

### Duties of Local Boards of Health in Urban Municipalities.

By P. H. Bryce, M. D., Secretary Provincial Board of Health.

There has been set forth in the two previous issues of THE WORLD the powers of Local Boards of Health in general, and their duties more particularly in rural districts. Before dealing with the work of city and town boards I may add to what has been already said, that under the present Health Act, the same powers, so far as applicable, belong to rural boards as to urban boards. What powers local boards, as at present constituted, in townships and villages, may exercise is well defined and really covers what was outlined in our last article as being desirable and necessary. They can very easily suppress an outbreak of contagious disease by the board insisting, under penalty for neglect, that the teachers notify the secretary or some member of the Board of Health of absentees from the school through sickness. If there has been scarlatina or diphtheria in a neighborhood, the Local Board should require the teachers to send home all members of a household from which any child is absent, even for a day, till the nature of the disease is known. They must, of course, supply blanks to the teachers for reporting absentees. They can further, if a scholar proves to have such disease, have the Medical Health Officer or a local physician examine the school children daily for a few days during the incubation period of the disease, so that any child sickening may be sent home before the disease becomes infectious or actually breaks out. Subsequently, a careful disinfection of the house, etc., under intelligent boards, such as a trained sanitary inspector, is necessary before the children are allowed to return to school. The outhouses of schools ought to be constructed and cared for in a sanitary manner.

Especially should rural boards push forward, both in the interests of health and good products, the inspection of dairies, supplying cheese and butter factories with milk.

Intelligent, self-interest ought to be enough to cause systematic inspection by the board, but if not, then the Medical Health Officer may well intervene from the higher standpoint of public interest. Members of rural Local Boards everywhere ought to know that they are empowered to spend the necessary funds to do necessary public health work, even though the council may not make an annual money grant. Section 49 of the Public Health Act states that they shall send the accounts to the treasurer for payment.

With regard to the duties of Boards of Health in the cities, it may be said that—apart from the positions of Medical Health Officer and Sanitary Inspector being here and there affected in permanency by the amount of local politics entering into the annual elections, the small salaries paid,

and the evil incident to physicians being also medical health officers and engaged in practice—in many municipalities a notable amount of good work is being done annually. Nuisances are dealt with fairly and promptly by the Sanitary Inspector, and outbreaks of disease looked after sharply by the Medical Health Officer. These remarks apply with less force to the smaller towns and villages. Often the pay of officers of Local Boards in them is but nominal or nothing, while where but two or three medical men are in practice the idea of one such physician having official oversight in any way over the other two often works badly. Public waterworks are being put in under official governmental supervision as to the source of supply, and it is gratifying to know that the public water supplies of Ontario are in almost every instance absolutely free from suspicion of contamination. Sewerage systems are gradually being introduced, and Ontario cities and towns will certainly compare well with those of any other country. Essentially, however, the special work of the Local Boards of Health is to deal promptly with outbreaks of contagious diseases and the causes producing them. Excepting typhoid, due mostly to polluted water and to some extent to defective sewage disposal—both of which causes are now being dealt with very well (unless it be here and there delay in abolishing privy pits)—it may be said that the other diseases are directly communicable, and are principally disseminated by means of schools, whether public, private or Sabbath schools.

We have not yet advanced to the stage of a daily visit to the school by a physician, as in Boston and New York, and regularly examining the children, but this will soon follow as a natural part of school supervision. In place of it, however, a plan is very readily put in practice which is, perhaps, superior—though to be complete both should be united—which is to have the head-master of the school give to a Sanitary Inspector who calls every morning the names of every absentee from school, the inspector immediately following up by a visit to every house where such children reside. If there is any suspicion that such a child may be sick of scarlatina or diphtheria, for instance, the inspector will notify the parent to send at once for the family physician, who will report to the Medical Health Officer at once.

When suspicion of diphtheria exists such patients are isolated until a swab from the throat proves the disease non-contagious. In this way, with children who may have been exposed in school carefully scrutinized during the period of incubation, an outbreak, which, dealt with in the ordinary way, would infect half the children in a school-room, wholly disarrange school work and finally result in a general outbreak with a necessary closing of the school, would be prevented. If in addition absence from school until convalescence has been proved complete and

thorough disinfection of the house be insisted upon, it will result, in nine cases out of ten, in preventing an epidemic and thereby the loss of school time to teachers and pupils. The reasons for such supervision of school children are mainly that delay may occur by trying home remedies, other children in the meantime going from an infected house to school, while again mild cases often are not seen at all by a physician and generally are the means of a general outbreak in their neighborhood. Most interesting illustrations might be given of how this procedure has checked outbreaks at their beginning or steadily pursued has suppressed outbreaks which had become epidemic.

There are, however, other lines of work peculiarly the function of city and town local boards. Increasingly throughout Ontario, factories of all kinds are springing up. In a general way they are supervised as to lighting and ventilation by the Ontario factory inspectors, but general health is a matter of daily concern as much as our three meals. If supervision is to be effective it must begin with the construction of houses and workshops. Faults made at this juncture are practically irremediable. Such work, which has been developed to great lengths in industrial England, is with us practically unknown. It is especially necessary in places where a few women are employed and do not come under the Factory Act. To these places cloth is taken to be sewed into garments. Children sick with contagious disease may be there and the clothing be infected; or again a few girls may be exposed day after day to one of their number who is a consumptive. Even more serious are the limited air space and sanitary surroundings which produce conditions favoring the spread of consumption. Again no facilities exist in many places for warming food or drink. These conditions must be remedied. The individual rights of the working classes may fairly demand such protection and the commercial interests of the employee and the general public can well be expected to supply the medical facilities for such supervision and the supplying of needed reforms.

Beyond this, however, the boards of health in our larger cities ought to do as they are doing in London, New York and other great cities. They are following up outside inspection of houses with domiciliary visits in the poorer parts of the city, not only to correct the grosser evils of over-crowding, but also to remove as they can the direct dangers of persons infected, whether from acute disease or consumption, continuing to reside in such over-crowded quarters.

The health work of any community is thus seen to grow in extent and complexity with the complexity of organized society. Where nature is doing much, as on the farm, with the fresh air and sunshine, disease may be supposed to exist rather as an accident than as in the