

collected by law. We are inclined to go further in our contention, and would say that with such powers placed upon Local Boards as are defined by statute, and which (48 V., c. 45, s. 8) are in the following words, "and the fact that similar duties are by statute imposed upon the Local Board of Health, shall not relieve the Medical Health Officer from the performance of such duties," equally required of Medical Health Officers, persons deeming themselves injured through the neglect of the Local Board, or its Medical Health Officer, are entitled to recover damages from the municipality therefor.

We trust that at the coming Annual Meeting of the Association of Executive Health Officers such discussion will take place as will tend to give Medical Health Officers a true idea of the duties devolving upon them by law, and a proper appreciation of the dignity and importance of the office, as defined and sanctioned by statute.

HOSPITALS FOR INFECTIOUS DISEASES.

WITH the present unusual activity in Toronto with regard to the necessity which exists for more hospital accommodation, and with the assertion reported to be made by the Vice-Chancellor, and others interested in the new University Hospital, who recently visited a number of hospitals in cities in the United States, to the effect that no city of the size of Toronto appears to be so inadequately supplied with hospitals, it will not be improper for us to refer briefly to one phase of the question of hospital accommodation, which is of the greatest and most permanent interest to the public. Much more time and energy are apparently being devoted to the question of how to take care of the semi-pauper and infirm class, who are the most common *habitués* of our hospitals, than to the care of the young, who may be infected with or exposed to contagious diseases. Hospitals for infectious diseases have existed in England for a century or more, and smallpox hospitals have, on occasion, been erected in a number of Canadian cities and towns. The original idea of such hospitals was to promote the recovery of the individual poor patient, for whom other accommodation was wanting; but the advantages in this connection were so apparent, that from an early period of their history infectious disease hospitals have been advocated on the ground of their protecting the household against the spread of infection. The first disadvantage that presented

itself in connection with them was the fact that in fever hospitals infection seemed to remain permanent, and patients sent for one ailment took another; and with the exception of smallpox, where vaccination protected, nurses and doctors caught these diseases. Forty years ago these became serious evils, but with the clinical knowledge which distinguished the various fevers, it soon became apparent that while outbreaks of typhoid might be limited by pure water, etc., typhus must be isolated in hospitals, and patients removed at once from houses; with this came house to house inspection in outbreaks of fever. Soon, as was natural, the same fact became apparent regarding scarlet fever, and with the experience of recent years we may say that it is equally true of diphtheria in most classes of houses, but especially in the small houses of the poorer classes. The first dangers apparent to such were pointed out by the late Dr. Parkes, who said if the crowding of healthy men has its dangers, that of many sick persons would be much more perilous. The establishment of the fever hospitals in London and Glasgow about 1862 during an epidemic of typhus, through Murchison and Gairdner, did much to remove the prejudices against such hospitals, and to-day in England and in Ontario the Public Health Acts contain special regulations providing for the establishment of special hospital accommodation for persons suffering from contagious diseases, who in the opinion of the Medical Health Officer, or the Local Board of Health are liable to suffer from lack of proper treatment, or who may in their homes become dangerous to the public health. The next difficulty in England, as it has proved in Ontario, arose from the objections raised by property owners to their location; but the Ontario Health Act of 1886 has settled this question satisfactorily in the public interest. In 1880 there were in England 300 sanitary districts which had availed themselves of the power to have special places for persons who could not be treated at their own homes with safety to other people.

In 1881 Dr. Thorne Thorne inspected some 70 hospitals in England, and reported at length on the whole subject of infectious disease hospitals. His conclusions on the whole matter are of the utmost value to not only Toronto, but also every large city, and even township in Ontario. Where best managed there has grown up everywhere a disposition, even amongst the better classes, to make use of them.