## THE CANADIAN MEDICAL

of five members, who would enforce the Public Health Act and health bylaws instead of the municipal councils. However, as these local boards in villages and many townships represented often a population of only a few hundred persons, it is apparent that while the system like that of the municipal councils and local boards of school trustees, is admirable in bringing home to every ratepayer his responsibility as a citizen for the public welfare in matters of health, yet in the event of epidemic outbreaks of disease it has often been necessarily financially onerous on the ratepayer when having to establish guarantines, erect isolation hospitals and pay physicians especially appointed to care for such patients. The same difficulty existed in dealing with the routine enforcement of health laws relating to nuisances, protecting of wells, disposing of refuse and so on, so that in 1894 the Executive Officers Association of Ontario began the discussion of the advisability of enlarging the unit area for a board of health's operations to the extent that whole time officers would devote all their energies to a county or at least to the area for parliamentary representation. This idea has in part been attempted both in Ontario and Quebec by appointing provincial all-time district medical officers; but it has not removed the financial disabilities often placed upon small municipalities, nor provided for the evolution of a larger conception of the true scope of the work which specially trained all-time county health officers would effect in public health and social development.

In a paper on this subject before the American Public Health Association in 1910, I set out the duties which such officers would perform in the following terms:

"To lend dignity to the office and maintain its work in close relationship with the county organization, a County Board of Health; to meet quarterly or more often in emergency, should such exist, to be composed of the Warden or elected head of the county council, ex officio, and either the senior or junior county judge, along with the medical officer. Such a board, composed wholly of officials, would add nothing materially to the cost, while questions of health, finance and law would have brought to them the experience of men trained to consider each. The health machinery would, of course, be: (a) The laboratory, required to have a minimum equipment supplied by the county, satisfactory to the Provincial or State Board, located centrally and convenient to the work by both rail and telephone; (b) In those counties where some institution as a county tuberculosis hospital or sanatorium

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