

financial loss to the community without payment therefor, as to look for the physician to prevent financial loss to the community by lending his time and energies without compensation to investigating the causes of disease, and suggesting means for their removal. The solicitor so found would at once be seized and placed in a glass case, or an asylum; whereas the physician refusing to do the latter is stigmatized as an enemy of his kind, and a conspirator against the public weal.

There may have been good reasons up to the present, such as the short period which has elapsed since municipal health work has, in Canada, been defined, and its performance required by statutory law, why physicians in the great majority of the 650 municipalities of Ontario have been asked to accept the position of Medical Health Officers, to which are attached extended duties and powers, without remuneration being offered for time and services rendered. In very many instances good work has been performed, and physicians have given their time willingly, without the public doing more than questioning the honesty of purpose actuating such, or the value of the labors performed. We have seen a circular recently issued by the Provincial Board of Health, enquiring of Medical Health Officers regarding the duties they perform, the term of their office, and the salary attached thereto. From two municipalities (one a suburb of Toronto, the other of London), each with several thousand inhabitants, we are informed that answers returned state, in answer to the question *re* salary, that for 1887 the amount received in one was \$1.50 (which amount was disputed in the Council), while the other pays no salary, and has no Medical Health Officer, two having been appointed during the year, but failed to act. The Chairman of the Local Board in the latter instance remarked that he will never expect anything better so long as the position yields to the Medical Health Officer no ducats, but plenty of abuse. In both it may be mentioned that zymotic disease prevailed notably during the year; in the one typhoid, and the other diphtheria.

When these returns to the Provincial Board from the 300 Medical Health Officers are complete and published we may expect some interesting information. Not only will they indicate the general scope of municipal health work at present being carried out, and the nature of the position which physicians have allowed themselves to be placed in

regarding independence of action and tenure of office; but we shall find out how much our municipalities are paying for sanitary work, and what the views of these executive officers are regarding the benefits likely to accrue to municipalities and the Province at large from some reasonable remuneration being paid for their services.

With regard to the status of the Medical Health Officer as fixed by statute, and the duties laid upon him, it may be interesting to indicate what, in our opinion, their importance is, and the position which such officers, in our opinion, are entitled to maintain.

1st. It may be stated that where the length of tenure of office was not fixed in the appointment to office, the office is permanent, unless the Council dismisses by a two-thirds vote, and then only after neglect of duty has been established. This, we take it, gives to the office fixity of tenure, in a manner not now well understood (48 V., c. 45, s. 4).

2nd. That should the physician accept the office, the position demands of him the performance of important duties, defined everywhere in the Health Acts, neglect of which puts him in the position of being legally dismissed as above (48 V., c. 45, s. 4).

3rd. By the same section the Medical Health Officer is entitled to compensation for services actually rendered; and similarly when appointed by the Provincial Board (*vide* 48 V., c. 45, s. 7).

4th. Medical Health Officers possess all the powers and authority belonging to their office, as specially defined by statute, as also all the duties belonging to the Sanitary Inspector, or the members of the Local Board; and further, non-performance of such duties as a Local Board is called upon to perform, shall constitute a neglect of his duties (48 V., c. 45, s. 8).

5th. Further, as by R. S. O., 1877, c. 190, s. 28, Local Boards may require the payment of such expenses as are incurred by them in carrying out the provisions of the Act, so, should the Medical Health Officer acting in their stead order the performance of such work, it must be considered work, done by the Board, for the payment of which the municipality is legally responsible.

If this line of argument be correct, then the Medical Health Officer is empowered to institute such work, as in his judgment is demanded in the interests of the public health, and is entitled to compensation for services rendered, which can be