

the community with buildings which are wholly or partially unused for months or even years.

Fever hospitals as generally built are expensive erections. The cubic space per bed is double that required in a general hospital, and the area of land is even greater in proportion. A general hospital may be built within the confines of a town; a fever hospital must be isolated in open country. Yet again, different institutions, or at least different ward blocks, must be provided for different diseases. What this may mean in the way of buildings and engineering equipment is obvious. If all these precautions and their great cost brought phenomenal success we might leave well alone; but a perusal of hospital reports scarcely gives the impression, although very great improvement has taken place in the last ten or fifteen years.

Now, as to hospital buildings (with which, of course, I am more immediately concerned), it has been sought to reduce the cost by constructing them of light and cheap materials — generally timber framing lined with boarding and galvanized iron, and this method has been advocated also on the ground that all fever hospitals ought to be pulled down and burnt within a limited number of years. They are, however, wasteful of heat, require great expense in repair and up-keep, and it must be added that the moral courage required to scrap them periodically is often wanting. Moreover, they are necessarily crowded with dust and germ-holding corners, angles and hidden spaces.

There are, however, modern methods of erection not open to these objections, and it has always appeared to me that excellent buildings at comparatively small cost could be obtained with steel framing filled in with light concrete construction. The walls might be formed with two thin slabs fixed so as to cover the steelwork, and with a small air-space between them which would help to keep the building wind and weather tight and reasonably warm. They would be finished inside and out with hard plaster. The floors would be formed with concrete laid between steel joists, and covered with one or other of the many patent compositions in the market, which are both impervious and cheap. The ceilings would be formed in the same manner as the walls. With such a method of construction it is easy to obtain those flat and even surfaces,

unbroken by unnecessary and dust-collecting ledge and angles, which are to be avoided at all costs in fever wards. The windows would be steel casements, and the doors might with advantage be framed with steel and sheet iron. Periodically the concrete filling and surface finishings might be removed and reinstated with new material. The steel framework would require washing only. Such buildings, or, rather, the framework, could be taken down with comparative ease and at small expense for re-erection on a different site if required; and their cost, although greater than ordinary wood framed constructions, would be far less than for permanent brick and stone buildings.

It would be unnecessary—indeed, undesirable—to build the administrative and staff quarters in this manner, as there is no special reason for housing the officers and servants otherwise than in the manner usual in ordinary hospitals. These should certainly be designed as permanent structures and with due regard to comfort and pleasure.

Another point to which I would refer is a method of reducing the number of separate blocks for different diseases and obviating the necessity of placing not more than one disease in a ward. The Pasteur Hospital in Paris is a practical experiment in this direction. A small building comprising a complete hospital designed by myself is, I think, an improvement upon the model, if only because its sanitary offices and the means of approach and exit are more effectively separated from the wards than is usual in French hospitals.

In passing, I may say that the system has been adopted in England, I believe, in several places, notably at Norwich and Walthamstow. The Metropolitan Asylums Board have also made experiments in the same direction.

The building I have designed is two storeys in height (one would be better, but the site was constricted). Each ward block is divided into separate rooms (12 on each floor) in either side of the corridor, which is open to the air at each end. The internal walls of these rooms (each of which is for one patient) are of plate glass fixed in light steel frames. The glass is obscured to a height of 30 inches. In this way the patients are more easily kept under observation, and suffer the monotony of isolation in a modified degree only. Each