

FIFTEEN OTHER STATES of the Union have since followed the example of Massachusetts and have established a State Board of Health in each of the States. The following is a list of the states which have now such boards in active work: Alabama, California, Colorado, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, North Carolina, Tennessee, Virginia, and Wisconsin. New York and Pennsylvania have taken action in a like direction, and will, as will no doubt also other states, soon have like Boards. In nature or composition, functions, &c., all the Boards are much like that of Massachusetts.

The cost to the different states is comparatively insignificant. The appropriations for which range from \$1,500 to \$3,000 and \$4,000 per year, excepting Massachusetts. In this State a much larger sum is now appropriated by the legislature for the use of the Board. This affords evidence that the people believe that the earlier and smaller appropriations had been well and profitably invested.

In Michigan, the Board was established in 1873, and in the amount of work done it seems second only to that of Massachusetts. The State appropriation is \$4,000, and with it a vast amount of good work is accomplished.

Recently, in Montreal, since writing the above, I have had the pleasure of conversing with a medical gentleman, a delegate from the American Medical Association to the meeting of the Canadian Medical Association. He was in no way connected with the Michigan Board, but bore witness that it was accomplishing excellent work. The Board has done much toward securing the appointment of local medical officers of health throughout the entire state, and the better organization of the local boards, and there has thus come about a greatly increased attention to sanitary subjects, and much has been accomplished by the local boards.

In view of the above, then, it seems that by means of a Health Board the public health may be most economically, and perhaps directly and effectually, looked after and improved; most countries adopting this sort of body for sanitary management or control.

What then, let us enquire and consider, would a Board of Health or a Sanitary Board do in Ontario?

We have an Act providing for the establishment in every township and municipality in the province of a local board of health. Councilmen, it appears, are to be ex-officio members of the board; to which others may be added. In a few municipalities boards have been organized. These boards have, it is true, considerable powers. Very few, indeed, of them have a medical man on the board. What do ninety-nine in a hundred of the members of such boards know about the simplest elements of the natural laws of health, of sanitary science? How can they be supposed to know? How can such boards be efficient and useful? Can any one point to an instance where one has proved of practical use? But is not the causes of their inactivity, inefficiency, uselessness, apparent? Are