*Some Aspects of Public Health Administration in Village Areas

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(Views expressed in this paper are personal, and not those of any Department.)

"To the Municipal Council I have a special word, and that is that I take interest in nothing more than I do in Local Government. It is unfortunate, I think, that the attention of students of Political Science and Political History is so focussed on the evolution of the British Parliamentary system that they exclude from their view the complementary growth of Local Government in Great Britain. The result is a picture that is out of perspective—of head and no limbs, a very caricature. I can tell you, ladies and gentlemen, that as a native of England I am every bit as proud of our administration by local authorities as I am of the British Constitution itself." The above is an extract from the speech delivered in November last year by His Excellency the Governor in reply to the address of the Kandy Municipal Council. It is, I think, essential that the Society of Medical Officers of Health should remember that the same tendency is no less prevalent in Ceylon, particularly when, without the active co-operation of local authorities, no permanent advance in Public Health is possible, except perhaps in a form of government akin to a dictatorial bureaucracy, which is foreign to British growth and development. It is for this reason that I offer no excuses or apologies for venturing to read this paper, which is a study of the Village Communities Ordinance from the point of view of the Department of Medical and Sanitary Services.

The Medical Officer of Health, as you are all aware, is either a permanent officer of a Municipal Council in charge of its Public Health activities, or is a nominated member of an Urban District Council or a District Sanitary Board. But he enjoys no such direct relationship with the Village Committee, the remaining permanent unit in the local government of Ceylon, which, with the growing concern of the Government for the goiya, will in the near future gain a special importance, which should be anticipated in time by the Medical Officer of Health who is or should be interested in rural health problems. The absence of any direct relationship between the Medical Officer of Health and the Village Committee perhaps explains the existence of the already repealed Village Communities Ordinance 24 of 1889 in section 47 of the Instructions for the Guidance of Sanitary Inspectors, and the placing of Sanitary Inspectors in Section 3, under the control of the

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Chairman of Village Committees, which is not correct either in theory or practice. Therefore it is not surprising that when they describe the area of the Kalutara Health Unit, almost all the Field Medical Officer-Students seem conveniently to forget the existence of Village Committees. This is illustrated by the following extract from a Preliminary Survey Report : —" The Kalutara Health Unit includes the following :— Kalutara U. D. C. area, Alutgama S. B. area and intervening rural areas consisting of 101 villages and six large estates. "

Evidently the Village Committee as a local authority has not received adequate notice from these students. Their under-emphasis of the importance of Village Committees can be explained if we remember that even in some of the Administration Reports of the Medical Department, Village Committees have been excluded from the term " local authority ". This narrow interpretation is probably due to a wrong construction of Section 245 (4) of the Local Government Ordinance of 1920. There may be some justification for this attitude, in that the Village Communities Ordinance of 1924, which is still in operation, as it existed in the early part of 1935 did not permit the Village Committees to frame rules in their own right and without delegation from the inhabitants. But we should remember that by the amending Ordinance 9 of 1935 the Village Committees require no such delegation, and we should have no doubts of any kind regarding this matter when the new Amending Ordinance relating to Village Communities passed by the State Council last year receives the assent of His Excellency the Governor, for in that Ordinance it is clearly laid down in Section 36 that " Every Village Committee shall be a corporation with perpetual succession and a common seal and shall have capacity to hold property, to enter into contracts, and to sue and be sued by the name and designation of the Village Committee of the area in and for which it is constituted. " And so far as the Society of Medical Officers is concerned, it may be assumed for the purpose of study and preparation that the new Amending Ordinance will soon be in operation, as the disagreement and delay are due to the franchise question and not on account of any provisions relating to the powers and responsibilities of the Village Committees in public Health activities.

The Village Committee is no doubt the one local government organization that has its roots in the past. But to trace its history from the time Village Communities possessed village domains and were controlled by village elders whose chief concern was the settlement of private disputes to the present day, when Village Committees have become or will soon become corporations with wide powers and increasing duties, will be very interesting, but not quite relevant. However, I should like to draw your attention to the four important enactments connected with Village Communities. The first is Ordinance 26 of 1871, by which Village Communities received statutory

sanction. The next is Ordinance 24 of 1889, more or less a consolidating ordinance which introduced no new principles. This was in turn repealed by Ordinance 9 of 1924, which is still in operation as amended in parts by the ten or twelve amending ordinances between 1924 and 1937. The most important of these four enactments is the Amending Ordinance of 1937-38, which, while granting greater financial powers to Village Committees, insists on an auditing of the accounts by the Auditor General or his representative. It introduces new principles with regard to election and membership, revenue sources and delegation. This Ordinance also extends the rule making powers of Village Committees. The object of the Bill is " to substitute in the Village Communities Ordinance No. 9 of 1924, in place of the 34 sections relating to Village Committees, 61 new sections based for the most part on the provisions of the Local Government Ordinance No. 11 of 1920, and designed as far as possible to assimilate the powers, duties and functions of Village Committees to those of District Councils. "

The first Village Communities Ordinance (26 of 1871) permitted the inhabitants to frame rules with regard to the control of slaughter houses and the prevention and abatement of nuisances. The term " nuisances " was however not defined, and was therefore capable of a wide definition that included even the burying of " chooniyams " in distant Mannar. The control of markets was included by the Ordinance 24 of 1889. By the Ordinance 9 of 1924 the rule making powers of the Village Committees with regard to Public Health activities were further extended by the inclusion of " the restriction or prohibition of private galas, fairs, markets and slaughtering places " ; " the regulation, supervision and control of bakeries, eating houses and tea and coffee boutiques " ; " seizure, forfeiture, removal and destruction of unwholesome articles of food " ; and " the prevention of the sale and exposure for sale thereof " and " the sanitation and the provision of adequate latrine accommodation and clean and open spaces round houses and latrines. " And in 1935 by an amending Ordinance the Village Committees were permitted to establish conservancy and scavenging services and impose fees in connection therewith. The same tendency of extension is continued, though in a marked degree and at an accelerated pace in the Amending Ordinance of 1937-38. The subject " Public Health and amenities " has in that ordinance nineteen specified items in nineteen sub-sections, and a twentieth which reads : " for such other purposes as are not specially provided by this Ordinance and may be necessary for the preservation of the public health and the suppression of nuisances. " Under this Ordinance the Village Committees may also frame bye-laws with regard to drainage, offensive trades, aerated water manufactories, malaria, housing and epidemics.

At this stage it is necessary for us to focus our attention on the parallel development of the Sanitary Branch of the Medical Department. To start from 1913 and trace its growth from year to year with the help of the Administration Reports is possible, but not advisable, in view of the length of this paper. The Sanitary Branch was formed " with a view to ensuring a more systematic administration of sanitary and anti-malarial measures ". But, owing to the want of adequate field staff and the necessary funds, its activities were at first confined to a few selected areas, and the rural portions of Ceylon as a whole could not therefore receive the close attention and the intensive supervision they deserved. And even in those few selected areas it was environmental sanitation rather than personal hygiene that received the attention of the field staff. However, in 1926 was inaugurated at Kalutara the Health Unit System, the gradual territorial expansion of which throughout Ceylon became the official policy of the Department. The following extract from the Administration Report for 1931 is relevant here :—" It has been the policy of the Department during the year gradually to concentrate the work of Medical Officers of Health in small but thickly populated areas rather than in large sparsely peopled districts, and to give these officers a wider range of duties than in the past, including not only sanitation and the control of epidemic disease, but school hygiene, maternity and child welfare, anti-malaria measures, &c." At the rate of increase that was expected by the Department it would have taken many years before the whole of Ceylon was divided into a number of health units of compact area and standard size. But the malaria epidemic of 1934 brought to the notice of Government in a striking manner, characteristic of all epidemics, the utter helplessness of the rural population of Ceylon. One of the results was the launching of the Malaria Control Scheme, which has for its object " the carrying out of health work on health unit lines, paying special attention to malaria, which is made an integral part of general health work ". As a result in a single year the number of Health Units increased by about forty-five, and in another three or four years' time it is hoped that the whole of Ceylon will be covered with health units. A comparison of the figures with regard to the field staff employed both on the permanent establishment and temporarily before and after the inauguration of the Malaria Control Scheme will in an emphatic manner demonstrate the sudden gains of the Department. There were only a few health units functioning before the Malaria Control Scheme, with the result that there were not many Village Committee areas included in these health units. But the position has radically changed since 1937. The Department, with the necessary increase in funds and staff, has been enabled to take a greater and a more intensive interest in the health of the rural population, and has thus been brought into village areas. Thus, from the point of view of the Department the urban and semi-urban areas lost their privileged position and their claims for undivided attention. With this should

be remembered the increasing importance of the Village Committees, their growing funds and their developing functions, particularly in health matters. Otherwise our picture will be hopelessly out of perspective, and will be of head and no limbs, a very caricature. Our picture will yet remain faulty and incomplete if we do not correctly place the minor headmen. What we should bear in mind is that his powers, functions and duties with regard to public health matters have not remained constant, and have on the whole changed considerably in spite of local variations. The despatch to the Secretary of State, in which was recommended the formation of a Sanitary Branch, contains the following passage :—" A far more important point is that Sanitary Officers should work through the Government Agents in order that the full benefits of the prestige and influence of these officers with the headmen and villagers may be secured ; without the assistance of the headmen the efforts of the Sanitary Department will be of little avail. " That was in 1913. Between then and now there have been two Commissions on the Headmen System, and several ordinances dealing with Local Government. And in the existing circumstances the passage above will still be correct provided we substitute " Village Committees " in place of " headmen " in the concluding portion. The headman has no doubt his usefulness yet ; but he is now or will be soon concerned more with the police-functions of Government rather than with its social service functions; and from his old position of the influential representative from his locality he is tending to become the full-time agent of the central government.

It has been already pointed out that even before the Amending Ordinance of 1937-38 the Village Committees possessed considerable rule-making powers with regard to public health and other matters. That many of them did not frame adequate rules or adequately enforce existing rules is known and demonstrable, but the cause is not easily ascertainable. Some have attributed this to the tyranny of the Kachcheri and the machinations of the Mudaliyar ; others to lack of funds ; and still others to the want of public-spirited well-qualified and enthusiastic Chairmen. But the want of trained personnel and the absence of any direct relationship with the Medical Officer of Health have certainly contributed to the general lethargy of the Village Committees in the matter of improving the health of the village. The Government Agent did exercise a certain amount of control over the Village Committee funds, and considerable amount of influence in shaping the policy of the Village Committees. But his interest was not confined to public health. He had other responsibilities in matters like village roads and village paths, village cattle and village taxes. As a result, public health could not and did not receive from him the predominant attention it deserved ; and even the Department's Medical Officer of Health did not, and perhaps could not consciously attempt to win the favour of the Government Agent or try and con-

vert him into a Health Missionary in the village areas ; and in some cases the Government Agent might have felt that public health even in rural areas was safe in the hands of the Medical Officer of Health, and that he should not unnecessarily add to his burdens or interfere with the duties of another department which had its local representative to look after its interests. In coming to conclusions in this matter, we should not forget that there are about 390 Village Committees in Ceylon, and their areas "differ greatly in size, population, character, education and resources. Some comprise suburban districts, others dense jungles with scattered homesteads, while others consist almost solely of tea estates with a few small and disconnected bazaars," and that their annual revenue varies from many thousands of rupees to even less than one hundred rupees. Generalisation in these circumstances is a difficult and almost impossible task.

The provision of adequate latrine accommodation is one of the purposes for which the Village Committee may make rules. The necessary authority is granted in section 29 (15) of Ordinance 9 of 1924. The Medical Department has also been keenly interested in this aspect of sanitation, and has after many years of trial and experiment evolved type plans that are best suited to the needs of rural Ceylon ; the Department has also obtained the necessary authority to enforce latrine construction in any part of Ceylon under the Ankylostomiasis Regulations, sections 118 to 124, framed under the Quarantine and Prevention of Diseases Ordinance 3 of 1897. The proper authority for the purposes of these regulations is the Director of Medical & Sanitary Services, or any officer authorised by him in writing, whereas the proper authority for the enforcing of the Village Committee rules is the Chairman of the Village Committee, or some other person duly authorised by the Village Committee. The existence of two separate authorities who possess similar powers with regard to the same subject though under two different ordinances of the same Statute Book does naturally and always cause administrative inconveniences, and will some time or other lead to a conflict with the attendant unpleasantness. Administrative difficulties have already been experienced in some places, although no open conflict of an Island-wide order has so far arisen. This delay is due to many causes. Some of them are the indifference of the Village Committees to assert their powers, the willingness of some of them to allow the Medical Officer of Health to carry out his work unhampered, the absence before the Malaria Control Scheme of intensive rural health work in Ceylon as a whole, and the lack of funds for the employment of adequate and capable staff. Difficulties have been already experienced by the Medical Officers of Health in certain areas like Kurunegala and Hambantota ; but some temporary solution or other has been found. What we should realise is that such temporary solutions are really unsatisfactory from the point of view

of the Department, especially when the new Amending Ordinance of 1937-38 has increased the revenue and powers of the Village Committees. The following rules now in operation in the Districts of Kandy and Matale, which were framed in 1929 and 1935 respectively, illustrate in a telling manner the growing assertion of their powers by the Village Committees. The Kandy rule reads: "Except in the Ambegamuwa Sub-division of Uda Bulatgama, no pit latrine shall be constructed except on a site approved by the Medical Officer of Health or the Sanitary Inspector of the district", whereas the Matale one is more elaborate, having had the careful scrutiny of the Legal Draftsman, who generally recommends this type as a model to all Village Committees. It reads: "Whenever the Committee defines an area in the sub-division within which all owners, lessees or occupiers of premises used for human habitation shall be required to construct and maintain latrines, the Chairman may by notice in writing direct each such owner, lessee or occupier to construct a latrine of such a type and size and in such a position and with such connecting drains as may have been determined by the Committee, and specify all such requirements in the notice....." The temporary settlement that was arrived at in one place is interesting. There, in Maho, whenever notices were issued by the Medical Officer of Health the Chairman of the Village Committee issued his notices under the Village Committee rules. His main grievance was that the people had to go to a distant police court. This was before sections 118 to 124 of the Ankylostomiasis Regulations were included in the schedule of offences triable by Village Tribunals. The Village Committee, unlike the Medical Officer of Health, was satisfied with shabby and insanitary structures which they called latrines. When offenders were prosecuted by the Sanitary Inspector in the police court they produced letters from the Chairman that satisfactory latrines had been provided. In practically all those cases the Police Magistrate used to warn and discharge the accused. This conflict was amicably settled when the Chairman agreed to sign notices prepared by the Sanitary Inspector, who was allowed to conduct prosecutions on his behalf in the village tribunal. It is necessary for us to remember that this settlement, though not without legal difficulties, became administratively possible because the Chairman's main grievance was that the people should not be taken to the police court, and because he had faith in the Department's type plans and model squatting plate. This willingness to make use of the Sanitary Inspector is also found in the following Village Committee rule in Kegalle District. But unfortunately such amicable compromises are not many, and besides are not without legal and administrative inconveniences, on account of the concurrent and equal powers they grant to more than one person. The rule reads :—" It shall be lawful for the Chairman Village Committee, or any Sanitary Inspector or any headman authorised by him in writing at all reasonable times and at any time when the process of baking is being carried on to enter

and inspect any bakery or place used for the sale of bread." As a matter of interest I should like to mention here that it would appear that under section 121 of the Ankylostomiasis Regulations the Department could still enforce its type plan even when the latrines are constructed as a result of notices served under section 29 (15) of the Village Communities Ordinance 9 of 1924, because of the "otherwise" in the regulation, which reads :—"Every latrine built after these regulations shall have come into force, whether on orders of the proper authority under the preceding regulation or otherwise, shall be built on a site to be approved by the proper authority and in accordance with plans to be approved by the proper authority....." By the citation of this section it is probable that some Chairmen of Village Committees may be persuaded to conform to the type plan, but the section provides no permanent solution to our problem in that such overriding powers and such enforcement of the Department's views in the matter of latrines are not available with regard to other equally important items of village sanitation and health.

But those items are covered by the Village Committee rules, although the Department's powers are almost nil, in that under the Nuisance Ordinance of 1862, which is theoretically still in operation in all rural areas, the Medical Officer of Health does not enjoy any legal status at all, and his powers are nil, except the influence he may wield through the Boards of Health created under the same Nuisance Ordinance, or except as an informant before the Police Magistrate. The general provisions of the Ordinance, apart from the bye-laws, are not satisfactory for the purpose of ensuring satisfactory sanitation of the modern type, as this is an Ordinance that was meant for the conditions of an age when the science of personal hygiene was in its early stages. And even bye-laws have been framed only in some areas where Boards of Health exist, viz., Western Province, Diyatalawa and Minneriya areas. I may here remind you that the Executive Committee of Health has already approved the omission of this Ordinance from the new volumes of Legislative Enactments that are going to be soon published, with the result even the special areas of Diyatalawa, etc., will have to, in all probability, make use of the powers granted under the Village Communities Ordinance.

The first paragraph of the despatch to the Secretary of State in 1913 is worth reproduction here. It reads :—"I have the honour to submit for your approval a scheme for the formation of a Sanitary Branch of the Medical Department with a view to ensuring a more systematic administration of sanitary and anti-malarial measures in this Colony." And it is clear, so far as the despatch goes, that the Village Committee areas have in no way been excluded from the purview of the Department. Instead the Department, having achieved a measure of success in urban and semi-urban areas, is now tending to concentrate its attention on the

rural portions of Ceylon, which are also Village Committee areas. But the unfortunate position is that the officers of the Department have no status, either legal or otherwise, under the Village Communities Ordinance. and have no representation of any kind in them. As a result there is no way of the Medical Officers of Health securing that their advice in important matters is sought and followed.

There should be no disagreement as to the existence of a wide gulf between the Village Committees and the Medical Department, and the need for bridging that gulf, in-as-much as that there cannot be any unanimous agreement as to the kind of bridge that will best serve the purpose. The problem at issue is whether we should be satisfied with a kind of temporary swing bridge that does not permit of vehicular traffic and will serve the purpose only for the time being, or aim at building one of those bridges of reinforced concrete and steel that is well proportioned and harmonious with the surroundings and satisfactorily solve the problem for many years to come. We may here draw from the experience of the Department and study the nature of the bridge that connects the Urban Districts Councils and the Department. The Commissioner of Local Government describes it thus :—" perhaps one of the best aspects of local administration in Ceylon is seen in the organisation of the Public Health Department of Medical and Sanitary Services, which makes the advice and services of its Medical Officers of Health available to local bodies without any derogation from the authority of the latter. Every opportunity is thus afforded of following a uniform national health policy. In this policy the Medical Officer of Health becomes an executive Officer of the Urban District Council, and is placed in charge of all activities falling under the heads of Public Health and Sanitation. " The same solution may equally apply to the Village Committees, and the Sanitary Inspector could be made the executive officer of the Village Committee in all matters pertaining to health. The Medical Officer of Health is both an executive officer as well as a nominated member of the Urban District Council—an anomalous position, which could be easily avoided in the case of Village Committees, as the Ordinance makes no provision for nominated members of that type. Thus the Sanitary Inspector will have no temptations offered to him to participate in local politics with the sure chance of winning the favouritism of some and alienating the sympathies of the rest. Under this scheme the Sanitary Inspector will be in all technical matters under the supervision of the Medical Officer of Health, and in all administrative matters under the supervision of the Chairman. If this policy is to be uniformly applied throughout Ceylon, the first step will have to be the discontinuation of all the untrained Village Committee officers who now deal with matters of public health. The compendious powers of the Gansabhawa Officer will have to be spilt up and the present Inspector of Bakeries will have to disappear. His place will be taken by the Department's Sanitary Inspector. As a result the Village Committees will have

trained Sanitary Inspectors, whose salary will be paid by the Central Government. Besides, they will have about 347 Sanitary Inspectors to choose from. The solution on these lines will present difficulties of no kind provided there is agreement between the two Ministries of Health and Local Administration. The Society of Medical Officers of Health, one of whose main objects is the advancement of Public Health in Ceylon, should feel very happy if this agreement were arrived at before the coming into operation of the new Amending Village Communities Ordinance of 1937-38.

If for some reason or other this scheme fails to materialise, the remedies left to the Medical Department are not many, and not so satisfactory as the placing of the Sanitary Inspector under the administrative control of the Chairman. Under the existing Village Communities Ordinance 9 of 1924 the Government Agent exercises control over the finances of the Village Committee, and scrutinises all the draft Village Committee rules before he recommends them for final approval. He is thus in a position to encourage and even enforce a uniform policy in his District. The creation of any office by the Village Committee requires his assent. So far the Government Agent is concerned public health is one of the many functions of the Village Committee, whereas to the Medical Officer of Health it is its most important function. Hence it is essential that the Medical Officer of Health should take the initiative and suggest improvements to the Government Agent in matters pertaining to village health. He should persuade the Government Agent to forward all relevant Village Committee rules for his comments and advice. He should visit the areas with the Government Agent or with his authority. That in the past this was not done to the extent necessary is clear from the fact that many of the consolidating Village Committee rules were never seen by the Medical Officer of Health or by the Medical Department before they were published in the *Gazette*. This free consultation between the Government Agent and the Medical Officer of Health will no doubt ensure better results than what are obtaining now. But we should realise that this free consultation alone without transformation of the Sanitary Inspector into an executive officer of the Village Committee will not go far enough, especially when the powers of the Government Agent himself have undergone radical changes in the new Amending Ordinance of 1937-38, in which the expenditure of any sum of money less than Rs. 100 requires no concurrence or assent of the Government Agent. And the relevent section in the Ordinance does not appear to make any distinction between recurrent and special items of hundred rupees. The Government Agent has no doubt lost some of his old powers, but whether he still has influence over the Village Committees will really depend on the personality of the individual holders of the office, and the importance that is attached by him to his function of co-ordination

of policy of all Village Committees in his Province. Rural administration through headmen and rural administration through the Village Committees have been existing side by side from about 1871 with the major responsibility assigned to the Government Agent. Till about 1924 unification was to a great extent achieved by the Chief Headman functioning as the Chairman, Village Committee. Therefore it is true to say that rural administration through the village headman has been so far the predominant feature; but with the new Amending Ordinance we may reasonably expect that in the future rural administration through the Village Committees will be the important factor. The Government Agent will yet have his responsibilities. He will not only issue directions to his headmen. but also will be the guide, philosopher and friend of the Village Committees.

Let us hope for the day when the Sanitary Inspectors of the Medical Department will function as Village Committee Officers, and let us have faith in their ability to persuade with tact the Village Committees to formulate measures of far reaching importance in public health, while serving the Village Committees in a subordinate capacity and performing their duties to the best of their ability and to the satisfaction of the Chairmen of the Village Committees. The Sanitary Inspectors will besides be under the watchful care of the Medical Officer of Health, one of whose main functions will be the conversion of Village Committee Chairmen and members, and whose aim should be to induce them not merely stop at environmental sanitation, but pay increased attention to matters connected with personal hygiene. This new outlook and these tasks which have not been yet attempted on any large scale will, let us hope, introduce radical changes in the score-cards of the Sanitary Inspectors and the Medical Officers of Health, and let us also hope that new chapters elaborating these ideas will be included in the Department's Health Unit Guide.

From a short period point of view the solution outlined above is no doubt satisfactory, but whether it is so from the long period point of view is worth consideration. The formula "in all technical matters the officer would be under the direct control of the Department of Medical & Sanitary Services while in all administrative matters he would be under the control of the Chairman of the Council" is not, and has not been, without difficulties in practice. We should not forget that in the case of Urban District Councils it took a long time to make them accept the formula, and yet all the Urban District Councils have not accepted the formula, and even among those that have accepted it there are still two or three Councils who, while calling the Medical Officer of Health their executive officer, yet are inclined to treat him merely as an officer who has no other responsibility except the giving, whenever wanted, of some advice which may or may not be taken

seriously. Prosecutions if ever entered will have to receive the sanction in every individual case of the Chairman, whose concern may not be with mere policy, but with all details. Therefore the question arises whether our Sanitary Inspector should not become a full fledged executive officer who will carry out the policy as laid down by the Chairman and the Committee, with prosecuting powers in his own right and with full responsibility to the Chairman and the Committee in the matter of public health. Should not the relationship between the Sanitary Inspector and the Chairman be something akin to that between the Head of a Department and the Minister in charge? Should the Chairman be invested with disciplinary powers over the Sanitary Inspector, or should they be entrusted to the Department? Who should have the final say with regard to the dismissal of Sanitary Inspectors and the retirement of them for inefficiency? These are questions that will have to be carefully considered in the near future, and we may remind ourselves that even in England the local authorities cannot appoint or dismiss either a Sanitary Inspector or a Medical Officer of Health without reference to the Minister of Health, and in this matter these two officers enjoy greater freedom from the local authorities than the Town Clerk or the Town Surveyor.

As has been stated before, the only local government organisation that can be traced to the pre-British period is the Village Committee; all the others are in some way or other imitations of the English local government system. But one fundamental difference in our development should not be lost sight of. When the State in England undertook new functions in the nineteenth century it made use of the existing machinery of local government, with the result there was no need for the employment of any field staff by the central department or departments concerned with health. But in Ceylon, the position is quite different. When the State undertook these functions local government had not developed to the extent necessary, with the result that from its inception the Medical Department has been employing a large number of field staff in addition to the experts and headquarter staff, all of whom are full time employees with pension rights and adequate protection against any summary discontinuation of their services. This existence of a large field staff in the direct employ of a Central Department is a peculiar problem of Ceylon, and therefore our solution cannot be entirely based on the English practices. Should these officers be made to serve the local authorities straightaway? And are the vacancies caused by their retirement to be filled by the Councils without reference to the Department? Should there be an end of any further recruitment by the Department of such officers? Are the powers of the different local authorities to employ their own Medical and Sanitary officers to continue? Or should they not be compelled to employ only the Department's staff or only staff approved by the Department?

And should there be any supervision by the Medical Department of their recruitment? These are questions which in my opinion cannot be evaded. In the event of the enforcement of compulsory employment, should not the Department be compelled to pay their salaries? Compulsory employment might be sometimes interpreted as bureaucratic interference with the fundamental rights of local government that should not be tolerated by any self-governing and self-respecting local body. Whether this is acceptable or not would really depend on the view we have of local government itself. Is there always an imminent and contingent antagonism between local government and central government? Or are local authorities and central government not "part and parcel of one governmental system," and is their relationship not "one of partnership and collaboration in a single organism possessing one common ultimate purpose and an integrated system of institutions for that purpose"? Whatever answer we may give to these questions we cannot deny that if local authorities are to have their own staff, the recruitment of any more field staff by the Department should cease; or if the Department should continue to recruit them, then the local authorities should lose their powers of the employment of such staff, members of which serve the same purpose as that of the Department. Besides, in any scheme of Government, transference of powers to and from the local authorities is sometimes inevitable. This is well illustrated in the difference between the existing Motor Car Ordinance and the draft one.

The questions that have been raised lead us to the further question,—What is the status of the Department of Medical and Sanitary Services in the Public Health policy and what are its responsibilities with regard to Public Health measures in Ceylon? Is the Department to tender advice only when required, a kind of consulting body, an appendage to the Department of Local Government with no powers to initiate Public Health measures in its own right? Or should it serve adequately the purpose for which the Sanitary Branch was formed—to ensure "a more systematic administration of sanitary and anti-malarial measures," and be well and truly responsible for the public health of Ceylon? Duties involve rights; and responsibilities canot be undertaken without corresponding powers. So far the Village Committees are concerned the Medical Department has responsibilities, but no powers. This is really an evil that must be remedied at the earliest opportunity. Village Committee rules relating to public health have been, and are being framed without reference to the Department. Consultation is thus not enforced, and as a result divergence in policy is tolerated. Here again we should learn from England's experience. In that country the same difficulties existed at one time, which were solved by the creation of the Ministry of Health in 1919, which is really both Ministry of Health as well as Ministry of

Local Administration. This shows us the emphasis that is given to Public Health as the main function of the local authorities. The Ministry of Health Act of 1919 is clear with regard to the duties of the new Ministry, some of which are " 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 services. " The Ministry no doubt performs practically all these functions through and with the help of the local authorities, while retaining the power of approval and supervision. But the position in Ceylon is unfortunately anomalous. The Village Committees have all the necessary powers of initiation, while the Department or the Ministry of Health has no powers of supervision. If a Village Committee wants to proclaim a burial ground, there is reference to the Executive Committee of Health, but no such reference is required if the same Village Committee decides to establish conservancy services in its area, or frame rules with regard to unwholesome food or the control of dairies. And the new Amending Ordinance of 1937-38 aggravates the situation. By this Ordinance the bye-law-making powers have been increased but there is only one bye-law confirming authority, namely, the Executive Committee of Local Administration—subject of course to the sanction of His Excellency the Governor. Even though the bye-laws may relate to pure health matters, no concurrence of the Executive Committee of Health is legally necessary—a situation that is fundamentally different from that in England, where under section 249 (2) of the English Local Government Act of 1933 " the confirming authority in relation to bye-laws.....shall be the Secretary of State except that as respects bye-laws relating to Public Health or to any other matter.....the confirming authority shall be the Minister. " Unlike the Village Communities Ordinance and other local government ordinances in Ceylon, the English Local Government Act of 1933 recognises that bye-laws of local authorities relate to practically all the subjects of almost all the central government departments, and therefore one Minister alone cannot be the bye-law confirming authority. It is the same principle we again find in the regulations under the Milk and Dairies Consolidation Act of 1915, which are framed by the Minister of Health, but with the statutorily required concurrence of the Minister of Agriculture and Fisheries. The opposite tendency in Ceylon is not confined to the Village Communities Ordinance. It is present also in the draft Education Ordinance recently published in the *Gazette*, in which regulations relating to school

health and medical inspection of schools are approved by the Executive Committee of Education without any statutorily required consultation with or concurrence of the Executive Committee of Health.

We may assume that the functions of the Executive Committee of Health in Ceylon closely approximate to those assigned to the Ministry of Health in England by the Ministry of Health Act of 1919. For the effective and satisfactory carrying out of these duties the existing legislation needs simplification as well as some radical changes. At present there are in many cases two sets of legislation with two or more authorities possessing equal and concurrent powers with regard to the same subject. Latrine construction is not the only subject that suffers from this defect; the Village Committee bye-laws and the Butchers' Ordinance of 1893 operate in the same area covering the same subject and with the same object; responsibilities are thus divided, and default-powers are thus made almost impossible. It is therefore essential that there should be one single authority in the first instance, with the necessary bye-law making powers and with duties well defined. Provision should be made for default-powers by the supervising authority, who ordinarily will not and should not carry out the work. The new Amending Village Communities Ordinance of 1937-38 is defective from this point of view, in that the powers are carefully enumerated but the duties are not defined or even adequately mentioned. Part III. of the Ordinance is supposed to deal with the "status, powers and duties" of Village Committees. There are in that Part many sections relating to status and powers; but there does not appear to be any section which mentions their duties. This is different from the Local Government Ordinance of 1920, where the duties are specifically laid down, *e.g.*, sections 121, 129, 137, etc. Besides, the Village Committees are permitted to frame bye-laws on many subjects, perhaps on any subject, but there is no legal compulsion that with regard to some at least of the subjects they should frame the necessary bye-laws. This is quite different from the English Public Health Act of 1936, which makes a distinction between a set of subjects regarding which local authorities may frame bye-laws and a set of other subjects regarding which the local authority may and if required by the Minister shall make bye-laws. The default power exercisable under Section 61 of the new Amending Village Communities Ordinance of 1937-38 is defective, in that if a Village Committee were to be efficient in the performance of all its functions except in public health matters due to wilful neglect, no action would appear possible under Section 61 particularly when the Ordinance merely says that the Village Committee may frame bye-laws, which only connotes a right but no corresponding duty. Under Section 61 the transfer of some of the powers from the Village Committee to the Government Agent does not appear possible. Either the Village Committee should possess all powers unimpaired, or should lose all powers to the Government Agent. This does not appear to be a satisfactory solution.

After an analysis of these conflicts and complications it is really refreshing to read the draft Destruction of Mosquito Ordinance, which has not yet been approved by the Executive Committee of Health. Here there is no confusion of authority, and all difficulties of concurrent jurdisdictions and equal powers have been avoided by the provision that "in the exercise of the powers and the performance of the duties conferred or imposed by this Ordinance, the sanitary authority shall act under the supervision and control of the Director of Medical and Sanitary Services, and shall carry out all such directions or instructions as may be issued by that officer." In case of default by the sanitary authority, the Governor is empowered to transfer all the powers and functions under the Ordinance to the Government Agent of the area. Another important feature of this draft Ordinance is the repeal section. This has been carefully thought out, and no legislation is allowed to remain on the Statute Book which will in any way conflict with or confuse the proposed Ordinance. This is a feature that is unfortunately absent in the Amending Village Communities Ordinance of 1937-38.

Thus the draft Destruction of Mosquito Ordinance furnishes the Department with a good model for the framing of ordinances dealing with public health. It brings in the local authorities and assigns them due responsibilities. It provides for supervision by the Medical Department, and lays down as to what should happen in case of default by the local authority. All previous legislations on the same subject are repealed, so that there is no divided responsibility. Perhaps one consolidated Public Health Act similar to the English Pubilc Health Act of 1936 will be a better solution than many acts dealing with Public Health. In such an Act due consideration should be paid to the existing local government machinery, while the approving of all bye-laws should be entrusted to the Executive Committee of Health, which will enforce a national minimum standard in matters of Public Health. There should be drive at the centre, as well as due encouragement of demand at the circumference. Unlike in England, the Executive Committee of Health in the exercise of its default powers, whenever necessary, would not be compelled to create a special machinery for the purpose but could, for many years to come, make use of the Government Agent and his staff for the purpose.

Starting from Village Committees, we have considered the place and function of the Department of Medical & Sanitary Services, and we have come to the conclusion that a Public Health Act on the lines of the English Act of 1936 is an urgent need. In the course of this progress many questions have been raised, but without reaching any finality as to the best method of solution. In justification I would quote the following passage from one of the eminent writers on Local Government:—"For in Local Government, as in most studies, the more a student gets to know about the subject the more he feels his ignorance. In Local Government at any rate omniscience is the monopoly of the sublime ignoramus."