

lows the adoption of any particular method.

Everyone will agree that to-day we have entered absolutely into the *scientific period* as applied to public health administration. Our knowledge of the causes of communicable diseases, of the direct effects of pollution of streams and of the methods of sewage disposal is now so exact and the scientific means at our disposal so many and available that we are in a position to state definitely that, given a Medical Officer of Health trained in his medicine, his bacteriology and his chemistry with a knowledge of their application to water supplies, sewage disposal, drainage, lighting and ventilation of buildings and so on, we have only to give him enough salary—to allow all his time and energy to be given to the work of public health and to supply him with simple but adequate machinery as adequate laws and regulations, a laboratory, inspectors, isolation hospitals, open air schools and homes for incurable cases as of consumption—to assure the public, who naturally wish for protection and who will pay when they understand, that their interest in all matters of health are being protected.

Within the last few years the State of Pennsylvania has evolved under a Commissioner of Health the most recent example of highly organized public health machine which has been witnessed anywhere, it being modelled largely upon the system developed in Cuba after the Spanish war, and as now exists at Panama. It is constituted by a chief of staff and subordinate officers placed over the several branches of work which extend down to the extreme limit of the establishment, maintenance and officering of state sanatoria and dispensaries all practically being paid for by State funds.

It may be quite true that the mountainous nature of much of the State and its sparse population except where gathered into mining towns, may prove that this is the best system there; but such a health machine in proportion as it becomes, a bureaucracy will probably show ultimately the defects of all schemes which fail to educate and cultivate the interest of the individual in what affects him personally and which serve to dull rather than stimulate the sense of responsibility for the maintenance of house, home and municipi-

ality as a matter both of personal duty and local pride.

Realizing that it has been the slow but gradual evolution of local self-government which has placed English municipalities in their leading position in sanitary development we cannot doubt, since the strength of the State is measured by the quality of its individual citizens, that the evolution of local public health organization will in the end prove best suited not only to the genius of our people but also ultimately to the highest and best results.

What, then, should the nature of that local organization be which is likely to produce the best and most permanent results and the most beneficial effect upon all phases of public health work?

It is scarcely necessary to say that it must primarily be based upon some carefully worked out system of general provincial health legislation in harmony with yet wider and more general federal health legislation. Essentially, however, it must provide for a comprehensive and perfectly clear definition of the powers and duties of local health authorities, with equally definite provisions whereby their power to obtain the requisite money grants to perform the work required will be assured. As has been amply proven during the past twenty-five years in Ontario the absence of any power in the Act creating Local Boards of Health for them, to levy or cause to be levied direct assessments for moneys for public health purposes has been the explanation of much of the unprogressive character of their work.

School Boards make their assessments for public health purposes, while receiving a proportionate amount out of Governmental funds, public libraries are allowed a definite levy for their needs; but a Local Board of Health has only the municipal council to depend upon, which, as the Act states, "may vote such sums as are deemed necessary by the Local or District Board for the carrying on of its work." The Act provides for the appointment of members of Local Boards of Health for three years; but it has been the routine practice in cities, in more recent years especially, to appoint such from amongst members of the council.

Thus we see that at the outset in Ontario, at least, any well-thought-out plan of