

### Annotations.

#### A GLASS HOSPITAL.

The City Council of Philadelphia has appropriated £20,000 for the erection of a new hospital for consumptives. It will consist of eight large pavilions with a framework of steel, and with walls and roofs entirely of glass so that the patients will have the benefit of the maximum amount of sunshine obtainable. There will be accommodation for 500 patients who will be assigned to the various pavilions according to the stage of their disease. Isolation for each patient will be practically effected by a novel system of ventilation and the constant generation of ozone. There will also be static electric batteries in each pavilion for the purposes of invigorating the air and destroying all the germs of tuberculosis. The air breathed by the patients will be similar to that found at high altitudes, which is a deadly foe to tuberculosis.

This will, however, not be the first time this plan has been tried, for in England, this system has been on its trial for some months at the Oxygen Hospital, Fitzroy Square. It is too early yet to speak of results, but, if the experiment is successful it is only right that the credit of it should not be lost to the Old Country.

#### FRESH AIR IN WORKSHOPS.

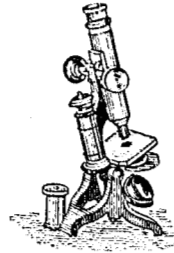
The Council of the National Association for the Prevention of Consumption and other forms of Tuberculosis has issued a letter calling attention to the need of sufficient ventilation in work places.

There is little doubt of the timeliness of this letter, for although we have inspection of factories and workshops, and certain regulations as to a supply of fresh air, it is the minimum rather than the maximum amount which is enforced, and the average British man and woman are curiously averse to adequate ventilation, preferring to breathe expired air, over and over again, rather than to sit with open windows.

The Council of the above Society believes that if a liberal supply of fresh air is provided in workplaces there would be a great reduction in all kinds of lung diseases, and that employers will speedily be compensated for any expense they may incur in providing it, by the increased power of their workpeople. They also quote the decrease of tuberculosis in the navy since an improved condition of cabin ventilation has been in force.

### Medical Matters.

#### DIRECT INTRODUCTION OF PURGATIVES INTO THE LARGE INTESTINE IN CASES OF OPERATION FOR SEPTIC PERITONITIS.



Mr. A. Marmaduke Shield, F.R.C.S., of St. George's Hospital, draws the attention of the medical profession, in the *British Medical Journal*, to a method which he believes to be of great utility in the surgery of septic peritonitis—the direct introduction of purgatives into the intestines at the time of operation. He writes: "It is not too much to say that in many of these cases the patient's life hangs on the possibility of overcoming the paralytic obstruction and the free evacuation of gas and fæces. The worse the case the more difficult is this to bring about, since the patient vomits everything he takes by the mouth.

"I have hitherto only used this method in cases of perforative appendicitis, and here the performance of the injection is very simple. The nozzle of a small syringe—the hydrocele-injecting syringe is a convenient form—is introduced into the "stump" of the appendix, and a solution directly thrown into the cæcum. Three drachms of magnesium sulphate, with ten drops of tincture of nux vomica, and a drachm of glycerine in an ounce of water is the formula I have generally employed. Two hours afterwards a turpentine enema is given, and the result has been excellent.

"I have employed this method in five bad cases of septic peritonitis associated with perforative appendicitis. In every case the results have surprised me. And though the number is too small for a pronouncement as to the establishing intracæcal purgatives as a definite line of treatment, yet the cases are sufficiently striking to justify me in urging a trial of it upon my professional brethren.

"It is obvious that in other cases the solution could be easily and safely thrown into the colon by means of a hypodermic syringe obliquely introduced. Further experience may elicit better purgatives than magnesia. The amount of magnesium sulphate is difficult to estimate. In one very bad case I introduced four drachms, and I think the dose should be proportioned to the age of the patient and the extent of the peritonitis."

[previous page](#)

[next page](#)