Report of the Joint Committee on State Medicine of the British Medical and Social Science Associations, on the report of the Royal Sanitary Commission.

REPORT

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JOINT COMMITTEE ON STATE MEDICINE

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1. The whole of the oral evidence taken by the Royal Sanitary Commission having been now published, and their Report thereon, as well as on other documentary evidence (not yet published), having been carefully examined by us, we beg leave to offer the following remarks on the Report in general, and on certain portions thereof in particular.

Our claim to a hearing.

2. We feel bound to express our views, because the Royal Sanitary Commission may be said to owe its existence mainly to our efforts, it having been appointed in compliance with a request, submitted on May 22nd, 1868, to Her Majesty's Ministers by a deputation from the above mentioned Associations, called together by us, introduced by Mr. George Clive, then M.P. for Hereford, and accompanied by several other members of Parliament.

Portions of the Report of Royal Commission in which we concur.

3. But before entering upon a critical examination of some features of the Report, we desire to express our gratitude to the members of the Commission for the vast amount of labour and thought which they have devoted to this important inquiry, and our conviction of the general excellence of the work which they have now completed.

4. In their history of sanitary laws up to the present time—in their general observations on the subject of public health—in their exposition of some causes of present imperfection in sanitary administration—in their full appreciation of those injurious and morbific conditions of social life which tend to sap the vigour and destroy the health of the masses of our population—in their able summary of existing laws—and in many of their practical recommendations, especially those relating to the consolidation of law—we gladly recognize the value of their exertions, and the benefit they are likely to confer on the public by their prolonged investigation.

5. Having thus adverted to those features of the Report of the Commission of which we cordially approve, we feel obliged to proceed to

the far less agreeable task of pointing out certain primary defects in the method and scope of inquiry, and certain errors of conclusion which have naturally resulted from those defects.

Subjects on which local inquiry ought to have been made.

6. The memorial which we presented to the Government in 1868 contains the following request :—"For all these reasons, and for others "set forth in the accompanying 'Memorandum,' we ask for a thorough, "impartial, and comprehensive inquiry, by a Royal Commission having "power to visit, or to send Sub-Commissioners to visit, the large towns "and other districts of the country, to obtain information and evidence, "and to report on : 1. The manner in which the cases and causes of "sickness and of death are and should be inquired into and recorded in "the United Kingdom.—2. The manner in which coroner's inquests and "other medico-legal inquiries are and ought to be conducted, particu- "larly in regard to the methods of taking scientific evidence.—3. The "operation and administration of sanitary laws, with special reference to "the manner in which scientific and medical advice and aid in the pre- "vention of disease are and should be afforded ; and also with special "reference to the extent of the areas or districts most convenient for "sanitary and medico-legal purposes.—4. The sanitary organization, ex- "isting and required, including a complete account of the several au- "thorities and officers. The education, selection, qualification, duties, "powers, tenure, and remuneration of the said officers to be specially "reported on.—5. The revision and consolidation of the sanitary laws, "having special reference to the increase of the efficiency of their admi- "nistration both central and local." Into four of these subjects the Commission was expressly instructed to inquire, and to report thereon.

Written answers to schedules of questions not sufficient.

7. We observe with satisfaction that the Commission, like ourselves, "much regret that Scotland and Ireland were not included in the terms of the present, as well as of the former, Commission" (Memorandum, vol. ii, p. 360) ; but, admitting that the objections to the limitation of this inquiry to the provinces of England—objections which were submitted in a second memorial, dated July 1869—have been partially removed by the examination of eminent witnesses from the metropolis, from Scotland, and from Ireland, we beg to point out that the more important defect was further noticed in the last mentioned memorial, in the following terms :—"That no information obtained merely by "written answers to schedules of questions, always open to grave mis- "conception of their scope and import, and addressed exclusively to "local authorities, can, in the absence of personal inquiry, either by the "Commission itself or by skilled persons deputed to discharge its

"functions, furnish a trustworthy basis for permanent legislation. That "as, sooner or later, recourse must be had in many places to inquiry "on the spot, in order to supplement the tabular returns, as well as to "test their accuracy, economy as well as efficiency demands that this "course be adopted now."

8. Such inquiry would, we believe, have proved the necessity for *a wider extension of administrative areas*, as health districts, and for a more complete combination of the various functions of local government within those areas.

Wider administrative areas than local board districts necessary.

9. We observe that the Commission proposes to preserve and confirm, nay, even to augment the number of, existing *local board* districts, under what are called "urban" authorities; the minimum population of these districts being fixed at 3,000. Now, it is well known that petty elective authorities in small separate districts are apt to obstruct rather than forward sanitary improvement, and that for the most part they render any uniform and efficient system of administration almost impossible. This fact would, we believe, have been established indisputably by proper local inquiry. We had hoped, therefore, that all such local board districts would be combined and included in wider jurisdictions—even although the districts themselves, having been legally formed, might be separately represented in a larger board.

Multiplication of special drainage districts objectionable.

10. Estimating the number of local board districts from Parliamentary returns—and observing that an unreported, though considerable number of *special drainage* districts (some of which are little more than villages) are, according to the recommendations of the Commission, to be converted into local board districts—allowing also for the proposed creation of new districts of the same kind (see Report, p. 26)—we may reasonably conclude that the surface of the country would soon be, if it be not now, honeycombed by not fewer than 1,000 limited and isolated areas under "urban" authorities. *Against such a project of local government, we strongly and earnestly protest.*

11. We acknowledge that the Commission proposes to facilitate the combination of districts for limited purposes; but neither are the principles and terms of such combination (or joint action) defined in the Report, nor is its general necessity enforced; while its adoption is to be merely permissive, and left to the determination of either local or central authorities.

Combination of all the districts and authorities in the wider area necessary.

12. Whatever may be the nature of the district, or the extent and population of area which, on mature deliberation, shall appear to be the most desirable for purposes of local sanitary administration—and

admitting that, outside of the larger towns, the Poor-law Union or Registration District may possibly offer superior advantages for this object—there appears to us no good reason why all the districts and authorities included within that area should not be combined under a single board of management for sanitary administration. The great majority of town districts in England are included in registration districts of a somewhat larger area. It is extremely important that the two or more governing bodies within that larger area should be united at the very least intermediately, by representation, for the purposes of the proposed Act.

All objects of local government should be placed under "urban" as well as "rural" authorities.

13. The Royal Sanitary Commission having advised that all objects of local government, including the care of the public health and the relief of the poor, should be supremely directed by a single central authority,—it follows, if the propriety of such consolidation be admitted, that the same principle should be applied to all local authorities. But this appears not to be recommended by the Commission. For whereas, *outside* of "urban" districts, the management of the roads—unless the suggestion referred to in Resolution 12 be adopted—may continue under a different authority from that which is to administer the relief of the poor, the removal of nuisances, and the prevention of disease; yet, inside of "urban" limits, the relief of the poor might remain under a different authority from that which directs the management of the roads, the removal of nuisances, and the prevention of disease.

14. There might thus be two kinds of authority in *urban* districts, exercising different groups of functions from those exercised by the other two kinds of authority in *rural* districts. It cannot be doubted that this complication of authority and duty would lead to much administrative confusion, and hinder, as it has already hindered, the progress of improvement in local government. Nor, if so-called "rural" authorities have to be constituted for all purposes, has any sufficient reason been shown why "urban" authorities should not act for the relief and prevention of *destitution*, as well as for the relief and prevention of *sickness*. It is very obvious, from their excellent remarks on "coincidence of areas of local government" (p. 53), that the Commissioners are fully aware of the great advantages which would result from the universal comprehension of all the various subjects of administration within the same districts.

Need of "intermediate authorities", consisting

15. We infer, not only from the evidence taken in this inquiry, but from well known facts, that "intermediate authorities", consisting of

members not liable to be swayed by petty interests and sordid views, would be essential, on social, sanitary, and economical grounds, for the higher purposes of sanitary administration. And, inasmuch as the authorities of counties have already to administer and enforce the law, to control institutions, to appoint officers, and to execute functions connected more or less with the health and safety of the people, we deem it highly desirable either that the powers of the magistracy (an existing authority) should be extended so as to comprehend the care of the public health, or that boards representing the magistracy and ratepayers in due proportion should be constituted for the direction and control of local sanitary administration. The magistrates would, of course, continue to sit as *ex officio* members of the boards in "rural" districts. It is no less reasonable and desirable that, if the division into "urban" and "rural" is to be maintained, they should take the same position on the future boards for the sanitary management of urban districts. *We believe that the constitution, mode of election, and duties of local boards, whether for urban, suburban, or rural districts, should be uniform throughout the provinces of England.*

of independent persons, for the control of local boards. Their constitution.

16. There is no question of graver import or requiring greater attention than that of the compulsory acquirement of land by local authorities for certain purposes essential to the improvement of the public health. The treatment of this momentous subject by the Commission appears to us neither complete nor satisfactory. No general principles have been laid down as to the extent to which these powers should be granted; nor has the question been solved as to the mode of their purchase, in order on the one hand to protect the rights of owners so far as such protection may be consistent with the public safety, and on the other hand to save ratepayers from the great uncertainty and expense attending transactions of this nature under the present law. In what manner and on what conditions local authorities—whether those of large towns or those which might act over larger areas—should be empowered to provide *sites* for dwellings of labourers and artizans where densely populated parts of towns have been or may be demolished for purposes of public health (*e.g.*, under Mr. Torrens's Act)—whether such authorities should be empowered to acquire land for burial-grounds and mortuaries, for hospitals for fevers and other pestilences, for disinfecting establishments, for public slaughter-houses, for recreation-grounds, as well as for water-supply and for sewage utilization,—these and other like questions require the most careful consideration, and are as yet left unanswered by the Commission.

Important questions of local government not dealt with by the Commission.

Value of intermediate authority between local and central authority.

17. For all these purposes and many others, involving both appeal and compulsion, an intermediate authority to consider and report on applications of local authorities would be invaluable. And moreover, we cannot too strongly urge on the Legislature the necessity of limiting the powers and functions of the central authority within the narrowest bounds consistent with effective action. Not only should local impatience of interference be considered and obviated by constitutional means, but a suitable authority, intermediate between the local and central, should be constituted in every county or sufficiently large area, as likely to be more cognizant of the wants and circumstances of every smaller district, and better able to judge of minute details inseparable from the daily working of Local Boards, than a government inspector.

Wider area better for appointment of scientific officers.

18. The last important reason which we shall adduce for *wider* administrative areas is, that they would supply a superior machinery for the appointment of scientific officers, whether medical or engineering, of high and special qualifications.* On these points we beg to refer to communications from two provincial physicians,† whose opinions on such a question are entitled to great consideration.

Mr. Goschen's County Boards.

19. The Local Government Bill, brought in lately, and soon afterwards dropped, by the Right Honourable G. J. Goschen, M.P., contained, in Part iii, some important clauses relating to the constitution, jurisdiction, and business of County Boards. These clauses fully justify our remarks on this head, and lead us to hope that provisions similar in principle will form part of any future Bill for the amendment of local government and the creation of sanitary authorities.

Administrative officers.

20. We have now to examine those portions of the Report of the Sanitary Commission which relate to medical and scientific officers (Second Report, vol. i) in connexion with the "Memorandum on the Duties of Medical Officers of Public Health" (vol. ii), which expresses very ably the principal needs and resources of local government in this respect.

21. With a large proportion of the statements and recommendations contained in these important documents we concur. Nevertheless there are principles asserted and suggestions made which appear to us open to serious objection.

Medical officers of health,

22. It must be observed that the Memorandum (vol. ii) in treating of Medical Officers of Health, refers almost entirely to the Poor-law Medical Staff; while the Report, although accepting that staff as sufficient

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* See extract from Mr. Chadwick's Report. (Appendix A.)

† See extracts from Dr. Strange's and Dr. W. Budd's letters. (Appendix B and C.)

for *rural* districts (*i.e.* for those portions of unions which outlie the proposed urban districts) treats more fully and specially of the Medical Officers of Health to be appointed by "urban" authorities; and the two series of proposals are by no means always consistent.

23. We have thought it advisable to compare both with two very important "Minutes" relating to the duties and qualifications of officers of health, which were successively issued by the General Board of Health. The earlier of these was signed by Lord Ashley (Earl of Shaftesbury), Edwin Chadwick, and T. Southwood Smith, soon after the appointment of the first Board. The later, dated December 20, 1855, was signed by the Right Honourable W. Cowper, President of the altered Board.*

as regarded by the Commission,

24. These able documents treat of the duties of the health officer, as distinct from those of the medical practitioner. The Report of the Commission assumes that such duties are, as a rule, to be performed only by the practitioner. The former refer to the higher, more special, and distinctive duties and relations of the office; the latter to the more common and subordinate. *We earnestly deprecate the present attempt to substitute this lower view of the office for the earlier and higher.*

as regarded by us,

25. The very position and duties of the Poor-law Medical Officers of this country at once point to the valuable assistance they would render to the *chief officer of health* of a district, as reporters of sickness and its causes; and as deputies and assistants in sub-districts their services would be indispensable. Our estimate of the functions to be discharged by the medical officer of health, of the special qualifications requisite, and of the time to be devoted to the discharge of these duties, contemplates a class of officers entirely special and without the distractions and difficulties which ordinary practice would necessarily entail.†

as regarded by the Board of Health.

26. In the earlier "Minute" of the General Board of Health occurs the following sentence:

"Except in cases where existing disease may be alleviated by the "immediate removal of any of the hereinafter specified causes, the "general duties of the officer of health shall in no case comprehend "treatment for the cure or alleviation of disease."

"Not to extend to services provided for by private practice."

In the later "Minute" we find the following paragraph:

"IV. The occupation of an officer of health will not usually be in-

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* Copies of these documents may be had on application to our Honorary Secretaries, at Adam Street, Adelphi, W.C.

† Attention is particularly requested to the striking observations made by the late lamented Dr. Symonds, during our interview with Ministers in May 1868. (See Appendix D.)

"consistent with his devoting a portion of his time to certain other pro-
"fessional engagements; but, where possible, it will be well to debar
"him from the private practice of his profession:—first, because the
"claims of such practice would be constantly adverse to those of his
"public appointment, the duties of which (especially at times of epi-
"demic disease, when his official activity would be most needed) private
"practice could scarcely fail to interrupt and embarrass; secondly, be-
"cause the personal relations of private practice might render it difficult
"for him to fulfil with impartiality his frequent functions of complainant;
"and thirdly, because, with a view to the cordial goodwill and co-opera-
"tion of his medical brethren, it is of paramount importance that the
"officer of health should not be their rival in practice, and that his
"opportunities of admonitory intercourse with sick families should not
"even be liable to abuse for the purposes of professional competition."

27. It is almost impossible to overrate the importance, or to question the practical wisdom, of the above recommendations. We cannot account for the fact that they have been utterly ignored in the Report and Memorandum issued by the Commission. The discouragement which this Commission has given to the separation of private practice from public employment is the more remarkable, inasmuch as sufficient evidence has been produced from English districts, as well as from continental states, to show that the union of the two occupations generally results in the failure of at least one of the objects of the practitioner, and often in the imperfect or perfunctory discharge of public duty.

Too limited a view taken of office by the Commission.

28. No complete statement of the special duties of the *Medical Officer of Health*, properly so called, is to be found in the Report of the Sanitary Commission, although it contains a brief and imperfect summary of certain rudimentary duties, under four heads (vol. i, p. 34); and although the Memorandum (vol. ii, p. 353-4) refers particularly to certain forms of return, which the officer is to fill up and forward to the central office. In fact, no duties are here specified but those which concern his communications with the central department or its inspectors. After referring to the very important suggestions to be found in the evidence taken by the Commission itself; to the opinions of many eminent authorities at home and abroad given in reply to questions circulated by the State-Medicine Committee of the General Medical Council*; and to the before-

* We refer especially to the communication of Dr. Alfred Taylor, Mr. Michael, and Dr. Pappenheim of Westphalia (*Report of General Medical Council on State Medicine*, pp. 12, 29, 59, 61.)

mentioned Minutes of the General Board of Health ; we confess our surprise that so limited and imperfect a view of the duties of this office should have been taken by the Commission.

Number of district Poor-law medical officers overstated by the Commission.

29. The Commission proposes that it should be obligatory on every local authority to appoint at least one medical officer of health. The "urban" authorities will, therefore, have to appoint about a thousand such officers, who may or may not be poor-law medical officers. There must also, according to the plan of the Commission, be medical officers of health for every rural district, who are to be the poor-law medical officers. But as, according to the Earl of Devon, there are only 3,435* *district* poor-law medical officers, even including the metropolis, it appears difficult to determine where the 4000 poor-law medical officers of health, so frequently mentioned by the Commission, are to be found.

No definite arrangement for co-operative duty proposed by the Commission.

30. No definite arrangement for co-operative duty is suggested between the officers of "rural" and those of "urban" authorities, although the intermingling of their respective spheres of labour would, on the plan of the Commission, be of constant occurrence. Yet the Commission proposes (vol. i, p. 175) that in districts, such as the greater number of "urban", where two classes of medical officers may coexist in the same area, the relation of the health-officer and the destitution-officer should be arranged by the local health-authorities, with the approval of the central authority. Not to dwell on the vast accumulation of work which these arrangements would entail on the central authority, we object to so indefinite a scheme of medico-sanitary organization, believing that in operation it would prove unsatisfactory and ineffective.

Want of *special* knowledge in Poor-law medical officers seen, but not met, by the Commission.

31. We note also that, both as regards the public and the poor-law medical officer, the proposals of the Commissioners are in the last degree unsatisfactory ; for while—as if doubting the competency of the latter to discharge with thorough efficiency the varied and responsible duties of health-officers in chief—they suggest that "assistance and encouragement should be given to medical officers of health to study all sanitary questions" (vol. i, p. 35), they neither state in what form this encouragement is to be given, nor do they explain how, when, or where professional men, whose time and energies are absorbed in the necessary struggle for existence, are to apply themselves to the systematic study of preventive medicine. Again, in order to protect the health-officers

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* A return which we have received from the office of the Poor-Law Board gives 3298 as the present number of district medical officers under the Poor-Law.

Antagonism between health duties and private practice not adverted to.

in the "discharge of their duties without fear of personal loss", the Commission very properly recommends that they "should not be removable from office by any local authority, except with the sanction of the central authority" (vol. i, p. 35). But the Commission neither suggests any principle on which special remuneration for the sanitary work of these officers should be calculated, nor seems to recollect that the faithful discharge of public duties may involve the ruin of private practice; so that, unless the salary be large—*in which case the scheme of the Commission will be enormously expensive*—the protection against arbitrary removal will be of very trifling value. For, while the antagonism between public fidelity and success in practice is notorious and very real, the Commission assumes throughout that it does not exist, and fails to perceive that the allegiance of officers who depend mainly on private practice must be a divided one.

The nature and importance of the duties of the chief officer of health misconceived by the Commission.

32. We must also enter an earnest protest against the idea that duties, requiring for their beneficial exercise much tact, prudence, matured judgment, and large experience, can, as a general rule, be safely entrusted to the inexperience of "young men entering on practice," by whom they would be discharged "only so long as they were acceptable, and then resigned to younger men, fresher from the schools." (Memorandum, vol. ii, p. 355.) These words seem to us to betray as utter a misconception of the nature and importance of the office as does the highly objectionable proposal (vol. i, p. 35, also p. 176, Resol. 22; and vol. ii, p. 354), that medical officers may themselves become nuisance-officers, or, as the latter are now improperly termed, "inspectors of nuisances". There are many reasons for relieving the medical officer, especially if he be a practitioner, from the onerous and damaging responsibility of searching out and reporting on nuisances. They ought to be referred to him by a subordinate officer specially appointed to discover them. The qualifications of this *nuisance-officer* should be defined either by the Act or by the central department. Regulations are also needed to promote the more efficient performance of the duties of this office. We see nothing of the kind suggested by the Commission.

Position, duties, and qualifications of nuisance-officer.

No adequate provisions recommended for the suppression of infectious diseases.

33. Here we may remark that the Report of the Commission omits to recommend the enactment of any special and stringent regulations for the suppression of infectious diseases. All reference to measures by which the spread of this class of diseases may be arrested or controlled appears to be limited to a notice of certain provisions in the Sanitary Act, 1866, and to three lines in the next paragraph, page 48, proposing that the central authority should "institute inquiries, and

authorize the gratuitous dispensing of medicines and the speedy interment of the dead." Assuredly, if this destructive class of diseases is to be effectively encountered, some more complete and decisive enactments are required. Unless the regulations imposed are such as will meet epidemics at their first outbreak, so as to crush them in the bud, it will be found, as it has been, almost impossible to stay their course at any subsequent period. In relation to this subject, we beg to call attention to certain important amendments proposed by the Manchester and Salford Sanitary Association to Clause 26 of Mr. Goschen's Bill, which was equally deficient in this respect. (See Appendix E.)

The local revision of mortuary and sickness returns requires a skilled and independent officer.

34. While we perceive with satisfaction that the Commission (vol. i, pp. 61-177) recommends the registration of sickness, we doubt whether the method thereof should be wholly left, as proposed, to the Registrar-General, without insisting upon the necessity of considering in the first place the sanitary needs of the localities from which the returns are collected, and in which they ought to be promptly applied to local sanitary action. It is in regard of this function that a skilled and comparatively independent officer of health becomes indispensable ; and the question yet to be solved is, what should be the maximum and minimum extent of area and population over which a chief health officer, acting also, according to Dr. Farr, as "Registration Medical Officer," could most efficiently and economically act. The proposal (Memorandum, pp. 353-4) to make the medical officer of the workhouse the official medium for collecting and transmitting returns of sickness is unsupported by reason or argument. For unless he is to revise and correct, which is not proposed, and for which he may not have the requisite qualifications, the Superintendent Registrar might perform quite as efficiently the merely clerical duty. A proper machinery for the local revision of mortuary and sickness returns, by a skilled and independent officer, would be provided by vesting the appointment of the chief health officers, debarred from private practice, in intermediate authorities; and to county justices, it may be observed, the legislature has committed the appointment of public analysts.

Officers, how appointed and salaried. Duties and system should be uniform.

35. We propose that the right of separate appointment, by municipalities, of chief health officers, should be limited to large cities and towns, the authorities of which might be willing (as in Liverpool) to render their health adviser independent of private practice by a salary which shall, in the judgment of the central authority, suffice to secure the devotion of his entire time and thought to his public duties. All other towns would enjoy the advantage of superintendence by an officer

of the same high class, appointed by a county or other intermediate authority. There would, moreover, be no necessity for the exceptional arrangements suggested by the Sanitary Commission (vol. i, p. 35; vol. ii, p. 354), which would leave certain very important scientific observations to be made only in those districts, the officers of which "desired, or were willing," to undertake them, a very imperfect and unsatisfactory method of public administration. *The system should be uniform throughout the country.*

Dangers of appointment by small local boards.

36. While heartily approving of the proposal that "medical officers of health should be appointed subject to the *veto*, and should not be removed without the sanction, of the central authority," we assert unhesitatingly that to compel all local boards to appoint their own officers, even subject to the above conditions, would be to force into action motives of personal interest and prejudice, of local favouritism, and of political-party ascendency.

The Poor-law medical officers should act as assistant health-officers, for suitable remuneration.

37. Nevertheless, while objecting, on the whole, to the project of health officers emanating from the Sanitary Commission, we strongly recommend, consistently with our previous suggestions, that, in the absence of an officer specially appointed for the purpose, the Poor-law medical officer should be authorised to act, and be suitably remunerated for acting, as an assistant or deputy health officer. Without indulging in any extravagant eulogy of this most useful and ill-requited body of men, we not only feel sure of their general fitness to perform all duties which it would be expedient to commit to them, but we are also convinced that their co-operation is absolutely essential to the proper working of any sanitary system; and their official recognition might enable the chief health officers to undertake wider districts than would otherwise be possible.

The administration of Poor-law medical relief requires reform.

38. A fundamental reform in the administration of Poor-law medical relief would be essential to the well-working of a medico-sanitary organization, and to a proper registration of sickness. The main provisions of the Irish Medical Charities Act ought to be introduced, and dispensaries established in every district, with such modifications of the system as may render it applicable to England. We strongly urge the adoption of a regulation under the above Act which prevents the appointment of any medical officer under the age of twenty-three years, and we also recommend that a special examination in certain matters of preventive and legal medicine be required, after a future date, to be named in the new sanitary law, of all medical candidates for office of that age.

39. A precise inquiry would be necessary to determine the comparative cost of the two systems—the one proposed by the Sanitary Commission, the other now sketched in outline by ourselves.* But it is obvious that, with a sufficient corps of chief health-officers, the inspecting staff in immediate connexion with the central authority need not materially, if at all, exceed the number now actually employed by the various central departments, which are to be consolidated, we hope, under one Minister of Health. Without a body of superior health-officers, *either* many necessary duties of superintendence and inspection (hardly noticed in the Report of the Commission) must remain unperformed, *or* an equally numerous body of district inspectors, under the central authority, must be appointed to execute them, at a great national cost.

Inquiry needed as to cost of the two systems. Ours need not be more costly than the less efficient one of the Commission.

40. Confining our remarks to the existing inspectorates, we heartily agree with the Sanitary Commission, that simplicity and economy alike demand their union under one chief, and their redistribution in *circuits*, analogous to the registration divisions, or the districts of Poor-law inspectors, which circuits might constitute the larger public health areas, except for any special purpose, as the control of river basins. In every such circuit it might be advisable, for efficient administration, that the central authority should act through *three* inspectors, with different qualifications—one legal, one engineering, and one medical or scientific. In the Memorandum (sec. 13), at least *sixty-one* general inspectors, now in office, are enumerated, and of these *not more than fourteen or fifteen are medical.* The latter would, therefore, be all required on a reformed system—eleven or twelve for circuits, and three or four for special investigations. The Commission seems not to require that there should be such completeness of organization as is here suggested ; yet without it we doubt whether any system of local government and public health administration can fulfil successfully its intended objects.

41. What seems to us the fatal objection to the scheme of sanitary administration proposed by the Commission, is that it presupposes the frequent intervention of the central authority and its officials, not only in the great movements of the sanitary system, but in many minute local details. It is to be worked—or at least regulated—from the centre, by inspectors who, not necessarily residing in the districts which they superintend, cannot know more of local circumstances and peculiarities than they can glean during brief and hasty visits. This mode of administra-

Disadvantages of the scheme of sanitary administration proposed by the Commission.

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* See also "Memorial" of Joint Committee to Her Majesty's Ministers, May 1868, paragraph 5.

tion has the threefold disadvantage of being costly, of being inefficient, and of keeping the country in a state of perpetual tutelage. If, on the other hand, the inspectors, or rather chief officers of health, highly trained in all the departments of public medicine, were resident in their districts, each one of them would be a centre of instruction whence sound and enlightened views on all sanitary matters would emanate, so as gradually to enlighten the public mind, stimulate local action, and reduce to a minimum the need of interference by the central authority. The Commission, however, would make that the exception, which we maintain ought to be the rule, and appears to be so scrupulous of permitting any competition by "men of higher attainments and qualifications" as actually to recommend (Memorandum, vol. ii, p. 354) that "such exceptional arrangements should be made under the direct sanction of the public health minister." Should these views unhappily be adopted, we have before us the dreary prospect of a dead level of official respectability and routine, under the patronage and protection of the central authority.

Constitution of the Council of Health.

42. With respect to the proposed central authority, we thoroughly appreciate the importance of providing that every existing department, including several under the Home Office, the Privy Council, the Board of Trade, and the Poor-law Board, besides the General Register Office, the Lunacy Commissioners, and the General Medical Council, should be severally and individually represented in a Supreme Council of Health, to be presided over by the one minister.

43. We deem it unnecessary to comment further on this very important Report, by way of either support or criticism, although there are other particulars on which we might dilate. We conclude by repeating our desire for a careful personal inquiry in the various localities throughout the country, before legislating permanently on the details of sanitary administration.

Signed, in name and by appointment of the Joint Committee, by

H. W. Rumsey, M.D., *Chairman.*
William Clode.
W. H. Michael.
Arthur Ransome, M.D.
Alexander P. Stewart, M.D.

August, 1871.

APPENDIX.

A.—*Extract from "General Report on the Sanitary Condition of the Labouring Population,"* 1842, p. 355.

"Whatsoever administrative arrangements sustain narrow districts and narrow practice, sustain, at a great public expense, barriers against the extension of knowledge by which the public would benefit, and any arrangements by which such districts or confined practice are newly created will aggravate existing evils."

B.—*Extracts from Letters from Dr. Strange to Dr. Rumsey, February 26th and March 15th,* 1871.

(1) "In my old paper (1846) I spoke of a hundred and sixty officers, or about four for each county, as the quantum required. But I am one of those who, like yourself, have reduced our estimate of the number of district-officers that would be necessary.

"For instance, I think that for such a county as this (Worcestershire), excepting the Dudley district,* one officer could do the work if he had a proper office, clerks, etc., provided for him . . . . My fear is that every town like this (Worcester), Bath, Cheltenham, etc., will be allowed to appoint an officer of its own. *This would be fatal to the well-working of the scheme.*

"I would therefore advocate arrangements on a large scale, because, if the districts were found to be too large, it would be easier to divide them hereafter than to alter the petty arrangements made by each local authority."

(2) "I think that about a hundred officers, independently of the metropolis, would be required. Counties of not more than two hundred and fifty thousand population might perhaps be superintended by one officer, provided there was no great town in them. Where the principal town is large enough to pay an officer of its own, the rest of the county, in many cases, might be managed by one officer, although others doubtless would require more. Towns containing less than sixty thousand inhabitants, if appointing independently their own officer, would be sure to pay him badly, or perhaps distribute the work among the Poor-law medical officers. *It is to guard against this that we must enlighten the public mind.*"

C.—*Extract from Letter from Dr. W. Budd, F.R.S., to Dr. Rumsey, May 8th,* 1870.

"On main points we are quite agreed as to what should be the character of the new sanitary organization. I am strenuous, in the first place, for a county administration; not only because this offers the only safeguard against metropolitan absolutism, both in theory and practice, but because the elements of a county organization already exist, and have already been largely and successfully employed in the suppression of disease—to wit, in the sheep's small-pox and the cattle-plague. In legislating on such matters, it is always best to go, as far as possible, on the old lines.

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* The population of the county of Worcester *proper* is now 338,848, on an area of 472,165 acres—more by far, in my opinion, than could be properly managed by one officer, if he were to superintend the registration of births, deaths, and diseases. Perhaps two officers might suffice, and be appointed, for instance, one for each parliamentary division.—H. W. R.

"As regards the appointment of the Poor-law officers, on condition of their acting only as deputies to the chief, I have no objection to the proposal. The only difficulty, I fear, would be as to the funds required to remunerate them for their additional labour . . . . I acknowledge that in naming from £500 to £800 (for the chief officers) I pitched the salaries too low. I was not quite prepared for the question at the time, and was no doubt impressed by what seemed to me to be the master impulse of the whole Commission—*the dread of adding to expense.* At the same time, I think that some err in over-estimating the number of superior officers necessary for the work. In exactly the same measure in which you increase the number of these functionaries, you tend to diminish the salary of each. In these matters it is important to go on principle, and I hold this to be a principle which lies beyond dispute, that it is incomparably better for the success of the work to have a few well-paid and very able men, than to have a number of inferior capacity at a lower salary . . . . . Having thought over the matter as regards the county of Devon, since I gave evidence, I am prepared to stand by my suggestion that *three* officers—one for each Parliamentary division (Evid. 9,319) or Coroner's division (9,320) would be sufficient.

"This should always be borne in mind—1, that the sum to be distributed among the superior officers in each county will be a stated and limited sum; and 2, that the money, being partly for Imperial and partly for local purposes, will most probably be drawn in part from the rates, and in part from the Consolidated Fund."

D.—*Extract from Report of Deputation. Dr. Symonds's Speech, May,* 1868.

Dr. Symonds urged that the Government should encourage the creation of a new order of medical men who would give their undivided attention to sanitary matters, and to questions of medical jurisprudence. He then proceeded to say that the medical profession had been growing more and more anomalous in sanitary matters, and so great an amount of work had come to be imposed upon the profession, that it was getting to be more than the shoulders of medical men could bear. Medical men were chiefly educated for the care of the sick; and, in the practice of professional duties over some years, a great deal of the knowledge which they primarily possessed would be found to have slipped away from their memories when they were suddenly examined upon some particular point requiring minute investigation. Now, the medical man, when called upon to give evidence in a court of law, had to do so on three different heads. He had to give evidence such as an ordinary witness would on points which would be within general observation; then he had to give evidence of matters which had come within his knowledge as a professional man; then he was called upon to speak as to circumstances of which he was supposed to possess a knowledge by an acquaintance with chemistry and natural science. But it must be stated that a man might have possessed a great amount of knowledge of chemistry and natural science at an earlier time of his life without being able to prove his knowledge in a law-court; and he might be a most able practitioner, yet, when called upon to discharge the duties of a medical jurist, might show great shortcomings. Then medical men were differently qualified in different parts of the country, and while some were educated well, others were educated ill. Surely, under these circumstances, it was not right that men should have the administration of the sanitary laws with only a general professional knowledge. This was a most important point, for the people had the right to have the best and most efficient officers to be obtained; what was required in Lincolnshire was demanded in Lancashire, and it was not right that there should be any difference in the qualification of the men who were to administer these important laws either in the one place or the other. It seemed to those who attended there, that a new order of medical men should be called into existence, upon whom should devolve the consideration of all those questions, who should be able to advise and instruct in all matters of sanitary science, and who would be able to answer off-hand all points which might easily have passed from the mind of general practitioners. Such a new order of medical men, by their influence on the public, by the education of the public in the laws of health, would do a vast amount of good among all classes of Her Majesty's subjects. The deputation asked that there should be a

Royal Commission to consider these most important matters, and those present were sure that research would show the necessity for the appointment of such men as officers of health, who would give confidence to all.

E.—*Amendments Proposed by the Manchester and Salford Sanitary Association in Clause 26 of the dropped Bill on "Rating and Local Government".*

Obligations of sanitary authorities, of persons under their jurisdiction, and of medical practitioners with respect to disinfection and the disposal of dead bodies.

Every sanitary authority shall, by constructing, purchasing, or hiring, or contracting for the use of the places and things hereinafter mentioned, provide its district with proper places furnished with proper apparatus for disinfection of clothes and other articles, with a proper carriage for the conveyance of infected persons or of persons suspected of being infected, and with hospitals to which persons incapable of taking proper precautions against infection and affected or suspected of being affected with infectious diseases may be removed.

The Local Government Board may, on the application of any ratepayer within the area subject to the jurisdiction of a sanitary authority, require such sanitary authority to provide a proper place or proper places for the reception of dead bodies accordingly.

The places and things provided by any sanitary authority, or union of sanitary authorities, in pursuance of the foregoing requisitions of this section, shall be subject to the approval of the Local Government Board.

The occupier, or person in charge, of a house or tenement in which a person is ill of fever, or any infectious disease, shall give immediate notice thereof to the sanitary authority, or to some officer of the sanitary authority, having jurisdiction over the area within which such house or tenement is situated, and such sanitary authority shall furnish such occupier, or person in charge, with printed recommendations, approved of by the Local Government Board, respecting the disinfection of clothing and other articles, and precautions to prevent the spread of infectious diseases. Such occupier, or person in charge, shall, from the date of such notice, obtain and send to the said sanitary authority at intervals not exceeding ten days, the certificate of a legally qualified medical practitioner, that proper precautions have been taken to prevent the spread of such infectious disease to other persons, until the said occupier, or person in charge, obtain and send to the said sanitary authority the certificate of a legally qualified medical practitioner, that no person in such house or tenement is ill of fever or any other infectious disease, and that such house or tenement, or such parts of it as require to be disinfected, and the clothes and other articles in and about it requiring disinfection, have been satisfactorily cleansed and disinfected.

Any medical practitioner, attending a person who is ill of fever or any other infectious disease, shall give immediate notice, in the manner and form hereinafter described in schedule — to this Act, of the infectious character of such disease, to the occupier or person in charge of the house or tenement in which such person who is ill of an infectious disease is, and also to the sanitary authority having jurisdiction over the area within which such house or tenement is situated, for which such medical practitioner shall be *awarded* by the said sanitary authority such remuneration as shall be approved of by the Local Government Board.

The occupier or person in charge of any house or tenement in which an inmate is dead, and which is situated within the area subject to the jurisdiction of a sanitary authority which has provided a place or places for the reception of dead bodies, shall either keep and retain the dead body of such inmate in a room in which persons do not live or sleep, or shall give immediate notice of the death of such inmate to such sanitary authority, and if such inmate has died of an infectious disease, or if the dead body of such inmate is in such a state as to endanger the health of the inmates of the house or room in which it is retained, such sanitary authority may, on the certificate of its officer of health, or of a legally qualified medical practitioner, make any order or orders which a justice may now make, on the certificate of a legally qualified medical practitioner, respecting any dead body of a person who has died of an in-

fectious disease or any dead body which is in such a state as to endanger the health of the inmates of the house or room in which it is retained.

Any person failing to give any notice required by this section shall be liable to a penalty of any sum not exceeding £20, and if any owner or occupier of a house or tenement in which a person is ill of fever or any other infectious disease fail to send to the sanitary authority having jurisdiction over the area within which such house or tenement is situated, any certificate required by this section, such authority shall, on the certificate of its officer of health, or of any legally qualified medical practitioner, exercise the powers and do the things which a nuisance authority may now exercise and do on the certificate of a legally qualified medical practitioner.

The guardians of any union, or the guardians of any two or more unions, and any sanitary authority, and any two or more sanitary authorities, may, with the approval of the Local Government Board, make mutual arrangements as to carrying into effect the foregoing provisions and any expenses incurred by such authorities in pursuance of such arrangement shall be deemed to be expenses incurred by them in the performance of their duties.

If any sanitary authority fails to comply with the foregoing requisitions of this section, or makes default in the performance of any duty which it is bound to perform in pursuance of the forty-ninth section of the Sanitary Act, 1866, as amended by this Act, the Local Government Board may, on the application of any ratepayer within the area, subject to the jurisdiction of the defaulting authority, or of any person aggrieved by such default, require the sanitary authority to remedy the default complained of, and if it fails to do so within a specified period, may suspend all the powers of such authority in its character of sanitary authority and delegate to the *County Board of the County* in which the district, or the greater part in area of the district, is situate, or to any person or body of persons, the powers of such sanitary authority until the default is remedied.

Any body of persons to whom such powers may be delegated shall, if they are not a body corporate, be *(incorporated)* a body corporate for the purposes of *their establishment.*

The form of this notice should be such that medical men would be obliged to state the names of the infectious diseases attended by them, as well as their infectious character.

Every sanitary authority should be required to make yearly returns to the *Local Government Board* as to the names of the diseases of which it has notice, their duration, etc. This would provide machinery for the registration of infectious diseases in private practice. These points were not befo e the General Committee of the Manchester and Salford Sanitary Association.

F.—*The following Tabular Statement, drawn up by Mr. Michael, is subjoined, though not adopted by the Committee, as clear and very suggestive. The italics indicate the discrepancies between the Commission and the Joint Committee.*

REQUIREMENTS OF JOINT COMMITTEE.	REPORT OF SANITARY COMMISSION.
1. Consolidation of existing sanitary laws.	1. Consolidation of existing sanitary laws (p. 3).
2. Compulsory and uniform administration.	2. Compulsory and uniform administration (p. 3).
3. One local authority for every district.	3. One local authority for every district. [N.B.—Professedly *one*, but really *two*. See preceding Report ¶¶ 13, 14.]

4. An intermediate authority, for purposes of appeal, and to compel action, and if necessary to execute works in the first instance, for [disputed] elections, and for water-supply questions.

4. *No intermediate authority.*

5. A Ministry of Health as the central authority.

5. A Ministry of Health *and Destitution* as the central authority.

6. An extended area for the district of the local authority.

6. *a. Existing areas as urban. b. Unions as rural authorities over areas represented by rural guardians.*

7. An improved *personnel* of the local authority.

7. *Where altered—Boards of Guardians.*

8. *All* functions of a sanitary or quasi-sanitary character to be discharged by the local authority.

8. *Rural authorities to have no control of highways.*

9. Such a division of the country into districts as shall, after due local inquiry, be found best to meet all sanitary requirements.

9. *Untouched, save in exceptional instances.* (*See p.* 25, *as to "elective Boards".*)

10. Compulsory powers as to joining districts for drainage-purposes.

10. *Permissive powers under control of central authority, but not rural authorities.* (*See p.* 27.)

11. *a.* The recognition and appointment of high-class medical officers of health, to watch over the public health, register sickness and death, devoting their whole time to the duties of the office, with such an extended area as should insure adequate remuneration. *b.* Deputy medical officers of health.

11. *a. One medical officer of health, of no special acquirements, and following private practice, for each urban authority. b. In rural districts, all the Poor-law medical officers.*

12. The appointment of all officers to be over such an area as would secure high-class service, with adequate remuneration for the employment of the whole time without perquisites.

12. *Each district to have its own officers: in rural districts, the officers of the unions, where available.*

13. Extended powers for taking land compulsorily; also land covered with water, for purposes of water-supply.

13. Extended powers for taking land compulsorily, etc., for purposes of water-supply.

14. Revision of statutes as to compulsory water-supply to houses, where medical officer of health reported water to be impure.

14. Revision of statutes, with increased facilities, if necessary; making it the duty of the local authority to enforce them. (See p. 42.)

15. Property of municipal authorities, where not required for the purposes of the Municipal Acts, to be available for sanitary purposes, and in aid of rates.

16. Additional powers of borrowing, and of mortgaging property, and relief in certain cases from the necessity of repayment in a fixed number of years.

16. *No powers of mortgaging property. No relief from necessity of repayment.*

17. Alteration of incidence of rating in proportion of benefits received.

17. *No alteration recommended in existing modes of rating.*

18. Where an act to be done, with penalty, then, on default, local authority in all cases to have power to perform the act.

18. *Penalties still continued, and even extended* (*see p.* 37), *virtually abrogating* § 49 *of the Sanitary Act*, 1866.

19. Powers to deal with streets, courts, and houses, built before the passing of the Act of incorporation of the district. This to be regulated, both as to the necessity for the work and compensation to be paid to owners, by the intermediate authority.	19. *Not provided for.*
20. Bye-laws, a form to be scheduled, which, with such modifications as might be rendered necessary by local circumstances, approved by central authority, to have the force of law.	20. *Retained in present condition.*
21. Powers to borrow for private improvement—easy terms of repayment.	21. *Not provided for.*
22. Increased powers as to drainage of lands.	22. Provided for by recommendation that present absence of power should be remedied. (See p. 44.)
23. Increased powers to deal with overcrowding.	23. General recommendation for increased powers.
24. Increased powers to deal with nuisances; also houses unfit for habitation, apart from nuisances.	24. *Only partially dealt with* (*p.* 46).
25. Provisional orders to be, in contested cases, granted after due local inquiry, without the trouble and expense of a contest in Committees of both Houses of Parliament,	25. *Remains as at present.*
26. Officers of health to be clothed with greater power in cases of infectious diseases. Medical practitioners to be required to report all cases.	26. *Not provided for.*

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