

should be remitted to the functions of appointing the medical chief, controlling the finance, hearing complaints and reporting them to the inspectors or the Governor, and visitation; whilst, on the other hand, they should be deprived of all executive power, which should go to a resident medical chief; that their legislative power should cease, a limited authority to alter the regulations being transferred to the medical chief and the inspectors; and that the medical chief should exercise the patronage and control of all offices except that of the clerk or bursar, which should remain with the boards, and that of the chaplain in the case of asylums, which should be given to the governor.

III. That inspectors should be appointed to visit and report, with especial reference to sanitary condition, and should have the power of suspending all officers, except the medical chief;

That reports in the form given in Note 5 for asylums, and similar ones for hospitals, should be required to be filled up by all head keepers and matrons, and sent regularly to the inspectors;

That statistical returns should be demanded from the medical chiefs of hospitals and asylums, in the forms set forth in Notes 6 and 7 respectively;

That the more extended additional statistical form of Note 8 should be tried in the Canadian asylums, if the authorities should see fit.

That the form of questions given in Note 9 should be required to be filled up by all official visitors, and sent to the inspectors; and

That the medical chief and the inspectors should make independent reports of the condition and requirements of the several institutions, and that these together with the statistical returns should be published, and redistributed throughout the colonies.

Should these changes be made, it would be necessary to define and distinguish accurately the powers and duties of the medical chiefs, the inspectors, and the boards.

53. These three principal recommendations for Acts to regulate sanitary arrangements, for the transfer of powers from boards to single chiefs, and for more complete inspection and reports, apply equally to hospitals and asylums. Of the following minor suggestions, the first six contained in Section 54, also are applicable to both; the seven in Section 55, regard hospitals only, and the remainder in Section 56, have reference only to lunatic asylums. One alone of the whole number (that in Section 56, v) involves any considerable expense.

54. Minor suggestions, with reference to both hospitals and asylums:— Minor Suggestions.

i. (a.) Open sewerage, sewerage into adjoining cesspools without outlet, and untrapped and unflushed sewerage, ought not to be permitted.

(b.) As a condition of easy and effectual ventilation, as well as for economical reasons, associated wards should in general contain not less than sixteen nor more than about thirty-two beds.

(c.) It is equally necessary for ventilation that there should be allowed for each patient, 1,000 cubic feet of space, in associated wards, and 1,500 in single rooms in temperate climates, and a quarter more where the climate is tropical, and this in addition to thorough ventilation and frequent cleansing of walls, ceilings, and floors.

(d.) In associated wards the total superficial space allowed to each patient, including the area of the bed, should not be less than 7 feet by 11, in general hospitals, and about $5\frac{1}{2}$ by 9 in asylums. The height of the ward should not fall short of 13 feet, nor the width of 22 feet.

(e.) The air introduced by ventilation must not have been previously heated. Such heating destroys its purity and gives it unwholesome properties. The only proper means of ventilation are open grates and ventilating flues.

(f.) In very cold climates, as in Canada, sufficient warmth cannot be obtained by hot water pipes. Stoves or grates are the only efficient means.

(g.) It is of great consequence that the wards should be well lighted. It is laid down by high authority that in hospitals the windows should be one third of the wall space.*

(h.) Not less than 25 gallons of water per patient per diem, exclusive of

* Notes on Hospitals, p. 19.