

In some instances this is shown by the fact that as much as 81 per cent. of the inmates have been children under ten years of age.

The whole tenor of the report goes to show that in a pavilion hospital, properly constructed for isolation, it becomes possible to have the various contagious diseases received and treated without their spreading from one ward to another. Most of these hospitals have been for the treatment of typhus and scarlet fever. Dr. Thorne is of the opinion that the smallpox pavilion may be, with propriety, somewhat further separated from the hospital than simply by a pavilion. Regarding the site of such a hospital, the successful accomplishment of the desired end demands that it be conveniently situated. That dangers to the public from proximity are, under good discipline, wholly imaginary, is shown by the fact that at Warrington, where a population of 1,082 persons live within 550 feet of the hospital buildings, and one end of the street occupied by working classes abuts against the hospital premises, there were only three attacks of scarlet fever reported from amongst this 1,082, while 424 were reported from the borough generally, and two of these three cases occurred when the hospital was practically empty. As regards smallpox, however, Dr. Power's reports of the Fulham Hospital district, in London, would indicate a certain danger to the immediate neighborhood; most probably from communication between friends and attendants.

From the facts which have been stated it is perfectly plain that a conveniently situated hospital in our large cities would be of the greatest benefit to the patients from small houses, where the attendance is necessarily imperfect, and a great boon to the other members of the working-man's home, the children of which, in many cases, being saved from almost certain infection, and the working members of the household, as in cases of diphtheria, scarlatina, and measles, would be free to go abroad to their employment without, with ordinary precautions, endangering the public health. The remark quoted at the beginning of our article regarding the too limited hospital accommodation in Toronto may be taken as indicating the necessity for the class of hospital accommodation which we have indicated; but it may be asserted by some that separate pavilions attached to existing general hospitals, or to such as the proposed new University hospital, or Sick

Children's hospital would fulfil every requisite. Should it be found possible to have such distinct pavilions built of sufficient extent as to prove adequate to the sudden demands which, from time to time, during epidemics, may be made upon hospital space, we think from what has been quoted, there is good reason to assume that with proper caution it ought not be difficult to have hospital discipline so thorough as to prevent dissemination of a contagious disease from one pavilion to another. The great and, what seems to us, the permanent difficulty of having such an infectious disease department attached to any general hospital is that such hospitals are essentially emergency hospitals, and must be, to be thoroughly efficient for their special purpose, governed by rules in some ways different from general hospitals. They must be, for instance, as in Glasgow, London, New York, directly in relation with the Health Department of the civic government, and maintained by a special city rate. At present in Toronto the same rule is necessary to secure the admission of a case of diphtheria to the General Hospital as of a person suffering from chronic disease; and it is needless to say that with such a regulation as requiring a clergyman's, or well-known citizen's certificate to be approved by the Medical Health Officer, in a part of the city distant from the hospital or as on Sunday, the delay of twenty-four hours before such a patient can be admitted, practically nullifies the primary object for which isolation hospitals are established. Another important reason for their being maintained by a special rate is that the rules regarding the dismissal of patients who have recovered from the acute stage of the disease, or who are convalescing, which are now applicable, are wholly inapplicable and positively wrong when applied to contagious diseases. Our best authorities give as the period during which diphtheria requires to be isolated, twenty-eight days, and scarlatina from forty days to six weeks; but it is manifest that the basis of *per diem* allowance from provincial funds which exists with regard to hospital patients, places the superintendent of a general hospital, which receives even into a separate ward infectious diseases, in a false position, should he carry out what he knows to be in the best interests both of the patient and of the outside public. It must further be noted as has also been referred to by Dr. Thorne Thorne, that an important requisite