

Annotations.

PRECAUTIONS AGAINST FIRE IN THE HOSPITALS.

The arrangements, or lack of arrangements, in hospitals and homes devoted to the care of the sick are a matter of vital concern, for it is certain that if there is any defect in the provisions made the loss of life in the case of fire would be terrible to contemplate. In some hospitals considerable precautions are taken; hydrants are provided outside each of the wards, fire-escapes are placed in position in the higher parts of the building, and at regular intervals fire drills are held in which members of the nursing and domestic staffs take part. Yet in the case of many patients it would be obviously impossible to secure their safety by way of a fire escape, and, this being so, this means of safety is practically non-existent for the nursing staff, for no nurses would allow their patients to perish in a burning building without staying with them. It is a question for grave consideration, therefore, whether some further precautions cannot be devised for the safety of the sick in institutions of this nature. Certainly no stone should be left unturned by those responsible to provide the most up-to-date life-saving appliances.

FEVER ACCOMMODATION FOR METROPOLITAN PATIENTS.

The question of the necessity for increased accommodation for fever patients was discussed at the last meeting of the Metropolitan Asylums Board. In November last the Clerk to the Board submitted to the Managers a memorandum on fever hospital accommodation, the conclusions he arrived at being as follows:—

“(a) That the Board should be in a position to deal with 20,000 cases of scarlet fever a year, and that, to enable them to do so, and allowing for isolation beds and beds unavailable from various causes, 5,700 should be the minimum number of beds, provided. (b) That, from actual experience, 1,800 beds, and probably 2,000, should be provided for cases of diphtheria. (c) That the Board should possess 7,500 or 7,700 beds for scarlet fever and diphtheria cases and the isolation and separation wards connected therewith, without making any allowance for enteric cases or providing for increase of population. The permanent fever hospital accommodation existing and projected was 6,078.”

This memorandum was referred by the

Asylums Board to the Hospitals Committee “with instructions to consider and report to the Board what action, if any, ought to be taken upon the facts therein disclosed.”

The Committee in their report stated that the present number of beds in the Board's hospitals did not represent the actual beds available for the treatment of scarlet fever, diphtheria, and enteric fever cases. At each hospital a certain number of beds must be reserved for isolation purposes, and could not therefore be reckoned as available. At the present time 463 beds were reserved for isolation and 196 for plague. In conclusion, they recommended—

“(a) That, in the opinion of the Managers, additional accommodation is required for the isolation of fever and diphtheria cases; and (b) that it be referred to the Hospitals Committee to make inquiries with a view to the acquisition of more land for hospital purposes, and to submit a scheme to the Board for their consideration.”

After considerable discussion, an amendment was carried that the matter should be referred back to the Committee for further consideration and report, with instruction to report as soon as possible.

AN EXPERIMENT IN BOVINE TUBERCULOSIS.

How far is it right to imperil one's life in the interests of the community? Dr. Garnault, of Paris, evidently thinks that it is justifiable to go the whole length. It will be remembered that at the British Congress on Tuberculosis last year Professor Koch expressed the belief that bovine tuberculosis was not communicable to human beings. Dr. Garnault within a fortnight offered his own body for inoculation in disproof of the theory. Professor Koch refused to accept the challenge, and Dr. Garnault then said that if Dr. Koch would not inoculate him he would inoculate himself, and this he has now done. The operation was performed as follows:—Having blistered his fore-arm on the previous night, he scraped open the blister and applied to the open wound a poultice made of the glands of a cow which had been condemned for virulent tuberculosis. For two hours the poultice was left on the wound, nor was the arm subsequently washed or dressed. Dr. Garnault is now waiting results. Should he develop consumption he will place himself under the care of Dr. Theodore Smith, of Boston, an expert on tuberculosis.

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