

taken as a whole, are in a worse plight than are you. It is true that, as with your States, so with our Provinces, there exist certain admirably conducted provincial departments having upon their central staffs men of most liberal views, progressive tendencies, and capacity for organization. We have, however, nothing to compare with the more progressive of your Municipal Boards of Health. The rural services are in general singularly weak, and by your Act of 1902, which constituted a Federal Public Health and Marine Hospital Service you are far in advance of us, even if at present constituted that Service does not approach perfection.

I take it that in all institutions of Anglo-Saxon development advance is by compromise. The course offering the least resistance to advance is that which gains acceptance rather than that which is the more ideal and the more thorough. Having made this notable advance it will be possible by further compromise and successive modifications to the Act in question to obtain eventually that constitution of the Public Health Service most suitable to and most serviceable for the American people.

Rather therefore than pretending to criticize from a superior height I would place as an example both to the United States and to Canada the condition obtained in England a dozen years ago.

Previous to 1892 the conditions in England were far from satisfactory. By the act of 1875 the whole country, save the Metropolis, had been divided into sanitary districts, Urban and Rural. There was, it is true, a central authority—the Local Government Board—having supervision of health matters, but it had inadequate authority over the sanitary districts, and the Urban and Rural Boards of Health. These were too largely under the control of the Municipal Corporations and the local magistrates respectively, and in the country districts more particularly, as a matter of convenience to land owners, there was a too frequent tendency either to leave the appointment of the officers of health vacant over long periods of time or to appoint some local practitioner, not on account of his knowledge of the principles of public health, but on account of his "pull," or in expectation that he would cause less disturbance, and accept a lower salary, than the man who had fully qualified himself to hold such a post by an Act passed some years previously. On and after January 1st, 1892, this was markedly changed. In any country districts, or combination of districts, having a population of over 50,000, no one could be appointed Medical Officer of Health unless he was a full graduate of Medicine and was registered as the holder of a Diploma from some university body in sanitary science, public health, or state medicine. An adequate term of years had been given to prepare for