

would contribute more to save surgical and obstetric patients from phlebotic and other analogous disorders than a total change in the present system of hospital practice. I have often stated and taught that if our present medical, surgical, and obstetric hospitals were changed from being crowded palaces—with a layer of sick in each flat—into villages of cottages with one or, at most, two patients in each room, a great saving of human life would be effected; and if the village were constructed of iron—as is sometimes done for other purposes—instead of brick or stone, it could be taken down and rebuilt every few years—a matter, apparently, of much moment in hospital hygiene.’ ‘Since the date mentioned,’ he continued, ‘I have conversed on many occasions with many medical men on this subject. I have found, however, that to most professional men it seemed to be altogether a kind of medical heresy to doubt that our numerous and splendid hospitals for the sick poor could by any possibility be aught than Institutions as beneficial in the practical results as they were benevolent in their practical objects. When acting in 1867 at Belfast as President of the Public Health Section of the National Association for the Promotion of Social Science, I spoke on the subject of Hospitalism at some length in my Inaugural Address and propounded the questions—to what extent are hospitals, as at present constructed, banes or blessings? and, how can they be changed so as to convert them from the former to the latter? I concluded my remarks on this point by again suggesting publicly that to render our hospitals as healthy and useful as possible, and in order to acquire sufficient space and air and isolation for their sick inmates, they should be changed from wards into rooms, from stately mansions into simple cottages, from stone and marble palaces into wooden, or brick and iron cottages. On the same occasion, after speaking of the relative treatment of some diseases such as fevers, etc., in and out of hospitals, and after showing—chiefly from the large statistics of Mons. Lefort—that as a general rule, parturient women recovered in a much larger proportion when delivered in their own homes than when delivered in Lying-in Hospitals, I proceeded to ask: ‘In regard to surgical patients in hospitals, does the same law hold good as in respect to obstetric patients? At the present time medical science is, I believe, in want of any sufficient data to determine the question. The general mortality in hospitals after operations is confessedly very great, far greater than was believed a quarter or half a century ago, when no sufficient statistics had been collected on the matter. The man laid on an operating table in one of our surgical hospitals is exposed to more chances of death than the English soldier on the field of Waterloo. Some authors have collected on a large scale the statistical results of some operations and particularly of amputa-