party will proceed to Swinburne Castle, where they will be entertained by Dr. William Murray.

PLACES OF INTEREST IN THE NEIGHBOURHOOD.

Tynemouth.—Tynemouth is a large watering-place at the mouth of the river Tyne, with plenty of accommodation for visitors, and with good railway and steamboat communication. It has fine broad sands, stands well at the mouth of the river, and is celebrated for the beautiful ruins of its ancient priory. Sea bathing here is excellent, together with boating and sea fishing. There are several smaller and quieter watering-places north of Tynemouth—namely: Cullercoats, Whitley, Newbiggen, Warkworth, Bamborough, and Alnmouth. South Shields, and Roker, near Sunderland, are also pleasant seaside places to stay at. Near South Shields are the celebrated and picturesque Marsden Rocks and Caves.

Hexham and Corbridge.—There are beautiful places west of Newcastle, but it will scarcely be convenient to go further than Corbridge or Hexham during the meeting. Hexham is a picturesque old town, chiefly interesting on account of its fine old abbey church. The Roman wall can be conveniently visited from Hexham or Chollerford.

Durham.—This city is situated on the main line south of Newcastle, and the quick trains run there in about twenty minutes. It is a quaint old town, its chief beauties being the Cathedral (a magnificent Norman church) and the Castle, both picturesquely situated on two of seven hills on which Durham is built. The river winds round the base in a sharp curve between well-wooded banks. Finchale Abbey is a fine ruin on the river Wear, three miles from Durham.

Morpeth.—This is a pretty, quiet country town, half an hour's railway journey north of Newcastle, with good lodging accommodation. Near to it is Rothbury, a delightful place with pure and bracing air.

NOTICES OF MOTION.

Dr. MEAD hereby gives notice that he will move:

That as a considerable number of Branches are unprovided with by-laws, and in consequence irregularities arise, especially in the election of officers and other important matters, the Council be empowered forthwith to provide a set of model by-laws regulating such matters, and such by-laws be taken and deemed to be the by-laws of every division in which special by-laws sanctioned by the Council do not exist.

July 20th, 1893.

FRANCIS FOWKE, *General Secretary.*

SMALL-POX IN GREAT BRITAIN.

LAST week some 60 cases of small-pox were admitted to hospital in London, leaving 330 patients under treatment at various institutions on Saturday, a fall from 397 in a period of three weeks. The deaths, however, numbered 10, making 76 in the past nine weeks. Six of the deaths were of unvaccinated persons, all being under 5 years of age. In West Ham numerous attacks continued to be reported, 5 deaths being registered; there were some half-dozen cases in Birmingham, 8 in Salford, 3 in Manchester; Hull, Wakefield, Halifax, and Middlesbrough also being freshly invaded, whilst at Bradford upwards of 20 attacks took place, the hospital records showing nearly 70 patients under treatment at the beginning of the week. Two deaths were registered from small-pox. There have been several cases of the disease in the Totnes rural district recently, huts being utilised for isolation purposes.

THE epidemic of typhus fever in New York during the first quarter of the year caused 119 deaths. There were 328 cases, and all but twelve were males. More than half the patients were between the ages of 25 and 45.

THE French Chamber of Deputies has read for the first time a Bill to amend the law as to the practice of pharmacy. It proposes to unify the pharmaceutical diplomas, and has been introduced as a result of an agitation which has been on foot for some time.

THE MEDICAL CURRICULUM IN FRANCE.—A scheme is under official consideration to alter in some respects the conditions under which the degree of Doctor of Medicine may be obtained in France. Under this scheme, a student before beginning his medical curriculum would be required to have spent at least one collegiate year in the Faculty of Science, and to have passed an examination in chemistry and physics. The duration of the medical curriculum would be four years, and the candidate would have to pass five examinations.

EXTENSION OF SANITARY POWERS TO COUNTY COUNCILS.

*A Special Report for the Use of the Parliamentary Bills
Committee, prepared by the Chairman.*

(Continued from page 189.)

REGULATION OF TRADES.

CLOSELY allied to the subject of by-laws is that of regulated trades. Of these, I may class the keeping of common lodging houses. The supervision of these establishments by local authorities is often very nominal, and rarely efficient except in towns. And standards of cubic space and other requirements fixed by local regulations differ widely. Yet common lodging houses are, above all else, the channels by which small-pox and other infectious diseases are brought into districts by tramps from infected centres, as is well known among health officers. It has needed only a most cursory knowledge of the facts of the present small-pox prevalence to convey an idea of the danger which these houses constitute to the public health. As to these dwellings, as well as in regard of canal boats, I think that county councils should have laid upon them the duty of inspection and reporting, with power to compel adoption and, after adoption, enforcement of by-laws with reference to the former, and with full power of entry in respect of both. Next as to cowsheds, milkshops, and dairies, the administration by local authorities is usually very lax, oftentimes non-existent. Regulations vary in their requirements—a matter of unfairness to one or another district and owner. Seeing that milk plays such an important rôle in the dissemination of disease, it is deplorable to think that conditions such as are recorded by health officers and others as obtaining all over the country are permitted to exist unremedied, as is too often the case. Instances are numerous, but I need only refer to two. As to cowsheds, take Pudsey again, and what do we find in the annual report of Dr. Hunter for 1892? This; that “in nearly every cowshed the milk is exposed to infection from air polluted by drain gas, the effluvium of offensive manure heaps, and the emanations from the cows.” And then, after detailing the result of a careful inspection of seventy-two cowsheds, Dr. Hunter proceeds: “To sum up: there is no doubt that the milk supply of Pudsey is produced under conditions that favour the production of diseases, and their distribution to the public.” The second instance is that of York Rural District, where the situation of wells of dairy farms in dangerous proximity to heaps of filth, to foldyards, and so on, is a common occurrence, wells being in some places so circumstanced that pollution seems inevitable. The reports of health officers and the public journals have placed on record numerous instances in which insanitary conditions existing at dairies, farms, and other places whence milk is distributed, have led to specific contamination of milk with resulting widespread disease and death. In this connection I may refer to my paper on “The Influence of Milk in Spreading Zymotic Disease,” published in the *Transactions* of the International Medical Congress of 1881; and to the pages of the *BRITISH MEDICAL JOURNAL* almost annually since that date.

Here I see reason for concurrent power of action and inspection being granted to county councils and sanitary authorities, with power on the part of councils to make regulations where they do not exist, and to see that they are everywhere duly acted on. And there would undoubtedly be much benefit accruing from a standard of requirements common to the whole county, and consequent enforcement of regulations with a minimum of friction.

I cannot pass this point without insisting further that power should be granted to county councils of inspecting cowsheds with reference to diseases in the cow (tuberculosis, udder and teat eruptions, and the like) that have concern with disease in the human subject. Power of action in respect of the milk and flesh of diseased cattle is also needed. The matter is of growing importance, and has not received the attention it merits in our sanitary laws.

Lastly, I would mention slaughterhouses, which are much neglected in most parts of the country. Reform seems needed on the lines of the Public Health (London) Act of 1891, which gives power to the London County Council to re-

fuse a licence in respect of a slaughterhouse. Such licences should be renewable annually by all county councils, with power of refusal, and councils should be enabled to represent to the Local Government Board whenever they consider a public *abattoir* to be needed, the Board being thereupon under necessity to make inquiry, and, if they deem requisite, to order the establishment of an *abattoir*. Furthermore, it seems desirable that rural authorities should be placed on the same footing as local boards in regard to the framing of by-laws as to slaughterhouses situate in small towns and villages which happen to be in "rural" areas. At present "urban" powers must first be obtained at the hands of the Local Government Board.

OFFENSIVE TRADES.

As a necessary corollary to regulated trades come those which are classed under the term "offensive" in so far as the powers of county councils are concerned. These trades are to some extent specified by the Public Health Acts, and it may be that others should be added. Control is now nominally vested in local authorities, who rarely exercise any real supervision, no county council, save that of London, having any power in respect of them. Small local authorities have proved themselves incompetent to deal efficiently with these trades; they have no staff for the purpose, no expert knowledge, are constantly open to pressure on the part of those interested, and shelter themselves behind the plea of "driving trade out of the district." But if all districts had a recognised standard these things would not be. The aim, then, is to have an administration that shall be equal and efficient, and accordingly I advise that county councils should be made authorities with whom registration of offensive trades would be compulsory; that to the councils should be given the power of requiring, with assent of the Local Government Board, exact specification of precautions to be adopted for obviating nuisance, and of making by-laws governing the trades. They should also be given power to prohibit where necessary establishment of new works, and should be given right of entry on premises as in the case of trade effluents, inspection being constituted a duty of the councils. Further, an regard of their action, alike in the case of offensive and regulated trades, county councils should be required to make in annual report to the Local Government Board.

SMOKE.

With reference to trade nuisances, I may refer to those caused by smoke, to which scarcely any attention is paid by local authorities. Many modern improvements have been made in apparatus, and prevention, or at least mitigation, of nuisances ought now to be possible. The offenders are commonly men of local weight, leading to hesitancy of action on the part of local authorities and their officers. County councils would be free from all local influences of the kind, and consequently in a stronger position. It should be made their duty to maintain inspection concurrently with sanitary authorities, and to report annually to the Local Government Board. The subject of smoke nuisance is one which has considerable bearing on public health, especially in heavy manufacturing localities where men cannot escape the inhalation of a considerable quantity of soot, with resulting harm to the lungs and irritation of these organs, leading, it may be, to phthisis. And in a smoke-laden atmosphere people refrain from opening their windows, thus reducing the amount of ventilation of living rooms to a minimum. The harmful influence of smoke on plant life is well known. These are but the fringe of much that is to be said against the persistence of smoke nuisances, and show that efficient preventive action is called for.

ADULTERATION ACTS.

Another power which might most usefully be given to county councils is that of enforcing, or, still better, of carrying out the Adulteration Acts. In only too many cases the Acts are dead letters. It needs but to peruse the annual reports issued by the Local Government Board to learn how unevenly in this respect the powers of local authorities are used. Yet the necessity for action is evidenced by the results obtained where the Acts are administered, and no one can doubt the importance of safeguarding the public against admixtures of a deleterious nature, to say nothing of the dishonesty of charge on the part of tradesmen, for goods of a

nature inferior to those demanded. In such an article as milk it is often of vital importance that it should be pure and free from added water; and the need for unsophisticated drugs is self-evident.

HOUSING.

I now turn to the subject of the housing of the working classes—one affecting a large section of the community. The law as it stands is anomalous. The Act of 1890, it is true, gives powers to county councils in regard of dwellings. But whilst a certificate that a house is unfit for occupation, and the like, has the same force as that of a local health officer, if it emanate from a county health officer and be forwarded by the council to an urban or rural authority, it would not hold good of a house in a borough. Again, rural authorities are bound to report to a county council their proceedings in respect of representations made to them under the Act; not so urban authorities. Yet there is no good reason for the difference, and it must be borne in mind that many rural districts are in parts strictly urban in character, containing fair-sized towns and large villages, with powerful authorities; whilst undoubtedly only too many so-called "urban" districts consist simply of one or more villages, and these not in all cases large ones. It seems essential that urban and rural districts should be treated alike, power of action in respect of a defaulting urban authority being given to county councils in the same way as that of a rural area.

BURIAL GROUNDS.

I would next touch upon a matter of great importance to the living, namely, the disposal of the dead. Only one point, however, do I propose to treat—that of burial grounds. The existing method of central control is vested in the Home Office, which has one inspector to look after all the burial grounds in England. As a result, practical supervision is almost entirely wanting, and some of the older churchyards are shamefully overcrowded. We hear of sextons probing with rods for clear places, and of burials taking place within a few feet of dwellings. The necessary supervision can hardly be looked for from local bodies, hence county councils should be entrusted with powers of supervision and control, being made responsible for inspection, and having among their powers those of sanctioning new grounds and of closing old ones, subject to approval by the Home Office or the Local Government Board.

LOCAL ADMINISTRATION.

Coming now to questions of administration, I would deal first with the question of local sanitary officers, treating primarily the case of the medical officers of health. I would say at once that the inherent defects of the present system of appointments of health officers are low rates of remuneration, and uncertainty of tenure of office. In respect of the former point it cannot but be admitted that the salaries offered in a large number of districts are tantamount to saying, "We must have a health officer, but we want him cheap; and the amount of time devoted to his duties we do not trouble ourselves about." The list of salaries of our local health officers is a standing disgrace to a country professing so much in sanitary matters as England does. I take haphazard a few of the items from the current issue of the *Medical Directory*: Morecambe Urban District expends the munificent sum of £10 annually upon its health officer as payment for work done. Holywell and Chorley, in Cheshire, advance £10 10s. each; Guiseley yields up £12; Havant and Horsforth furnish each of them £15; whilst Slough spends £25 upon the health officer of her upwards of 5,000 residents, only 1½d. per head per annum! It seems ludicrous to quote these cases, typical of many. But what of security of tenure? Is it existent? Undoubtedly it is in many places. But in others? By no means. In only too large a percentage of districts appointments are annual, or it may be triennial, or even in some few quinquennial. But at the close of each period the officer is at the mercy of his authority; they need not re-elect him, with the knowledge that the worst that can happen is non-approval on the part of the Local Government Board of repayment from county funds of the moiety of his salary. If this happen, the worse for the successor of the dismissed officer. Now, one of two things must often result: either that an officer is content to draw his small pay and perform only

such duties as shall be pleasing to his board, taking care to report in a manner that shall not bring discredit upon them; or he conscientiously carries out his official instructions to the best of his ability, and reports on the state of his district as its circumstances require, with the likelihood of finding his services no longer needed at the end of his term if his authority look askance upon his method of procedure. For an instance of this latter class of case I may refer to the recent action of the Pudsey Local Board with regard to Dr. Hunter, an officer drawing only £40 per annum for a district having a population of over 13,000 persons, and one calling for constant supervision; and in respect of which he conscientiously discharged his duty by reporting on its sanitary defects in a praiseworthy manner. That the district is one demanding the unrelaxed attention of both health officer and other sanitary officers is patent from a perusal of the 1892 report; elementary principles of sanitation have not been properly applied, and the state of property and its adjuncts, in the matter of drainage and the like, give evidence of need for great stringency in the enforcement of the by-laws; whilst conditions under which milk is distributed to Leeds, Bradford, and other towns were such at the close of last year as to "favour the production of diseases and their distribution to the public." Surely these afford reason, if a local authority is right-minded, for retaining a painstaking officer and encouraging him to further zeal.

It is no wonder that a feeling is growing up in favour of certainty of tenure, not alone on the part of the health officers, but in the mind of all the many friends of sanitary science who are desirous of seeing real progress made; and, again, one can understand the wish, now so strongly expressed, for officers who shall devote their whole time to their public duties, and escape the fetters which private practice inevitably lays upon them. Experience has amply shown that where an officer has calls upon his time from a source that furnishes the main portion of his income, he must of necessity yield to that call, to the detriment of his public health work; but when free from the shackles of other work he can not only devote his life to the sanitary welfare of his district, but he can do so with the certainty that he will have the best aid of his medical brethren, the more so since they feel that he will have no interest in their patients beyond the adoption of such measures as shall tend to the prevention of the spread of infectious disease. How frequently even the best endeavours of a health officer, himself a practitioner, to make his duties work smoothly, result in friction and unpleasantness with other practising men, is only too well known. His action is at all times to be misconstrued, and often is, as interference with his brother practitioners and any withholding of help on their part will militate against an efficient discharge of their duties.

It is undoubtedly desirable to establish something like a "public health service," which shall be held together by stronger methods than the caprice of changeable and often wrong-headed local authorities; and if a system of whole-time officers of health is to be instituted, it will be necessary to establish certain corollaries. Thus salaries will need to be sufficient to attract and retain reasonably good men, otherwise only the incompetent and needy will be drawn in. An officer of health is now not infrequently a man who has accepted his post to keep others from establishing themselves in his district. The officership is to him a necessary evil; and in connection with the salary, it would seem well to admit the system, now elsewhere so general, of advancing the scale of pay as the officers' services become more and more useful to their districts, as in banks and numerous other large establishments. Further, the health officer giving his whole time must not be dismissed without the consent of the county council and the Local Government Board. It would be a serious matter for a medical man, debarred while in office from private practice, to be cast adrift at the will of a whimsical local body, to begin professional life again, say, when middle aged. In any case, the power of dismissal should certainly be relegated to a higher authority than at present, the prevailing system being obstructive to all true progress.

I think that whatever system be adopted, salaries should require to be approved by county councils, and to be wholly paid out of county funds, some workable scale of remunera-

tion being generally decided upon; and to county councils should be given the power of requiring, on any given subject, from local health officers, special reports and statistics. At present no such power obtains, and such additional facts and data as councils desire are now voluntarily given by health officers, and are, indeed, at times refused, with the result of rendering county returns incomplete. Some health officers are so bound down that they are afraid to furnish desired data; and, as bearing on this point, I may state that a medical officer of health was only recently dismissed on account of evidence perfectly true, given at a Local Government Board inquiry.

Before leaving the subject of health officers I desire to advert to the important matter of reporting. At present a very large proportion of annual reports are submitted, and remain, in manuscript. This means one copy for the officer's keeping, one copy for his authority, a third copy for the county council, and a fourth for the Local Government Board; and the same in respect of all "special" reports. The system is a direct inducement to make the annual statement as short and meagre as possible. Yet if there should be important matter in a report, a single written copy of which is placed before an authority, it is only lost upon the members, who either simply hear the document once read or "take it as read." If a report is worth writing it is worth writing well, and also printing, so that each member may have a copy to peruse and to study at leisure; whilst a printed document will furnish far better than a written paper a record for future reference. Hence I think that all annual reports should be printed, each county council having power to prescribe the dimensions of the page; or, better still, one standard size being made compulsory in all counties, for convenience of binding and so forth. As matters stand a large variety of sizes are in vogue. The cost of printing might very properly be thrown upon county funds, seeing that it would be a charge incident upon all parts.

The requirement of "whole time" from sanitary inspectors is a matter only second in importance to that of health officers. In small urban districts the inspector is quite commonly saddled with other duties. Thus, in Pudsey I find him fulfilling those appertaining to nuisance inspector, building inspector, and surveyor. Not infrequently he gives only part of his time to public duties, being a farmer, shopkeeper, publican, and so forth. Yet his is skilled work, or should be so, and ought not to be mixed up with other duties and ties tending to distract the inspector's attention or hamper his action.

Some standard of competency, as in London, seems desirable, and adequacy of salary should be insured. The sums are oft-times ludicrously small, and result in, at most, securing the temporary abatement of recurring nuisances. Many instances might be quoted; let two suffice. In the Clayton and Tong district each of the inspectors gives his whole time as inspector of nuisances and surveyor for something under 30s. per week. The first district has an area of 1,200 and the latter of 2,600 acres, whilst the respective populations are 4,700 and 6,900 persons. The joint inspectorial salaries do not amount to a weekly wage of 10s. each. In the matter of reporting, a prescribed form of annual return to be filled in by inspectors would be most useful, this being submitted to the medical officer of health to be appended to his report. The form could be designed by the Local Government Board, each council, with more exact knowledge of their county, having power to add items to the form. Such a return need not preclude inspectors from supplying any additional facts worthy of record.

I have already referred to the fact that health officers, where properly discharging the duties of their post, by exposing the sanitary shortcomings of their districts, lay themselves open to dismissal. Many officers have been dismissed for too plain speaking. But, as has long been said, a health officer has no self defence when an authority decide not to re-elect him for having exposed them as a defaulting sanitary body. It is strange that this monstrous absurdity should have been so long tolerated.

It seems most desirable that local sanitary authorities (apart from their officers) should be required to certify to their own default by means of an annual report dealing with specified points in a particular manner, so that nothing short

of direct mis-statement can prevent any present or past neglect in sanitary work from becoming apparent. Any downright falsity of statement would be detectable by the county council or Local Government Board, to whom copies of the reports should be required to be sent. Omissions from or false entries in the reports might reasonably form ground for complaint, under Section 299 of the Public Health Act of 1875.

This section (299) seems to demand extension to include default under any Act, with default in enforcing by-laws and regulations. Many local authorities who have adopted the model by-laws of the Local Government Board fail to enforce them, as I have already pointed out. New buildings, for example, are comparatively rarely built in strict accordance with by-laws, damp courses and air-tight basements are often ignored, and in Yorkshire back-to-back houses are still springing up, with the connivance of sanitary authorities, in districts for which by-laws to the contrary are in existence. Where outdoor closets are in use it is not too much to say that the model by-laws are very rarely observed.

There is at present no machinery for supervision of sanitary authorities in this matter. Section 299 provides for complaint to the Local Government Board by any person interested, if the sanitary authority neglect to enforce the Public Health Act, 1875, in certain matters. It should be made clear that default in enforcing their own by-laws is a statutory neglect, and that a formal complaint, if substantiated, would lead to the Local Government Board ordering the authority to amend their ways, and in default to empower some person or persons to exercise the functions of the recalcitrant local body. The Local Government Board already have power in this direction as regards drainage and water supply. The duty of maintaining supervision and reporting to the central board might fittingly be imposed upon county councils. At present it is nobody's business. No one possesses power and but little is done, even in the case of glaring default. If work has to be taken out of the hands of a sanitary authority the county council are the proper persons to whom it should be entrusted by the Local Government Board. One or two lessons of this sort would convince all sanitary bodies of the unwisdom of inaction or procrastination.

One point in connection with complaints under Section 299 seems to need special consideration—namely, the absence of any means of recouping complainants for expenses to which they have been put in bringing forward evidence condemnatory of the sanitary authority arraigned for default. I certainly think that in cases where default is proved the person or body making complaint should be repaid by the authority for all reasonable expenses incurred in preliminaries. The law as it stands places an obstacle in the way of private movement.

There are certain classes of formal inquiry now undertaken by the Local Government Board which county councils seem to think ought to be held by themselves, such as those for loans in connection with water supplies, sewerage schemes, and the like. But I do not hold this view. In matters of this sort I think the central department should maintain full control, and be furnished with a sufficient staff for the purpose of obviating delay of formal inquiry which is complained of by county councils. But I quite agree that county councils should have an opportunity of being represented officially at such inquiries, of offering suggestions, and of explaining, if need be, the bearing of any proposed scheme upon the interests of other authorities. County councils know, or ought to know, all about the sanitary condition of every district, and cannot properly be ignored when sanitary inquiries are on foot.

What is required, then, is that the Local Government Board should give to county councils information as to all local inquiries to be held, of whatever nature, and should keep them informed on all matters affecting proposals for loans, proceedings under Section 299 of the Public Health Act of 1875, etc.

COUNTY EXPERTS.

I now come to a matter of the utmost importance to efficient sanitary administration. As I have already pointed out, one of the powers conferred on county councils by the Local Government Act of 1888, and important alike to localised communities and to England generally, is that of appointing

county health officers. It is a power, however, that, as has been said, has not hitherto been widely exercised, and it is, moreover, one concerning the necessity of which as matters now stand much difference of opinion has been expressed. In addition to the arguments already adverted to as having been advanced is the one that the present system by which each sanitary district has its own medical officer of health, or shares with adjacent districts the services of such an officer, renders the appointment of a county health officer superfluous. There is a central health department, it is urged, which exercises, or should exercise, functions of sanitary supervision over the county generally, and this should suffice. The central health department, however, does not possess upwards of fifty experts, to each of whom it can allot a county, nor, if such were the case, would the principles on which it works allow of such an allotment. The essential element of the Government medical department has been to diffuse abroad for the information of sanitary bodies generally the experience which its inspectors have gathered during years of laborious research among communities living under every conceivable condition, and among whom one and another disease has prevailed under widely differing circumstances. The accumulated store of knowledge thus gathered by exact study of differing local circumstances in many localities cannot as things are constituted be at the immediate disposal of any and every authority. It is used by the central body for the most part exceptionally, when danger is seriously threatened or where disaster has actually occurred, in advising or directing particular local sanitary authorities in ameliorating conditions in their districts hostile to health.

But under the Act of 1888 it is open to county councils to exercise, each for its several districts (and thereby for its county as a whole), and as a matter of everyday routine, a like function, namely, through the instrumentality of a county health officer. To this end each such officer must needs obtain ever-increasing knowledge of the area under his immediate jurisdiction, and this will come from years of attention to its requirements. He will have in his hands every report made by individual medical officers of health to their district authorities, and will be able to advise his council on all matters arising out of these reports and affecting more or less directly the entire county. He will be able also by the relations which he will have towards neighbouring county officers to take cognisance of conditions operating over areas beyond his official ken, and by conferences and conjoint action to deal with matters which are far-reaching in their unhealthy tendencies. In a few years councils will have at their command in these officers a body of men whose intimate knowledge of their counties will constitute a power which cannot but be productive of much good for the sanitary well-being of the kingdom. The relations of these officers with the central body should be of the closest, as this will tend to widen their grasp of difficult sanitary problems.

Now some few "counties" are so small that it seems doubtful whether combination with others would not be essential, unless the county health officer were to be saddled with local executive duties as local medical officers of health. This is the rule in Scotland, and has practically been followed in some English counties, but it involves risk of very awkward relations with county council or local authority if the two should differ on any point. In most counties there is ample work for a county health officer and staff without the accession of other duties.

Some county councils have appointed one of the leading health officers, at a nominal salary, to collate reports and advise the council when called upon to do so. This means very little, as the officer has no real opportunity of supervision or initiative, nor is he available for consultation by local authorities or other officers—a point of first importance and usefulness in the large and active counties.

When definite powers of supervision and control are given to county councils, and sanitary duties are prescribed for them, the appointment of county medical officers of health would be a necessity; a makeshift would no longer be possible. Their duties could then be defined categorically, and the appointments made compulsory. The innumerable channels of usefulness of such county health officerships have been referred to in the foregoing pages, as have also the needs now existing for powers of inspection co-ordinate with local

officers. At present county officers have no powers of entry for any purpose. There can be no injustice, surely, in putting them on an equality in this matter with the officers of each local authority in the county?

Now, with a view of maintaining in all sanitary matters uniformity of administration throughout the county, and in order to retain the supreme authority of the Imperial Government, I would suggest an appeal to the central Board at Whitehall against the ruling of the county council on every point. This is necessary, also, as a matter of justice to local bodies.

Finally, county councils should be required to make an annual report to the Local Government Board upon all sanitary matters entrusted to them, dealing with the several questions in a broad sense, and giving an account of the steps taken during the year.

It is seen, then, from the foregoing pages that there are numerous directions in which additional powers could be conferred upon county councils with, as I claim, much benefit to the community. These councils are bodies freed from much that hinders sanitary authorities from efficient action in one and another matter; they are unfettered by local prejudice, and untrammelled by those vested interests that interfere so greatly with the sanitary progress of only too many districts. And if it lead to greater outlay of money, with the consequent higher rates, we cannot deny it, nor would we see reason for denial. England cannot afford to be parsimonious when her health interests are at stake, and all expenditure that goes in a reasonable manner to perfect her sanitary condition will be amply repaid in the shape of greater comfort and decreasing sickness and preventable mortality. With the hands of the Local Government Board strengthened by subordinate county councils exercising the functions we have suggested, England should soon be in a fair way to becoming, throughout her length and breadth, what she now is in part—a thoroughly well-administered country in public health and sanitary matters.

ERNEST HART.

THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A LARGE and important meeting of the Committee of the Association of Fellows of the Royal College of Surgeons of England took place on July 19th, 1893, Mr. GEORGE POLLOCK, President, in the chair. The minutes of the last meeting having been read and confirmed, the Honorary Secretary read the following announcement, which was sent out on a postcard to each member of the Committee in explanation of the summoning of the meeting.

THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

[Important.]

33, Welbeck Street, W., July 10th, 1893.

Dear Sir,—A meeting of the Committee of the Association of Fellows of the Royal College of Surgeons of England will be held at 33, Grosvenor Street, W., on Wednesday, July 19th, at 5 P.M., for the purpose of discussing the future policy of the Association in view of the success of the candidates of the Association at the election on the 6th inst. To this meeting invitations are being issued to members of the Council of the College, whose views are known to be favourable to the programme of reform adopted by the Association. It is earnestly hoped that you will be able to attend this combined meeting, and you are requested to intimate your intention with respect thereto on the accompanying reply postcard at your earliest convenience.—Yours faithfully,

H. PERCY DUNN, Honorary Secretary.

Letters were also forwarded in similar terms to certain members of the Council of the College, and favourable replies were received, accepting the invitation of the Committee.

The following Fellows of the College, having been duly proposed and seconded, were unanimously elected members of the Association: Mr. Hugh Smith (Highgate), Mr. F. Churchill (London), Mr. Urban Pritchard (London), Mr. Ernest Arnold (Forest Hill), Mr. G. F. Blacker (London), Mr. Newland Pepley (London), Mr. E. Deanesly (Wolverhampton).

The HONORARY SECRETARY reported that he had not received any reply to his letter addressed to the President of the College conveying a copy of the resolution passed at the last annual meeting with reference to the meeting of the Fellows.

It was proposed by Mr. HOLMES, seconded by Mr. GANT and unanimously carried,

That Mr. Dunn be asked to write to the Secretary of the College inquiring whether the letter to the President of the College had reached its destination and would be laid before the Council, and, should the reply be in the negative, to send a fresh letter, in the same terms, with a request that it should be read to the Council.

A cordial vote of congratulation was passed to Mr. Macnamara and Mr. Mayo Robson on their success at the recent election at the College; and Mr. Macnamara was also specially congratulated on having been appointed one of the Vice-Presidents of the College for the ensuing year, this being the first occasion on which a member of the Association has been appointed to any office of the kind. A vote of thanks was unanimously passed to Mr. A. T. Norton for accepting the invitation of the Committee to come forward as a candidate in the interests of the Association, and the hope was expressed that he would stand again next year.

The future policy of the Association was then discussed, and various members of the committee, together with the members of the Council present, expressed their views in connection therewith.

Subsequently it was unanimously resolved,

That the Council of the College should be approached for the purpose of obtaining a new charter, embodying the points of reform advocated by the Association.

It was further resolved that a subcommittee be appointed to consider and report upon the special points which should be dealt with in the charter, the report to be presented to the Committee in October next.

This concluded the business of the meeting, and the Committee adjourned.

A SAMPLE OF CHOLERA-BEARING WATER.

ITS BACTERIOLOGICAL AND CHEMICAL CHARACTERS.

THE following report on a bacteriological and chemical examination of samples of water, obtained by Mr. Ernest Hart from the Hamburg public water supply in August, 1892, has been unavoidably delayed. Since that period large filter beds have been constructed, and the water delivered for domestic consumption is all filtered. The observations made, however, for us by Dr. G. Sims Woodhead and Professor Percy Frankland possess considerable historical interest.

I.—REPORT BY G. SIMS WOODHEAD, M.D., F.R.S. Edin.,

Director of the Research Laboratories of the Royal Colleges of Physicians and Surgeons, London.

The two samples of water, marked A and B, submitted to us for examination were both turbid, and contained a large quantity of peaty-looking and other suspended matter. After a specimen of water B had been taken for bacteriological examination it was well shaken up and divided into two equal quantities, one of which was passed through Swedish filter paper, which had previously been carefully washed with distilled water. This was done in order that we might know how much of the organic matter found on chemical examination could be removed by filtration. These two samples were forwarded to Mr. A. C. Houston, M.B., D.Sc., for chemical examination, who gives the following report:—

On comparing the analysis of the filtered and unfiltered water, it will be noted that the amount of total solids in the former, though greater, is not in such great excess as one would expect from the large amount of sediment that there appeared to be in the original water. The proportion of free ammonia in the filtered water is much greater—3 to 1 as compared with the water containing sediment. The albuminoid ammonia (Wanklyn), on the other hand, is slightly higher in the water containing the sediment. In the oxygen process the unfiltered water takes up an enormously greater quantity of oxygen, especially during the later stages of the process—at the end of three hours.

On comparing the result of these two analyses, it is apparent that a coarse method of filtration or process of sedimentation would exert comparatively little influence on the chemical character of the water.

BACTERIOLOGICAL EXAMINATION.

As we were aware that some time had elapsed since the