

Arabian subjects dependent upon the pilgrims, of their livelihood. It means also the loss of great moral influence to the Sultan; for the pilgrims, many of whom are men of high character and education, cannot but mark the difference between the system of administration in the dominions of the Sultan and that of the country they come from. The contrast, even after making due allowance for all circumstances, must tell unfavourably against the prestige of the greatest Moslem monarch upon earth. The thinking Moslem who visits Arabia, the fountain-head of true religion and the birthplace of the greatest moral teacher of the world, is moved to tears at its present condition. It is in the interests of humanity and Islam, no less than in those of Turkey and her ruler, that the insanitary condition of the Moslem holy places, and the hardships which the pilgrims have at present to undergo, should be at once removed. The pilgrims ask nothing but the bare necessities of human existence and the most essential rights of citizenship, namely, pure air, pure water, and security of life and property. Shall they ask for them in vain?

THE POWERS OF SANITARY AUTHORITIES AS TO ISOLATION AND QUARANTINE.

THE Wolverhampton board of guardians have recently censured the Willenhall local board in respect of the non-provision of means for the isolation of cases of infectious disease arising in their district. The statement was made at the meeting that as a result of the absence of an isolation hospital, sufferers from small-pox had had to be treated at home, with need as a further consequence for money payments by the guardians to the relatives of the patients, since all the inmates of the infected houses had been prevented by the sanitary authority from earning their living. Unless the compensation thus paid was on account of actual destitution following on the action of the local authority in placing the healthy inmates in "quarantine," we fail to see under what legal power the payments were made. Moreover, if the local board have been thus quarantining healthy persons, under what authority has the course been taken? The facts before us do not make these points clear.

But on the main question at issue we are entirely at one with the Wolverhampton guardians, namely, the duty of the local board to have been in readiness to secure the prompt isolation of all cases of infectious disease occurring within their district. If, as the facts seem to indicate, the inaction of the local board has in the present instance had the misfortune to pauperise persons by reason of the sanitary authority's insistence on their remaining idle during the progress of treatment at their houses of small-pox cases, then the matter assumes an even more serious aspect.

On the other hand, the powers of local sanitary authorities in respect of hospital provision are ample and full. Under Section 131 of the Public Health Act, 1875, a local authority can provide, either by itself or in combination with one or more adjacent authorities, a hospital for the isolation of cases of infectious disease. Sanitary authorities can also, and preferably, form united districts under Section 279 of the same Act. In many ways the constitution of a joint board under the last-named section is a plan which should commend itself to such local bodies as are desirous of making hospital provision in the best possible manner and in the most economical way. Authorities have an absolute discretion in the matter of the description of hospital to be erected, but they will be well advised if they proceed to the business in a manner calculated to spare overburdening the local rates, and to this end to secure the ready help of the Local Government Board in relation to sanction to a loan for the amount necessary to defray the cost of site and hospital buildings. Willingness to provide a hospital on the lines of the model plans set out in their official memorandum on "Isolation Hospital Provision," at the rate of one bed for each 1,000 of population on a well-chosen site, or at least some smaller beginning, with an administrative building sufficiently large to adapt itself to a hospital afterwards to be extended to such dimensions, will be the truest measure of economy, and by securing the distribution of the cost over a number of years make the burden but little felt. All expe-

rience is to the effect that when once a permanent hospital has been erected there is but little, and ever-decreasing, difficulty in leading people to seek the benefit of its use. Especially is this the case when, as we would desire to see universal, the institution is free of charge to all comers, who, as matter of fact, are isolated quite as much for the public good as for their own benefit.

In the matter of what we may term "domestic quarantine" we can find no legal power conferring upon a local authority the right to compel healthy persons to submit to the ordeal, nor can we discover the power which permits local bodies to compensate individuals for loss sustained by reason of this quarantine. What we have found, however, is that a Statute of George I, 1721, enacted that in case an infected person quarantined in the pest house "shall actually escape out of such . . . house, lazaret, or other place where he or she shall be so placed for performance of quarantine before he or she shall have fully performed the same he or she shall be adjudged guilty of felony and shall suffer death as a felon without benefit of clergy." This statute was repealed by the Statute Revision Act of 1867. There is, however, no question that sanitary authorities, particularly those having jurisdiction in boroughs, have largely availed themselves of a knowledge of the fact people will oftentimes submit to that for which there is no legal necessity. This method of treatment has, however, no legal standing, and can only be defended on the ground of the end held in view and justified by the docility of the population thus dealt with.

A local board, proceeding on the "Leicester system," would doubtless place itself in a position of difficulty by reason of the absence of power to make money payments to persons who, in response to its request, had voluntarily gone into temporary durance, because of infection of one or more members of their family.

So, too, in the matter of nursing, sanitary authorities often seek to employ trained nurses, in the absence of hospital accommodation, at the homes of the infected sick, only to find that they have exceeded their powers, as, although they can provide nurses and all necessities in a hospital, they are precluded from doing so outside such an institution. To rely upon the Poor-law authorities for aid in the matter of compensation involves the pauperisation of the working classes; something that should be altogether below the thought of those responsible for the public health. The power of guardians in the matter seems to be limited to cases of destitution, unless the money granted be in the nature of a loan.

One power which sanitary authorities are possessed of is that of providing shelters for households which have to leave their homes on account of necessary disinfection; and, indeed, the provision of such shelters is obligatory when the Infectious Disease (Prevention) Act of 1890 has been adopted. Another very useful power is that of erecting, in connection with the hospital, one or more "quarantine" or observation wards, where cases of doubtful nature can be kept under special notice until the character of the illness is certain. Such a measure of precaution will not infrequently be productive of good, not only to the individual in question, but also to the inmates of the ward to which he would otherwise have to be relegated.

We have refrained from touching on the much vexed question of small-pox isolation, since the difficulties inherent to the safe isolation of this disease have never yet been satisfactorily overcome, and the malady is one calling not only for strict isolation of site, but also for sole use for small-pox of the hospital buildings at a time when that disease is making calls upon the hospital.

A MEETING is to take place at Salcombe to consider the proposal to erect a memorial to the late Dr. Alfred H. Twining.

THE Medical Faculty of the Catholic University, Dublin, have nominated Professors Roch and M'weeney as their delegates to the International Sanitary Congress at Buda-Pesth.

MEDICAL MAGISTRATES.—Dr. J. J. Hopkins has been appointed a J.P. for co. Galway; Dr. Wm. Delaney and Dr. P. F. Colgan each a J.P. for co. Carlow; Dr. C. J. O. L. Maguire a J.P. for co. Mayo; and Dr. J. Harrington for co. Kerry.