

PART II.—SUMMARY OF THE CLASSES OF DEFECTS MOST GENERALLY  
PREVAILING.

40. The apparent condition of the colonial hospitals and asylums may be summed up in a few words. There are few, if any of them, in which positive cruelties, deliberately committed, can be asserted actually to find place, but there is hardly a single institution in which, in a greater or less degree, primary sanitary requirements are not neglected; and few in which there is any sufficient security, in the nature of inspections and reports, against the present or the possible existence of even the grossest secret abuses. The worst cases are the small institutions of the West Indian colonies, Bermuda, and Gibraltar; but even the largest establishments in the richest colonies, with a few exceptions, show something of a make-shift character, and of utility narrowed by mistaken economy. The asylums, except in Canada, which has only two general hospitals, are almost universally worse than the hospitals, and sometimes suggest the impression that they are, perhaps unconsciously, regarded too much as means of relief from a troublesome class, without care for curative treatment. They are apt to be considered, on the one hand, as less imperatively requiring specific skill in their management; and, on the other, as dangerous subjects for the interference of lay reformers. Nor does insanity appeal so strongly to common sympathy as those diseases to which men ordinarily feel themselves liable. It cannot be a matter of wonder that the evils which till lately disgraced the asylums of this country should occasionally repeat themselves in the colonies.

41. Following the order of the five heads above distinguished, it is to be observed, first, that the endowments being almost always supplied or supplemented by the colonial treasuries, the enforcement or neglect of reforms rests in the power of the Legislatures. a. Funds.

42. With regard, next, to sanitary arrangements, it appears that the sites are, in many cases, bad; but bad sites often mean convenient situations, and the site is often of comparatively small consequence if the buildings are good and well-arranged. Of this the Port of Spain hospital, in Trinidad, is an instance, which, though occupying the site of the once deadly Orange Grove Barracks, is not only the best managed, but the most healthy of all the West Indian hospitals. But no such corrective is generally applied to the natural evils of the sites. In general the buildings are ill-arranged and ill-cleansed. Open sewerage and cesspools adjoining the houses, bad enough in this country, are fatal in tropical climates, or when aggravated, as at Gibraltar and Bermuda, by the absence of any provisions for determining the course or position of filth, which, being left to make away with itself, breeds pestilence, and renders the hospitals centres of disease.\* Not second to this is the crowding and smallness of the wards. It is not merely that, without a certain capacity in the ward, proper ventilation is impossible, but the space allowed to the patients is so small that it would still be destructive, even if ventilation could be supplied. In eight instances there are associated wards in which the sick poison themselves and one another in an average of less than 400 feet of cubic space per head; and there are two where, what is worse, the space of single cells falls below the same amount: and of the ten institutions thus deficient five are in hot climates. Equally deficient, in many cases, is the area or superficial space allotted to each bed. On this, quite as much as on cubical space or artificial ventilation, and more than on the height of the rooms, depends the purity of the air, and it is this easily cured defect which is the only excuse for the non-admission of contagious and infectious diseases which are, in general, dangerous only when beds are crowded too closely together. If any of these sanitary defects were to exist, even for a short time, in a London hospital, they would speedily make themselves felt in the prevalence of hospital gangrene, and in the general aggravation of many classes of disorders. In the Lariboisière hospital in Paris, a wind blowing for a few hours from the direction of a malarious quarter of the town was enough to give a malignant character to healthy sores. Yet in such influences the diseased in many colonial hospitals and asylums, pass their weeks or years. b. Structure and sanitary state.

\* The custom of the country is often pleaded by way of apology for such defects; and certainly this plea is of weight as an excuse for those whose duties do not require them to inform themselves, though not for others.