

CHAPTER XXV  
CENTRAL CONTROL

THE purpose of administrative control by the Central Government of the activities of local authorities is to secure a high general level of efficiency, by advising and encouraging the more willing authorities, and by exhorting and, in the last resort, compelling neglectful councils to perform their duties and exercise their powers. The source of all such control lies in the various legislative measures constituting the controlling departments and the local authorities, or endowing them with their diverse powers and duties. Its extent and effect consequently vary with different authorities and for different purposes; and if the three greatest spheres of local government be considered—education, poor relief, and public health—it will be found that central control is slightest and weakest in the case of last-mentioned. The chief reason for this is to be sought in the fact that the foundations of public health service were being laid at a time when the excessive centralization of Poor Law administration and the somewhat tactless zeal of Chadwick in trying to force sanitation upon the country by the same method had provoked a strong reaction in favour of local autonomy. A secondary but not unimportant cause is to be found in the general belief that public health effort was for the benefit of the locality rather than for that of the country as a whole, and consequently the expenditure incurred was not considered “onerous” and therefore was not shared by the National Exchequer. This opinion was not authoritatively changed until the Departmental Committee on Local Taxation issued their final report in 1914,<sup>1</sup> and so the Central Govern-

<sup>1</sup> Cd. 7315.

ment was without the best weapon for exercising efficient control, the power of withholding grants-in-aid. The consequence has been that legislation conferred many powers and placed few duties upon local authorities, and that control by the Central Government has been neither wide in its application nor very drastic in its effects. The maternity and child welfare service, which is heavily financed from national funds, is a significant instance of an advance in method of control.

The importance of central control has been exaggerated. Maltbie states that “nearly every system that could be thought of was tried, but not until a logical plan of central control was instituted and made to apply to all of England by the Acts of 1866, 1872 and subsequent years was there any noticeable decrease in the death-rate either relatively or absolutely, or great improvement in sanitation.”<sup>1</sup> It is not true that a logical plan of central control was instituted; there neither was nor is such a system. To suggest it is almost an insult to Englishmen who pride themselves upon the possession of common sense and the absence of logic in public affairs. The decreased death-rate is rather the result of the institution of a general system of local authorities endowed with wide powers in place of the “desperate state of confusion in which valuable principles are affirmed, but the necessary organization and authorities are absent.”<sup>2</sup> To local initiative and local effort must by far the greater amount of credit be given for the improved public health.

It is true that the Royal Sanitary Commission of 1871 found similar complexity and overlapping of the six central departments acting in respect of public health,<sup>3</sup> and that there was a great waste of power in consequence. They reported that they found “a general consent in the minds of persons of every class that it is not so much lack of

<sup>1</sup> *English Local Government of To-day*, p. 114-15.

<sup>2</sup> Second Report of the Royal Sanitary Commission, 1871, Vol. II, p. 183.

<sup>3</sup> These were the Home Secretary, Privy Council, Poor Law Board, Board of Trade, Registrar-General and the Lunacy Commission.

science nor lack of machinery, but rather a proper arrangement of the machinery which is needed for taking due care of the public health."<sup>1</sup> The Report was immediately acted upon. In 1871 the Local Government Board was constituted, and remained until 1919 the chief department of the Central Government concerned with the control of the local sanitary authorities.

In 1848 the General Board of Health was established, but, after enduring a series of bitter attacks, was abolished ten years later, when its powers were shared between the Privy Council, a branch of the Home Office called the Local Government Acts Office, and the Poor Law Board. Such a confused and complex jurisdiction was bound to be inefficient, and the Local Government Board Act of 1871 transferred all such powers to a new department called the Local Government Board, stating in the preamble that it was "expedient to concentrate in one department of the Government the supervision of the laws relating to the public health, the relief of the poor and local government."

By the Ministry of Health Act, 1919, the Local Government Board, which like the Board of Trade was only a phantom body which never met, was replaced by a Minister of Health, the general duties of whom were "to take all such steps as may be desirable to secure the preparation, effective carrying out and co-ordination of measures conducive to the health of the people, including measures for the prevention and cure of diseases, the avoidance of fraud in connection with alleged remedies therefor, the treatment of physical and mental defects, the treatment and care of the blind, the initiation and direction of research, the collection, preparation, publication, and dissemination of information and statistics relating thereto, and the training of persons for health service."<sup>2</sup> To him were transferred all the powers and duties of the defunct Local Government Board and of the Insurance Commissioner of England and Wales, of the Board of Education as regards expectant and

<sup>1</sup> Second Report, Vol. II, p. 359.

<sup>2</sup> Ministry of Health Act, 1919, s. 2.

nursing mothers and children under five not at school and the medical inspection and treatment of school children, and of the Privy Council and Lord President as regards midwives.<sup>1</sup> Other duties may be transferred to the Minister by Order in Council, and work in connection with lunacy and mental deficiency and under the Rats and Mice Destruction Act has been so transferred as well as certain powers of the Secretary of State under the Factory and Workshop Act, 1901.<sup>2</sup> To advise and assist the Minister consultative councils, including women, of persons having practical experience may be set up,<sup>3</sup> and travelling expenses, subsistence allowance and reasonable compensation for loss of remunerative time may be paid to them.

The Minister, a member of the Cabinet, submits the departmental estimates to the Chancellor of the Exchequer and, with the aid of the Parliamentary Secretary, explains and defends the actions and policy of the Ministry before Parliament. His staff is large and includes men and women who are highly skilled in engineering, medical and preventive science and finance, the Permanent Secretary exercising control with the assistance of a chief medical officer, a solicitor and legal adviser, an assistant secretary for finance, a director of establishments, and a controller of health insurance. The control of public health administration, including all those activities having for their object the prevention and treatment of disease, is divided among nine different divisions of the department, each with a separate staff having special administrative experiences and policies and superintended by a chief responsible through the Permanent Secretary to the Minister.

Of these divisions the one dealing with Poor Law administration is only indirectly connected with the public health service<sup>4</sup> through its dealings with Poor Law infirmaries,

<sup>1</sup> *Ibid.*, s. 3.

<sup>2</sup> The Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921. Powers under Factory and Workshop Act, 1901, sections 61, 97 to 100, 109 and 110 transferred.

<sup>3</sup> Ministry of Health Act, 1919, s. 4.

<sup>4</sup> If proposals now before the country materialize, all Poor Law functions will be distributed between the councils of counties and county boroughs.

district sick asylums and the establishment under the Metropolitan Asylums Board, and cognate matters. The other divisions, most of which are subdivided into departments for administrative convenience, have extensive and varied functions, the common ignorance of which justifies them being set out *seriatim* as far as they are concerned with public health.

#### I. LOCAL GOVERNMENT ADMINISTRATION

A.—Constitution and alteration of Local Government and other areas; and Charters of Incorporation. Loans for Aerodromes; Allotments; County and Municipal Buildings; Public Offices and Halls; Education; Ferries; Fire Stations and Appliances; Gas and Public Lighting; Highways (other than Private Streets); Inebriates' Reformatories; Markets and Refrigerators; Military Lands Acts; Parking Places; Police Buildings (except erection of dwellings); Public Libraries; Sale, Letting; Appropriation, etc., of Land (including Provisional Orders for Compulsory Purchase) in relation to above matters; Sea Defences; Small Holdings, and certain other purposes. Provisional Orders for extending borrowing powers of County Councils. Transactions with respect to Corporate Lands under Municipal Corporation Act, 1882. Schemes for Unemployment Grants. Urban Powers (except as to Private Streets). "Special" Expenses. Adoption of Public Health Act, 1925 (except consents under Section 3), and conferring powers on Rural District Councils. Application of adjustment moneys. Examination of Public Health Act debt, and suspension of Sinking Fund payments and Local Authorities (Financial Provisions) Act, 1921. Loans under Section 3 of the Local Authorities (Financial Provisions) Act, 1921. Advising on Applications for loans from local authorities of heavily rated areas. Financial and Loans Records.

B.—Sewerage and Sewage Disposal; Surface and Storm Water Drainage, and Land Drainage. Culverting Streams. Refuse Disposal, and Scavenging and Public Cleansing,

including salvage of waste. Street Bins. Recreation Grounds, Parks, Open Spaces, and Playing Fields. Seats, Drinking Troughs, and Fountains. Public Conveniences. Baths and Washhouses. Provisional Orders for compulsory purchase of Land for above purposes. Privy Conversions. Private Streets (including loans, urban powers, etc.). Loans for above matters. Alkali, etc. Works Regulation Act, Smoke Abatement, and Nuisances under the Public Health Acts. Appeals under Section 268, Public Health Act, 1875, referred from Legal Branch. Canal Boats.

C.—Provisional Orders altering Local Acts. Reporting on Bills for Local Acts. Approval of promotion of or opposition to Bills. Examination of draft Provisional Orders of the Ministry of Transport under the Pier and Harbour Acts and the Light Railways Acts. Issue of Stock by Local Authorities. Approval of equation schemes under Local Acts for repayment of debt. Adjustments between County Councils and County Boroughs. Miscellaneous work in connection with local finance.

D.—Water Supply (including loans and formation of special water districts) and Water Charges. Provisional Orders relating to Water Undertakings. River Pollution. Burial Grounds and Burials (other than fees and bye-laws).

E.—Correspondence generally, not allocated to another Division or Branch, and in particular as to the following matters:—Qualification and disqualification of members of, and proceedings at meetings of, local authorities. Examination of bye-laws, tables of fees or tolls, rules, regulations, etc., submitted to the Minister under Act of Parliament and preparation of model series. Bye-laws, requisitions, etc., under Sections 100 and 101 of the Housing Act, 1925. Appeals under Section 99 of the Housing Act, 1925, and Section 25 of the Housing, Town Planning, etc., Act, 1919. Investing urban authorities with certain powers of parish councils under Section 33, Local Government Act, 1894, and urban and rural authorities with powers of Public Health Acts Amendment Act, 1907; consents under Section 3 of the Public Health Act, 1925, and miscellaneous

inquiries as to the effect of that Act. Modification of local Acts under the Public Health Acts Amendment Act, 1907; and the Public Health Act, 1925. Confirmation of orders as to offensive trades made by local authorities under Section 51 of the Public Health Acts Amendment Act, 1907. Regulations of the Minister under the Burial Acts. Rating and assessment (other than matters arising under the Rating and Valuation Act, 1925). Legality of expenditure by Local Authorities (except when belonging to Division VII).

## II. FOODS, APPOINTMENT OF MEDICAL OFFICERS OF HEALTH, ETC.

A.—Appointment of M.O.H.'s and Sanitary Officers. Miscellaneous health and sanitary questions not specifically allocated to other Divisions.

B.—Food (including all matters relating to Milk and Dairies, the Sale of Food and Drugs Acts, the Public Health (Regulations as to Food) Act, 1907, and the Provision and control of Slaughter-houses.

## III. INFECTIOUS DISEASES, TUBERCULOSIS, VENEREAL DISEASE, MATERNITY AND CHILD WELFARE, BLIND, ETC.

A.—*Tuberculosis*: Schemes of local authorities for treatment; payment of capital and maintenance grants; arrangements with Ministry of Pensions for treatment of ex-Service men; regulations for the notification and prevention of tuberculosis; arrangements for the after-care; provision of extra nourishment, domiciliary treatment of insured persons, etc.

B.—*Venereal Disease*: Schemes of local authorities for the provision of facilities for diagnosis and treatment, and propaganda work in connection therewith; paying of exchequer grants; approval of arsenobenzol compounds; arrangements with National Council for combating Venereal Diseases for propaganda work; international arrangements.

C.—*Infectious Disease* prevention (including provision for isolation hospitals, etc., outbreaks of infectious disease,

Port Sanitary administration, medical inspection of aliens, International Sanitary Conventions, and Vaccination).

D.—*Maternity and Child Welfare*: Approval of arrangements of Local Authorities under the Maternity and Child Welfare Act, 1918, and general administration of that Act, the Notification of Births Acts, 1907 and 1915, Part I of the Children Act, 1908, the Midwives Acts, 1902 and 1918, and the Midwives and Maternity Homes Act, 1926; arrangements in connection with the training and provision of Midwives and the training and certification of Health Visitors; examination of applications for grant of Local Authorities and Voluntary Agencies.

E.—*Welfare of the Blind*: Approval of arrangements of Local Authorities under the Blind Persons Act, 1920, and general administration of that Act, examination of applications for grant of Local Authorities and Voluntary Agencies.

## V. HEALTH QUESTIONS AND GENERAL PRACTITIONER SERVICES

A.—Dentists' Registration. Nurses' Registration. Hospitals and hospital provision (other than Isolation, Poor Law and Maternity). Lunacy and Mental Deficiency Acts and relation of the Ministry to the Board of Control. Powers under the Anatomy Acts. Patent Medicines. Medical Research. Deaths from Anæsthetics. International Health arrangements and Foreign Correspondence (except that shown in Division III). Therapeutic Substances Act. Post-graduate Education.

B.—Medical Benefit under National Health Insurance Acts. Terms and conditions of service of medical practitioners and chemists under the National Health Insurance Acts. Constitution and personnel of Insurance Committees. Miscellaneous questions affecting general practitioners and supplies of drugs (other than those arising directly under the Sales of Food and Drugs Acts) and of medical and surgical appliances.

C.—Insurance Committees' Administration. General

administrative machinery and financial arrangements of Insurance Committees.

#### VI. ESTABLISHMENT AND INTELLIGENCE

A.—Control of office organization as a whole. Appointment, promotion, transfer, retirement, discipline and leave of the whole of the staff. Provision, allocation and upkeep of office accommodation and equipment (including provincial offices); correspondence with Stationery Office and Office of Works. Correspondence with Treasury relating to personnel and office organization.

*Registry.*—Receipt, registration, distribution and custody of all letters and papers.

*Printing.*—Provision of all printing, neostyling, stationery, and other stores for all branches of the Department.

*Copying.*—Typing and Shorthand Writing.

B.—*Intelligence.*

(i) *General Intelligence.*—Special inquiries and reports. Editing Annual Reports of Ministry. Selection and Distribution of Press Cuttings. Noting suggestions for legislation. Provision of information to Press.

(ii) *Foreign Intelligence.*—Special inquiries and reports on health and local government questions abroad. Replying to inquiries from abroad. Examination of foreign newspapers and periodicals.

(iii) *Library.*—Care and custody of books, pamphlets, Government publications, and maps.

#### VII. AUDIT, ACCOUNTS AND STATISTICS OF LOCAL AUTHORITIES

A.—Decision of appeals against allowances, disallowances and surcharges by District Auditors. Correspondence relating to recovery of sums disallowed or surcharged by the District Auditors. Applications for sanction under Local Authorities (Expenses) Act, 1887, to expenditure liable to be disallowed. Applications for approval to expenditure, under Section 2 (b) of the War Memorials (Local Authorities

Powers) Act, 1923. Extending time for payment of accounts which are out of date.

B.—General supervision of work of District Audit. Reports by District Auditors upon accounts to Local Authorities and their officers. Correspondence with Local Authorities as to finance accounts and other matters arising out of audit. Prescribing forms of accounts of financial statements. Supervision of arrangements for rate collection and assent to departure from Regulations in special cases. Examination of Audit Stamp Duties paid by Local Authorities. Supervision of repayment of Loans.

C.—(i) Administration of the grants under the Local Government Act, 1888, the Agricultural Rates Act, 1896, the Agricultural Rates Act, 1923, and other grants paid out of the Local Taxation Account.

(ii) Financial and other Statistics of Local Authorities (except infectious disease and vaccination); Preparation of Local Taxation Returns and Returns of the number of persons in receipt of Poor Law Relief and other periodical and special Returns.

#### IX. HOUSE PRODUCTION AND SLUM CLEARANCE

Schemes for the provision of new houses. Clearance of slum areas and unfit houses. Appeals, closing orders, etc. (except appeals under Section 25 (3), Housing, Town Planning, etc., Act, 1919, and Section 99 (2) Housing Act, 1925). Increase of Rent, etc., Acts.

#### XI. TOWN PLANNING

Approval of Town Planning Schemes for securing proper sanitary conditions, amenity and convenience, in connection with the lay-out and use of land for building purposes, including the allocation of land for industrial, residential or other uses, or for open spaces, the planning of roads, and the determination of density and height of buildings. Determination of appeals against decisions of Local Authorities upon application for permission to develop pending

the preparation and approval of Schemes. Correspondence and approval of indexes to registers in connection with the registration of local land charges under the Land Charges Act, 1925.

## XII. POOR LAW AND OLD AGE PENSIONS

A.—General administration of Poor Law, including questions relating to parish property and certain parish officers. Superannuation of employees of all local authorities.

B.—Old Age Pensions Appeals.

### *Legal Branch.*

General advice to the Ministry on all legal questions. Preparation and issue of Provisional Orders, Regulations, Orders and Certificates under Seal. Preliminary work on the preparation of Government Bills affecting the Ministry. Assisting in the preparation of notes on amendments on Public Bills affecting the Ministry. Preparation of cases for opinion of Law Officers. Conduct of civil and criminal proceedings in which the Ministry is concerned. Conduct of appeals to the Minister against decisions of Local Authorities and in Insurance matters. Legal questions and appeals arising under Widows', etc., Pensions Act, 1925.

### *Parliamentary.*

Watching all parliamentary proceedings; making the detailed arrangements for answering Parliamentary questions; presentation of documents to Parliament. Supply of Parliamentary Papers and Stationery Office publications. Examinations of all Public Bills.

The medical staff, at the head of which is the chief medical officer, is organized at head-quarters into six divisions as follows:

- (1) Medical intelligence and epidemiology; international health; sanitary administration.
- (2) Maternity and child welfare.

- (3) Tuberculosis and venereal disease.
- (4) Milk and other Food Acts and Regulations.
- (5) Insurance; Drugs; Poor Law; General Hospital Questions.
- (6) Port sanitary and infectious diseases administration; vaccination, etc.,

and there are regional medical staffs for each of four divisions of England and for Wales.

In the offices of the Ministry public Bills dealing with local government are prepared, and all private Bills promoted by local authorities or private associations have to run the gauntlet of criticism, and frequently the opposition, of its expert advisers. In fact, unless the demands of the Ministry are conceded, or it is in some other respect placated, the promotion of such legislation is seldom successful.

The administration of the Factory and Workshop Acts and kindred legislation by local authorities is supervised and controlled from the Home Office, at the head of which is the Secretary of State, a lineal descendant of one of the oldest officers of the Crown.<sup>1</sup> On the other hand, one of the newest of the departments of the Central Government, the Ministry of Agriculture, is endowed with certain powers of control and supervision as respects the local administration of the Contagious Diseases of Animals Acts, and the *quasi* public health legislation affecting fertilizers and feeding-stuffs and destructive insects and pests.

In theory and by law there are few powers or duties conferred upon local authorities in the exercise of which they are not subject to some measure of supervision or control. The practice varies from time to time, and as regards different matters, very divergent opinions being expressed as to the wisdom, efficiency, and advantage of such interference. On the one hand, it is denounced as the mischievous meddling of bureaucratic busybodies, whilst on the other, demands are made for a more stringent exercise by the central authorities of those powers they possess to compel reluctant authorities to exercise the

<sup>1</sup> See R. H. Gretton, *The King's Government*.

powers they are by law endowed with. It is not safe in this case to assume that the middle course is the right one. The issue is to a certain extent the old one between the centralizing and decentralizing tendencies, and local government becomes a myth if the central authority is empowered to step in and forcibly compel local authorities to do everything which, having the power, they neglect to do. It remains true that the population of a local area, like that of a country, gets the kind of government which it deserves; a neglectful local authority can be replaced by one more energetic when the local electors are desirous of so doing. Striking examples of the paralysing effects on local administration of indifferent or even interested electorates were brought before the Royal Sanitary Commission in 1871,<sup>1</sup> and more recently the position was summed up in a report of the medical officer to the Local Government Board in the statement that "the responsibility for failure to secure sanitary conditions of life in a district must be shared between the sanitary authority, their officers and the inhabitants of the district. In a restricted sense it may be said that the inhabitants of a district secure such sanitary conditions as they deserve, the members of the local councils having been elected by them."<sup>2</sup> Nevertheless, the complaints of those who wish for a more progressive exertion of central control in the direction of a general levelling up of local administrative effort are not without justification, but, as will be seen, the fault probably rests less with the central departments than with the methods at their disposal for the purpose.

The various methods by which the Central Government is enabled to aid, supervise and control local authorities are susceptible to classification. But they are not all as equally applicable in the case of public health administration as they are to other branches of local government; and the defect is most important. In the case of police, Poor Law,

<sup>1</sup> Second Report, 1871, Minutes of Evidence.

<sup>2</sup> Thirty-ninth Report of the Local Government Board, Medical Officer's Report, p. xv. Cp. Annual Reports of the Chief Medical Officer of the Ministry of Health for 1924 (pp. 247 *et seq.*) and 1925 (pp. 224 *et seq.*).

and education, enterprise is stimulated and efficiency is rewarded by a system of grants-in-aid. Until comparatively recently public health administration was entirely without this very important factor for promoting a progressive development of the service, unless the payment, out of the Exchequer contribution accounts of the county councils, of a moiety of the salaries of district medical officers of health and sanitary inspectors whose appointments have been approved by the central department be considered as such a grant. A new departure was made by the National Insurance and Finance Acts of 1911, by which local authorities are receiving grants-in-aid to enable them to deal effectively with tuberculosis. It was not unreasonable that, having the beneficial effects of grants-in-aid in the case of such services as police and education before them, enthusiasts for sanitary progress viewed this step as a move in the right direction, and urged with greater force the need for similar treatment of other public health problems. And with success, as, since 1919, liberal grants have been made towards the cost of maternity and child welfare services and for the treatment of venereal diseases as well as heavy subsidies in aid of the provision of housing accommodation.<sup>1</sup>

Apart from this method, at present undeveloped as regards the general sanitary work of local authorities, the methods of central control fall under one or the other of the following heads: <sup>2</sup>

- (1) *Sub-legislative*.—Discretionary grants of powers, provisional orders, etc. The issue of orders, rules and regulations dealing with affairs administered locally.
- (2) *Approval*.—The sanction of acts of local authorities in order to render them lawful.
- (3) *Appellate*.—The power of decision in cases where local authorities are one or both parties in a matter of dispute.

<sup>1</sup> See Chapter XXIV.

<sup>2</sup> Compare Maltbie, *English Local Government of To-day*, p. 260, and Ashley's *Local Government*, pp. 49 *et seq.*

- (4) *Inspection and Direction.*—Including the audit of accounts.
- (5) *Executive.*—The administration of local affairs or the execution of local Acts where the local authority is negligent.
- (6) *Advisory.*—The preparation, publication, and distribution of reports and information upon matters of importance to sanitary authorities.

There is no doubt that the work of the Ministry of Health in these directions is steadily increasing, particularly that generalized under the heading "Sub-legislative." One of the tendencies of modern legislation is to define generally the powers and duties of a local authority in an Act of Parliament and to delegate to the Ministry of Health the power of elaborating the details of administration in orders and regulations.<sup>1</sup> On the other hand, by the device of provisional orders, the Ministry sanctions the details of local legislation and is responsible for piloting the confirmation Acts through Parliament. By these means some of the legislative congestion of Parliament is relieved and some of the heavy expense of promoting private Bills is saved to local authorities, but it has been alleged, with some show of reason, that the result was to over-burden the department with work and to cause delay in dealing with many matters of importance.<sup>2</sup>

It is these conditions that have given added strength to the demand for some measure of decentralization, especially in the direction of transferring some of the Ministry of Health's power of control over the county sanitary districts to the county councils. For this purpose ample powers are given by the Local Government Act, 1888,<sup>3</sup> which authorizes the Ministry to make a provisional order transferring to county councils any powers, duties, and liabilities of the Privy Council, a Secretary of State or any of the Government Departments as are conferred

<sup>1</sup> Compare Ilbert, *Legislative Methods and Forms*, p. 37.

<sup>2</sup> Compare Redlich and Hirst, *English Local Government*, Vol. II, p. 255.

<sup>3</sup> Section 10.

by or in pursuance of any statute, and appear to relate to matters of an administrative character arising within the county. The power thus transferable include those of the Ministry of Health under the Public Health, Baths and Washhouses, Artisans' Dwellings, Highway and Rivers Pollution Acts. The year after the Act was passed Mr. Ritchie, then President of the Local Government Board, brought forward a Bill to confirm a provisional order made to effect some transfers originally intended to be effected by the Act itself, but the opposition from the councils of the county districts, on the ground that the county council would not be so impartial as a central department, and that the Board possessed more expert knowledge and could give more valuable advice was too strong and the Bill was dropped.<sup>1</sup> A later Act<sup>2</sup> permit such powers to be transferred to any particular county council or county borough council if they make application, but notice of such intention must be given to all local authorities likely to be affected, and the result has been that matters have remained as they were. It remains to be seen how far such decentralization will result from the reforms in local government of which at the moment only the broad lines are indicated.

Another way of relieving the strain upon the capacity of the controlling authority, viz. by an increase in the size and a reduction in the number of local authorities, is now under consideration by the Royal Commission on Local Government. On the whole it is probably true that the larger the authority the better the Public Health Acts are administered and the less supervision is required, whilst it is certain that such authorities, being better able to bear the burdens, are more amenable to the pressure of the central authority and are less likely to be dominated by sinister interests than the smaller authorities. In addition, a reduction of the number or of the functions of the lesser authorities would entail a large decrease in cor-

<sup>1</sup> See Simon, *English Sanitary Institutions*, pp. 422-3, and Ashley, *Local Government*, pp. 55-6.

<sup>2</sup> Local Government (Transfer of Powers) Act, 1903.

respondence and other business of the Ministry of Health, leaving it free to devote more attention to greater matters. Against these suggestions local sentiment is, of course, arrayed; people who take little or no interest in local government are aroused by the proposal that their council should be abolished or stripped of some of its powers. And it is urged that a reduction of the powers, duties and responsibilities of a local authority results in a failure to attract the best men, and that it is essential that local autonomy should prevail, inasmuch as each locality has special circumstances which are more efficiently dealt with by men elected and appointed for the immediate district than by those acting over a large area of which it forms only a minor part.

These questions are not special to public health administration; they form part of the greater one which is concerned with the discovery of the best area and authority for the administration of local affairs. But for the present purpose it suffices to point out that recent legislation shows a tendency to increase the powers of the larger authorities, leaving the smaller with subordinate powers, and that, whatever may be said of other branches of local government, there is no reason to think that such powers as those pertaining to housing and sanitary inspection could not be better administered by a larger than by a smaller local authority. On the contrary, it is easy to find reasons in favour of such a course. The housing problem is never confined to the area of one district council, neither need its solution be similarly restricted; and, in these days of mobile labour and quick transit which enables people working in one district to live in another, sometimes quite distant, the problem appearing in one area often has its origin elsewhere. It is only a strong authority elected for a large area that can adequately face these facts. As regards sanitary inspection, the disadvantages of small and poor districts are equally obvious;<sup>1</sup> such districts are not

<sup>1</sup> See Memorandum submitted by the Ministry of Health to the Royal Commission on Local Government. Paragraphs 87 to 115.

only unable to obtain and keep the most efficient officials, but their small councils are frequently dominated by local people whose interest it is that sanitary inspection should not be too thorough and effective, and who use their powers to prevent it being so. Upon the officials of such authorities there is often a constant and not always noticed pressure which could not be exerted without public protest by the members of a larger authority.