

Isolation Hospitals Act, 1893 / special report by County Medical Officer.

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STAFFORDSHIRE COUNTY COUNCIL.

ISOLATION HOSPITALS ACT, 1893.

SPECIAL REPORT

BY

COUNTY MEDICAL OFFICER.

Presented to the County Council, 1st November, 1898.



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The Sanitary Committee having instructed the Isolation Hospital Sub-Committee to consider and report as to the policy it may be desirable to recommend for adoption by the County Council, as the Administrative Authority under the Isolation Hospitals Act, 1893, I have, in accordance with the instructions of the Sub-Committee, prepared the following statement, which practically takes the form of a summary of the special reports dealing with this question which have been prepared from time to time, the object being to present the case in a concise form and so avoid the necessity for reference to the series of reports and statements relating to this question which have come before the Sanitary Committee periodically during the past four or five years.

SUMMARY OF ACT, WITH COMMENTS.

It will be convenient, in the first instance, to summarise the Act and comment upon its provisions in the light of its practical application.

The Act excludes from its operation county boroughs, and, except with their consent, non-county boroughs. In the case of boroughs of under 10,000 population, however, the Local Government Board may, by order, direct that the Act shall apply. (Sec. 2)

(Sec. 3) County Councils are empowered to provide, or "cause to be provided," hospitals for the isolation of infectious cases on application, by petition, being made to them to the effect that

(Sec. 4) the necessity for such exists. This application may be made by one or more local authorities, or by 25 ratepayers in a

(Sec. 6) "contributory place;" also, a County Council may act upon the report of a county medical officer, provided he has been instructed by his Council to inquire "as to the necessity of an isolation hospital being established for the use of the inhabitants of any particular district in the county."

(Sec. 5) If it appears to the County Council, or a Committee specially appointed to consider such petition or report, that a *prima facie* case is made out as to the necessity of establishing an isolation hospital, they shall cause a local inquiry to be

(Sec. 7) made "by a committee consisting of such number of their members, either with or without the addition of such other persons, or in such other manner as the Council think expedient;" and after this inquiry, which shall include the

(Sec. 9) consideration as to the proper site for the hospital and the district for which it is to be established, "the County Council shall make an order, either dismissing the petition, or constituting a hospital district, and directing an isolation hospital for such district to be established." If, however, the sanitary authority or authorities interested do not assent to the application, the County Council shall not take steps for the constitution of a hospital district, unless it is proved to their satisfaction that the authority or authorities in question are unable or unwilling to provide suitable hospital accommodation.

(Sec. 8) A hospital district may consist of one or more local areas, and a local area which already has hospital accommodation, even although in the opinion of the County Council it is sufficient for the requirements of the district, may, with the assent of the local authority, be included in a hospital district under this Act. Any local authority may appeal to the Local Government Board against being included in a hospital district, and the decision of such Board is conclusive.

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Having constituted a hospital district, a committee of management is then formed by the County Council, consisting either wholly of members of the County Council, or jointly of the County Council and local authorities, or wholly of local authorities. If, however, no contribution is paid by the County Council to the funds of the hospital committee (see sec. 21 post), such committee, unless the authorities interested otherwise desire, shall consist wholly of local members. If the local authorities are aggrieved at the constitution of the committee, they have the right of appeal to the Local Government Board. (Sec. 10)

When constituted, the hospital committee shall have such power of acquiring land, and of providing a hospital, by purchase or otherwise, as the County Council shall delegate to them, and subject to the direction of the County Council; also, the County Council may retain to themselves the power of inspecting such hospital.

A hospital committee may establish such extra accommodation as necessity requires, "by hiring or otherwise acquiring any buildings, tents, wooden houses, or other places for the reception of patients;" also, in addition to, or instead of a central hospital, hospitals may be established in cottages or small buildings, and this may also be done as a temporary measure before establishing permanent buildings. (Sec. 14)

Section 15 reads as follows:—"Subject to any regulations made by the County Council, a hospital committee may make arrangements for the training of nurses for attendance on patients suffering from any infectious disease, either inside or outside the hospital, and may charge for the attendance of such nurses outside the hospital; and the expenses of any such nurses, after deducting any profits derived from their services, shall be establishment expenses of the hospital within the meaning of this Act." (Sec. 15)

The Act determines how the expenses shall be defrayed under the headings "structural expenses," "establishment expenses," "patients' expenses," and "special patients' expenses," and, with the exception of the last two, it states (Sec. 17)

(Sec. 18)

that they shall be defrayed out of the local rate where the hospital district consists of a single local area, and in the case of a joint district, out of a common fund to which each local authority shall contribute in such proportions as the County Council shall determine.

(Sec. 21) "A County Council may, where they deem it expedient so to do for the benefit of the county, contribute out of the county rate a capital or annual sum towards the structural and the establishment expenses of an isolation hospital, or to either class of such expenses."

(Sec. 22) "A County Council may borrow on the security of the county rate (and in manner provided by the Local Government Act, 1888), any money required for the purpose of carrying into effect the provisions of this Act."

With reference to Sections 21 and 22, the Local Government Board are of opinion that the borrowing powers of County Councils are limited to loans granted to hospital committees under the Act, and that any sums contributed under Section 21 must be provided out of the county rate.

PRESENT POSITION OF COUNTY.

In conferring such extensive powers on County Councils, it is obvious that Parliament had in view the general inadequacy of the means at present available for dealing with outbreaks of infectious disease. As regards the position of this County, I am afraid it compares unfavourably with some others in this respect; at any rate, there is no doubt about the fact that in the vast majority of districts satisfactory provision has not been made, and there is ample room for most useful work in this direction before the County can be said to possess even the necessary minimum equipment for combating infectious disease.

In order to ascertain the exact position of the County in this respect, I conducted an enquiry five years ago which included a detailed inspection of every building, both temporary and permanent, which had been provided for the reception of infectious cases. Every detail of this enquiry

was set forth in a report which was presented to the Sanitary Committee, and subsequently re-produced in my Annual Report for 1894. Attached to that Report was a table giving the details, in a concise form, in every case where hospitals of one sort or another had been provided. This table, which has been brought up to date on information recently obtained, is re-produced in this Report, and shows at a glance the position of the County at the present time as regards infectious hospital accommodation.

As regards the districts not included in this table, the following are the facts :—

URBAN DISTRICTS.

Audley (P. 12,631).—Five years ago the Authority were said to have been negotiating for the purchase of a small farm and two cottages, to be used for the treatment of infectious cases, but nothing came of the proposal. Since then the question of uniting with the Urban and Rural Districts of Newcastle, with the view of making joint hospital provision, was under consideration, but the Authorities in question could not come to terms, and the district is still without any such provision.

Coseley (P. 21,899).—It was stated five years ago that a site on which to erect a hospital had been decided upon, but since then no further steps have been taken in the matter.

Handsworth (P. 32,756).—No hospital has been provided for Handsworth, but the arrangement by which infectious cases are sent to the hospital of the County Borough of West Bromwich is still in operation.

Kidsgrove (P. 3,841).—The Kidsgrove Authority are still without a hospital. Some time ago the question of uniting with neighbouring districts in a joint scheme was considered, but the proposal fell through.

Longton (P. 34,327).—The Corporation have purchased a site, but no hospital has yet been erected. During the recent epidemic of diphtheria, an old cottage hospital, formerly used for smallpox cases, was made use of for diphtheria patients ;

this cottage, however, is in a bad state of repair and is situated in a populous locality.

Perry Barr (P. 2,310).—The District Council have made an arrangement with the County Borough of West Bromwich similar to that made by the Handsworth District Council.

Short Heath (P. 2,514).—The District Council do not appear to have taken any steps towards providing a hospital.

Smallthorne (P. 5,279).—The District Council have done nothing towards making hospital provision, although for some years past it has been said that they intended to move in the matter.

Tettenhall (P. 5,145).—There is no hospital at Tettenhall, but infectious cases are sent, by a fixed arrangement, to the hospital belonging to the Wolverhampton Corporation.

Uttoxeter (P. 4,800).—No steps have yet been taken to provide a hospital for this district.

Willenhall (P. 16,852).—During the epidemic of smallpox in this district some years ago, a building was rented and adapted for accommodating 64 patients. For temporary purposes the building is fairly well suited for such cases, and although it has not been made use of lately, it is still rented by the Authority.

RURAL DISTRICTS.

Blore Heath (P. 2,227).—This Authority, jointly with the Drayton Rural District Council, have rented a piece of land and purchased hospital tents, to be erected should occasion require. The tents are kept at the Union Workhouse.

Cheadle (P. 22,302).—The Authority have had the question of hospital provision frequently under consideration, but, so far, nothing definite has resulted.

Gnosall (P. 4,366).—The Gnosall Rural District Council have not provided a hospital, neither, would it appear, have they considered the question.

Mayfield (P. 4,160).—The District Council do not seem to have done anything towards providing hospital accommodation.

The Medical Officer of Health recommends the provision of two or more cottages in different parts of the district for this purpose.

Newcastle (P. 6,174).—The question of uniting with the Borough of Newcastle and the Urban District of Audley with the view of making joint hospital provision has been considered, but no such arrangement was arrived at, and the district is still without a hospital.

Tutbury (P. 9,031).—It appears that the District Council have gone so far as to secure a site for the erection of a hospital.

Uttoxeter (P. 7,227).—No steps have yet been taken to provide a hospital for this district.

Walsall (P. 9,319).—An old farm house situated in a thinly-populated part of the district is rented by the Authority and retained for smallpox cases only. It is fairly well suited for the purpose, but at present the house is in a bad state of repair.

It will be seen, then, from the summary table and the above particulars, that in some districts permanent structures have been erected, or existing buildings have been adapted, while in others, temporary structures, in the shape of wood or iron buildings, have been provided. Again, in some cases patients are sent, by arrangement, to hospitals in adjoining districts, while in others hospital isolation is entirely neglected. In a few instances small-pox cases only are provided for, but as a rule no such limitation exists, and the same buildings, or buildings on the same site, are used for all infectious cases, including small-pox—an arrangement which does not meet with the approval of the Local Government Board, who have laid it down that small-pox cases should be isolated in special hospitals well removed from centres of population and having an entirely separate administration.

Again, as regards the important question of nursing, the present provision in most cases comes far short of what is desirable. As a rule, trained nurses are not engaged, the care

of the patients being entrusted to unskilled persons such as servant girls and charwomen. In a few instances, trained nurses are specially engaged from time to time as occasion requires.

An efficient ambulance service, another important provision, is very much wanted in many districts. Although in a few instances more satisfactory vehicles have recently been obtained, in the majority of cases patients are conveyed to hospital in old cabs and omnibuses which have been converted for the purpose, many of which are most unsuitable from a comfort point of view, in addition to the fact that their appearance is so alarming that, on that ground alone, one is not surprised to find that patients object strongly to being removed to hospital.

One other important item in the machinery of infectious disease prevention is the provision of efficient disinfecting apparatus at the hospitals. Owing to our improved knowledge regarding the causation of infectious disease, the apparatus which at one time were supposed to be efficient are now discredited, and to this class, with five exceptions only, all the apparatus in the county belong.

All things considered then, one is not surprised to find that the number of cases isolated in districts where hospitals exist is so much smaller than it should be if we are to expect these hospitals to fulfil the chief purpose for which they are intended — namely, the *prevention* of epidemics. In some districts, one, or even less than one per cent. of cases belonging to the class usually isolated are isolated in hospital, and in most districts the percentage is under twenty. Isolation to such a limited extent can influence but slightly the course of an outbreak, and the money thus expended is practically thrown away from a public health point of view. As regards the patients themselves, the advantages, no doubt, are considerable, as the attention they receive, even under present conditions, is greatly superior to what their homes could afford as a rule. This, however, is only one aspect of the question, the important consideration being the safety of the public.

To sum up the foregoing particulars, it may be said that at the present time, in temporary and permanent buildings, *nominal* accommodation for 408 patients is available within the Administrative County. Taking into account, however, the nature of the buildings as regards structural fitness, cubic space, &c., existing accommodation for about 144 patients only can be accepted as satisfactory, of which 40 beds are in temporary and 104 in permanent buildings.

To properly equip the whole Administrative County, I estimate that 640 beds are necessary, so that, allowing for the 144 beds which, with unimportant additions and alterations, may be accepted as satisfactory, extra accommodation to the extent of 496 beds will have to be provided.

VALUE OF ISOLATION.

Unfortunately, I cannot show by figures to what extent systematic isolation may be expected to cut short epidemics, as the percentage of isolation in this county has hitherto been too small to exercise any appreciable influence in such a direction. I have endeavoured, however, by an analysis of the figures in the various reports I receive from Medical Officers of Health, to arrive at an estimate of the probable influence of hospital treatment of infectious cases on the death-rate from such diseases. It is true that in a public health sense this is a minor consideration, the main object being to safeguard the public against infection by isolating all infectious cases; still, to diminish the fatality is no small achievement, and this may undoubtedly be effected by hospital treatment.

The following results are based upon figures covering a period of six years, 1892-7, in districts within the Administrative County where the Notification Act, with a few exceptions only, has been in force during the whole period:—

HOSPITAL CASES.	HOME CASES.	TOTAL.	CASE MORTALITY PER CENT.	
			HOSPITAL CASES.	HOME CASES.
5,190	25,092	30,282	3·6	7·8

In dealing with such large numbers, chance cannot be said to influence the results to any appreciable extent, so that, whatever the explanation may be, it appears to be a fact that the home mortality from infectious disease in this county is more than twice as great as the hospital mortality. It may be said that this result is not necessarily attributable to any advantages in hospital as compared with home treatment, as the increased home mortality may be owing to those cases which are too serious to allow of removal to hospital. But, allowing that there is something in this argument, may it not with equal, if not greater justification be said that the home mortality must be favourably influenced by the diluting effect of the large number of trivial cases which (unfortunately) are not considered serious enough to call for removal to hospital? In other words, it is probable that the hospital cases, all round, are more serious than the home cases, and yet the mortality is less by more than one half.

It follows from these figures (and it must be remembered they do not cover the whole county) that if isolation had been carried out to its full extent for the six years in question, 1037 deaths from scarlet fever, enteric fever, diphtheria, and small-pox, occurring mostly in young persons, might not have taken place, not to mention the advantages of the increased comfort of all concerned, and the lessened interference with school attendance, and, in all probability, with the trades in which the parents and elder members of the family may be engaged. It must also be remembered that this result has been attained under conditions which, as I have shown, are by no means perfect, and it is but reasonable to conclude that with a well-organized scheme, and efficient hospitals, the saving of life would be still greater.

The treatment of cases, however, as already stated, is not the only object, nor is it the chief object in isolation, which, from a public health point of view, aims at the *prevention* of epidemics.

ATTITUDE OF LOCAL AUTHORITIES WITH REFERENCE TO
THE QUESTION.

I take it that, in one direction or another, the County Council are prepared to exercise their powers in order to insure that each district under their jurisdiction shall possess reasonable means of dealing with outbreaks of infectious disease, and as the Sanitary Committee have already been in communication with the various local authorities respecting the question, it may be convenient to give a summary of the outcome of these negotiations.

Having ascertained the views of the various Sanitary Authorities—in the first instance, at a general conference, held in Stafford, and subsequently, at conferences held in the north and south of the county—the Sanitary Committee were compelled to come to the conclusion that the proposal which they tentatively brought forward to form the Administrative County into one, or even into two areas for isolation hospital purposes was impracticable.

The policy then adopted was to endeavour to induce neighbouring districts to accept the principle of less general union with the view of forming reasonably large areas in cases where the districts are so situated as to admit of this being done.

Having allowed some time to elapse in order that the local authorities might consider the question in all its bearings, and in the light of the proposals referred to, I then took steps to ascertain their views, either by attending meetings called for the purpose, or by means of interviews with representatives. In several instances, up to a point, satisfactory advance has been made, and the Sanitary Committee's proposals, on the whole, are now looked upon with considerable favour. At the same time, the authorities generally do not wish to commit themselves to any policy until they have more definite information as to the lines on which the County Council would propose to proceed in the event of joint areas

being formed, particularly as to whether it is the intention of the Council to contribute towards the cost, and, if so, under what conditions.

The question then is a very pressing one, and should be definitely settled without delay, especially as in several instances authorities have everything in readiness for proceeding with schemes for providing hospitals for their individual districts, and are delaying action until the policy of the County Council is announced.

For the information of the Council, it may be well to set forth, in greater detail than has been done in the summary already given, the action which certain Authorities have taken since their attention has been directed to the question by the various conferences already referred to.

1.—Rugeley is the only Authority who have made formal application to the County Council to be united with adjoining parishes and formed into a hospital district under the Act. As regards this application, the Sanitary Committee came to the conclusion that the area suggested was not satisfactory, and proposed an enlarged area embracing Rugeley, the City of Lichfield, and the Lichfield Rural District. No definite steps have been taken beyond this, and the matter awaits the action of the County Council with reference to contributions.

2.—The Borough of Longton recently purchased a site which is well-suited for an isolation hospital, and in consequence of a series of interviews I have had with a Joint Committee of Longton and neighbouring Authorities, the erection of a hospital has been delayed in order to await the action of the County Council regarding contributions. So far as Longton is concerned the Corporation are convinced of the desirability of uniting with other districts—as, for example, the Borough of Stoke, the Urban District of Fenton, the Rural District of Stoke and part of Cheadle, but it is doubtful whether such a union can be effected unless the County Council determine to contribute towards the expenses

3.—In Newcastle, efforts have been made on the part of the Rural District Council of Newcastle and the Audley Urban District Council to induce the Corporation of Newcastle to join in a joint hospital scheme. I understand that the Borough of Newcastle has declined to co-operate with the two other districts, and the matter has apparently been left in that manner. At the same time, the suggestion was made previous to any idea of possible contribution from the County, and it is just possible that if such help is afforded the scheme may be favourably re-considered.

4.—At Rowley Regis the Authority, chiefly through their Chairman, have been in communication with me with reference to hospital provision for the district. The Authority now seem to be of opinion that union with neighbouring districts is desirable, although it may be difficult to accomplish this without some monetary help. Here, also, the consideration of the question has been suspended to await the decision of the County Council regarding contributions.

5.—In the Leek Rural District negotiations have been made for the purchase of a house to be adapted as a hospital. I have had interviews with representatives of the Authority, and expressed approval with the scheme, providing certain alterations and additions are made to the building. I understand that it is the intention of the Authority to apply to the Local Government Board for a loan for this purpose.

From the above, it will be seen that, as regards local voluntary action, little, so far, has been done, but that there is every prospect of active co-operation on the part of Authorities in the event of the decision of the County Council being in favour of contributions from the County funds.

ADVANTAGE OF JOINT HOSPITAL AREAS.

It may, I think, be accepted as a principle that economy and efficiency may best be secured by the formation of as large hospital areas as are compatible with the comfortable and convenient conveyance of patients. That this is the case will occur to anyone who carefully considers the question. For

example, it will be admitted that comfort and efficiency, which are essential to successful administration, and without which it will be impossible to gain another essential—the confidence of the public—can only be secured by providing each hospital with a competent staff of trained nurses. (I am not now referring to small hospitals for scattered areas.) This being the case, if small areas—as, for example, individual districts—are formed, it must often happen that the nurses are idle—the local prevalence of infectious disease being variable—yet their wages will have to be paid, and they will have to be maintained during such times. On the other hand, in the case of a large hospital it will usually happen that a certain number of beds are occupied by patients from one or other of the contributory districts, and the staff, which of course, *pro rata*, will be smaller, will be pretty steadily employed. Again, from the larger hospitals, during intervals of outbreaks, nurses and probationers may be drafted off to hospitals in other parts of the county where epidemics may then prevail, thus reducing the annual establishment charges all round.

As regards the capital outlay, also, it is obvious that union of districts will lead to considerable economy, for, not only will one site thus take the place of several, but duplication of other necessary adjuncts will be unnecessary. The buildings, also, and the building cost per bed, *pro rata* of population, will be smaller in the case of joint areas.

Another difficulty which might more easily be overcome by the adoption of comprehensive in preference to individual schemes, is the provision for dealing with small-pox cases. The Local Government Board, as stated, insist upon entirely separate buildings for such cases, so that if every district elects to provide its own machinery, this would involve a large and needless multiplication of hospitals. On the other hand, it would be a comparatively simple and inexpensive matter to provide one building to serve a large area; indeed, supposing a number of districts were united into several groups for dealing with general infectious cases, it would be quite practicable to group them all for small-pox isolation only, first, because

such cases can generally be removed long distances without injury, and secondly, because past experience shows that the disease now only appears, in anything approaching epidemic form, at infrequent intervals.

I may mention that this plan of grouping a series of towns for general isolation purposes, and including several of these groups in one large group for small-pox isolation, has actually been carried out in Lancashire under this Act.

By way of illustration, let us suppose that all the North Staffordshire districts (urban and rural) are grouped together to form five areas, with five hospitals for general infectious cases, it might be quite possible to find a site for a small-pox hospital sufficiently central to serve all five areas, and thus a very great saving of cost would be effected.

In this connection it may be well to point out as regards small-pox that, on economical grounds, considering the infrequency of epidemics, it may not be necessary to provide many beds in a *permanent* building. If a good-sized permanent administrative block is provided, and certain adjoining areas are concreted for the erection, at any time when occasion may arise, of temporary buildings (tents or wood structures), a comparatively small number of beds in a permanent building would answer the purpose in the case of ordinary outbreaks, while an administrative block sufficient for serving a larger temporary extension would always be available.

SUGGESTED POLICY.

Granting then that the union of districts is desirable—on the ground both of economy and efficiency—it is probable that some difficulty will be experienced in effecting such union unless some inducement is offered in the shape of a substantial contributions from the county funds.

I am strongly of opinion that such help would be instrumental, not only in hastening the provision of suitable buildings, but also in insuring their efficient administration. If the contributions took the form of annual grants, these might be conditional upon efficiency, both as regards buildings

and appliances, and their use and maintenance, and thus the County Council, by retaining the right of withholding grants in case of inefficient management, &c., would possess a powerful lever for maintaining a proper standard of administration.

If the County Council determine to contribute towards the expenses of Hospital Boards, it appears to be necessary that such Boards shall be formed under the Isolation Hospitals Act, as I believe the Local Government Board have given it as their opinion that no contribution can be paid by County Councils towards the expenses of hospital districts formed under the Public Health Act. In the case of those districts which already have been formed under the Public Health Act, it would be necessary to reconstitute them under the Isolation Hospitals Act.

I also understand, as already stated, that the Local Government Board are of opinion that the Act of 1893 does not enable County Councils to borrow money for the purpose of contributing, and, that being the case, as the contributions will have to be paid out of the rates, it will probably be thought that they should take the form of annual grants towards the maintenance and management expenses rather than as single payments towards the capital expenditure. At the same time, as the Act provides that Hospital Boards formed under it shall borrow from the county at the rate of 4 per cent., the County Council might very well refund a portion of the charge corresponding to the difference between the stated percentage and the percentage paid by the county in borrowing the money, this rebate-
ment to be in addition to any further contribution which
may be determined upon.

PROBABLE COST OF EFFICIENT SCHEME.

To properly equip the whole Administrative County, I estimate that 640 beds are necessary, so that, allowing for the 144 beds which, with unimportant additions and alterations, may be accepted as satisfactory (see page 9), extra accommodation to the extent of 496 beds will have to be provided.

As regards the structural expense of providing efficient hospitals, from £220 to £250 per bed must be allowed, exclusive of cost of sites and furnishing. These sums are based upon an estimate by Mr. Hare (the Architect of the County Buildings), who, on the instructions of the County Council has prepared model plans, which have been informally approved by the Chief Medical Officer and the Architect of the Local Government Board, and, in view of that Board's requirements, it would not be safe to estimate the expenditure at a lower amount.

Taking the all-round cost per bed—exclusive of sites and furnishing—at £230, this would involve an expenditure of £114,080, or, allowing for the necessary alterations in the existing accommodation which may be accepted as satisfactory, say £116,000.

With regard to the annual establishment and maintenance charges, it is difficult to arrive at an estimate, but judging from the experience in the case of several districts in England with well-equipped hospitals, £30 per bed may be taken as being pretty near the mark, provided the hospitals are made use of to their full capacity. As, however, it will probably take time to educate the public and convince all local authorities as to the great value of efficient isolation, it is likely that for some years to come the hospitals, when erected, will not be utilized to their full extent, in which case, of course, the annual cost per bed would be less. Again, in many cases considerable pressure will be necessary to induce some authorities to make suitable hospital provision, and as this will occasion delay it will be some time before the whole Administrative County is properly equipped.

On the above estimate, and granting that efficient hospitals are provided throughout the whole Administrative County, the annual establishment and maintenance charges, exclusive of interest on capital, would amount to £16,800.

COST TO COUNTY OF SUGGESTED CONTRIBUTION.

From the preceding paragraphs the Council will be able to form an idea of the requirements of the county, and the probable cost of providing and maintaining hospitals. With regard to contributions from the county funds, I think it may be taken for granted that annual sums amounting to one-third the establishment and maintenance expenses (exclusive of interest on capital) would induce most of the Authorities in the Administrative County to fall in with the views of the Sanitary Committee, and provide hospitals under the 1893 Act. If the whole Administrative County came under such a scheme, this would probably involve an annual expenditure on the part of the County Council of £5,600. As already pointed out, however, this expenditure, for two reasons, would not be fully incurred for some years to come; first, because the full development of such a scheme must necessarily occupy time, and, secondly, because until Local Authorities and the general public thoroughly realise the advantages of efficient isolation, the accommodation provided would not be fully used.

As such contributions must be conditional upon the efficiency of the accommodation provided, &c., and, as it is likely that some Authorities, from motives of false economy, will hesitate to comply with all the conditions, the refusal of the grant in such cases may give rise to friction. Still, it is a perfectly equitable arrangement so long as the grant is obtainable by all who comply with the minimum requirements.

The position of municipal boroughs with populations of over 10,000 requires special consideration—at the same time, this need not defeat the scheme, as, although they are excluded from the operation of the Act, they have also the right to avail themselves of its provisions.

GEO. REID,

County Medical Officer.

Stafford,

19th September, 1898.

