

health officers, which has been provided for by the following amendment to the Public Health Act, contained in the Ontario statutes of 1891 :—

"Whereas it may be desirable, in the interests of the public health, that there should be instituted a system of health inspection more thorough than is at present practicable, owing to the expense attendant upon the appointment of an active and efficient medical health officer for every municipality, any county council may appoint one or more county or district medical health officers.

"Where a county council appoints a county health officer or officers, the powers now possessed by medical health officers within the county or portion of a county, for which such county health officer is appointed, shall be deemed to be thereby transferred to and vested in such county health officer or officers, and all sanitary inspectors within the jurisdiction to be defined in the by-law appointing a county health officer shall be subject to his direction and control."

From this it will be seen that while the change is purely voluntary on the part of the several municipalities in any county, its insertion in the Act is upon the assumption that public health work can in some, if not all, instances be made more efficient by transferring to one medical health officer the public health work of a number of municipalities. Assuming that a number of the larger cities be excepted from the general operation of the clause, as is the case now where a number of city and town inspectors of schools exist, we would say that, with the present political division of the Province, we have roughly the unit supplied of 20,000 of a population as a possible health district. At present, even with the paltry sums paid to medical health officers in the municipalities, we have a total expenditure in some counties equal to what would be a minimum salary for

a medical health officer who would devote all his time and energies to public health work. It is to be regretted that all purely scientific work is at present so inadequately remunerated; but I think we may, from experience, find grounds for the belief that a sufficient number of young, active and trained applicants for such positions could be found willing to accept opportunities as county or district medical health officers, with the hope of their salary being gradually supplemented, if the primary condition of permanency in the position were applied. Allow me to briefly summarize the advantages of such a change.

1. The position would be permanent during good conduct and efficiency.

2. The devotion of all his time to the studies of the position would serve largely to remove one of the greatest of existing difficulties to effective action on the part of medical health officers, owing to their being in general practice, and therefore professional rivals to other practitioners, who are naturally sensitive to interference on his part.

3. By being engaged in investigations in a laboratory equipped for the purpose, he would be brought into friendly intimacy with local practitioners, whose time and opportunities are too limited to enable them to satisfactorily prosecute microscopic, chemical and bacteriological work.

4. By being within easy reach of all parts of his district he could, without delay or expense, have sent to him specimens of diseased tissue, membrane, sputum, suspected water, milk, etc., and promptly determine the true nature of the disease, or its cause.

5. His laboratory would become a local depot of supply for vaccine, anti-toxin, culture tubes, disinfectants, etc., and the means for their prompt and efficient use.

6. He would be within telephone call or an hour or two's ride of the several municipal sanitary inspectors,