

subjects tell their own tale and present the characteristic picture of intense photophobia, profuse lachrymation and marked spasm of the orbicularis; and a careful examination should always be made even if an anæsthetic be required. The point is to make out the corneal disease and regard it as the more important and to be first subdued, as by 1 to 2 per cent. solution cocaine with $\frac{1}{2}$ per cent. atropia sulphate and 2 to 3 per cent. acid boracic; any conjunctivitis persisting to be treated later.

Akin to phlyctenular disease and of several weeks' duration is the so-called fascicular keratitis, a linear ulcer which creeps slowly from the edge of the cornea and if not arrested by destroying its infected apex by means of the glowing wire, pure carbolic, ect., may leave a cicatrix across the pupil.

In another form of keratitis, the vascular, the diagnosis is often astray and treatment defective because the lids are not everted and the efficient cause, chronic conjunctivitis, detected. In nearly all cases of corneal inflammation it is a good rule to find out the state of the palpebral conjunctiva.

THE JOHNS HOPKINS HOSPITAL.

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PROBABLY the strongest impression which the average visitor to the Johns Hopkins Hospital at Baltimore will carry away with him will be that produced by the large-hearted scale on which it has been designed and carried out. Especially is this idea suggested by the magnitude of the basement and working portion in proportion to the space to be actually occupied by patients. There are evidences on every hand of an intention that the structure should be as complete and perfect as the present state of knowledge on the subject of hospital construction could make it. It is also obvious that means have been provided to carry out that intention with a liberal, or even a lavish hand. At the same time a wise discretion has been exercised in leaving unbuilt for the present a portion of the whole plan or scheme. The pavilion system, which has been adopted, affords opportunity for doing this without, in any way, impairing the efficiency of the completed portions. When these portions have been subjected to the test of practical use for some time, it may be found from the experience thus acquired that modifications or changes in many points of detail would be necessary or

desirable, and these may be made in the portions yet to be erected.

The general plan, however complicated it may appear to the uninitiated visitor, is really very simple, and very well adapted to the site. This is a block of land nearly square in shape, surrounded on all sides by streets and occupying an elevated position in the suburbs of the city. It has thus ready facilities for drainage and a good exposure to the sun and winds. The main lines of the plan form a double L, running round three sides of the square. Some few buildings, such as the mortuary and chapel (the latter not yet built) occupy detached positions, but most of the blocks occupy positions on this line. The administrative and entrance building, with its high tower, occupies the centre of the cross arm, and forms the central and most prominent feature in the group of buildings. From it a wide corridor runs each way across the front of the lot, then turns at right angles along the north and south sides to the rear. This corridor is continuous on the basement floor, and runs through all the buildings, with branches running out here and there to the nurses' home, kitchen, operating theatre, out-door dispensary, and other outlying blocks, and extending forward at each end of front to the two pay-ward wings. On the ground floor level the roof of this corridor forms an open, uncovered gallery, providing communication between the different blocks, while it leaves them separated so far as the conveyance of infection from one to another is concerned. Most of the ordinary wards are but one story in height, in addition to the basement, although the blocks containing the pay-wards, and one with wards on the much discussed octagonal plan, are three stories in height. The construction is fire proof.

The heating and ventilating arrangements are particularly interesting to those who are conversant with such matters. There is probably no other building on the continent in which the systems adopted here have been carried out on so extensive a scale. The heating is effected by indirect radiation from coils of hot water pipes, and the ventilating by exhaust flues, in which a current is induced by coils of steam pipes placed in them. Fans are not to be ordinarily used either to force warm air in or to draw the vitiated air out. Brick flues or shafts are carried up from the basement at the sides of the wards. Those for heating terminate a little above