

disease, to separate immediately the infected from the uninfected, and to direct immediately proper protective measures to be applied. As respects the adults, the objective points, after the dwelling, are the workshop, for similar inspection. . . . I repeat that there is the great waste of health and life, and also the waste of productive power and capital, of all which I have presented you under estimates—that all this has to be stayed. What, looking at the past failures as well as the past success, is the administrative organisation, as apparent here, provided to do it? The gains and triumphs of science are not to be achieved by ignorance, by the unguarded ignorance which is lauded as local self-government. We are commonly met by assertions of disbelief on the part of the local authorities that the town is in so bad a condition as asserted, they not knowing what its relative condition is. In directing inquiries into the state of towns I have instructed the sanitary officers to set out carefully the localities where fever is always rife, and particularly to get the mayor, the town clerk, and town councillors, and other officials to accompany him. The common result has been exclamations of surprise and declarations on the part of these local authorities that they would not have believed in the existence of such conditions if they had not seen it themselves. Local authorities are frequently asked to go elsewhere and visit and examine the works of reputed amendment in other towns, when they often fail to see how to set about imitating them, and are stayed by imaginary obstructions and frequently fall victims to expensive quackeries. For relief recourse must be had to a special and practically successful science to devise works, and to science such as that of a sanitary officer in action. The sanitary officer should be especially competent to see to the right action of the engineers and to check shortcomings. Beyond the sanitary works a service is required to prevent overcrowding, to examine the defaults which are productive of disease, overcrowding, and filth. For all this—the perpetual examination and removal of preventable causes—special competency, undivided attention, high and independent yet responsible service is needed. Now, what do we find commonly prevalent? Here this town, I find, has a *curative service* of twenty-six medical practitioners. But the provision for preventive service is only of one officer of health, at a salary of 100*l.* per annum (which can only be for some quarter of his professional time given to curative service devoted to the preventive service), which salary is deemed to suffice for the preventive service of 50,000 of a population to withstand the preventable disease, which costs between 100 and 200 lives and a money loss of some 50,000*l.* per annum. At Brixworth I observe that a fee of five guineas is regarded by the sanitary authority as sufficient for the preventive service for the protection of 1,100 of the population, a small percentage of the cost of the curative service of which it would be a large saving of nearly 1,000*l.* a year for that population of the cost of preventable sickness and deaths. I may extend such instances, from which it will be seen that a lamentable ignorance pervades the