PARLIAMENT AND PUBLIC HEALTH.

Being the Presidential Address to the Society of Medical Officers of Health, Friday, October 22nd, 1920.

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This is the first occasion on which our Society has had for its President a Member of Parliament. We are a body of public servants under Local Government, whose function is to help our Authorities to carry out and promote Acts of Parliament. It may therefore be of interest if we direct our attention this afternoon to the share that we individually and as a body can take in the government of this country with a view to national health. "Fortune brings in some boats that are not steered." My own personal boat with little steering has certainly been brought by fortune into somewhat unique places, and if one may naturally be proud of representing any section of our glorious country in this wonderful epoch of its history one may certainly be no less proud of having had the privilege to train for it by fifteen years' service as a County Medical Officer of Health in closest friendship and co-operation with such professional colleagues.

Others perhaps look on a Member of Parliament as a subject of envy; but when the first flush of success in the election and of temporary fame in the picture papers, and when the novelty of the green benches has passed, the Member finds himself immersed in a net-work of responsibilities and complex relationships which make him often regret the quiet days of professional life. It would be bad enough if one had no imagination and no sense of duty beyond that of attending to urgent claims in his constituency, and of voting loyally and with fair regularity as directed by the Party Whips in the Division Lobby. But no one who has been through the experience of a medical officer of health can fail to realise the unique opportunities that offer themselves in Parliament. No one who has been filled with the national spirit in the late war can fail to appreciate the responsibility for taking advantage of every such opportunity.

In the quiet of our study we are often tempted to draw out as in a diagram the correct

manner in which the care of the national health should be assured. But in public affairs we are constantly met with the difficulty of achieving the several stages recorded on our diagram. Resource, invention, tact are essential to get round obstructions in our path, and above all we require that *flair* which, proverbially characteristic of the dashing cavalry officer, or as we should now say of the airman, in war, is no less required in the subtle diplomacy of peace. "There is a tide in the affairs of men, which, taken at the flood, leads on to fortune." It is above all required of man for success in public life—success, I mean, in achieving his ideals—that he should be alive to every opportunity, and when he sees it, should make full use of it. And—

"What though success will not attend on all,
Who bravely dares must sometimes risk a fall."

In political life above all, as in war, a man must not take too long in making up his mind to act. Sir George Savage in his lectures on mental diseases once said that in every action a man, after considering the *pros* and *cons*, had to make up his mind to act, to cast reason aside and for the moment to be temporarily insane. The only man he had known who on such a definition was never insane would take so long to make up his mind that he never decided anything, and had to be consigned to a lunatic asylum. The net result then, is the usual middle course—by observation and reasoning and instinct to size up quickly for or against any course of action, and then, however imperfect and incomplete we feel our grounds of action to be, no more to hesitate, but to act.

In order then to be of value in political life it is of immense importance to have had a groundwork, not merely of the functions and statistics, but of the habit of mind of a medical officer of health, for in our professional work we are compelled to go through the processes of reconnoitring the ground, as I believe every public man should do. By our medical training we are taught first to observe, secondly to diagnose, thirdly to prescribe or operate, fourthly to supervise the after-care, fifthly to check results and deduce and publish our practical conclusions for future use. But as medical officers of health we have to apply this procedure to the machine of democratic government. We are not wheels in the

machine; we are but individual cogs on the wheel of our Local Authority. It is our Local Authorities, theoretically at least, representing the people, who transmit the power given to them by the people, directly or through Parliament and Government, to the conditions of the people's life. We have to advise them, we have often to carry out their decisions; but it is for the Local Authorities to decide. We have to help them, therefore, to observe and diagnose, and act, and draw conclusions from the result of their action, just as we ourselves adopt the same procedure.

One of our main difficulties is to bring our observations, so clear to ourselves, clearly before the notice and understanding of our authorities. How often have we not gnashed our teeth over the reports which we have produced with such intense labour, constituting, we feel, an invaluable record and leading to most important conclusions, when we found the members of our authority have not even read them, or if they have read them, have failed to understand them or to give them any proper consideration. They have often been entirely overcome by some petty point—some petty personal point—raised with undue emphasis by some lay member of the committee. Our difficulty is to drive home the facts in such a way as to make our authorities understand and diagnose and act correctly. But still, we must persevere.

"Many strokes, though with a little axe,
Hew down and fell the hardest timber'd oak."

With the wider knowledge due to our professional education and experience we must recognise the partial knowledge of laymen, must give credit to them for high motives, must acknowledge their special responsibility, not only for the ideal which we may feel confident is for the public good, but for giving the people, with their sovereign power under a democracy, what in the end they will require in return for the money which they contribute in rates and taxes. We must go forward, we must persevere, confident in the end that truth and right will prevail. "Beg no question," as Henry George has said, "shrink from no conclusion, but follow truth wherever it may lead."

If we take a strong broad line, imbued with human sympathy, understanding human frailty, and keeping our eyes directed on

broad, generous living ideals, we shall have—as I believe we are already privileged to have—a vast influence for good on the future of our country and our race.

OUTLOOK OF PREVENTION.

Let us consider for a while the new outlook for preventive medicine, for health work, in the light of the wonderful experiences of the war and the discoveries of this century. The earliest laws in the prevention of ill-health are those concerned with the prevention of accidents. We are enlarging our machines for prevention of accidents in industry in every direction. More, I believe, might be done by encouraging the workers, however ill-educated, who are actually engaged in each occupation themselves, to suggest proposals for safeguarding their health in occupation.

From the prevention of accidents a community naturally proceeds to the prevention of gross infections. Our public health service may be said to have started from the fear and facts of epidemics of cholera. From this we proceeded to the prevention of infections of all kinds. Concurrently, and mainly from motives of pity, we have established in this country the system of the Poor Law, which in its indoor and outdoor relief has been of much service to the National Health.

But latterly, through the progress of physiology, through the natural interest in the maintenance of the population and the safeguarding of maternity and infancy, and in the war through the need of maintaining physical health under conditions widely differing from those to which our national physiology has been adapted, we have come to recognise that the failure in bodily health often comes from a faulty physiology and faulty bodily habits. A faulty diet, quite apart from infections, or faulty habits of food and drink may in themselves cause a breakdown. Insufficient rest each night, each week, each year, insufficient or excessive bodily exercise, overstrain or abuse or under-use of any bodily faculty, may upset the balance of function on which the health and efficiency of the body depend. We must turn our attention largely in the near future to the prevention of faulty physiology.

But the war especially has brought into prominence the part played in bodily health by wrong mentality. As in other diseases, so in those of the mind, mental deficiency may usefully be studied, limited, sheltered, short circuited, so as to allow full use to be made of the other mental and bodily functions. But a very large number of persons incapacitated in their life by mental disabilities owe their trouble to preventable causes. Their disorders have been aroused by faulty mental habits, by a faulty sense of proportion in respect of certain impressions at an impressionable age. They can often be set right. The medical reports of the Seale-Hayne Military Hospital in Devonshire during the war have supplied us with a record of miracles entirely due to a proper understanding of mental physiology, and from logical and effective action based on it. But still more can be done by the prevention of faulty mental habits in the young.

Our branch of the profession is too often identified in the public mind with a doctrine of negatives. Our outlook for the future is becoming ever more positive. We must actively promote healthy habits of life, healthy conditions, healthy instincts, healthy motives, healthy control of feeling, and a healthy will. For, as Shakespeare wrote, "Our bodies are our gardens, of which our wills are gardeners."

This all depends on public habits and opinion. The influence of medical officers of health on public opinion is indirect, subtle, hidden, but very great. In our official work we are not simply culling powers from our authorities for the execution of certain laws and regulations. The tide may flow also in the opposite direction. We are by our reports and conversation spreading information and new ideas through those who represent the people and are in touch with the most influential brains and organs of public opinion and discussion. Our influence must be—and, I would submit, always has been—very great in this direction. We have to correct the general outlook of life. A distinguished and scholarly ecclesiastic, for instance, has recently tried to reconcile the apparent differences of science and religion by recognising what he considered to be scientific fact. It appeared certain to

him that the spirit was a derivative of the mind, the mind of the body; he believed, therefore, in a material origin of the universe. I feel little doubt that our verdict would throw considerable doubt on this conception of the origin of life. For the more we work out our unique experiences in the problems of life in all classes, and under all conditions, the more are we compelled to feel the pre-eminence of the spiritual and the transitory nature of the material. To my own mind it would seem much more reasonable to suggest that the spiritual forces of the universe had crystallised out in material forms, out of which mind had evolved at a later stage. Of this at least I am sure, that great as are the abilities and disabilities of mind and body, it is on the life and spirit that inspire them that men and women depend for their happiness and for their active output in the world's work. It is in order to get a sound conception of our work that I would suggest that we should not forget the pre-eminence of the spiritual and vital forces that activate men's bodies and minds.

It is, however, with their bodies and minds that our public work is concerned; and before passing from this summary of our outlook I would lay stress on the need that requires to be paid to the subject of rest. In an admirable little book of surgical philosophy, Mr. Jacobson and the late Mr. Hilton dealt with the subject of "Rest and Pain," showing how often deformities are due to the strain on certain muscles, and how large a part can be paid in recovery by giving absolute rest to an injured or diseased part. As in actual disease, so in general health. We have to lay stress on the need for rest, and not least at a time when the reaction from war tends to habits by which periods intended for rest are usurped by the fatiguing enterprises and conventions of a restless age. The night's rest, for adults as well as for children, is of first importance, and should be considered a sacred duty. To dance from nine in the evening till five next morning is not fair to the body of the dancer or to the interests of his employer when he returns to work next morning. Once in a way such excursions into irregularity matter little, at least in early life; but they should be the exception and not the rule. Hard work during

the day requires real repose in the evening, with a view to a good night; otherwise mind, body and spirit are living on their capital, which will one day be exhausted. The same applies to week-ends, especially to Sunday; the same applies to the annual holiday. Not that repose need necessarily mean idleness.

"Sweet recreation barr'd, what doth ensue
"But moody and dull melancholy."

True recreation of mind, body and spirit is the only real rest. There must be change of occupation, a use of parts not much used in the daily work, and above all a rest to the spirit from anxiety, strain, energy, where these qualities are entailed in the routine of ordinary working day. Nor must it be forgotten that many in seeking recreation are often unwittingly giving work to others; and any suggestion for the expansion of public amusements and travelling on Sundays must be most carefully limited, out of regard for those who will thereby be employed at the expense of their requisite rest.

GOVERNMENT ACTION.

After this large conception of the requirements of health in the people, no less in the salaried and monied than in the wage-earning classes, let us briefly consider what the Government have done for it in the past, what they can do in the future, what they now propose to do, and how we can through Parliament help them to do it.

The early Victorian attitude in matters of health, and the far-sighted views of some of our leading Statesmen may be illustrated by a delightful reply from Lord Palmerston in 1853 to a correspondent who proposed a proclamation of a national fast on account of the outbreak of cholera in 1853. The letter is from Evelyn Ashley's *Life of the Statesman*. I do not suppose there is a private secretary living nowadays who would dare to write such a reply.

"Whitehall,
19th October, 1853.

Sir,

I am directed by Viscount Palmerston to acknowledge the receipt of your letter of the 15th instant, requesting, on behalf of the Presbytery of Edinburgh, to be informed whether it is proposed to appoint a day of

national fast on account of the visitation of the cholera, and to state that there can be no doubt that manifestations of humble resignation to the Divine Will, and sincere acknowledgments of human unworthiness, are never more appropriate than when it has pleased Providence to afflict mankind with some severe visitation; but it does not appear to Lord Palmerston that a national fast would be suitable to the circumstances of the present moment.

The Maker of the Universe has established certain laws of nature for the planet in which we live, and the weal or woe of mankind depends upon the observance or the neglect of those laws. One of those laws connects health with the absence of those gaseous exhalations which proceed from over-crowded human beings, or from decomposing substances, whether animal or vegetable; and those same laws render sickness the almost inevitable consequence of exposure to those noxious influences. But it has at the same time pleased Providence to place it within the power of man to make such arrangements as will prevent or disperse such exhalations so as to render them harmless, and, it is the duty of man to attend to those laws of nature, and to exert the faculties which Providence has thus given to man for his own welfare.

The recent visitation of cholera, which has for the moment been mercifully checked, is an awful warning given to the people of this realm that they have too much neglected their duty in this respect, and that those persons with whom it rested to purify towns and cities, and to prevent or remove the causes of disease, have not been sufficiently active in regard to such matters. Lord Palmerston would, therefore, suggest that the best course which the people of this country can pursue to deserve that the further progress of the cholera should be stayed, will be to employ the interval that will elapse between the present time and the beginning of next spring in planning and executing measures by which those portions of their towns and cities which are inhabited by the poorest classes, and which, from the nature of things, must most need purification and improvement, may be freed from those sources and causes of contagion which, if allowed to remain, will infallibly breed pestilence and be

fruitful in death, in spite of all prayers and fastings of a united but inactive nation. When man has done his utmost for his own safety, then is the time to invoke the blessing of Heaven to give effect to his exertions.

I am, sir,

Your obedient servant,

(Signed) HENRY FITZROY."

It was in accordance with such far-sighted statesmanship that the Royal Sanitary Commission was appointed in 1869, resulting in the establishment of the Local Government Board in 1872, and the passing of the Public Health Act of 1875. The main measures that ensued were those for the Water Supply in 1878, for Housing in 1890, for Factories in 1891, for Medical Inspection in Schools in 1906, to mention only a few. But the evil of each successive new Act has been the creation in many instances of a new body of officials and Local Authorities under different Government Departments. It was for that reason that the Ministry of Health was created last year, and has now issued a report of its first year's activities, showing that a beginning has been made in the process of concentrating health measures under the one Ministry.

But those of us especially who have served with the Army Medical Service in the war feel that the object to be aimed at by the Ministry must be comparable to that of the Army Medical Service, which is responsible for the whole idea of health and physical efficiency in the nation, under whatever Department it may come, and not merely for the execution of certain Acts. We look to the Ministry of Health to advise the Government on all health matters in which the Board of Education, the Board of Trade, the Ministry of Pensions, the Ministry of Labour, the Home Office are concerned—to co-ordinate the medical work of all Departments, including those of the Fighting Services and the India and Colonial Offices, in order to cover the whole ground. We look to them to inspire and secure co-operation between Local Authorities, as well as to secure unification so far as it may be possible. We look to them also to recognise the function of, and to use and help voluntary bodies, as the War Office and Admiralty recognised and valued the importance of the Red Cross

during the war. For voluntary bodies initiate effort in small areas; they try experiments, and it is not until they have proved their value that the measures they suggest can be incorporated into the State system. In turn they play a most important part in arousing, maintaining, and spreading public enthusiasm for health work—an enthusiasm that is of no less importance in the maintenance of individual and family health as in ensuring a proper carrying out of their duties by the representatives of the people in local and national government. It is the privilege of medical officers of health to give a very great amount of often troublesome and exacting help to these voluntary bodies. Let us not under-rate the value of such help.

What then do the Government propose to do in the near future for the improvement of national health? It is significant that the chief activities of the Ministry of Health at the present time in the public eye are concerned with the housing of the people. Proper housing affects the social and individual habits of the nation even more than it affects their bodily health, and both directly and indirectly it is of primary importance to the national health that the shortage of housing shall be removed at as early a date as possible. But the Government are rightly concerned with the spirit as well as the matter of national life. They maintain that in general private enterprise is more effective and more suitable to the individual needs of the workers than direct production by the State. Our schemes or advice in matters of housing must always take this general desire into account. Housing, like other matters, should in the future, as in the past, be managed by private enterprise. The State should only undertake constructive housing when, where, or in so much as private enterprise fails.

There are many useful measures which the Government propose at an early date to pass into law. The Milk Bill and the Tuberculosis Regulations of the Board of Agriculture are amongst the most important. The tuberculosis measures omitted from the new Insurance Act will be awaited with great and critical eagerness. But here I would especially lay stress on the future relationship between clinical and

preventive medicine, and the measures suggested in the "Interim Report on the Future Provision of Medical and Allied Services," by the Consultative Council, under their Chairman, Lord Dawson.

By some it is imagined that the Clause in the useful "omnibus Bill" of the Ministry of Health now before Parliament allowing County Councils to subscribe to voluntary hospitals, or to maintain hospitals of their own, is intended as a substitute for general action on the problems raised by the Consultative Council. But this is surely a mistake. The voluntary hospitals as they at present stand fulfil a vital need. Some medical provision is immediately required too for the great housing schemes now in progress. The Clause in the Miscellaneous Provisions Bill is surely only a stop-gap proposal to continue the provision of medical aid until the problem can be dealt with as a whole. But in considering the future relations between clinical and preventive medicine, between public and private practice, medical officers of health will look sympathetically upon any scheme which is likely to link up effectively the different branches of medical work. For there is no absolute distinction between curative and preventive practice. We hear much nowadays of specific cure of disease: may we not introduce the term "specific prevention of disease," which arises from the same train of observation and experience? Prevention of disease in the earliest stage, at home, factory and school, in out-patients' departments and in clinics is an essential part of prevention; while on the other hand it is those who visit the homes of the people, whether as sanitary inspectors, nurses, health visitors, midwives or doctors, that can save the hospitals from congestion and secure the comfort and well-being of cases when they return from hospital to their homes.

To the physicians and surgeons, too, of the country, and above all in the medical schools, I would make an appeal. Their diagnosis at the bedside seldom goes further back than the *causa causans* of the malady—generally nowadays a micro-organism—and a very inadequate enquiry into family history. This is not a final diagnosis of the disease to its roots.

In teaching, in examination, in practice, the disease should be followed up by the student to the homes and factories. It is to the conditions of the patient's daily life and habits that the disease is due, quite as much as to the germ. Closer relationship between hospital conditions and home and factory life should be incorporated into the teaching and training of medical students, and into the whole progressive thought and writings of medical science.

We, whose duty it is to look at disease in the mass in the national interest, with a view to its reduction and prevention, have only an infinitesimal share in deciding and giving the proper training to the medical student. In the interest of the State we demand that this anomaly shall be drastically revised. Harley Street knows little of this aspect of medical work. It is not their fault; and they have an immense advantage over us in professional position, and, in general, in academic gifts. Nor can we claim for ourselves the sole right to organise and administer the unified system of medical provision, which the country requires. For, as the war has shown, hospitals and asylums can also provide good administrators with a modern outlook. The ultimate object must be the creation of a type, in civil life as in the Army Medical Service, of men who have an all-round knowledge of clinical as well as of preventive and sanitary medicine, and are trained to administration. Meanwhile the new system must be inaugurated, and we only demand that we shall not be called on to serve under those who have not, at least, a broad-minded comprehension of the main requirements and possibilities of preventive medicine in the mass.

In the same way we feel the gravest disabilities are incurred by the divorce between preventive and clinical practice, between the private practitioner and the medical officer of health. The result is shown, for instance, in the institution of tuberculosis clinics, requiring, but often failing to supply, both the knowledge and methods of the best private practitioner, and the system, organisation and general outlook of the broad-minded medical officer of health. The future rests to my mind neither entirely with the whole-time service

of State officials nor with the system of purely private practice subject to certain statutory obligations, but with an adequate and well thought out policy combining all aspects and systems of bringing help into the intimate life of the people.

Finally, therefore, we have to consider in what way we can assist towards the parliamentary decision of these problems. The Society must, of course, continue its most useful work of direct approach to Government Departments and L.A.G., to ensure a proper appreciation of its experimental views by the officials concerned. But this is quite apart from the influence by the motive power of Parliamentary Government. An individual Member of Parliament obviously carries but little weight under a democratic system. The Ministry is responsible to the whole nation for its action. An individual Member brings forward a proposal, however good, backed by a Society, however important; but the Minister must be assured before he acts upon it that in doing so he will have the support of the bulk of the people when they come to understand it. Medical men in the present House of Commons are eleven in number, and all but the Minister of Health have formed themselves into a Medical Committee, with Captain Elliott, M.C., as their secretary, and Sir Philip Magnus and Sir Henry Craik attached to them as representing University constituencies embodying a considerable block of medical votes. This committee meets monthly, or more often as required. It receives deputations from organisations anxious to bring matters before them. Individually, they undertake to ask questions of Ministers concerned, to speak in debate on matters of importance to public health, to approach Ministers, and, so far as they can, to collect information. Doctor Addison has shown the greatest sympathy with this committee, and we have no difficulty in securing a friendly hearing whenever required. But over and over again his reply has necessarily to be qualified by the limited amount of time and money available for Government measures and the limited proportion allotted to his Department. The same applies to matters affecting the medical services of other Government Departments.

The chief thing required at our back is a strong public opinion throughout the country focussed on the 700 Members of Parliament, on whom Ministers could rely for support in any action they take on our suggestion, and then we should not apply in vain. Without this it is of little value to introduce a Private Member's Bill or a Resolution. But some good has probably been done by conferences to which all members have been invited—one for instance to discuss the problems connected with Venereal Disease, another to hear an admirable account from Sir Walter Fletcher on the work of the Medical Research Committee. In such ways some effect can be produced in arousing members to the importance of health problems to their own constituencies.

But in bringing proposals before the House and in calling for enquires into defects it is necessary to be well briefed. Briefs have in some cases been prepared for us, *e.g.*, by the British Dental Association or by the British Medical Association, whose parliamentary work deserves fullest recognition from this Society. But there is real need of a body on behalf of all concerned, to maintain the constant supervision over all health questions as they come, or may come, before Parliament; to focus medical opinion on such occasions, to give us opportunity for their presentation, and to arrange that each case shall be properly dealt with as it arises, with the strongest possible support behind it. There must be no division of opinion. Ministers love to ride off a difficulty by saying that "doctors differ." We must co-operate heartily with the B.M.A., the R.San.I., the R.I.P.H., and all similar bodies, not forgetting the Q.V.J.I.N., the N.A. for Maternity and Infancy, and other voluntary organisations. The Federation of Medical and Allied Societies has considered the possibility of such an undertaking. The British Medical Association have considerable machinery and have done a good deal already in this direction, especially in questions of the Services, and in general medical organisation. I would submit the suggestion to this Society that the time has now arrived when they should consider in what way their experience and ideals can best be made available for effective

use by their medical and lay sympathisers in Parliament.

Medical officers of health are the firm link between the lives of the people and their Government. The future of the country is now, more than ever, very largely in their hands.

In a stirring address to his fellow citizens at a critical stage in their history, Abraham Lincoln said :

“With malice towards none, with charity for all, with firmness in the right as God gives us to see the right, let us strive. . . to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.”

For the foundation of permanent peace and prosperity in this country, and spreading out from this country to all others, the opportunity now opens before the medical officers of health to go forward in the same spirit, knowing that if we can finish nothing in this life, we can make a beginning, we can exert an influence, we can bequeath a noble example.

MINISTRY OF HEALTH (MISCELLANEOUS PROVISIONS) BILL.

The Council of the Society of Medical Officers of Health having approved the recommendations of the Urban and Rural Groups of the Society regarding amendments desirable to the above Bill, the Group have prepared the following memorandum for the information of Members of Parliament and others interested :—

SUGGESTED AMENDMENTS TO THE MINISTRY OF HEALTH (MISCELLANEOUS PROVISIONS) BILL.

1.—The medical officer of health shall be removable by the Authority by which he is elected, with the consent of the Minister of Health, and not otherwise.

This follows the text of sec. 68 (5) of the Housing, Town Planning, &c., Act, 1909. The object of the amendment is to place all medical officers of health as regards their tenure of office in the same position as that occupied already by all Scottish and Irish medical officers of health, Metropolitan medical officers of health, and County medical officers of health in England and Wales. Dr. Addison and the Ministry of Health are in favour of the principle.

2.—A Local Authority shall pay out of such funds or rate as the Minister may direct any expenses incurred

by a medical officer of health in travelling to and from the meetings of the authority or of committees of the authority, and a subsistence allowance to any such officers attending any such meetings, subject in either case to regulations made by the Minister and in accordance with a scale approved by him.

See clause 17 (c) of the Ministry of Health (Miscellaneous Provisions) Bill.

3.—A Local Authority shall pay, in addition to his salary, all necessary expenses incurred by a medical officer of health in the discharge of his duties.

The object of the two last amendments is to remedy a long-standing grievance of medical officers of health in rural districts, and especially those who are whole-time officials.

There are in England and Wales about 60 medical officers of health of rural districts who are not in private practice. They have under their charge about 130 small urban and 160 rural districts, with an aggregate population of over three-and-a-half million persons. The average population is about 60,000, in six cases it is over 100,000.

The area of the districts is large :—

9	are between 100,000 and 200,000 acres.
10	“ “ 200,000 “ 300,000 “
7	“ “ 300,000 “ 400,000 “

It will be observed that the average population is equal to that of a county borough, while the population of some districts and the area of some is greater than those of the smaller counties.

When many of these appointments were first made the duties of the medical officer of health were mainly of an advisory character, but for at least twenty years past they have become executive, so that in a well-administered rural district or combination of districts there is just as much need for a Public Health Department as there is in a large urban district.

The same method of payment of the medical officer of health is in vogue as in 1875. He is paid an “inclusive” salary, out of which he must pay the expenses of an office, a clerk, in some cases postages, stationery, printing, and telephone, and the cost of getting about his district.

It may be said that the medical officer of health knew when he was appointed that he would have to make these payments out of his salary, therefore he has no grievance. This is true only of quite recent appointments, for of late years additional duties have been placed upon medical officers of health by Departmental Orders or by Parliament, e.g., the Tuberculosis Regulations, 1912, Article XII., and the Housing Acts. The methods adopted in investigating outbreaks of infectious disease have entirely altered in recent years, and in country districts involve a great deal travelling. The Ministry of Health is constantly calling for special reports from the medical officer of health, and in a