferred on him during his tenure of office.

The changes necessitated by the retirement of Sir George Buchanan, F.R.S., and the appointment of Dr. Thorne Thorne, F.R.S., as principal medical officer of the Local Government Board, are now completed. Mr. W. H. Power, whose able researches on the influence of small-pox hospitals on the surrounding neighbourhood and on the relation of diseases in man to ailments in the lower animals are well known, has been promoted to the post of assistant medical officer. Dr. H. F. Parsons, with whose standard reports on methods of disinfection, on epidemic influenza, etc., the health officers are familiar, becomes second assistant medical officer, the vacancy thus created in the inspectorial staff being filled up by the appointment of Dr. H. T. Bulstrode, honorary secretary of the Epidemiological Society and senior assistant medical officer to the Metropolitan Asylums Board Hospitals.

The Public Health Service may be congratulated on the fact that the office of Political Secretary to the Local Government Board has been accepted by Sir Walter Foster, M.D., F.R.C.P. Lond. Not only is Sir Walter the first member of the medical profession who has been included in the ranks of her Majesty’s Ministry, but the appointment has an additional importance, as it is likely to ensure the proper mingling of the chlorine gas with the atmosphere of the room. Chlorine gas is, however, in practice almost confined to the disinfection of rooms of the poorer class; rooms destitute, or almost so, of furniture. The havoc the gas makes of carpets, curtains, gilded fittings, bronzes, pictures, steel fenders, and so forth, restricts its use. Disinfection is destruction of the life of lowly inimical organisms, not the destruction of fabrics.

So we turn to our old Homeric fumigator, sulphur, and produce from either ordinary roll sulphur or from Scabury’s convenient sulphur candles, sulphurous acid gas. The German experimenters have condemned sulphur as a fumigator, Cash, on the other hand, found it efficacious under certain conditions; but the fact is, no experiments have been, or can be made, that give the practical value