The Instructing and Managing

T. [illegible]

Physician in Charge

Physician in Charge

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[illegible] Horr Hospital Co.
Robert Smith

At first these rough notes parlance a little too much of any account of the balance now due.

20-3-86

A.D.M
The construction and management of fever hospitals

The importance which is now attached to the part of the public in all departments of sanitary science has given the subject of fever hospitals a prominence which a few years since did not possess — in such a hospital the people are beginning to recognize the means for the prevention of, or insurance against, epidemics, and not merely as institutions for the treatment of patients suffering from sanitary points or sick. Indeed, there can be no doubt that the great necessity which exists for the isolation of fever cases in properly conducted institutions for the benefit of communities is deserving a subject of interest not only to Sanitary men but to the public generally.

Fever Hospital then, in this sense that they afford the means for effectually isolating patients affected with infectious disease — which if not thus isolated at their very commencement may, and in point of fact frequently do, become epidemic by spreading to number of persons in the locality — form a very important factor in the defenses against invasion by what has been very properly,
Parliament has recognised the great importance of this provision, and in Section 131 of the Public Health Act, 1875, has given power to every urban or rural sanitary authority to make provision either by hospital or temporary places for the reception of the sick. There can be no question, however as to the necessity of such hospitals being erected during an epidemic period, with the view of preventing epidemics by having in practical readiness means for the isolation of the first cases of infection. Disease, indeed, if they are not to suit they are often locally selected at great cost under the influence of panic when but little attention can be given to the necessary detail, and frequently, even the hospital is not finished until the immediate cause for its erection has passed away, whilst at the same time it is very liable to fail to meet the permanent requirements of the locality.

A Memorandum issued by the Local Government Board in December 1876 on the subject of local arrangements relating to infectious diseases. The importance of the hospital being ready before the recurrence of an epidemic is insisted upon and whilst the details of the principles upon which
permanent hospital for infectious diseases should be built. Also not fully discussed. The circular lays stress upon the following conditions as necessary to ensure the success of any such hospital:

a. Accessibility of situation so that the sick may not be exhausted by long journeys, the inconvenience of situation and as far as possible with these conditions, an open uncrowded neighbourhood.

b. Adequate ward space for each patient, approaching as nearly as circumstances allow to 2000 cubic feet with a floor space of not less than 120 square feet.

- Adequate food provisions for ward dietation (i.e., sufficient increasing abundance of pure air and of light of ward air) with arrangement also for immediate change of air in the whole ward, when necessary.

- Reflect clear light against the possibility of any foul air (as from privies or sinks) entering any ward.

- Means of warming each ward in winter to a temperature of 60°F热度 and of keeping it cool in summer.

- Peace means both for the hospital and neighborhood for the disposal of excremental matter and of slops and for cleaning and disinfecting infected lines and bedding.

- Facilities for obtaining ice. The cool
of the Hospital, the very strongest
considerations of every part.
In this paper I propose to enter
more or less in detail into the
planning and construction of such
Hospital, and I shall illustrate any
remark I may make by reference
to The Almshouse Hospital at Cheleham
an Institution which has earned
from Dr. Richardson, President of the Local
Government Board, the remark
"that for excellence of administration
and design it is unsurpassed in
the kingdom."

The location of the Hospital is
naturally a matter of primary
importance. In the first place it must be easily
accessible to the people for whose
benefit it is provided. Dr. Richardson
urges and urges very strongly that
the Hospital should be placed
within the district of which it is intended to supply,
and unless very much is to be said in
support of this, but very frequently it
happens, particularly in the case
of smaller towns such as Cheleham,
that no site is available for such a
purpose, and then although it
must be conceded that as a general
rule the Hospital should be within
the limits of the Sanitary District
for which it is provided, yet under
exceptional circumstances in
urban districts it may be placed...
at a distance of two miles from the town without any apparent disadvantage as to the care both. The Belgrave Hospital, whilst in rural districts, there the greater distance is less thought of it may be two or 3 miles from the more populous portion of the districts concerned.

The location of the hospital should be eminently a healthy one. The site should be moderately elevated and on a gradual slope, on a good porous sandy or sandy loam not or near quick sand, or on a clayey or retentive soil, and freely exposed to healthy winds and sunlight. Nor shall it be over accessible, nor be secluded which does not permit of the fleet possible circulation of air around the buildings, and fires at all times the natural purity of ventilation, also there must be an abundant and wholesome water supply together with facilities for effective drainage.

In choosing a site the necessity for the people to be agreeable and ample space for the buildings must not be lost sight of as well as the necessity which may arise for future extensions of the hospital, it is only right that the several blocks of wards should be so placed as to permit of their
Within a sufficient distance from the boundaries to prevent unnecessary complaint from neighbours, and in the second place, vacant space is extremely more useful to form a temporary isolation of the Hospital to meet a more than ordinary outbreak, when tents or huts can be put up in a short time, and again. This surplus space is a most valuable adjunct to the Hospital, for it enables the convalescent to be out in the open air and thus not only expedite their recovery but provide a great source of amusement for those who are confined to the Hospital premises. Mainly that safety may be assured to their friends and neighbours.

In considering the question of actual habitable lots for an infectious Hospital for a given number of patients, we have the valuable opinion of Dr. Nicolle that the number of patients to the acre should not exceed twenty, and the provision necessary to be made of beds per 1000 of the inhabitants at least. This certainly should be considered the maximum number of beds per acre, and it will be a useful rule to regard the minimum area of lots for

The
The smallest hospital or the one existing in other respects, it is adapted fairly well for the purpose it is intended.

When I come to speak of the management of these hospitals, I shall lay special stress upon the necessity which existed for strictly controlling the sick so as to prevent any communication between persons in the hospital and those outside. The reason for this is obvious, if the hospital is in a centre of less pollution,sthroughin the town, the building must be three by providing a good well at least, should be raised, but if it is in the country it might be more readily reached by the sick. The building looks like a quirk

The hospital should be built on what is commonly called the Parker system. This is by far the most satisfactory; by a hospital Parker is meant a detached block of buildings being in it complete and suited entirely with all of the appliances needed for its perfect administration; thus, it not only contains wards, but nurses rooms, ward cellarees, laundries, baths, water closets, all complete and quite unconnected with any other portion of which the hospital may consist or with...
The General Administrator [Mr. Black] thought it necessary to a cross passage entirely open at the sides so that a cross current of air may pass freely between the various buildings. The essential feature of this system is the breaking up of the hospital into separate and detached parts, having nothing in common but a common administrator. This first principle of hospital construction was first declared in 1788 by the French Academy of Surgery, who said that in a modern hospital the wards should be in isolated pavilions, that they should be 24 feet wide, 44 feet high, and 114 feet long, and should contain from 34 to 36 beds, and that the windows should extend to the ceilings. The object sought in the pavilion system involves a principle in the construction of a fever hospital of the greatest moment. It is the isolation in separate pavilions of patients suffering from the variola infection, to ensure in such a way that the atmosphere of no one pavilion or ward shall diffuse itself into any other pavilion or ward but that at once escape into the open air, its place being taken by the pure air from without.

The most efficient hospital for infection...
Infectious diseases in the greater 50,000
inhabitants and upward to include:

1. A Lodge
2. An Administration with
3. A Pavilion for Scarlet Fever cases
4. A Pavilion for Small Pox cases
5. Pavilions for the Infectious
   Diseases, such as Diphtheria,
   Typhus Fever etc.
6. Certain outbuildings, such as
   Laundry, Wardroom, Bathrooms
   Shed etc.

The Lodge should be built in
accordance with the rules and
regulations which govern the
construction of good modern
dwelling houses, and in a style
in keeping with the rest of the
hospital buildings, provision should
be made for more sleeping accom-
modation than is actually required in it, as frequently it is found
convenient to have one or more
bedrooms which can be utilized
in the event of a permanent or
temporary increase in the
nursing staff, and in all cases
always room fitted up as an office
must be provided on the second
floor, to look after a course to a
secured to ensure the efficient
administration of a Fever Hospital
and up to this of course it needs
mainly depends.
The administrative block as before pointed out should be quite detached from the remaining hospital buildings or only connected with them by means of a covered way open at the sides, it should be so placed that visitors or other persons can enter it without passing the buildings containing the wards, it usually consists of two stories, and it should be so constructed that its offices and apartment are in excess of the present requirements of the hospital, if so, it can be adopted without having recourse to further additions to any permanent or temporary extension, which may at any future date become necessary in the pavilion. The accommodation such a building should provide may of course vary with circumstances, but as a rule adequate provision should be made for the commissary, medical officers, matron, nurses, and servants; there should be a kitchen, with larder, washer, pantry etc. constructed as to meet the requirement of all the hospital needs, for the administration block is the department from which the food and other requisites are supplied to the patient pavilions, dispensary, keeping accommodations for the staff and nurses which is
Most conveniently placed on the upper incline, also due to mere bell towers, for the friends of patients who may wish to remain, bath, or linen, direct lacustrine, water, etc., etc.

In entering into details as to the construction of inspection, hospital generally, I shall as before indicate draw attention to the plans of this well-known hospital.

The Institution was founded in consequence of a bequest left by Miss Blanchy which was supplemented by private subscription and donation, and particularly by the munificence of Mr. John F. Soley, who, for about £2000, it consisted of:

1. A detached administrative block.
2. A detached small fever pavilion containing sixteen beds, inclusive of two in private rooms.
3. A detached scarlet fever pavilion for 42 beds, inclusive of light in separate rooms and ten en communelat lofts.
4. A detached typhus fever pavilion containing ten beds, two of which were to be in separate rooms.
5. A small detached pavilion for two beds to act as separateness wards for occasional cases of typhus.
6. Outbuildings consisting of lumbicus, ambulance sheds, mortuary, etc.

The site consists of six acres of land.
and, just outside and to the south-east of Cheltenham, it is in a well-protected position and picturesquely situated at the foot of the Cotswold Hills. The soil unfortunately is clay. I have already insisted upon the necessity of degrees of soil, and at Cheltenham the soil, owing to its geological character, was unsuitable to make provision for the drainage of the subsoil, and indeed with all sites which retain water, this must be done whether the soil be an open gravel or a dense clay. The time to saturate a subsoil water must be lowered by drainage to such a depth as not only to reduce evaporation, but to prevent the rising of moisture by capillary attraction up to the cellars and foundation of the building. This will have a temperature of the air incumbent upon the ground as well as that of the soil beneath. The main effect of drainage upon the soil is to promote porosity and porosity enables air to be abundant, admitted which exerts a powerful oxidizing effect upon all organic compounds, making the soil dryer, warmer, and less capable of extremes of temperature.
The method of underdrainage necessary to lower the water level will vary with the character of the subsoil, in water logged free soils a single drain will lower the water level of a wide area, and as a rule in such soils no advantage is gained by multiplying the number of drains beyond the minimum number that is found to lower the subsoil water and these should be placed at as great a distance as possible from buildings in clay soils numerous drains are requisite to cope with the retentive property which these soils possess. The greater the number the better will that purpose be fulfilled.

After lowering the water line by drainage every care must be taken to prevent dampness rising into the basement floors or by the walls through the foundation. To do this it is desirable to cover the ground surrouding the base of the dwelling with a bed of concrete extending from outside wall to outside wall under ordinary circumstances a depth of 6 inches will be a sufficient covering of concrete which should consist of talcum earth, pebble or broken chippings and Portland cement in the usual ratio.
If part of the wall is to be one of cement with a small quantity of sand, the window is also protected from rain by building them upon a foundation of concrete which should never be less than 12 inches thick. It is also necessary to have a layer of impervious material between the wall itself and the courses of bricks or layers of stone. This layer is damp course as it is called should be placed in the internal wall just above the natural ground line, and in external walls at a level with the bottom of the concrete. It may consist of different materials, e.g., a double course of slates imbedded in cement, a layer of sheet lead placed throughout the whole length of the walls, but asphaltic mixed with sand laid half of three quarters of an inch thick at the same height relatively to the ground line and perforated vitrified tiles inserted in it.

The buildings comprising the Vickers Hospital consist of red brick ornamented with black and white glazed brick bands with high tops of dark brown tiles. The window mullions and facing are of white stone.
Two stories and a basement, on the ground floor there is an entrance hall and a passage passage from one before the rear, on the side of this is a waiting room, medical office, common, dressing room, and water closet; and on the other side there is a kitchen, scullery, pantry, stairway and hall with a servant's room in the outside yard; on the upper floor are four bedrooms and a dressing room for the ladies and for the girls, or whatever accompanying servants, a dressing room for servants divided by a central passage into four cantilevered from each other by ornamental stained glass partitions.

The height is about 18 feet reaching from the bottom of the floor level, together with all from a line. The stairway and water closet. Every effort has been made to make this building attractive. The reception is such that from the porch at the front, the porch at the back and from the window connecting it with the Scarleton Public, or the other by doors fitted with ornamental stained glass and the large hurricane windows midway between the second and first stories is similarly fitted. The porch and passages are paved with...
DELANCEY HOSPITAL CHELTENHAM.
ADMINISTRATIVE DEPARTMENT.

CHAMBER PLAN.

ornamental tile, and the passage walls to a height of 5 feet are
ornamented with glazed bricks. All the sitting rooms are provided
with open fire places which are lined with glazed brick work and
have chambers behind them from which hot air emerges above the
fire places. These rooms are also provided with Italian ventilating
tables and with Sheringham valves near the ceiling level.
The bed rooms for the staff are provided with clay combustors.
The fenders are all of stone! Throughout, the rooms are
provided with casement windows, and the woodwork is generally
of Stained pine. The building is warmed by hot water pipes which
are connected with the kitchen range, and these are purposely
carried into the store rooms for bedding and linens; in the
central passage is placed an ornamental "Watt" regulating the heat which is very efficient and when once lighted needs
no further attention for 12 hours.

The corridor leading from the
administration house to the
Scarlet Flower Pavilion, is 90 feet
long and is constructed of red
brick and stone and lined inside
with ornamental brick work; it is
warmed
warmed by hot water pipes which are connected with a boiler placed below. The bed-linen is obtained by means of windows and two doors in the opposite side walls, one of these windows is of handsome stained glass, placed by Decourant Marshall in acknowledgment of kindnesses received whilst a patient; a wooden flap table is placed on the wall at the entrance to this corridor just beyond the door communicating with the administrative block. For the purpose of placing the meals for the patients which are then fetched by the nurses.

The administrative block which I have just described appears to me admirably adapted to its purpose. The scullery larder, and coal cellar are however too small, and the bed-room accommodation for nurses insufficient. The corridor is altogether a mistake, for obviously it makes a direct communication with the Scarlet Fever Pavilion. The two buildings should have been connected by means of a covered way.
Further, properly so called, 3. The site and the necessary conditions attending the arrangement of the buildings permit such a choice it is generally found desirable that the opposite windows to which the ward partitions consist should respectively face somewhat to the south of east, and to the north of west; if this cannot be carried out, the departure from this rule should be in the direction of a south-easterly and north-westerly aspect rather than in that of a south-westerly and north-easterly by this means not only are the east winds avoided but both of the side walls of the hospital are fraught under the influence of the same days, and the spaces between any two parallel buildings are both warmed and well lighted. The distance between the blocks should not be less than twice the height of the blocks.

The number of stores the particular should have must not exceed two, and where the ward accommodated is alone the second store it is clearly best both for administrative and other purposes, these advantages are fully summarized by Dr. Wilf

This is a technical and scientific agenda in drafting that widely detached

The Story.
The plan would allow the most thorough ventilation, and therefore the least chance for the accumulation of infectious particles.

1. They neutralize the evils of massing large numbers of cases. This amounts to the same thing as the variety of cases under one roof. They make classification of cases easy and natural.

2. They require less vigilance, dust and foul air find fewer lurking holes and channels, cleanliness and ease of supervision as well as pest air are more readily secured. Two story hospitals may be kept healthy for a few years with external care and intelligence. Hospitals of more than two stories ought never to be contemplated.

3. The detached ward plan which is hygienically the safest is also the most economical apart from the amount of land required.

4. An immense advantage of the story wards... is the ease with which patients can be taken bed and all out of doors in fine weather.

5. Sometime owing to the site being limited in its extent it has been found necessary to make the hospital of two stories as is partly the case with The Scarlet...
leased from Board, at the Almecay Hospital, and when this has been done, the wards on both floors, being well ventilated and well administered, the arrangement has not acted prejudicially.

In the construction of the Hospital pavilions, the condition I have already insisted upon should be adopted, the foundations must be laid in a soil free from animal or vegetable matter, the whole paved surface must have been well drained and covered with cement; concrete or asphalted. The walls must consist of good bricks, of hard stone or of a combination of the two, or of concrete, and they must be provided with an efficient damp course. They should not be less than 15 inches thick, so as to maintain an equitable ware temperature, windows should be placed in the opposite side walls, and the roof whether consisting of tiles or slates should be properly ciled within.

The maximum number of beds in a ward should be 12. I have already noticed that cubic space and floor space should be allotted to the patient, viz., 100 feet, and 144 square feet respectively. These should be 15
The floor should be made of thick seasoned wood, and laid so as to prevent the recurrence of spaces between. The planks of such inter-spaces should arise they must, but once filled in with wood or some other suitable material, the floor must also be provided with the means of ventilation, into the open air. A very good kind of floor is that consisting of oak beaten in small weekly with linseed oil, and beewed and tarred, — for hard well seasoned red deal also make a satisfactory floor, — also such woods as the hard pine and pitch in those cases the floor may be oiled or sealed with pitch, melted and forced into it and then ironed in by hot irons. In all cases the boards should be proved and tongued.

The floors of water closet and lavatories are best made of slate or tiles or marble so that they can be readily cleaned.

The internal face of the walls must
must be covered with some material which does not harbor fungi of insidious growth, the best consists of plaster, with flat tiles set with fine points. In white lead, if cement is placed directly on the bricks, it at once hydration and after becoming well hardened covered with three or more coats of paint and then varnished; ordinary brick or cement walls which are periodically time washed and then covered with a thin film of lead which are also very clean—of course no corners, mouldings or projections on which dust could lodge would be permissible, and all internal angles should be rounded off to prevent the accumulation of dust about them. The ceiling should be either cemented or frequently whitewashed.

The windows of the ward should be placed on either side, and should be arranged so as to allow one to every two beds, it is likewise very desirable to have a window near each corner of the ward. They should extend from two to three feet from the ground to be near at the worst from the ceiling, in this way not only is a cheerful appearance ensured, but also
An adequate provision of the air in the upper part of the ward; the amount of window space of a ward to its cubic space is a matter of some importance in well constructed and efficiently warmed wards it should not exceed 1 square foot to 70 cubic feet; the best kind of windows is the double hung sliding sash window a deep sash may be made to fit under the bottom sash so that when placed in position air may pass in an upward direction between the sashes while the window remains closed above and below such windows can likewise be opened wide at top and bottom or at top and bottom so as to flush. The best ward will need an - with wards of great height it is useful to divide the windows into three portions the lower two being the double hung sashes just described and the upper one being filled in with a sash hinged to a transom far at its bottom so as to open inwards.

Windows not only allow light to enter a ward, but afford also the principal means of ward ventilation, it has been found necessary however to provide additional
additional channels for the admission of air such as lotus tubes and fanvistinguishable valves — the most difficult part to ventilate is a room in the space between the floor and the bottom of the patient’s bed.

This either can be opened must be made under each bed just above the floor level with the outer air such opening being capable of closure by means of a small sliding door or valve — one or more enclosed shafts passing from the ceiling through the roof and surmounted by a bell are generally provided as outlets for the hot or impure air.

With the question of ventilators we may very naturally consider that of windows. There can be no doubt that open radiating fireplaces are under most circumstances the best adapted for warm purposes not only from the heat they give and the cheerful appearances they present, but from the additional means of ventilation they provide. The chimney affords one of the most powerful extractors, under certain conditions of a good fire and favorable wind 60,000 c.f. of air have been removed by this means in an hour, as a rule.
The first floor place is required for one 15 ft by 30 ft wall of board
length, and these stores may be provided with air chambers
behind as in saloon. Stoves by
means of which warmed air
from outside is admitted into
the wards, should the ward
place at 2 ft in length, stoves
occupying a central position must
be provided. Sometimes it is necessary
to supplement these stoves by hot
water pipes passing round the wards,
these if placed near the ventilating
openings at the floor level will perform
good service in warming the fresh
air as it enters the wards, the pipes
must be fixed from 4 to 6 inches
away from the floor and well in
order to allow the space about them
to be frequently cleaned.

In connection with the ventilation of
wards, it is often to be noted that it is an
admirable plan to raise the floor level
of the wards about 4 or 5 feet above
the general level of the ground. The
pipes, in this way, air is allowed
to circulate freely around the
building, or the ground may be
sunk beneath them a few feet, care
being taken to slope the ground
gently down to the lower level.

Each ward must be provided with
a walk about 6 ft. wide, and between
this walk, street must be placed at
the
The skeletal part of the wall is a building projecting from the main building and separated from the wall by means of a lobby provided with a door leading into the lobby and having means of air ventilation by opening to the opposite side walls. This opening should be such as to ensure their constantly being open, the doors and street way to be placed side by side and should be separated from the lobby by means of a closer partition extending from floor to ceiling which contains back doors leading to each department; the partition separating the lobby from the water closet should not be more than 4 feet high to be not to interfere with the free current of air provided by means of opposite windows. The lobby should be as large as necessary to afford convenient access to the street and should have no fittings of any kind, it being to prevent the direct from the atmosphere of foul air from the closet.

If a window is provided it should be placed in the water closet department but separated from it by means of a partition of thin, or marble, a soft form of material in that in which a thin spray of that of water is thrown out to the letter of
the basin.

The best form of toilet is dehumidifying all further which exists, or the wash out closet in both cases ample provision must be made for ventilation. The soil pipe must be carried full bore above the caves of the building and be joined to the air, below it should be disconnected from the system of drains by means of an Edinburgh, Potti Rake or a Penicillin disconnection plug.

The sink should be provided with a slop sink brush, covered by a flat of, vulcanite working, the elevations which is called the drainer or tap cover, there must be an abundant supply of hot and cold water for purposes of flushing, the waste pipe must be disconnected from the outlet, sever by means of a break outside the building, the liquid is made to discharge upon a plated coving which leads to a pipe, the proceeds the dreams material which are often thrown down passing into the drains and properly setting there and at the same time allows pure air only to pass into the sink department, a good Rake for this purpose is Whitefield's flush rake.

The laundry and Saultforth.
May be the manner be placed at the distal end of the ward - the fixed bath should have its head alone attached to the wall, both its sides being left free for the free easy access of the attendant to the patient - the room should likewise be furnished with two more wash basins, Cunning, two of basins are perhaps the best. The waste pipes from the bath room should open over a patio in the open air and cross ventilation should be provided between the bath room and ward by placing windows in the opposite walls.

In each pavilion, there is an entrance lobby and an office administrative apartment, adjoining the ward is a service room with a fixed window commanding a view of the ward, this room should not only serve as a sitting room for the nurse but as a ward kitchen, for this purpose it should contain a small kitchen where in which articles such as beef, venison, etc., can either be cooked or kept frozen - adjoining this room there will be a smaller apartment fitted up as a dining room with its water supply and waste pipes from the sink arranged on the most approved sanitary principles.
The furniture of the ward should be simple but neat, perhaps not better made of pitch pine finished, but more should be allowed in a ward than is necessary, for ordinary purposes: a central table, a writing desk and chair to suit, bed, water closet, one or more larger chairs, and a cabinet upon which sanitary apparatus can be placed and containing utensils and in case that is required.

The bedsteads should consist of the usual spring bedstead and mattress combined, a thin hair mattress placed on it, a thick cotton mattress, admit of being easily cleaned and washed and the hair mattresses can be easily disinfected in an efficient way.

The gas light provided for the wards should perform the double purpose of lighting and ventilation in the manner of the administrative department. The same formers may be used as in ordinary dwellings.

The water supply should be good and constant. The hospital drains should be connected with the public sewers and provision should be made for systematically flushing these.
It is necessary to provide one or more small wards for single patients which can either be used as private wards or separation wards.

The wards upon the Western side of the Bellevue Hospital are stone buildings, the two longer sides of which face nearly north and south; it contains two stories and a basement. The building stands 26 feet by 22 1/2 feet, and has a shallow gable roof. The walls are internally covered with klinker, and are externally covered with stone ornamentation as the Administration block. The basement contains coal and coal and other cellars and the furnace which heat the first.

The corridors are entered by two corridors the passing from one to another, the two landing from each end of the building and crossing the floor at right angles from a lofty hall lighted by a double skylight, and surrounded by stone archways which support the upper floor. The walls of these corridors are faced to a height of 6 feet above the floor with ornamented white and black glazed bricks, and lines of the same are placed in the white stock brick walls above.
The one side of the west-endual corridor are four private wards, each in sizes from 16' 3" x 13' 6" x 13' 3½; 16' 6" x 13' 4½; 16' 6½ x 13' 4½; 16' 9½ x 13' 4½; and two screened doors. When the attic, fifth floor, is filled with a kitchenette and pantry, it will look a much wider establishment, which second storey have each a fixed window which will command a view of the gutter wards where built. To the other side are added four wards varying in size from 16' 3½ x 13' 0½ x 13' 4½; 16' 6½ x 13' 4½; 16' 9½ x 13' 4½; a bath, a bath room, water closet for the lady, and two water closets for patients. The latter could be reached by means of a passage running off from the main corridor at right angles, and separated from the latter by a linen partition. If they were to contain bathrooms, a little closet, each end of the building, they would consist of six private wards, 31/2 rooms, and a water closet apartment. Here the patients would be located, the others for females.

Three private wards from the measurement above parts are 18', 5½, 217 square feet, and in total capacity for 8, 350 to 8, 351 cubic feet. These are intended for the reception of single patients, or for a couple.
child and twice as mother, or for two children—each ward has a window consisting of two 40cm. square glass panes with iron bars. Two warders sit on a stool and have shoes and trousers. The floor is of polished wood, which consists of a 4cm. thick wooden floor, 4cm. thick with a slight slope to a 4cm. deep water basin. The front of the ward is divided into two sections with a temporary wooden partition. The furniture consists of a single bed, which stands against the wall. The furniture consists of one or more plain chairs, a 4cm. thick marble table, and a stool of the kind known as 'the fee'. The ward is about 3m. wide and 10m. long. All the furniture is of pine and in each ward is a separate 4cm. thick wooden frame. A framed plan of the ward shows the measurements, then showing at a distance the cubic space and area, and the size of the door and bed. The office floor contains a suit, with a ward which from the plan, suspended on the walls are framed to measure 40ft in length and 33ft in breadth. They are 10ft in height to the level plate and 14ft 6in. to the flat ceiling. The inside of the lot, the floor space is 950 ft², and the cubic capacity is 124,200 ft³. These wards are provided with large cement windows, two in
The side wall and the ii. The opposite wall, and two in the one, end wall — air pates are placed beneath each bed above the floor level, and a ventilating shaft placed both in the center of the ceiling through the roof and in correspondence with a cool projectingouver. One of the side walls of one of the large wards is a building containing a bath closet and lift with a hot water closet, and the little intercalating between it and the ward are provided with windows which allow of cross ventilators — the circumference of these wards is similar to that of the private ward — in the center of this floor is a ventilating shaft and a passage connecting the two wards. On the one side of it is a flue to the cemetery lift shaft and hot water — on the other side a stone closet and large ventilating day room being 34 feet long, 15 feet wide, and 14 feet six in the height; it has therefore an area of 410.5 feet and a total capacity of 5535 cubic feet.

The building described under the externally and internally 20 yards, constructed and occupied — all its rooms are known to the
DELANCEY HOSPITAL, CHELTENHAM.
Small Pox Pavilion.

Middleton & Son,
Architects,
Cheltenham.

DELANCEY HOSPITAL, CHELTENHAM.
Small Pox Pavilion.

Male Ward
Private Male Ward
Nursing Room
Male Convalescent Ward
Lobby
Female Ward
Convalescent Ward
Ground Plan.

Middleton & Son,
Architects,
Cheltenham.
foot, the long sides and windows face north and south. The building is traversed by a passage running east and west, on the north side of which is an entrance hall, and two small rooms each being 14 ft. by 13 ft. wide and 11 ft. high. On the south side of the passage are two private walks for single patient having the measurement 12 ft. by 13 ft. and 13 ft. six in. high. A wash room and kitchen, in one, a laundry, larder, and bath, 200 sq. - projecting from the south of the building is a lift and a half. Exterior well ventilated and approached by a lift also provided with doors ventilated at either end of the building is a ward the for ladies and the other for males, each 24 ft. long, 24 ft. wide. The height being 14 ft. six in. the roof of the wall plate and 18 ft. 6 in. the flat portion of the roof near the coroner. They thus have a floor space of 376 feet and a capacity of 47! to later feet, and are intended for four beds, they are provided with 3 windows in one side wall 2 windows in the opposite wall, and one large window 2 in. the outer end wall above
above the open fire place, three windows consist of fixed sashes below and of pivot hung sashes above which are opened by means of a lever. Behind each bed is a partition for the admission of air from the outside. And in the centre of the ceiling is an exhaust which passes through the roof. The fire place are often projecting from the walls. Or the side of a well ventilated room, and boiler, where build are separated from the ward by means of a lobby also provided with good ventilator. The building is warmed by a series of hot water pipes connected with the kitchen, &c.

The outbuildings of the hospital consist of a Smoke pot, wash-house and laundry, a stable for ambulance shed, a general well, stable and laundry for the Scarlet Fever & Adenococcal, two wash, a disinfecting apparatus, horse, a Scarlet Fever ambulance shed, and a mortuary, together with fuel store and the like. Their outbuilding call for but little comment—The general work house ought to be efficiently large for the maximum Grant.
of washing that may have to be done for the hospital, it should be light and airy and have ample room. It should be well fitted up with washing and drying machines, and should be provided with a sufficiently large tub into which water is constantly flowing and becoming heated for containing the clothes to be washed. It is advisable that the washed clothes be dried in the sun, and for this purpose a drying house should be provided near the kitchen and adjacent to it. The washing room should be arranged so that it is separate from the kitchen and the cooking room. The drying room should be separated from the kitchen and the cooking room. The washing machines should be arranged so that the articles to be washed are separated from the articles to be dried. The washing and drying room should be well ventilated.
it is made by Mr. Testing, St. Paul, St. Birmingham.

The backward should be well ventilated and lighted from the top and it should be so constructed that it can be thoroughly cleaned down with water, it should be provided with a proper table sink, ample water supply, shelves, the proper medicine cabinet, either in the dead house passage or perhaps in an adjoining wing as being more convenient.

The sub-buildings of the Dalney Hospital do not call for any special comment. I may however state that the disinfecting chamber is placed beneath the laundry.

Before concluding this part of my subject I thought I'd like to say a word or two about the system of drainage. And I do wish more emphatically because my experience at the Dalney Hospital has been more satisfactory than any other scheme from a want of proper attention to this subject by those who planned the Hospital—claims to be permanently efficient and satisfactory. Require the most careful consideration in every practical. Not only the drainage but the detail must be prepared.

The
The course of the drains must be shown as well as their gradient depth, size and the requisite arrangements for inspecting them, flushing them and ventilating them. All these details should be made to a large scale.

Then on completion the drains should be tested in lengths by plugging the lower end of each length and filling the length of drain with water, if it should fail to hold its full quantity of water, say for 20 hours clearly a leakage exists.

The drains should be laid in straight lines with uniform gradient between the several points where a change of gradient occurs, and at each of these points means of access to the drain should be provided either by a man hole or a lamp hole so that the entire system of drains can be inspected at any moment.
The management of this Hospital is
a question of the greatest possible in-
fantness. And it is evident, too, that
with the efficiency of any out
stitution, will mainly depend
the authority with whose hands the
commission will necessarily vary.
If it be assumed the hospital has been
built by an urban or rural sanitary
authority, it will be under the
control of a committee of such
authority. If by a combination of
urban or rural sanitary authorities
by a joint board of the interested
authorities.

Sometimes the hospital is under
the control of a board of trustees
having power to fill up any
vacancies which may arise
in their body as at Chichester,
at other times it is supported by
voluntary contributions. The
committee of management is
appointed by the subscribers
to certain proportions of whose
interests annually the members
being eligible for re-election.

If this Committee proves
appointed the permanent official
should be responsible.

If the hospital be a large one it
will be necessary to appoint a
Resident Medical Officer, but, as a
rule the best arrangement is to
place
Place the general administrative charge of the Institution in the hands of the Medical Officer of Health, and he should be held responsible for the general working and sanitary condition of the Hospital. There can be no doubt this officer is the most appropriate person for the duty. The Hospital must be looked upon as part of the machinery for the discharge of this health officer for dealing with the prevalence of infectious diseases in the district, and clearly therefore in the sanitary interests of the town. There should be no divided or different authority if the Hospital is under the control of the local sanitary authority. It is obvious, then, that the Medical Officer of Health should have the general charge of the Institution. Whether it is governed by an independent authority, or as at Cheltenham, it is more than ever necessary, for without the very active interest of the Medical Officer of Health it cannot in great measure fail to accomplish the object with which it was created.

The office of Physician in charge or by whatever title it may be designated should however be looked
looked upon as an appointment altogether distinct from that of medical officers and should be separately illuminated.

In order to encourage the admission of all classes of the community both to the public and private wards of the hospital, the patient should be allowed if they wish — at their own cost — to be attended by their usual medical attendant subject to such general regulations as to hospital discipline as may be found necessary. All other patients should be under the care of the physician in charge.

The number of permanent officials which should vary with the size of the hospital and with its case, in some a man and his wife are appointed to act as caretakers and nurses are procured as they are required from some neighboring institute, but in most populous districts where the hospital is in constant or frequent use, some other arrangement is necessary. Taking again the Dorothea hospital as an example, and bearing in mind the necessity which exists for maintaining all department in a state of efficiency and readiness for immediate use, I think it is impossible to work
such an institution, with a less incident staff than:
1. A Nurse, who should be the
incident head of the institution.
2. A both and a housemaid whose
duties should be confined to the
administrative stock, and who should
under no circumstances whatever be
allowed at any time to enter any
of the fever pavilions of the hospital.
3. Two nurses for the Scarlet Fever
Pavilion.
4. A ward maid or Scullion.
5. A Porter, who should reside at
the lodge, he should have charge of
the disinfection department, assist in
the routine work of the administrative
department when required, and
serve in the garden.
6. A Laundress, who may be the
wife of the Porter.
All the official, with the exception of
the Porter and Laundress should
sleep in the administrative stock
and the nurses and ward maid
should be provided with special
uniform for use in the hospital building.
Their official should leave the adminis-
trative stock in a water proof or some
proof of dressing gown which they
should exchange for their uniforms
upon reaching the Scarlet Fever Pavilions.
The Ayerse should be made of some
water resistent material, under no circum-
sation should they be allowed to enter.
The administrative work consisted of duty and then only after leaving a bath and returning the waterproof or other covering cloth. They left the hospital building, leaving their hospital areas behind.

The Medical Officer should visit the hospital every day, and it should be attended to.

The general and medical administration of the hospital is very important that there should be the recognised head of the institution. There must be no divided responsibility to a general hospital. They in post only permanent, but may perhaps be desirable but in a poor hospital where the whole success depends upon a strict and keen attention to detail. It would be hard service to create a local authority. All duties, evacuating and the medical officer must be directly carried out by every official in the institution.

It should be systematically, in the company of the medical, check every department. At least, every day, say, 100 beds and then, those occupied by patients every day by the ward and adjoining offices, such
In their visit, he must be careful to observe every precaution which it is practicable to take. The entering an infected building, e.g. he should put on a coat which will cover up the greater part of his person, and carefully wash his hands and face before leaving the house, with carbolic acid. He should never sit on the bed.

If there be between the patient and the post, not only are these points necessary to observe for the Medical Office of health and protection, but the household will have more, and more likely to be particular themselves in their observance of them. Let them not knowingly or otherwise, and this is frequently for nurses are very apt to become careless of the observance of all important details, mainly because of their daily contact with infected places, without any outward results.

In his dealings with the patient, the Medical Officer will of course undertake the utmost responsibility and treatment of those admitted under his own care, whilst towards those under the treatment of other Medical Officers, this contractor will be very careful that of a similar
Surgeons in a Provincial Hospital, with their patients, he will have nothing to do. Other than seeing that the directions of the Medical Attendants are faithfully carried out, and that all complaints of the patient affecting the general administration of the hospital are attended to.

Suppose a form of their table: Receipts, Papers, Paper for clinical remarks, Temperature chart, Nurse's paper, and Daily Diet. Sheet to use at the Dispensary, for which were introduced when I was a Chief of the Institution.

The diet sheet was very carefully compiled and appropriate. Very clearly I think, a due portion of the various food stuffs. The Receipts, papers, Papers for clinical notes, and Temperature chart were provided for each patient, and when the patient is discharged, carefully preserved and the whole of the entire of papers belonging to the patient admitted during being the year are not all found with the coherence to the folder of their letter Coolness, and then a complete record is kept of every patient admitted.
into the hospital — the letters in which these papers are bound correspond to the order of admission of the patient in the official admission book.

The nurses are trained to take the necessary note, temperature, etc. and it is part of their duty at the Infirmary Hospital to enter the notes on the papers.

I append a leaf of the official admission book introduced by me at the hospital which I think would every requirement. An addend is provided which facilitates reference — it would be the medical officer duty to keep the or a similar register.

The nurse should be considered as the principal head of the hospital. When the medical officer resides the should have control over all nurses and servants, and generally maintain discipline and order in all departments. The should purely consult with the medical officer as to the engagement and dismissal of nurses and servants, and in reference to all questions affecting the efficient working of the hospital, at the same time, every effort must be made by the medical officer to give
importance to her office and in
its doing accurate proper respect
of her authority.
The thorough
visit this hospital in all its
departments, every day, and
the ward, occupied by patients,
at least twice a day. Other
than the times she visit them in company with the medical
officers, at each visit, she
must observe the precautions
here mentioned to prevent
infection.

The nurses, must, be intelligent
with education; first classified
withals, they must before
the discipline in their wards,
take accurate notes of the
patient, condition, and daily
intake thereof in the proper paper.
They must see the meals, are
properly and punctually
served and make immediate
complaint to the section of any
infraction of the diet, they
must at all time observe
every precaution to prevent
the spread of infection, and
for this, it was deemed upon
absolute cleanliness in all
details; all dust free. The
occupying of the ward, all particles
of food left by the patient. It
should be burned. It should
else that all dirty linen is clean.
At the beginning of every morning, that the patient shall be made comfortable in the hospital than are necessarily required; and that every attention is paid to the ventilation of the wards, and passages — if the nurses write of communication with the administrator, or if any communication is made to the nurse from the administrator, it can be done either by the help of a telephone or by providing a bell in each building, which when rung will call the nurse or the housemaid to the door. As the case may be, then patients are leaving the hospital. The nurse should see that the leaving apparel is properly disinfected, that the patient has a bath and after putting on the disinfected clothing is a dressing is then provided for the returning immediately. Leaves the building — the comb hair brush, and with which used by the patient must in all cases be burned. Each patient's bed is covered with a coverlet and constant great distance and separate from each other — to some distance. This rule for patients is enforced for some time at the beginning.
When at ease I found it had been admitted for nearly two years, without a cause it would be clearly arrived to keep a permanent staff, when engaged it is better to secure a service from a neighbouring Fever Institute. The building can be attended to by the Fever Spital. The building to the evening and evening at night. While the ward must from these further can keep it clean and ready for immediate use, but of course when a patient is admitted it working staff must as well become absolutely distinct and separate.

The Ballengers should deliver their ports at the spot, and here should be kept a visitor both giving the same and also of every coming to the Hospital. A patient admitted both should also keep them (i.e., the former annulled) giving the daily condition of the incision for the information of friends. The rules in force at the Albemarle Hospital for regulating the visiting of patients are as follows:

1. The visiting of patients in this Hospital will be limited to the nearest relatives.
relative, and intimate friends of patient dangerously ill. The visit will be allowed daily to each of such patient. Such visit can only be made with the permission of the Medical Officer and will be limited in duration to a quarter of an hour except in very urgent cases. Their number will be limited and the

character of the visit may be extended.

2. Notice will be sent to the relative of such friends of patient dangerously ill in advance that they may be visited.

3. Notice will be allowed to see their children through the windows on Monday, Wednesday, and Saturday afternoons from 5 to 8 but it is requested that their visits be as brief as possible.

4. Visitors are warned that they have great risks in entering the hospital.

5. Visitors are advised

a. Not to enter any of the wards. Those in a ward of a death, to use an

isolated entrance.

b. To start a good before entering the hospital.

c. To avoid touching the patient or leaving themselves in the breath of the emanations from the same.

d. To sit or a chair at the bedside at some little distance from the patient and not to handle the bed clothes.
6. Visitors will be required to wear a wrappur (provided at the Hospital) to cover their heads when in the wards, and to wash their hands and face with carbolic soap and water before leaving the Hospital.

7. Visitors are strictly required to enter any public conveyance immediately after leaving the Hospital.

The chances of infection being transmitted from Hospital to adjoining houses was a matter which Mr. P. Jones investigated as the cause of his inquiries in 1870. He found no evidence of any spread of carbolic fever, phthisis or dyspeptic fever, but they suspected there was some in the case of three men who died at the infirmary and at

...it appeared that disease had spread to the neighboring houses, to a considerable number by the Tower into the case of the death of Mr. John at 80, where there seemed to be no apparent disease, which had

...emanated from the infirmary there.

In conclusion let me lay one word on the prejudice which exists on the part of many to regard these institutions as a useless and a

...will regulate its constitution. That it will be found by experience that
no difficulty will be found in getting the better classes to avoid themselves of it, but for themselves in it the care with the poorer classes need not be the class whose sufferer it is most desirable to obtain for判决 should be stayed in the way by exacting payment for then, any charges that might be incalculable should be the case of the first to be wholly borne by the local sanitary authority, it never always be remembered that fearful suffering from infectious disease are almost entirely for the good of the community and the community. Therefore should bear the expense which is generally only enough to cover the maintenance of the patient, and while the patient are confined in the hospital every attempt should be made to make their stay pleasant. They should be plentifully supplied with papers, periodicals and amusement of various kinds. In this way the objection of money will be overcome, and the patients discharged from time to time, only too ready to bear the thinking returning to the efficiency and comfort which has experienced during their enforced existence.

[Signature]
To my friend Dr. The case of the local government Kotak for his kindness in allowing me the use of the foregoing diagrams.

In the appendix I show the effect of the Kotak on the bed which was devised by the for the use of the Kotak.

To the bed it can be easily calculated the average number of days the patient remained in hospital after his removal from patient.
THE DELANCEY HOSPITAL,
LECKHAMPTON, NEAR CHELTENHAM.

DIETARY TABLE.

MILK DIET.

<table>
<thead>
<tr>
<th>Breakfast, 7:45 a.m.</th>
<th>Dinner, 12:45 p.m.</th>
<th>Tea, 4:45 p.m.</th>
<th>Supper, 7:45 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread, Four Ounces.</td>
<td>Fish, Eight Ounces</td>
<td>Bread, Three Ounces.</td>
<td>Bread, Three Ounces.</td>
</tr>
<tr>
<td>Tea, Quarter Ounce.</td>
<td>Potatoes, Four Ounces.</td>
<td>Tea, Quarter Ounce.</td>
<td></td>
</tr>
</tbody>
</table>

CHILDREN UNDER TEN YEARS OF AGE:

<table>
<thead>
<tr>
<th>Bread, Four Ounces.</th>
<th>Fish, Five Ounces</th>
<th>Bread, Three-Ounces.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, One Pint.</td>
<td>(cooked, Fresh Fish).</td>
<td>Milk, Half Pint.</td>
</tr>
<tr>
<td></td>
<td>Milk, Half Pint.</td>
<td></td>
</tr>
</tbody>
</table>

MEAT DIET.

<table>
<thead>
<tr>
<th>Breakfast, 7:45 a.m.</th>
<th>Dinner, 12:45 p.m.</th>
<th>Tea, 4:45 p.m.</th>
<th>Supper, 7:45 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk, Quarter Pint.</td>
<td>(cooked and without</td>
<td>Milk, Quarter Pint.</td>
<td>Milk, Half Pint.</td>
</tr>
<tr>
<td>Tea, Quarter Ounce.</td>
<td>bone).</td>
<td>Tea, Quarter Ounce.</td>
<td></td>
</tr>
<tr>
<td>Sugar, Half Ounce.</td>
<td></td>
<td>Sugar, Half Ounce.</td>
<td></td>
</tr>
</tbody>
</table>

CHILDREN UNDER TEN YEARS OF AGE:

<table>
<thead>
<tr>
<th>Bread, Four Ounces.</th>
<th>Meat, Four Ounces</th>
<th>Bread, Three Ounces.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Milk, Half Pint.</td>
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</tbody>
</table>

DIRECTIONS FOR MATRON.

BEef Tea.—1 lb. of lean meat without bone to the Pint.
Strong Beef Tea.—2 lbs. of lean meat without bone to the Pint.
Chicken Broth.—One Chicken to each Pint.
With Sweetbread, Sole, and Chicken, give out as for Fish Diet.
With Chop and variety, " Meat Diet.
One Egg and half a Pint of Milk are allowed for each Custard and Pudding.

1st January, 1883.
<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Year</th>
<th>Number</th>
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</table>

Cory of Indian River. Names alphabetically arranged.
<table>
<thead>
<tr>
<th>Name</th>
<th>Residence</th>
<th>Remarks</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Names</td>
<td>M. Name</td>
</tr>
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The Delancey Hospital.

DR. ROBERT SMITH.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Disease</td>
<td></td>
</tr>
<tr>
<td>Date of Admission</td>
<td></td>
</tr>
<tr>
<td>Date of Discharge</td>
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<table>
<thead>
<tr>
<th>DATE</th>
<th>DIET AND EXTRAS</th>
<th>TREATMENT</th>
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<td>Name</td>
<td>Date</td>
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</tr>
<tr>
<td>Slept</td>
<td></td>
<td></td>
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<tr>
<td>Delirious</td>
<td></td>
<td></td>
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<tr>
<td>Bowels Open</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening Temperature</td>
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</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration</td>
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<td></td>
</tr>
<tr>
<td>Took Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine given at</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Slept</td>
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<tr>
<td>Delirious</td>
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<td>Bowels Open</td>
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<td>Passed Water</td>
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<td>Morning Temperature</td>
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<td>Pulse</td>
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<td>Respiration</td>
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<td>Took Food</td>
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<tr>
<td>Medicine given at</td>
<td></td>
</tr>
<tr>
<td>Admitted</td>
<td>Name of Patient</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>188</td>
<td>Occupation</td>
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<table>
<thead>
<tr>
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<th>Disease</th>
<th>Duration before Admission</th>
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<th>Result.</th>
<th>Primary</th>
<th>Secondary</th>
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**Clinical Abstract of Case.**
<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Ward</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
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</tbody>
</table>

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