

was rented from one of the railway companies and the exhibit placed therein. It was found by this plan that smaller places where, perhaps, suitable hall accommodation could not be secured, but where the interest in the exhibit was at least as great if not greater than in larger places, were reached. In most of these places talks upon the subject, illustrated in many cases by lantern views, were given by local medical men, clergymen and others, or by the writer. In several places Dr. G. D. Porter, Secretary of the Canadian Association for the Prevention of Tuberculosis, delivered interesting lectures. A considerable amount of interest was aroused and endorsement of this plan of education in the matter of tuberculosis has been received from the majority of places visited. In all, the exhibit was shown during the months of December, January and February in 57 places. It is the intention to continue this plan of procedure during

next fall and winter, when we hope to have a first-class lecturer accompany the exhibit.

When the general public understand that tuberculosis is a communicable disease, that it is not dangerous to have consumptives about if proper precautions (which we try to teach), are observed, that drugs, especially patent medicines, are not the essentials of cure, they will have begun to appreciate the value of our educational campaign.

The death rate of tuberculosis has in the last few years materially decreased in the Province. In 1909 there were 2,511 deaths in an estimated population of 2,333,864, or 1 in every 13 deaths. (Total deaths, 32,636).

The exhibit will be shown in connection with the Public Health Exhibit at the Canadian National Exhibition to be held in the city of Toronto next autumn.

EVOLUTION OF LOCAL PUBLIC HEALTH: COUNTY HEALTH ORGANIZATIONS.

By P. H. BRYCE, M.A., M.D.

As was stated in a previous article* in which the evolution of the Local Health Board as it exists in Ontario to-day, was outlined, the smallness of the unit, with the exception of the several larger cities, has made it plain after nearly 30 years' experience that some change is absolutely essential to the development of aggressive scientific public health work in Canada. Naturally, experience brought the authorities in England to the same conclusion earlier, since as long ago as 1888, what is known as the Local Government Act was passed, which provided that each borough with a population of 50,000 or over, and every county with this population became as well as other specially isolated areas, *county units* for public health purposes. It is quite true that the smaller sanitary areas, even parishes, may still exist within these larger county units for public health purposes; but still the County

Council and its permanent Medical Officer of Health dominates the situation. In addition to these public health duties this County Officer of Health may act as coroner, to be appointed by the County Council. Similarly any sanitary authority within a county may delegate its public health duties to this County Officer of Health.

So far indeed has this evolution gone on that in 243 county school areas the County Officer of Health has been made, in addition to his other duties, the Medical Officer under the Education Board in 223 of the total areas.

At first a number of the County Councils were slow to take advantage of their enlarged powers, and hence all did not at once appoint County Officers of Health with much more than nominal powers and salary; but to-day, in most of the county units, full-time Medical Officers of Health

*The Public Health Journal, March, 1911.