AN ADDRESS

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WHEN I had the honour of addressing this Association, as President, at Oxford, in 1868, any complete national health organisation was still a thing of the future. Now, "the general working of the Public Health Administration in Great Britain and Ireland" is to be brought before the present meeting as the first subject for discussion. This arrangement makes it unnecessary that I should occupy time with any lengthened remarks from the chair upon the present state of such administration; but, it may assist the objects of the discussion, if I remind the meeting, very briefly, of some of the steps by which the public health administration in this country has reached its present position. This may be best done by referring to a passage in the eighth report of the Local Government Board (1878; cxxviii).

"In 1871, the Local Government Board was established, and the powers and duties of the Poor-law Board under the Poor-law Acts, of the Secretary of State under the Registration Acts, the various Sanitary Acts, and the Local Taxation Return Act, and of the Privy Council under the Prevention of Diseases and the Vaccination Acts, were transferred to the new Board thus created; while, in the following year, the powers and duties of the Board of Trade under the Alkali Acts, and the Metropolis Water Acts, and of the Secretary of State under the Highways and Turnpikes Acts, were in like manner transferred to the department.

"In 1872, the whole country was, by an Act passed at the instance of the then President of the Board, divided into urban and rural sanitary districts, and each district was placed under the jurisdiction of one sanitary authority, and one only; and provision made for the establishment of a port sanitary authority for every port in England and Wales.

"In 1874, we introduced a Bill providing for various amendments in the sanitary laws, which our administrative experience had shown to be imperatively required.

"In 1875, a measure prepared by us was passed for consolidating the whole of the sanitary laws into a single statute, thus reducing into a methodical and complete whole provisions which hitherto had been scattered over no fewer than twenty-two separate Acts of Parliament.

"In 1877, we issued complete sets of model by-laws, relating to almost all the various matters which local authorities are empowered to regulate by by-laws under the provisions of the sanitary law.

"Thus it will be seen that, during the last seven years, a single central authority has been established and organised for superintending the administration of the laws relating to the public health, poor relief, local government, and local taxation.

"Secondly: that the entire country has been divided into sanitary districts, and a local authority for sanitary purposes established for every district, so that no area is now without such an authority, or has more than one.

"Thirdly: that the sanitary law has been amended and reduced into methodical form for the guidance of the several sanitary authorities referred to.

"Fourthly: that they have been supplied with a code of subsidiary regulations, which, when adopted, will enable them to give full effect to the more general provisions of the law.

"So far, therefore, as regards the organisation of the central department, the establishment of local sanitary authorities, the consolidation of the law, and the framing of by-laws, the work may be said to be complete; what now chiefly remains, at least for the present, is to encourage, instruct, and guide the local authorities in the discharge of their responsible duties."

Now, in order to estimate the correctness of the inference in the last sentence, it will be well, first, to go a little further back into the history of the formation of the present central authority in this country; and, second, to make some allusion to changes that have taken place of late years in the general appreciation throughout the world of the importance of attention to national health.

It is needless to consider the history of sanitary legislation prior to Mr. Chadwick's report published in 1842. This may be taken as the foundation of all complete modern sanitary work in this country. It is, however, worth remembering that it was only as recently as 1840 that the first Vaccination Acts were passed; in 1846, that the first of a series of Nuisance Removal Acts was enacted; and, in 1848, that a central board of health was established. This board, with various modifications, having continued till 1858, then expired. The Home Office took up the work, with a special Local Government Department, directed by that true-hearted man, Tom Taylor—certain duties being still assigned to the Privy Council, to which Mr. Simon, the paid Medical Officer of the expired Board of Health, had been transferred. From that time to 1870, no fewer than thirteen more or less comprehensive sanitary Acts were passed, the Royal Sanitary Commission having, in large measure, through the efforts of this and the Social Science Association, been appointed in 1869.

They, however, who desire to correctly estimate what has been the progress of sanitary affairs since 1870, should carefully weigh what it is possible to accomplish in a free country, depending on public opinion, in the short space of one decennial period.

In 1871, the Sanitary Commission insisted on certain principles, which substantially covered the whole ground of the sanitary legislation of the future. This appears from two resolutions contained in its second report:

First: That there should be one local authority for all public health purposes in every place, so that no area should be without such an authority, or have more than one;

Second: That the central authority, upon or without the application of a local authority, or other interested party, should, after local inquiry, have power by absolute order in unopposed cases, and by provisional order in opposed cases, amongst other things:—

1. To unite or combine districts and authorities for all or any purposes of their constitution;

2. To divide districts;

3. To make additions to and separation from them;

4. To dissolve and readjust them.

And in each case by absolute or, as the case may be, provisional order, to prescribe the necessary terms and conditions.

There is, now, no place, not the least hamlet on a lone hill-side, which should not have, and which, by the Acts of 1871 and 1872, has not, the power of obtaining such advice and such direction for sanitary purposes as it may need.

It comes, then, to this: Can we, looking to the extent of legislation, culminating in the consolidating Public Health Act of 1875, and to the fact that (1) there is now a *central authority* and *one*, (2) and everywhere a *local authority* and *one*, say that these authorities have respectively fulfilled the just and reasonable expectations which were formed by sanitarians? Some would emphatically answer No; some, with a qualification, Yes.

The uncertainty in these answers depends more than on any other causes (1) on the estimate formed of sanitary science and practice by the central authority, and the respondents respectively; (2) on the character of the local sanitary committees where they exist; (3) on the general local authority where they do not; and (4) on the officers of the several localities. In some places, there is nothing further reasonably to be desired, as hundreds of observers could testify in various parts of England, urban or rural. In some, nothing can be more futile than the labours of the more earnest of the residents. In some, as, for instance, in parts of Ireland, the accumulated evils have been so extensive that many years must elapse before they can be removed by any agency whatever.

It had been foreseen by the Sanitary Commission that time would be required to procure instruments suitable for carrying on and completing the work. They say:

"That for the more convenient performance of their duties, and exercise of their powers, all local authorities should be enabled to appoint committees of their own body, and to delegate to them defined duties and powers; and the acts of such committees should be reported to the appointing authority, and be either absolute or require confirmation, as that authority should, on their appointment, direct."

But, at the same time, they observe that:

"The system of self-government, of which the English nation is so justly proud, can hardly be applied with success to any subject, unless the governing bodies comprise a fair proportion of enlightened and well-informed minds; and if this be true as a general proposition, it is especially true in regard to matters affecting public health.

"In the next place, many sanitary questions of vital importance are, from their very nature, incapable of being completely provided for by any amount of legal enactment, however minute and explicit. So large

a discretion must of necessity be left to local authorities as to details, that in practice much will always depend on the energy and wisdom of those who compose such authorities. Moreover, there are limits to the power of any central authority to remedy the evils produced by local inefficiency. It may control, stimulate, and in many cases supplement, the efforts of local bodies, but it cannot be a substitute for them."

On the education, then, and voluntary action of the people, depends now, before all things, their sanitary condition. They have the means of obtaining knowledge; they have the means of obtaining power. If they have the will, they can obtain both. There are good books now, and to spare. The subject is popular. For any purpose of engineering, of chemical science, of prevention of disease, excellent opinions may be had. Do the people honestly seek these? Are there impediments in the way when they do so?

Those who had to do with the cholera epidemics of 1832, 1849, 1854, must acknowledge how wholly different is now the state of things as far as organisation and knowledge are concerned. In very many districts, also, the state of preparedness of the people is as satisfactory as is possible in any dense self-dependent population. It remains, therefore, to consider in what direction defects of arrangement or loss of power, capable of remedy, are to be detected.

Now, it is to be noted that dissatisfaction seems to exist in the minds of some writers and speakers on several points, some of which may be briefly named; for instance:

1. That the relief and health departments should not be united in the central authority.
2. That there should be a minister of health separate from the relief minister, and not in the Cabinet.
3. That the medical department is inadequately represented.
4. That Government grants should be more freely given for scientific research bearing on health.
5. That the areas for medical sanitary administration should be made larger than they now generally are.
6. That the formation of these larger areas should be not, as now, voluntary, but should be imposed on the districts, without the necessity of an order requiring confirmation by Parliament.
7. That the authority of a Local Government area should be the authority for all local purposes for which the area is fit (engineering, highway, and all ordinary functions of county and municipal government).
8. That the tendency to imperial centralisation is becoming too great, and that county boards will avail to regulate it.
9. That county boards are the only local boards that can ensure attendance of persons of wide experience in affairs.
10. That the prevention of disease should be a profession separate from the treatment of it.
11. That the Poor-law medical officers are incapable of acting as sanitary advisers.
12. That the guardians are unfit to be the rural sanitary authorities.
13. That the urban powers should be more constantly extended to rural districts.
14. That the arrangements for analytical health-laboratories need consideration.
15. That water-analyses may or may not be a true test of the potability or non-potability of the waters.
16. That more pains should be taken to secure good water-supply through the powers of Brown's Public Health Amendment Act.
17. That, in rural districts, the burial-grounds demand greater attention.
18. That the expense of sanitary improvement should devolve in just proportion on the occupier and owner respectively.
19. That the growing sanitary expenditure demands watchful care.

These are examples of opinions and objections more or less valid, which are honestly felt. Many more might be cited.

Now, on these and many other important topics, it is useful to have free discussion; but it would serve little purpose that I should now venture to record any opinion upon them in detail. It is well known here what labour has been bestowed on these and on innumerable details, medical, engineering, legal, statistical, by Committees of this Association; by the Social Science Association; by the joint committee of both; by the Society of Arts, the Sanitary Institute, the medical officers of health in England, Scotland, and Ireland, and by individuals too numerous to be named. On two points only, however, I would hazard some brief remarks.

The first is one that will not, I fear, meet with entire approval, for it runs counter to one of the assumed dogmas of some modern sociologists. It is, that compulsory powers should only be exercised by the central authority in the most extreme cases, and that this should be clearly understood to be the principle of action; but, as a corollary, the

central authority should with the utmost freedom collect the best information, and disseminate it in the freest way. If the Treasury should not sanction the gift of reports, every local official should receive notice of all government health-publications, with the statement of the contents, cost, and where to obtain them, immediately on their issue. This would promote progress of education, and would quite certainly be done, and is the least that would be done, *mutatis mutandis*, by any large private company dealing with the subject. It is being done to some extent by the model by-laws recently issued, but should be done much more extensively.

Then, secondly, dissatisfaction is more often expressed concerning the areas of medical inspection and the constitution of local authorities, than on any other subjects. It is necessary, however, to bear in mind that the present position herein is confessedly tentative and provisional, and, after due experience of the present working, will quite certainly be altered in some way. The constitution of the health department of the central authority and of the local authority necessarily hang together. The greater the number of highly skilled experts, medical, scientific, or engineering, attached to the Board in London, and available for duty in every part of the country, the fewer will be needed in the outlying districts. The larger the areas of work for the chief local officers, the more need for an official relation between them and either the union or some local medical officers. Critics seem sometimes to overlook the evil to the mass of country practitioners, and therefore to the public at large, if they should have taken away from them every inducement to pay attention to the progressive scientific attainments and practical knowledge that are bound up with preventive medicine, and always to cast off such questions on an officer who is not in practice. Much of the old conception of medicine being only a curative art is, as Dr. Britton and others have very plainly stated, becoming a thing of the past; though I must here observe that language on this point is often exaggerated, and liable to cause grave and mischievous misconception.

Rather than further pursue controverted subjects, it will be well now to briefly consider some of the work that actually has been done by the authorities that were constituted in 1871 and 1872. The retrospect is assuredly full of interest.

And, first, as to *Medical Officers of Health*. As the result of the Act of 1872, there are now appointed for combined districts 45 medical officers of health, and for single districts 1,320, or altogether 1,365. Of these, 920 are partly paid by the Local Government Board, and 445 are not so paid. In combined districts, 11 inspectors of nuisances have been engaged, and in single districts 1,212, in all 1,223, of whom 883 are partly paid by the Local Government Board; 340 are not so paid. Forty-five medical officers of health and 43 inspectors of nuisances are at work in the highly important port sanitary districts, every one of which is now a separate sanitary authority. Parliament pays £34,000 a year to the medical officers of health, and £30,000 a year to the inspectors of nuisances, being one-half of the salaries paid in those sanitary districts, which agree to accept part payment from the central authority. Some of the larger towns do not accept the central payment, and in those cases the central authority does not sanction the appointments. In the counties, 52 public analysts have been appointed; and in boroughs, exclusive of the metropolis, 139. In the metropolis, there are 39, making in all 230.

Second, as to *Water-Supply*. According to a parliamentary return (No. 371, Session 1879), it appears that the outstanding debt for permanent works for the supply of water in 258 urban sanitary districts was over £19,000,000. Since 1871, loans to the extent of £2,342,135 have been sanctioned by the Local Government Board for the water-supply of urban districts, and £314,269 for rural districts; and, in the same period, £6,800,087 have been sanctioned for sewerage in urban districts, and £1,087,408 in rural districts, or a total of loans for both purposes in urban districts of £9,142,222, and in rural districts of £1,401,677; in all, for both purposes in both districts, £10,543,899. It is, moreover, interesting to notice that, in urban districts, the loans rose between 1871 and 1879 from £205,399 to £1,444,368 for sewerage; and in the same time, in rural districts, from £8,150 to £288,997; and the loans for water-supply in towns rose in the same time from £16,321 to £285,022, and in rural districts from £500 to £76,153. These figures do not touch moneys raised in large towns under local Acts.

And one other test of growth of sanitary ideas and practice may be named; viz., in the case of hospitals. Under the Sanitary Acts, authorities may provide hospital accommodation for the isolation of infectious disease, though not compelled to do so. Since 1871, these have been provided in many cases. Fifty-one urban, ten rural, three port authorities, in all sixty-four, have provided permanent hospitals. Twenty-three urban, six rural, two port authorities, in all thirty-one, have provided temporary hospitals. Sixty-nine authorities have contracted with

existing hospitals for the reception of cases; and seventy-three authorities have united together, urban with rural, port with urban, or rural, or both, in obtaining thirty-one hospitals; so that altogether two hundred and thirty-seven authorities have provided hospitals of one kind and another, on the scale deemed necessary in each case, in the last nine years for infectious diseases.

Reports are required to be sent to the central authority annually by every medical officer in the country; and these reports, sometimes of considerable value, sometimes too meagre to be of any service, form a good criterion of the state of public opinion, and hence also of the condition of every district of the country.

And, lastly, the admirable yearly volumes of Dr. Buchanan, Medical Officer of the Local Government Board, give earnest that annually a complete summary of the work he has done, or has had done, and by inference and suggestion of work yet to be done, will be within reach of all who have inclination, leisure, or duty to watch this development of the national economy.

For the facts above stated, I am chiefly indebted to the ever ready kindness of Sir John Lambert, of whose worth as a long tried officer of the State it would not become me here to speak.

When, then, these circumstances are impartially considered—first, the existence of one comprehensive central department; second, all pervading local authorities; third, active diffused interest as to the extent of sanitary requirements, and how to meet them; and, fourth, uniform progress in every department upon the whole—the best answer is given to those who take a pessimist view of the growth of ideas as to national health.

Yet most are agreed that some development of the central and some change in the local authority are required; and that there are arrangements which, excellent while provisional, have not the qualities needed for permanence.

This is not a suitable occasion for comparing the sanitary progress of other European nations with our own; but there are two countries not European of which I may ask leave to say a few words. No sanitary work at the present moment exceeds in interest the proceedings in respect of health organisation and administration inaugurated last year by the National Board of Health in the United States.

In the words of the Act of Congress, "The duties of the National Board of Health shall be to obtain information upon all matters affecting the public health; to advise the several departments of the Government, the executives of the several States,.....on all questions submitted by them, or whenever, in the opinion of the Board, such advice may tend to the preservation and improvement of the public health"; and they were required to submit a plan for national public health organisation, which plan shall be prepared after consultation with the principal sanitary organisations and the secretaries of the several States of the United States.

And then there were constituted the following standing committees: 1. On rules and interpretation of the constituting Act; 2. On finance and accounts; 3. On epidemics and contagious diseases; 4. On adulteration and deterioration of food and drugs; 5. On registration and vital statistics; 6. On state and municipal and local sanitary legislation; 7. On diseases of domestic animals.

Besides these seven committees there is an executive committee, with three as a quorum, including the president. This committee is held to be in permanent session. Arrangements were made whereby the executive is fully informed of all the proceedings of the other committees. Care is taken that all proceedings shall be confidential, except such as are communicated to the press by the proper officer of the board.

The board publishes a weekly bulletin, with occasional supplements, on matters of importance. These official bulletins, of which one volume is now complete, will gradually become a medium of intercommunication between all the States of the Union, on such subjects as possess an interest common to them all; and for this special purpose it is recommended "that the monthly review and statistical abstracts of the record of mortality in every bureau of vital statistics and in every board of health office shall be regarded as an indispensable duty, and that in every city or township, and in whatever country precinct or parish, where there is a local bureau or office of registration of deaths, the monthly review of the records shall be maintained in accord with methods that shall be sufficiently uniform for comparison with similar abstracts and reviews in the cities and States throughout our country."

It is necessary to bear in mind that the United States are "by no means an homogeneous whole", but have all sorts of climates, and all sorts of people as regards education and occupation; that the laws of the different States (except as regards foreign affairs, post office, and customs) are made by the States themselves, and the Central Government at

Washington has no control over the individual States except in those particulars.

Philosophically viewed, therefore, the attempted system of health organization is one dependent for its success on the wise adjustment of the central and local interests respectively—that is, on a tempered and temperate recognition of Home Rule or Local Government. And at present there is no sign that the practical wisdom of the American people is likely to fail them here, for the central board is advisory, and is only executive at the wish of the local authorities.

The work of this board is one of great interest from its magnitude and complexity, partly owing to the mobility and variety of condition in the population, and partly from the fact that it is undertaken when the united medical profession throughout the world has become fully alive to the vast importance of preventive medicine, and therefore is desirous to obtain precise information, and reasonable regulations in respect of sanitary laws.

The States and territories contain more than three-and-a-half millions of square miles, extending nearly 3000 miles from N. to S.W. on the Atlantic coast, 1,500 miles on the west, and more than 3,000 miles across from E. to W.

The kind of information bearing on human health, which will be systematically accumulated, is such as will have had no previous parallel.

It is hoped that it may be not improper to observe that the best sanitarians of the United States fully recognise the debt which is due to the self-denying and active persons who, since 1842, have laid the foundations in this country of complete sanitary administration of the science of public health, and made our regulations as complete as they are.

It is worthy of notice, that the United States Health Department is truly and practically a board, every member except the Solicitor-General being selected on grounds of special fitness for sanitary work. Our Local Government Board is not a board in the same sense, nor composed in the same way of persons chosen for their special knowledge. I say this, of course, under reserve, and with some diffidence. But it is understood that our five Secretaries of State, the Lord President, Lord Privy Seal, and Chancellor of the Exchequer, do not and cannot take any active part in the proceedings in the board of nine, the number of the American board. In what relations the legal, engineering, medical, statistical, relief departments stand to the board as a board, does not appear on the face of the constitution of the English board. The committees in the United States are essentially subdepartments of the common board, which unites under the president for all general consultative purposes. But into full particulars of this kind it were beside the present object, and indeed not proper, to enter, in this place, or on this occasion.

Nor can I fail to allude to another sanitary bureau which has been in operation for five years—that of the Imperial Japanese Government. I will not enter fully into the history of this bureau, of which the first and second reports have been obligingly given to me by Mr. Lennox Peel, the active and accomplished clerk of the Privy Council. But it is to be noted that its code is constructed on the model of codes in Europe and the United States. It publishes a magazine of information on home and foreign affairs. It is engaged in a work of great difficulty, in consequence partly of the large proportion which uneducated bear as yet to educated physicians; but it is carrying on this work in a temper of equal prudence and of zeal which is worthy of all praise. And I will conclude this brief notice and this tribute with two extracts from the report of Nagayo Sensai, director of the bureau.

"The first and most important measures to be taken for carrying into effect sanitary regulations in each city and prefecture, are the appointment of private citizens as sanitary committees in each town and village, and also that of local sanitary officers in each district. Without these local sanitary committees, and a requisite number of local sanitary officers in each city and prefecture, no success can ever be hoped for in matters of sanitary improvement."

"Great praise should be awarded to the zeal of the local authorities who appointed the local sanitary committees, without any compulsion from the central government; but the manner of appointing these officers, and of stationing them in the different parts of the jurisdiction, varied in different prefectures; and in some instances, the methods adopted by these prefectures was not in accordance with the views of the bureau, chiefly owing, however, to want of sufficient funds, and of persons competent properly to discharge the functions of sanitary committees. The duties of the local sanitary committees, bringing them into immediate relations with the people, it is useless to hope for the diffusion of information on the important subject of sanitary improvement and of the proper measures to be adopted in various emergencies, unless the committees are themselves properly qualified. It appears,

therefore, that the next step to be taken is the establishment of a local sanitary office in each locality, with officers properly qualified, both by education and practice, to perform the duties attached to the office."

After what has been said of the great progress of our western authorities, as now constituted, it may seem almost superfluous to remark on the good sense of these two paragraphs. But it is really interesting to find the same difficulties as some of those which affect us here, appreciated by a very different but remarkable people, at an opposite portion of the globe, and to find them met in the same manner.

Their words are, in fact, an echo from statements of our most thoughtful statesmen. I have only to refer, for instance, to Mr. Stansfeld's opinions, repeatedly expressed, and lately renewed at the Society of Arts as his latest convictions. For he it was whose promptitude and moderation carried the Acts of 1871 and 1872, the effects of which are, and will be, so important.

The reference which has been made to the health reports of the United States and of the Empire of Japan leads me, in conclusion, to revert to the expediency of founding a chair of comparative national health, proposed many years ago, and fully explained at a meeting of the Social Science Association at Plymouth, in 1872. This vast department of knowledge and inquiry was at that time described as "a science which has reference to that health which is affected by the circumstances of the whole world, which seeks to compare one nation with another—to ask why one people is more or less healthy, one more or less long lived; which aims at presenting to the mind a correct conception of the circumstances, and the fluctuations in the health of the whole of mankind. The factors, indeed, are derived from subjects of which some are as yet incomplete, as meteorology, physical geography, ethnology, laws of descent, of ascent, of species, and many departments of sociology—as education, crime, reformation, value of human life as life, poor-law, and the intermixture of races."

The value of the elaborate investigations into the conditions of healthy and unhealthy life carried on by our brethren in India was on that occasion discussed. In that triangular space, containing 1,400,000 square miles of the earth's surface, so many conditions of race, climate, and occupation occur, that it is a great field for biological and scientific study, extending to nearly 240,000,000 souls, and presenting a problem more difficult than that of the United States, with its 3,500,000 square miles. When we superadd these new developments of sanitary problems to the older, but still incomplete arrangements of the European continent, we must feel convinced that there is no time to be lost in giving a career to persons who will devote themselves exclusively to this department of biology, sociology, and statistics. I am not unmindful that Dr. Buchanan's office handles these subjects, and watches the course of epidemics; that the late Government sent last year a special mission to examine into the circumstances of the plague in Southern Russia: or that the question of the laws of leprosy and of cholera have long occupied the Colonial Office and the Royal College of Physicians. But I confess the desire to have a fully endowed chair, by which, with adequate comparative health library at hand, the subject may be one of steady study and frequent record. Nor can I omit here to say that I doubt how far the intentions of the late Government, in making a grant of £4,000 a year for scientific research to a committee containing the Presidents of the Medical Council, of the College of Physicians, and College of Surgeons, have yet produced their full fruit in the direction of scientific medicine and of pathology.

There are many other subjects on which it would be pleasant and perhaps instructive to dwell, but your short time must not be further occupied. Dr. Billings, the mainspring of the United States Sanitary Board, says:—

"We want our citizens and cities, counties and States, to take care of themselves in sanitary as in other matters as far as possible; but there should be some power competent to interfere in the exceptional cases in which ignorance, selfishness, or terror lead either to danger of pestilence or to obstruction of commerce. This power, however, cannot be established arbitrarily, or in advance of sufficient education of the business portion of the community, to create a powerful public opinion to support it. Whether it is possible to give this education otherwise than through the lessons which epidemics themselves give, is the problem which the sanitarians of this country are at present practically trying to solve."

This is the same note which is struck by almost all who deal in the present day with the growth of nations. Instruct, educate, persuade—do not attempt to coerce. In this country, the seat just now of severe competition and great commercial strain, it must be a duty to steadily keep down all taxation for objects which are not productive or necessary for security. But as regards sanitary laws, whether political or

material, we have to remember that, as sound health-conditions may be counted to be urgently required for the maintenance of morality in the individual, so not less are morality, contentment, and virtuous life-essential for national health; and that, in the complex conditions of modern civilization, many health-conditions can only be provided by the state, and cannot be obtained through any individual exertions by the mass of people.

REPORT OF THE PARLIAMENTARY BILLS COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

DURING the last year, the Parliamentary Bills Committee have been chiefly occupied with (a) the consideration of subjects affecting the welfare of the Army and Navy Medical Services, and the Medical Services of the Indian army; (b) the state of the law affecting coroners; (c) the progress of legislation concerning Registration of Infectious Diseases; (d) the modifications necessary to improve the provisions and widen the scope of the Infant-life Protection Act; (e) the investigation of the present state of knowledge concerning our use of calyph in Vaccination, and the application of conclusions derived from this investigation to the modification of our national system of Vaccination; (f) and, finally, with the consideration of a Bill introduced by the present Government for the purpose of abolishing multiple penalties for neglect of Vaccination.

The action of the Committee in respect to each of these matters may be briefly summarised as follows.

Army Medical Department.—Your Committee, in their report to the Association last year at a meeting at Cork, were able to express their satisfaction that the recommendations which had been laid before the Government, in a paper prepared by the Chairman of the Committee for the information of a Departmental Committee of the War Office, had been ultimately adopted by the War Office Committee as the basis of a report; and that the report in question would, it was believed, recommend that the short service system, to which your Committee, on behalf of the Army Medical Department, has strongly objected, should be abolished, and that corresponding advantages should be given to medical officers who had already joined the Service under the obnoxious ten years' rule, and that rates of pay, pensions, honours, and good-service rewards, should all be considerably increased. Your Committee expressed the belief that if a warrant should be issued embodying these recommendations it would meet with general approval, and would restore contentment to the Army Medical Service. Your Committee have the satisfaction to state that not only is such a warrant being issued in the terms anticipated, but that the particular recommendation of the War Office Committee, to which your Committee objected—viz., the proposed abolition of entrance examinations for the army—has not been adopted. The objections which your Committee expressed to such abolition became the subject of discussion at the last general meeting of the Association, and a distinguished officer of the Department, on behalf of the head of the Department, defended the proposal to substitute the system of nomination for that of admission into the Army Medical Department by entrance examinations. The Association, at that general meeting, warmly endorsed the opinion expressed by your Committee that such a substitution of a system of nomination would be most injurious to the character of the Service, and would destroy an important safeguard for the welfare of the soldiers and the security of the public. Happily, this view has prevailed largely—it is believed owing to the influence of the discussion then taken and the endorsement by the Association of the views of your Committee—and the entrance examination still subsists, and with it the valuable training at Netley which forms part of that system. It is highly satisfactory to be able to report that the opinion of your Committee, that the entrance examination was by no means in itself an impediment to the popularity of the Service, and that the restoration of satisfactory conditions of pay, rank, promotion, retirement, and honours would bring forward abundance of candidates well capable of passing good examinations, has been amply justified by the events of the year. The recent examinations for the army have brought forward a large number of excellent candidates—the applications at the present moment for the British Army Medical Service are more numerous than they have been for a long series of years; and the examinations passed are of a higher standard than they have ever yet been. Thus your Committee has the satisfaction of being able to report that, while their recommendations have proved to be such as the War Office on careful examination has found to be acceptable, and has in the main adopted, on the other hand the adoption of them has resulted in bringing forward an excellent supply of high-class candi-