

for that period, for a man and his family. On visiting the hospitals a new-comer cannot fail to be struck with the presence of many patients who, if in England, would be treated at home by their private medical attendant. The form of application for admission into the old London hospitals still runs thus: "and your petitioner, being destitute of means whereby to obtain a cure," &c.; and it is only very recently that one of these institutions has set aside accommodation for paying patients, the primary object of this new departure being the increase of the hospital funds.

*Payment for Maintenance.*—Of the benefit conferred on a community by providing a home in sickness there can be no doubt, provided always that adequate payment is made for treatment in a public hospital by those who can afford it. Weekly payments are here, in many places, carefully collected, and a promissory note for any balance due signed by the patient on his discharge. In some instances an embargo is laid upon his personal property, if he have any; and at one hospital all accounts are regularly settled by the benefit societies, which also collect the subscriptions due to the hospital by their members.

*Abuses.*—At other places payment is taken if offered, but never asked for, or pressed. The Destitute Persons Act of 1877 appears to give power to recover such moneys, and I learned that a judgment had been given in favour of one hospital, but the man left the neighbourhood nevertheless without payment. The collection of charitable subscriptions is vigorously carried out in some districts, while in others nothing is given or even asked. A general falling-off has taken place, as might well be expected under so irregular a system. The provision of free board and medical attendance during illness for those who ought to be able to pay for them must have a very bad influence in fostering habits of improvidence; injustice is done also to medical practitioners. I have heard of a tradesman, in a large way of business, availing himself of the payment of an annual subscription of 2s. 6d. to secure advice and medicine for his family at the public expense. The subscription, entitling a patient to admission to a hospital, is sometimes only commenced after the attack of illness has manifested itself. There are, however, other abuses prevalent. It is not an unknown thing for drunken or dissolute persons to use the hospitals as convenient recruiting-places in the intervals of their periods of indulgence; but the greatest obstacle to their usefulness is that they are made the home of aged, infirm, and chronic cases, corresponding very closely to the permanent pauper inhabitants of an English union workhouse. Their presence seriously cripples the resources of a hospital, while the conduct and habits of many of them are subversive of discipline and cleanliness. In some of the larger towns whole wards are occupied in this way, to the exclusion of more deserving and improvable patients; and in one hospital want of room had compelled the committee to board out six of these old or infirm persons, at a weekly cost of 10s. each.

*Refuges.*—The few refuges which exist are quite inadequate for the reception of this large and increasing class, for whom some cheaper form of accommodation should be provided than that which they now enjoy in the hospitals.

*Hospital Books.*—No regular system of book-keeping is in use at the various hospitals, which differ very much in their practice in this respect. It is very rare to find a medical case-book.

The following extracts from the report of the Inspector of Public Charities for the Province of Ontario (1880) seem to be so applicable to the hospitals of this colony that I make no apology for transcribing them *verbatim*:—

*Province of Ontario.*—"Coming now to the last branch of work, namely, hospitals for the treatment of bodily diseases, refuges for the poor, orphanages, &c., only within the last seven years has this class of institutions been subject to Government supervision and instruction. Before that time the Legislature annually voted funds in aid of their maintenance, but exercised little or no supervision over the administration of their affairs, leaving that in the hands of local boards of management. The Parliamentary grants in aid of these charities were not then based either upon the work performed or upon the number of inmates in the respective institutions, but an arbitrary sum was voted to each. Moreover, many of the structures used were quite unfitted for the purposes of the charities, and in some instances the administration of affairs was of the most lax character, and no proper or uniform method of obtaining tabulated statistical information was employed. To overcome these defects, an Act (the Charity Aid Act) was passed in 1874 to regulate the public aid to hospitals and charitable institutions, and to provide for their Governmental supervision and inspection. Under the provisions of this Act a certain fixed sum per day is paid by the province for the maintenance of each patient or person admitted; and, in order to stimulate and encourage