architecture has shown more evidence of improvement than hospital building. This is in a large measure due to the knowledge gained during recent years of the possibility of having aseptic conditions and making hospital wards and their accessories by construction and care as free as possible from dust and rendering, as far as we are able, the air inside as pure at least as that which nature provides without. No hospital should be planned except as a unit to which additions in the future may be advantageously added.

No OVERLAPPING.

Every community should be warned of the danger of establishing hospitals that might overlap those already established. This is one of the many reasons why in every large community there should be an independent board of citizens to act as a commission on Associated Charities, and to whom all schemes for the organization of additional hospitals and charities should be referred. If such a course had been followed in many of our Canadian cities, what a large amount of money might have been directed into channels where it might have been of greater service to the community.

POLICY FOR CANADA.

In regard to the different classes of patients who shall be admitted, Canadian hospitals must continue to be different from the policy followed in large British and European hos-There the large public hospitals are designed for the care of the sick poor alone. Social conditions fully justify following a different plan in this country. In our Canadian hospitals it is often felt that it is as great charity to provide accommodation for those able and willing to pay for their maintenance as it is to afford shelter for those in destitute circumstances. In this growing country those in comparatively comfortable circumstances are often without suitable home surroundings when overtaken by sickness or injury. dealing with the management of all charities in Canada, we must discourage everything that might have a tendency to establish a pauper class in any Canadian community. must seek to avoid the mistakes which older countries are now seeking, when too late, to correct. There is no room for a pauper class in Canada. Experience has proved that it is not only possible but profitable for many reasons to afford accommodation for private, semi-private, and public ward patients