

EVOLUTION OF THE MEDICAL OFFICER OF HEALTH.*

PRESIDENTIAL ADDRESS TO THE SOCIETY OF MEDICAL OFFICERS OF HEALTH,

BY

PROFESSOR A. BOSTOCK HILL, M.Sc., M.D.

GENTLEMEN,

MY first duty is to tender you my hearty and sincere thanks for the signal honour you have conferred upon me, and upon my Branch, by electing me the President of the Society for the ensuing year. I feel that a mere expression of thanks hardly conveys all that I should like to do, because I cannot conceive of any higher honour being conferred on a medical officer of health than his election to the Presidency of a society like ours. It may well be said that this is an honour which anyone would most heartily appreciate, but at the same time, having regard to the number of years of official work, it is one which can come only to a comparatively small percentage of our members and is therefore the more to be appreciated. I can only, in expressing my appreciation, at the same time express my desire and intention to use the opportunity afforded for the best interests of the Society and its members. I feel also that in honouring me, by the election, the Society is also taking another opportunity of giving honour to an older and worthier member, about whom I can say without affectation that any success to which I have attained in public health or other matters, is entirely due. I refer to my Father—Dr. Alfred Hill—not only the first President of the enlarged Society of Medical Officers of Health, but at present the father of the British Medical Association. In the evening of life and in the quietude of a well-earned retirement, I know he also appreciates to the full the additional honour conferred upon him by my election to-day. But, gentlemen, as is usual in such cases, the conferring of an honour carries with it obligations commensurate with itself, and the first obligation, and certainly not the easiest to cope with, is that of the production of a Presidential address which shall be worthy of an important body like that of our Society. The difficulties of a President become greater year by year, in that the efforts of those distinguished members of the profession who have preceded him in the past, narrow the subjects with which he may deal, and tend to render hackneyed the observations he may make.

Of late years at all events, it has not been the custom to deal with a technical subject, but

rather to consider points in relation to our work as a whole, having regard to our professional status, and to the new opportunities afforded to us for advancing in our work. I propose to-day to offer a few observations on the evolution of the medical officer of health, to make some reference to his present professional position and training, to the position he occupies and ought to occupy in the public mind, and to describe in some little detail some new developments of work in that branch of the service to which I have the honour to belong.

It is difficult to conceive a period after the commencement of civilization when there was no elementary sanitary service. Even before this, necessity must have arisen for the performance of certain work making for the health and sanitary convenience of the people. Probably the first real sanitary work, as has before been pointed out, was that undertaken for the prevention of floods, while, when men began to collect into communities it would soon become necessary for them to arrange for the removal of waste products which hindered access to their dwellings, and reduced the comfort of existence. I think it may be taken for granted that the first sanitary efforts were directed to these two ends. These works, though sanitary in their nature, were not undertaken in the first instance with any sanitary intention, and possibly the earliest records that we have, are the establishment of officers for the storage of food in those early times when frequent famines took their toll periodically of human life. The earliest records we obtain of a preventive service are those of Rome, where officers were appointed, termed *Ædiles*, who were established as *curatores urbis* in 495 B.C., and following their establishment the great system of municipal government of Rome progressed until, to use the words of Sir John Simon, "Nearly twenty-two centuries ago, Rome had completed in all essentials that admirable system of municipal government which in its growth and maturity was to become the most fruitful of patterns wherever Roman colonization extended." The functions of the *Ædiles* appear to have been to keep in repair all the drains and sewers of the city and all public buildings and places, to control the efficient scavenging of the streets and the prevention of nuisances, to deal with the maintenance of an efficient and cheap food supply, the destruction of unsound food, the suppression of false weights and measures, and to have special oversight of baths and houses of ill fame.

*Read before the Society of Medical Officers of Health, Oct. 13th, 1911.

Time does not allow me to go further into the wonderful sanitary administration of Rome in the height of its power, and although the work of the *Ædiles* was perhaps more closely associated with that of a modern inspector of nuisances, it must not be forgotten that Hadrian, and indeed some of his predecessors, encouraged both public and private medical work by giving exemptions to medical practitioners in the city. The medical service of Rome undoubtedly included a poor law service, the officers having to attend not only to the poor but being allowed to take fees from the rich, providing that the legitimate poor law work was not interfered with. From the point of view of civilization and of municipal government, a greater disaster probably never befell the world than the fall of Rome, for on this event much of the carefully elaborated municipal work perished and succeeding generations had to slowly endeavour to again raise a system of public health administration. After the fall of Rome the monastic system began to rise, and this—particularly through the labours of the Franciscans in their early days—did much to alleviate the sufferings of the poor, yet nothing in the shape of actual sanitation appears to have been evolved either in Europe or in this country.

As regards sanitation, the early middle ages were indeed the dark ages, and largely as the result of colossal ignorance of the principles on which health depends, England and Europe were swept periodically by pestilence which more than decimated the population at times. Spasmodic efforts were made—generally by Royal Order—in the city of London to improve, to some extent at least, the condition of the river and for the purpose of removal of the stench arising from the foul states of the streets and houses and the collection of refuse. Edward III issued an order that there was henceforth no rubbish or filth to be thrown or put into the rivers of Thames and Fleet or in the fosses round the walls of the city, but must be taken out of the city by carts. In 1372, the King again addressed the mayor, sheriffs and aldermen of the city, complaining that “rushes, dung, refuse, and other filth and harmful things are thrown into the water of Thames so that the water aforesaid and the hythes thereon are so greatly obstructed, and the course of the said water was so greatly narrowed that great ships are not able as they were able of wont any longer to come up to the same city, but are emptied therein.”

From the comparative frequency of these

Royal Orders, it would appear that little permanent good resulted from the efforts which were undoubtedly made at the time, this being due possibly to the fact that there were no qualified officers to carry out regularly the orders given. The reign of Henry VIII is notable as being that in which the medical profession, as such, was first established, physicians and surgeons being first instituted. At the same time, following the extinction of the monasteries, new Poor Laws were issued in substitution for the Mediæval Charities.

In the reign of Elizabeth we may note the commencement of municipal undertaking for the supply of water and other sanitary purposes. The many years in which plague became epidemic in this country no doubt gave added stimulus to preventive measures and the evolution of the sanitary officer, and it is about this time that information comes to us of efforts made to prevent the spread of infection from individual to individual and community to community. In London particularly the great plague year of 1665 was remarkable for the fact, that though the plague was not extinguished, its power for evil appears to have been broken, for although the Great Fire of London destroyed so large a number of the rookeries from which plague was spread, it cannot have been the sole cause of ridding Europe generally of terrible periodical outbreaks which culminated in that year.

The next century in England is that, however, which may be said to have done most in the establishment of a real preventive medicine, and I think it is fair to consider that the great advances in our knowledge of hygiene brought forth by the 18th century, were not so much due to the evolution of a sanitary ideal among the people, as a means to conserve the fighting forces of the Crown, at a period when peace was the exception and war was the rule in this country. The great names of Mead, Pringle, Lind, Blain, Baker and Jenner occur at once to the mind, and with the exception of the last two, the efforts of each of these was chiefly given for the reduction of mortality in the fighting forces of the Crown and the production therefore of greater effectiveness in the services. The researches of these great pioneers in hygiene not only showed how the mortality might be lessened in our fighting forces, but pointed out how many of the terrible epidemic diseases originating in armies and fleets, spread to the civil population. With the exception however of the work done by Sir George

Baker and of Jenner, the labours of the others tended more in the direction of the necessity of the removal of gross defects causing impurity of air and general want of cleanliness. In fact it may be said, I think with perfect fairness, that the tendency of the early hygiene of the 18th century had relation more to the work as we understand it at the present time of the sanitary inspector, rather than to the medical officer of health. This, however, does not apply to the discovery of Baker, as regards the origin of lead colic, nor the work of Jenner in the prevention of smallpox. In fact the work of Jenner may perhaps be said to be the starting point of modern medical hygiene, more than that of any other investigation made up to the beginning of the nineteenth century.

In illustrating my point as to the trend of the hygienic development of the 18th century, I should like to quote the result of such work on the condition of Lord Howe's fleet, which led to his great victory on what is generally termed "the glorious 1st of June." Dr. Trotter had been appointed physician to Lord Howe's fleet about six weeks before the date of the battle. In the early part of the year fever had been prevalent and fatal in several of the ships and in one alone it had caused 270 attacks of illness. On the 16th of April, Trotter reported that there was a sick list of 725. As a result of his action, by the 1st May the fleet was reported to be in perfect health and so continued till the 1st of June when it contained 17,241 effective men to fight the French with the same number of ships, firing heavier broadsides and carrying 2,500 more men. In the French crews, however, many were ineffective through illness. They took sick men by the hundred into action, and Trotter himself reported after inspecting some of the ships when the action was over, that in the "Sans Pareil" the number of deaths from fever was very great, and that of 200 prisoners taken from her, most were suffering from scurvy and typhus. The "Vengeur" was also infected, and the result of the taking of the prisoners was that their diseased condition spread to the crews of their English captors, no less than 800 fever patients being sent to Haslar hospital between June 11th and the end of July. How far, therefore, the organization of this great victory, one which was never more necessary in the varied history of our Empire—was due to medical organization can never be known, but it is an excellent illustration

of the point of the advance of hygiene and the evolution of the medical officer through the agency of the Imperial services.

The 19th century, of course, must ever be memorable as that in which modern hygiene was born, and that in which the medical sanitary officer first came into existence. In 1831 the country was affected by the first serious epidemic of cholera, and this led to a good deal of searching of heart as to the insanitary conditions of our towns. Certain sanitary Acts were passed and Local Boards of Health were established by order of the Council. One requiring that in all such places as the Privy Council might from time to time by subsequent Orders name, Local Boards of Health, with constitution and deeds to be regulated by the respective Orders, should be established, and that in each such case every medical practitioner should send to the Local Board a daily report of all cholera cases attended by him, and another Order requiring that in all places Boards of Health and Justices of the Peace, should on certain showings call upon the Poor Law Parochial Authorities to abate or remove existing nuisances, injurious or likely to be injurious to health, but these Orders and subsequent Acts of Parliament based upon them, which were passed in 1831, had very little marked effect, for two reasons, first of all, the local communities of the country were not sufficiently educated in sanitary matters to appreciate their importance, and consequently there were no officers specially appointed to carry out the work.

In the first decades of the century the most important sanitary work accomplished was undoubtedly the passing of the Act for establishing the registration of births, deaths, and marriages. This enabled the statistician for the first time to collect statistics in a scientific form on which should afterwards be based the present administrative system of public health. Though in 1838 the Poor Law Commissioners called attention to preventable disease as a cause of pauperism, little of practical import took place until in 1848, when the first great public health legislation of this country was enacted. This great Act, the Public Health Act, 1848, followed as a result of the Commission upon the inquiry into the health of towns. I have not time to deal with the findings of this Commission. I may quote, however, one of the clauses, namely: "That the primary and most important measures, and at the same time the most practicable and within the recognised

provision of administration, are drainage, the removal of all refuse from the habitations, streets and roads, and the improvement of the supplies of water." The legislation of 1848 instituted the General Board of Health. This Board did excellent spade work in the way of instructing the public generally on elementary health principles. It, however, did nothing for the appointment of medical sanitary officers, while it created such an amount of opposition in vested interests that the Government were defeated in their endeavour to continue the Act of 1848 in operation, and the Board of Health constituted under the Act came to an end. Between now and the year 1872 the main work in the evolution of the medical officer of health was educational. Facts accumulated, based on statistics and the progress of medical science, and the Royal Sanitary Commission was appointed in 1869, and its Report, issued in 1871, was accepted by the Government of the day as a basis for legislation, and the Local Government Board was established, with Mr. Stansfield as its first president. By the Public Health Act of 1872 medical officers of health could be appointed, though their appointment was optional in the new sanitary districts. It was not till the Public Health Act of 1875 became law that the appointment of these officers and of inspectors of nuisances, in the various sanitary districts of England, became compulsory. It should, however, be noted that the Corporation of the City of London and that of Liverpool had obtained powers previously to make such appointments, and in 1847 Liverpool appointed its first medical officer of health.

The account which I have just given is of necessity bare and incomplete, but it will serve, I hope, as an introduction to what I next desire to refer to, namely, the position of the medical officer of health in the public eye. It will be gathered from the points raised that in the early days after the establishment of medical officers of health their chief work was the advising on the removal of those great nuisances which had been shown to be hostile to a reasonable degree of public health. In many of the minor districts the appointments were made without the Councils who made them understanding the necessity of public health work. In a large number of instances the officers were discouraged from doing more than was absolutely necessary. The emoluments were such that little work of scientific value could be expected, and what was performed was rather in spite of, than on account

of the desire of, the authorities. It is not to be wondered at then, that for many years, and to some extent even at the present time, the medical officer of health is regarded to a considerable extent as a sort of superior inspector of nuisances, and I have had personal experience of the fact that in some instances members of authorities consider that their work would be more satisfactorily done had they only to deal with an inspector of nuisances and not with a medical officer of health at all. In other words, the first association in the public mind of the medical officer of health was with what I have before termed "drain pipe hygiene." I hold that one of the first steps in the urgently needed public education is the instruction of the public in what we now know to be the real important work of public health. This is rendered somewhat difficult because the public still clings to the old idea that everything hygienically bad is due to sewer gas, and that drains in some way or other are at the bottom of all the sanitary evils which flesh is heir to. Nor is this to be wondered at if we consider some of the facts I have related in the evolution of hygiene. How, for instance, the first great works requiring attention were the abolition of polluted water supplies, defective drainage, and the institution of sewerage in its modern sense; the fact, too, that enteric fever, the great single index of sanitary condition, was so often shown by reports of medical officers of health, and of the Local Government Board, to be due to conditions of foulness of water supply or of sewers. Year by year, as sanitary legislation is evolved, we notice that the conception of the work of the medical officer of health is altering, and notice that it is becoming wider and wider in its scope. Year by year there is a closer association between it and the treatment of disease, and this association is producing a new series of professional problems which time will duly solve, but which now render the carrying out of our work day by day more difficult.

There are some older scientists of the present time who declare that disease prevention has become so scientific that it has almost ceased to be within the scope of the medical practitioner, and I have heard it stated by a distinguished scientist, now deceased, that a scientifically trained chemist would make a better health officer than a medical practitioner. As, however, all prevention of disease must be based on statistical information, and on the history of disease, it is obvious that new ideas of

prevention must emanate from the medical profession.

I have been for some time past driven to the belief that one of the most important points in connection with the work of the medical officer of health is the education of the public as to what is the meaning of modern hygiene, and I have come to the belief also that this can only be done by a medical man who is a specialist in hygiene, and therefore a medical officer of health.

In passing, I would remark that it might perhaps not be out of place for the Council of our Society to see whether something cannot be done officially in this matter. One of the great difficulties in making the public understand our work in their midst in preaching the prevention of disease, is the simplicity of its general principles. Through long years of superstition, the public unknowingly, and now knowingly, still worships the medicine man, the man who gives it something in the shape of pill or potion, and it has always seemed to me that a most excellent illustration of the position is to be found in the story of Naaman in Holy Writ, who when consulting the prophet for his leprosy, was told to wash in Jordan and be clean. The very simplicity of the procedure offended his pre-conceived ideas of what should be done, and only on the persuasion of his servants was he induced to subject himself to the humble ritual enjoined. So it is with our work and the public. The teaching of hygiene to them is little else than the propagation of the gospel of cleanliness, as applied to air, water, earth and food, and when we tell them to wash and be clean, they are offended, because of the apparent simplicity of the task.

Education must, of course, begin in their early life, and the opportunities now afforded us of commencing this education early, give the greatest promise of success to our future work. I probably do not go far wrong when I say that the great practical step of sanitary education, viz., the medical inspection of school children, is the most important advance made of late years in the way of informing the public as to the scope of hygiene, and giving them a truer idea of the work of the medical officer of health.

This education, however, must be continued, and it is very desirable that we should extend our powers of informing the public, not only of the elements of healthy living, but of the new developments which are

constantly taking place. I have no suggestion to make that we should in any way belittle the importance of our work, but I think it is distinctly advisable that in our teaching we should let it be distinctly understood that the great improvements in the hygienic conditions of the people are not solely due to what may be called hygienic efforts. The improved supply of food now available to all classes has been a far more potent factor in improving the public health than all the sewage works laid down in the country, while the introduction of tea and coffee should, no doubt, be accounted one of the most important steps ever undertaken in preventive medicine. I do not, however, want to be misunderstood. I am not suggesting that all the great so-called structural public health work was not necessary, but that it was only a portion of the truth, and not the whole truth. I never write a report pointing out the improved condition shown, without a twinge of conscience, feeling, as I do, that the improvement to a considerable extent is due to causes which at present do not come, or only come slightly, within the scope of the medical officer's work. This only goes to prove the necessity for a wider conception of the problem with which we have to deal. It is no exaggeration to say that our conception of hygiene is widening day by day, and nothing is stronger as a proof of this than the introduction of such legislation as that dealing with Invalidity Insurance, and by that also foreshadowed, dealing with Poor Law Administration. But it is not only important that we should endeavour to do our utmost to educate the public to the true state of affairs. It is essential that we should pay attention to the professional education of the medical officer himself, and I would take this opportunity of saying a word or two as to the scope of our professional examinations in modern sanitary science. Public health has of late years been a necessary part of medical education, but even up to the present time a man may obtain qualifications to practice without ever having proved that he has acquired the rudiments of preventive medicine teaching. True, he must attend a few lectures, but some of the examining bodies take no pains to see that he has acquired information. If, however, he is to enter the administrative field of public health he must in all the higher appointments obtain a diploma in public health. It is just thirty years since I took my own diploma, and practically in all the succeeding period I have been

engaged in teaching and examining for degrees and diplomas. I cannot help feeling that the innate conservatism peculiar to our race has prevented us from advancing in our requirements in anything like a corresponding rate to that which science has advanced, and I feel that a considerable proportion of the work demanded, and of the papers set, still show an obsession for the hygiene of 1875 rather than that of 1911. True, bacteriology now finds a place in the requirements and in the examinations, but with this exception, as a perusal of papers will show, there has been but little change. A valuable opportunity was given to our Society in making suggestions to the General Medical Council in the spring of this year when rules for education and examination in public health were revised. Undoubtedly an advance has been made, but I do not think the modernisation has gone far enough, and I still feel that a vast amount of time is wasted on subjects too elementary and too little practical. If elementary hygiene were made a compulsory subject for examination for the ordinary qualifications and degrees, then it might, at all events in its elementary sense, be omitted from the D.P.H. curriculum, and more time given to those important developments which at the present time are but rarely touched upon. The success of a medical officer of health depends not upon a knowledge of elementary hygiene, but upon a capacity for administration and a knowledge of men. It may be urged that these are portions of our work which it is difficult to put into a form which may be assimilated. I admit it fully, but on the other hand, I should like to see it made compulsory for principles of administration in the practical work of public health to be undertaken as part of the training course for diploma and degree.

In connection with this subject, I cannot entirely acquit our text books from blame. As our knowledge has progressed our text books have improved, and many of them are undoubtedly admirable examples of what such text books should be, but on the other hand many of them still deal to a large extent with the antiquities of hygiene, and give importance to points in practice which those working in public health have long since abandoned. My attention has been called to this as an examiner, particularly in such parts of the subject as "Filtration of Water," "Disinfection," and "Sewage Treatment." The answers in many instances show that the effect of the books on the minds of the students has been such that

differentiation of the wheat from the tares has not taken place. When we consider the work of a medical officer of health, we are too apt to think that it is all on the same lines, and we forget that officers in counties, large towns, small towns, and rural districts, have to deal with problems which in the administrative sense are very wide apart. In small districts especially, there has been ever since the office was instituted the great difficulty of insecure tenure, and it must be a matter of great interest to all associated with our work, that during the present year a great change has been made for the better in the tenure given to officers of all types. Although it cannot be said that in England all medical officers of health have fixity of tenure, I am obliged to confess that I consider at the present time there is not much about which just complaint can be made, for while it was not difficult to fail to re-elect an officer whose appointment had come to an end, it is quite another matter to give notice to determine an appointment of an officer unless good and sufficient cause for the action can be adduced.

Another point of much importance in connection with the work of the medical officer, is his relation to the other officers of his department. In many instances no difficulty will ever arise; in others, owing to various reasons, friction has resulted. The fact that the medical officer of health is not statutorily the head of his department must not be looked upon as simply a question of relative position or status, but one of public interest. The medical officer of health must be the real executive head of his department. This is a question which not only affects the inspector of nuisances, but affects the public analyst and the veterinary inspector, and the sooner regulations are laid down dealing with this matter, the more smoothly and effectively will preventive work progress. If the medical officer of health is not to be the head someone else must be, and from the rapidly increasing association of his work with scientific general medicine it is, I think, obvious where the responsibility must rest. The medical officer of health must of necessity be, by his qualifications, the only officer who can set in motion the other officers and co-ordinate their work. He must be, in fact, a sort of scientific chief of the staff, and must utilise the work of the other officers in the interest of the campaign against disease.

I now turn to the last part of my subject

one in which I would like to point out how I have endeavoured to carry out the views I hold in the administration of the county I have the honour to serve. I take this opportunity of doing this because of the many requests I have had to give some details of the methods on which the public health work of Warwickshire is carried out. In doing this I do not wish to suggest for a moment that I think it is the best, or the only proper system, but after some years of experience I have found it to be capable of doing excellent work economically and without friction. Let me remind you at the outset that the sanitary work of the county medical officer of health differs almost entirely from that of his colleagues. The County Council is not a Sanitary Authority, and except under certain Acts, such as the new "Housing and Town Planning Act," "The Sale of Food and Drugs Act," and "The Rivers Pollution Acts," etc., the County Council has no direct administrative power. At the same time it must be said that the great opportunities of the County Council officer are those by which he may co-ordinate the work of the district officers within his area, and the way also that he may supplement their work, without in any way interfering with their freedom of action. I do not intend to take up your time with an account of early developments of the administration in Warwickshire, but I would prefer to begin at the date of the passing of the Administrative Provisions Act, by means of which the medical inspection of school children became a statutory duty of County Councils. Holding the view I do and which I have heretofore enunciated, that education is the most important part of our work, having had a comparatively free hand given to me in the matter, I suggested a scheme by which the sanitary work of the county might be carried on, having a due regard to co-ordination of education and sanitary work.

It is many years now since I first had the opportunity of observing the value and importance of women's work in hygiene, and between eight and nine years ago my County Council was the first one to appoint women health visitors under its own auspices. When the Midwives Act came into operation I already had a small but carefully selected staff of health visitors. I thought I saw in this Act a great opportunity for future useful work, and I suggested to my County Council that they should appoint the health visitors as

inspectors of midwives. This was done, but in a short time I came to the conclusion that difficulties were likely to arise owing to the fact that the health visitors were themselves not registered midwives, so on my advice, my County Council trained all those hitherto appointed, and engaged in future only those who held the certificate of the Central Midwives Board. This at once gave me an additional power of oversight in the case of newly born children, and as the health visitors had comparatively small districts to supervise, with only a limited number of midwives, a close touch was soon opened between them and their patients.

When three years ago medical inspection came about, after long consideration, I presented a report to the Council suggesting a scheme which should be grafted on to that already existing in the county. That is a scheme which, to use the words in the first circular of Sir George Newman, should be based on the broad principles of public health. I suggested, therefore, that as regards the actual inspection of the children assistant medical officers of health should be appointed whose duties should be, not only the medical inspection of children, but general sanitary work under me in the county, namely, work under rivers pollution, hospital isolation, and inquiries such as frequently have to be made. In addition, I felt that while a school clinic in a county was almost impossible, much might be done to see that defects discovered received attention. I suggested also that the number of health visitors should be increased and their districts still further reduced, and that the work of aiding the medical officer at the school should be done by them, and that the oversight of the children afterwards should be left in their hands. The report was adopted as I wrote it and I have now had three years' experience of the system in the county. Each medical officer has now three health visitors and school nurses associated with him, so that while there is always one available to help him at the examination of children at the schools, two others in his district are engaged in out-door work looking up defectives and doing other general health visiting work. The scheme has many advantages. First of all, it is economical, travelling expenses being reduced to a minimum. Secondly, it is effective, because, as I have said before, the whole of the scheme is worked on a public health basis, while lastly, having a trained woman, trained

that is in nursing, sanitary work, and midwifery, in a district, it obviates the constant inspection by different officers which otherwise must take place, and reduces the irritation which over-inspection in this age is so apt to engender. It has been said on all hands that I have been fortunate in my officers. This I desire to acknowledge freely and fully. The crux of the matter is that each one should be chosen as being specially suited for the work, that is, they may be able to deal with midwives, district nurses and others, and also sanitary officers, on fairly equal terms. The scheme also enables me, in some degree at least, to deal with that most pressing problem—consumption, for my officers not only deal with cases found at schools, but in the majority of instances they receive direct from the district medical officers of health those notifications which are forwarded them under the Poor Law and Hospital Orders of the Local Government Board. These cases are kept under observation, and in many instances, through local influences, they are sent away, while instruction is given to them as to what can best be done under the circumstances, if not to cure the patient, to prevent the spread of the disease to other members of the family.

In addition to this work, much else is being accomplished. In order to supplement the deficiencies of hygienic teaching, the health visitors give what I prefer to call "Health talks" in the schools periodically. That its short talks on the most important points in connection with healthy living, such as "Fresh Air," "Cleanliness" and matters of that sort. The teachers, practically without exception, help forward this movement, and I have reason to believe that speaking generally the "Talks" have been much appreciated.

I have also been able to arrange for short courses of lectures to be given, at different centres in the county, to midwives, which have been well-attended and much appreciated, and I have found that these lectures are particularly useful in bringing together the inspectors and the midwives.

We have also instituted an annual conference of representatives of District Councils and their medical officers of health, with the Public Health and Housing Committee of the County Council, and much good has resulted in the way of co-ordination of work by this means.

I may add that I have also arranged for a scheme by which every case of infectious or

contagious illness, or suspected illness, occurring in the schools is notified by the teacher or school attendance officer both to me and to the district medical officer of health, and I have arranged a scheme in accordance with the suggestions of the medical officers of the Local Government Board and Board of Education, by means of which, in the cases of notifiable disease, the return to school of patients is effected by the local medical officers.

I may also just mention, by the way, that there is at work in the county a very complete scheme by which in cases of diphtheria, typhoid fever, and tuberculosis, specimens may be sent free of cost by any practitioner in the county to the Pathological Department of the Birmingham University.

It will be seen, therefore, that even with the limited undeveloped powers at present existing, I have made some little attempt, not altogether unsuccessful, to bring together the county and local interests in matters of public health, having in view the difficulties existing in the present partially developed scheme of county government.

Now, in conclusion, the full appreciation of the medical officer of health will only come in the future, when he has had time and opportunity to utilise his powers for the public good, and in the meantime his most pressing work is that of educating the public in what may be done. Strong in his faith, in his work and in himself, he must neglect no opportunity presenting itself to him of preaching the doctrine now so little understood, that the happiness which may be the lot of the human race is unattainable to those who lack the blessings of health.

Talk Happiness ! The world is sad enough
Without your woe. No path is wholly rough.
Look for the places that are smooth and clear,
And speak of them to rest the weary ear
Of earth ; so hurt by one continuous strain
Of mortal discontent, and grief and pain.

Talk Faith ! The world is better off without
Your uttered ignorance and morbid doubt.
If you have faith in God, or man, or self,
Say so ; if not, push back upon the shelf
Of silence all your thoughts till Faith shall come.
No one will grieve because your lips are dumb.

Talk Health ! The dreary never-ending tale
Of mortal maladies is worn and stale :
You cannot charm, or interest, or please
By harping on that minor chord disease.
Say you are well, or all is well with you,
And God shall hear your words and make them true.