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THE DUTIES AND DIFFICULTIES OF SANITARY INSPECTORS.

READ AT THE MEETING OF THE ASSOCIATION OF SANITARY INSPECTORS OF GREAT BRITAIN, FEB. 2ND, 1889, BY ARTHUR NEWSHOLME, M. D., MEDICAL OFFICER FOR BRIGHTON. FROM THE SANITARY RECORD, MARCH 15TH.

THERE is little doubt that sanitary inspectors have grievances which it is well should be aired, and the discussion of the grievances may lead to the elaboration of combined measures, tending to protect every individual inspector, and thus to improve the general efficiency of the public health service. The historical view of a subject always throws light on its intricacies and general bearings; and it is useful in this connection to remember how few years have elapsed since the first inspector of nuisances, or, as we prefer to term him, sanitary inspector (and I may add the first medical officer of health), was appointed. Sanitary science is of but recent growth, and some of its pioneers are still among us; foremost among whom we are proud to recognise Sir Edwin Chadwick, K.C.B., the president of the Association of Sanitary Inspectors. The recent growth of sanitary science need, however, cause no surprise, seeing that physiology and medicine, on which sanitary science is largely based, have only within the present generation attained to any great extent scientific precision. A knowledge of the nature of disease is an essential preliminary to a knowledge of its causation and of the methods of prevention. Hence sanitary science, in many of its most important directions, is dependent for its efficiency on the knowledge of the physician; who points out the causes of various diseases, and call to his aid the engineer to drain and dry the subsoil, and to construct sewerage and other works; the architect to build houses which shall fulfil the hygienic requirements of light and warmth and fresh air; and the sanitary inspector

to watch and track in detail all the conditions which make for disease.

RELATION OF THE MEDICAL OFFICER TO THE INSPECTOR.

The relation of the medical officer of health to the sanitary inspector is therefore of special and peculiar importance. The more closely they are associated in their mutual and complementary work the better; and the strongest possible objection exists to any arrangements which interfere with their direct relationship with each other. Far from being in any sense rivals, the inspector and medical officer are each of them essentially necessary for the efficiency of the work of the other. Their relation may be compared to that of a physician and a trained nurse attending a case of anxious illness, where one is the administrative and the other the executive officer, and neither could afford to dispense with the services of the other. But in saying this, I assume that the medical officer is not only a skilful physician, but that he has had special training in public health work; that he is possessed of special guarantees of efficiency in his work, and that he is not engaged in any medical practice except that of an occasional consultant, for which his official position peculiarly fits him. It may appear a work supererogation to enumerate to this audience the *duties* of sanitary inspectors, but as such an enumeration has an important bearing on the status in which the inspector ought to be held, I may be excused for attempting to give it. It is his duty to make himself conversant with every branch of sanitary work—a task