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# THE HOSPITAL WORLD

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No. 5

## CONTENTS

### EDITORIALS.

	Page
The Hospital and the Medical Profession .....	137
Hospital Employees .....	139

### ORIGINAL CONTRIBUTIONS.

Effects on Prognosis on the Manner of Administration of Anesthetics. By P. E. Doolittle, M.D., Toronto.	142
The Work of the Staff. By Patience Eiseniers .....	144
The Hospital From a Patient's Standpoint, By Patience Eiseniers ....	146
Hospital Eats. By Patience Eiseniers	148

### SOCIETY PROCEEDINGS.

American Hospital Association ....	151
------------------------------------	-----

Page

The Operating Room Building of the Henry Ford Hospital. By John N. E. Brown, Medical Superintendent, Henry Ford Hospital, Detroit, Mich.	157
Why Nurses Grow Grey .....	161

### CANADIAN HOSPITALS.

The Edith Cavell Memorial .....	163
Opening of the Spadina Military Hospital .....	164
Urges Changes in Canadian Military Hospitals .....	168
A Deaconess Hospital for Toronto..	169

### WAR HOSPITALS.

Historic Place for Maimed—Clarence House a Hospital .....	171
---	-----

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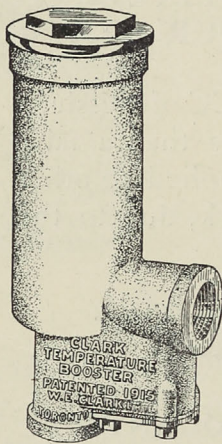
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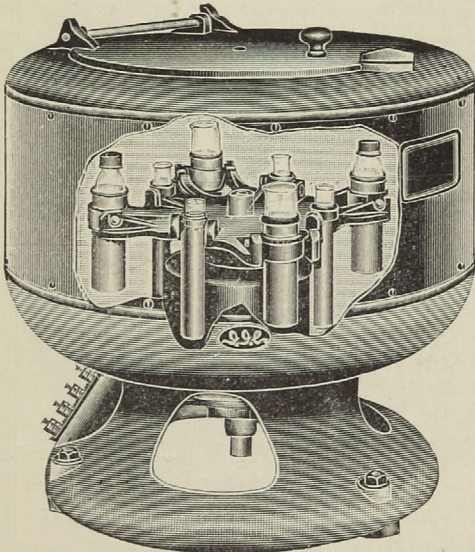
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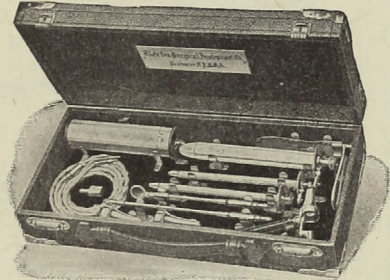
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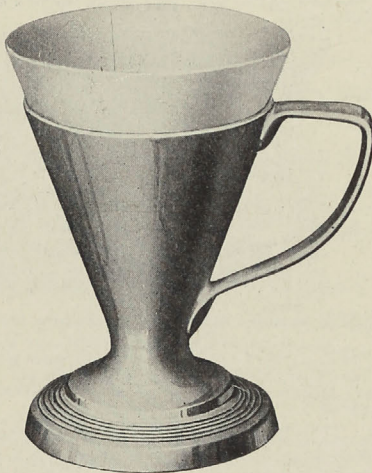
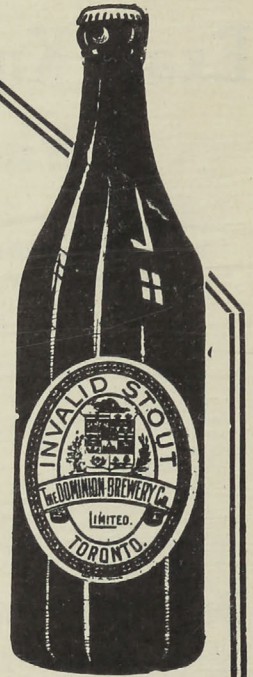


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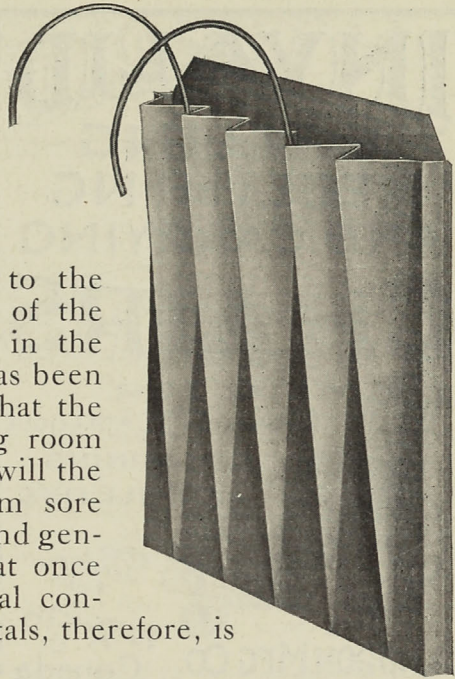
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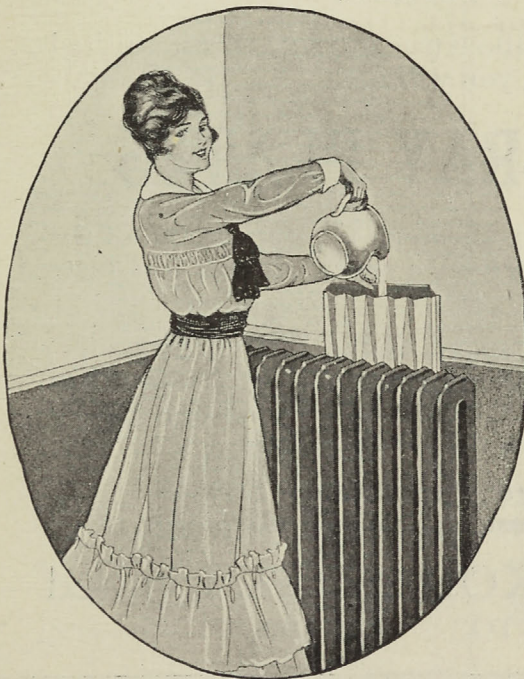
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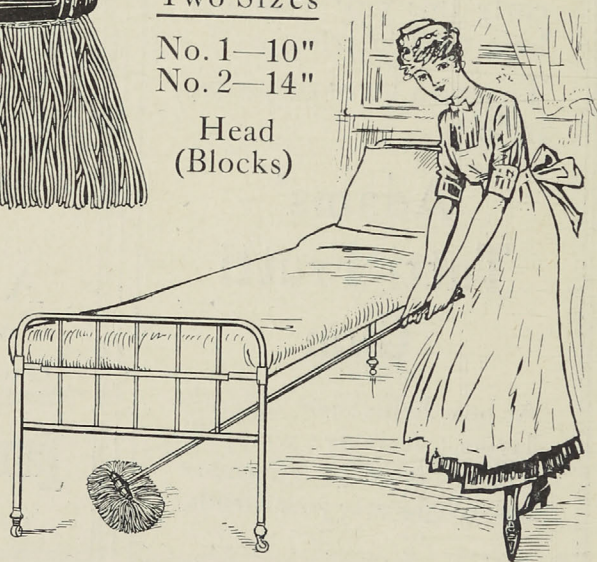
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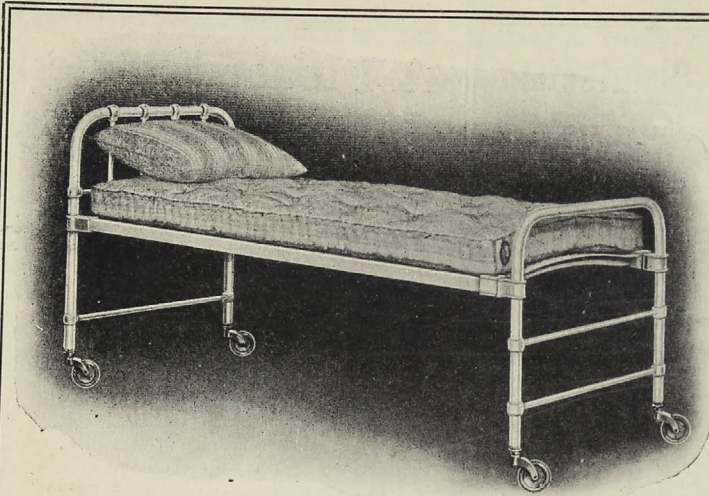
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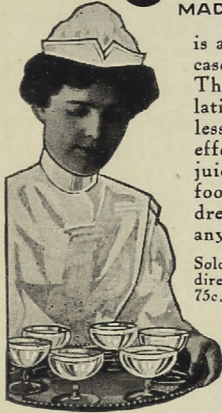
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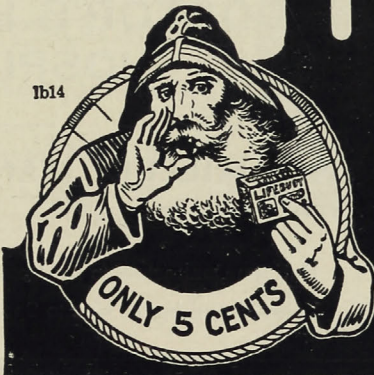
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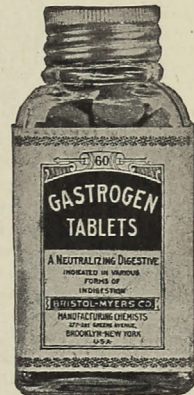
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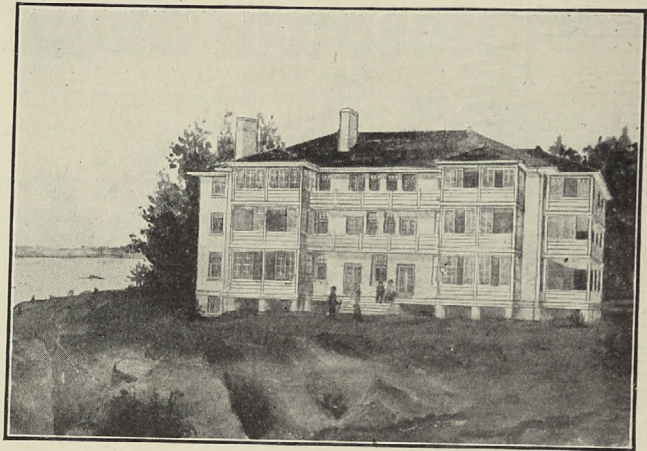
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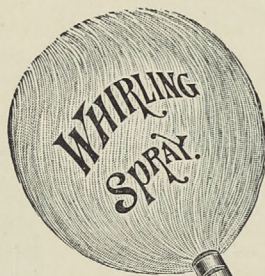
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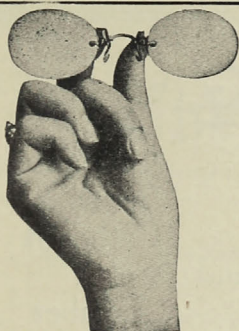
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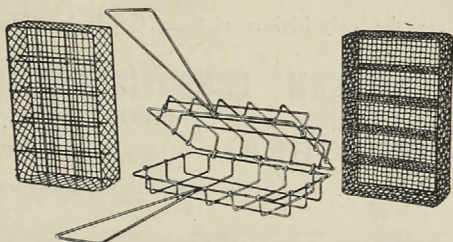
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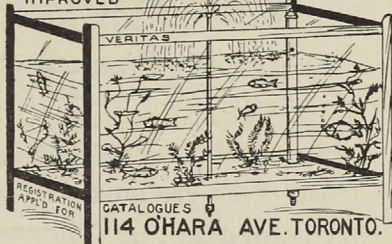
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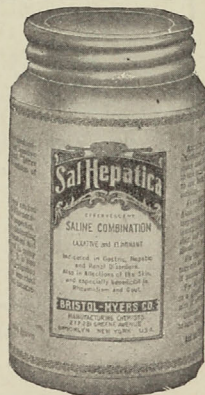
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# The Hospital World

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No. 5

## Editorials

### THE HOSPITAL AND THE MEDICAL PROFESSION

IT IS high time the hospitals and the medical profession began to do something in respect to their relationship. For many years would-be leaders in the



profession have jostled one another in order to secure appointments on some hospital staff. Hospitals have chosen men for their ability as practitioners, and men at the same time who would bring wealthy members of their clientele to the private wards of the hospital.

That class of patients whose payments for services rendered visibly swells the hospital income are welcomed by the hospital management as an offset to the loss sustained in caring for the patients who pay less than the per capita daily cost. The doctor who is able to bring the former class to the hospital to any extent is too quite often given a staff appointment in preference to a better man.

It is most unfortunate that many hospitals are not able to choose first-class men without regard to anything except professional skill and standing.

The time is arriving when the qualified man will no longer give his services gratis to the hospital; the lawyer does not; the butcher does not; nor does anyone else except, possibly, the chaplain, whose duties are very light.

Hospitals should give their physicians and surgeons a *quid pro quo* for services rendered, and it is time medical societies considered the question of remuneration and that the profession decided unitedly to demand pay for its work. It is only fair to themselves and their families.

The majority of medical men earn only a moderate income. They are obliged to keep up appearances; have a good house; well-appointed offices;



and complete modern equipment (which alone means a large expense). They need vacations, and regular trips to large medical centres for post-graduate work are absolutely essential.

All these things cost money, and the community the doctor serves should properly remunerate him for the service he gives.

House officers have always worked hitherto for the experience gained. We are glad to note they are coming slowly to their own in the matter of remuneration. A number of hospitals are allowing internes \$200 and \$300 a year in addition to living expenses. This is inadequate. After five years of heavy expenditure in securing his medical education an interne needs money and deserves a fair salary. His case should be considered together with that of his senior by the medical associations when this important and vital subject shall be considered by them.

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### HOSPITAL EMPLOYEES

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HOSPITAL employees should not be permanently engaged until they have been examined physically by a competent member of the medical staff. A report of the examiner should be filed.

The head of the department should send to the superintendent a slip containing the candidate's name, the department in which employed, date of commencement of work, address, place of last employment, whether previously employed in the hos-



pital, rate of pay, age, whether married or single or divorced, number of dependants and financial status.

The employee should be well paid, have his work definitely assigned, be properly supervised and kindly treated. He should be informed that he will be promoted in rank or given an increase in pay if his work is satisfactory.

It is pleasing to learn that certain hospitals are providing pensions for employees who have given long and faithful service. In the majority of hospitals the transient tenure of office of the average orderly or cleaner is painfully short. Small pay, inconsiderate usage, and general restlessness are the main causes. Such a condition of affairs is bad for the hospital and bad for the worker.

Since the work in a hospital carries a peculiar strain, employees should be encouraged in every possible way. In addition to good pay, they should be provided with comfortable quarters, recreation rooms, eight hours of work daily, at least three weeks' vacation yearly, and considerate treatment generally from their superiors.

In case an employee is discharged or asks for his discharge a slip should be handed in containing the date, name, department, rate, statement as to whether services were good, medium or poor, and the reason for the retirement.

It is desirable that every head of department carefully consider the matter of discharging any employee under his jurisdiction. Before doing so it would be well for him to give the employee every



opportunity to make good. If he finds the individual inefficient, or careless, or incompatible he should endeavor in a firm and kindly manner to teach him to do better. That failing, he might recommend his transfer to another department for which perhaps he has expressed preference or where he will come into a changed environment in the matter of fellow-workers or chief. This is often a successful move.

The head of a department should remember that the worker is his brother. He cannot go far wrong if, in dealing with a subordinate, he always keeps in mind the Golden Rule.



## Original Contributions

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### EFFECTS ON PROGNOSIS ON THE MANNER OF ADMINISTRATION OF ANESTHETICS \*

P. E. DOOLITTLE, M.D., TORONTO.

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"The operation was successful, but the patient died." This dig at the surgeon is sometimes misdirected, and occasionally it might be changed to, "The surgeon was skilful, but the anesthetist was not, and the patient died." In grave operations on patients already weakened through prolonged illness or septic absorption the shock of the anesthetic may be the determining factor that turns the tide against the patient. The patient with a short, thick neck who, under ether, chokes up under the combined effects of abundant mucus secretion and a nearly closed glottis, suffers from partial asphyxiation, which in a prolonged operation adds greatly to the chances against recovery. So also the same patient who is alternately asphyxiated and resuscitated gets a series of shocks that add to the danger, while the delay to the surgeon by these alternating conditions further prolongs the operation and adds to the danger. When such a condition arises, the change to chloroform will usually promptly check the secretions and permit the surgeon to quickly complete his work, to the great advantage of the patient's chance of recovery.

And not only is it a case of danger to the life of the patient, but in some operations the behavior of the patient subsequent to the operation determines its success or failure. As an example, take an old standing umbilical hernia. Here there is often not only a large space to close up, but frequently atrophy of the adjacent abdominal walls renders a good strong adaptation a matter of great difficulty. Frequently the completed operation leaves an abdominal wound under extreme tension, and with the stitches holding in very insecure tissue. Violent retching, straining and delirium in coming out of

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\* Read before The Academy of Medicine, Toronto.



the anesthetic frequently undo the good work of the surgeon, and the last state of the patient is far worse than the first, with the chances of a subsequent operation being successful being much less likely than before. The patient who is suddenly dosed with an overpowering amount of ether or chloroform becomes frightened, struggles, and frequently has to be held on the table till the anesthetic is pushed to unconsciousness. Under these conditions the patient's first conscious moments will be in terror and fright, and straining is bound to result. Such a patient should be quietly talked to by the anesthetist, who is frequently a total stranger to him, and a feeling of perfect confidence and understanding be arrived at before beginning the anesthetic, and a few minutes spent in this way is of immense value in a favorable prognosis. When the patient's confidence and trust are fully established, a few drops of chloroform or a little ethel-chloride should be placed on the mask, and, still keeping the patient's attention fully, pleasantly occupied (if you find he has a hobby talk that), hold the mask far enough away from his face that he first only faintly gets the vapor. Then gradually lower it, adding small quantities of the anesthetic till the patient gets drowsy and fails to answer questions, when the mask can be applied and the ether cautiously begun without the patient being aware of the change. Under this method the patient wakes after his operation in a quiet frame of mind and without delirium.

Lastly, always remember that your part of the work is of the utmost importance, and not even second to that of the surgeon. Concentrate your whole attention on the patient, only being sufficiently conscious of what the surgeon is doing to enable you to lessen or increase the depth of the anesthetic according to the surgeon's needs and the patient's safety, but never let the patient become sensitive to the operator, which would add to the shock; and give the least possible amount of the anesthetic that will give the desired result.

619 Sherbourne St.



## THE WORK OF THE STAFF \*

BY PATIENCE EISENIERS.

For the benefit of either lazy or industrious people who may be thinking of taking up hospital work, some information about the duties of various positions may be of interest.

The superintendent's are quite weighty. He need not necessarily be a doctor; but, layman or physician, he must have a keen eye, not for bacteria, but for mazuma. Any superintendent who can wash enough sterile gauze to make one yard do the work of two is the well-beloved of the trustees. He has an eagle eye for the absence of rubber heels and can see at a glance if the door of the ice-box is tightly closed, or whether the flies have found a new port of entry.

In financial matters he is expected to be as tight as a wet clothesline. He must see that no employee puts anything over on him, and that no patient escapes to the open without the O.K. of the bookkeeper. The principal of the Nurses Training School acts as a prophylactic against Cupid's darts. She sees to it that loitering internes are promptly put to flight. All good looking nurses must have their curly locks slicked down till they resemble skinned rabbits. By thus putting promptly all rivals out of business, this lady often secures the most desirable staff doctor for herself.

The duty of a nurse, either pupil or graduate, is to let patients know where they get off at. To the trained mind all patients are as nutty as a fruit cake. They must be ruled with an iron hand, and no attention should be paid to their whims or desires. Nurses do not like patients who whine, patients who are nervous or hysterical, patients who are helpless or who require a great deal of waiting on, in fact, it would seem as if a number of them do not like any kind of a patient at all.

There is no use arguing with a nurse. In a contest between a helpless patient and able-bodied nurse, the nurse always wins out.

The duty of the house doctor is to act as maid of honor to some Big Chief and imitate, to the best of his histrionic ability, the chief's supernatural dignity. His face must be a faithful

\* Written specially for *The Hospital World*.



reflex of the chief's emotions. To smile or laugh when the chief's face registers concentrated thought or deep concern is a fatal blunder.

The interne usually begins as an ambulance surgeon at which stage his duty is to see that he keeps the muscles of his back and arms in a supple condition. In those hospitals which own the cap worn by the ambulance surgeon, it is believed that candidates whose heads fit the hat are preferred above the other applicants.

All house doctors are natural born collectors. In their rounds they collect sandwiches, candy, magazines, liquid refreshments, and, in fact, they will collect anything that is not nailed down.

The duty of the driver of the ambulance is to deliver the patients at their own door in a state of delirious joy that their break-neck journey over chickens, men, holes, torn-up streets, dogs and pedestrians has not ended fatally. At the end of the journey it is the duty of the driver and the surgeon to beat each other to the easiest end of the stretcher. The relations between these two are always genial and pleasant, somewhat like those between the burglar and a Pinkerton.

An orderly owes no duty to anyone but himself. His duty to himself requires him to hunt up a snug retreat in which to while away his time. Should some sleuth root him out of his lair in the basement, he can instantly find a better one. Some sixth sense warns him when his services are required, and he immediately steps over into the fourth dimension.

A chambermaid acts as the official "Who's Who," for the benefit of the patient's curiosity. She can tell what is the matter with the mysterious man in No. 7, and the latest eccentricity of the old lady in No. 2. The first thing in the morning you learn about who has died in the night. Her ambition is to see if she can spend three-quarters of her time gossiping with the patients and get away with it.

Finally we come to the duty of the patient. Dead easy. Any hospital superintendent can show you in black and white that the institution is losing from six cents to two dollars and nineteen and one-half cents per diem off of each patient.

It stands to reason that the only favor a patient can do a



hospital is to pay his bill and "beat it" as fast as an ambulance, a taxi, or a street car can take him.

The duty of the hall man is to work upon and so perfect his schedule that his dust-raising duties will exactly synchronize with the passing of meal trays. He is always on friendly terms with the chambermaid, their mutual dislike of the nurses forming a close bond of sympathy between them.

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### THE HOSPITAL FROM A PATIENT'S STANDPOINT \*

BY PATIENCE EISENIERS.

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Why is a hospital? What is the cause of so many complaints and so much dissatisfaction among the patients in a hospital—not any particular hospital, but just any and every old hospital. It requires but the chance encounter of two patients in any conveniently isolated spot to start an immediate session of the knocker's club. It is all due to their misconception of the functions of a hospital. A hospital is not a place for a sick person to be comfortable in, any more than the inside of a casket or the unyielding top of an operating table. Only the well and strong can force their way to comfort. The most a sick person can hope for is a minimum of discomfort.

A great deal of irritation could be avoided if patients would wait patiently for their sentences to expire, and stop expecting what never was and never will be. How can one expect a nurse when she has anywhere from four to ten people to look after, to spend her time massaging the punctures in your ears so they won't grow shut while your diamond earrings are reposing in the office safe. Be thankful, rather, during a busy day, if you get your face washed when the night nurse comes on duty. Don't expect a nurse to read to you, or amuse you in any way, as you can always amuse yourself by watching the antics of the mouse in your room. Every hospital room contains at least one thoroughly domesticated mouse, who lives back of the steam

\* Written specially for *The Hospital World*.



pipes and appears to be learning the plumbing trade in a night school, or, you can close your eyes and refurnish your room.

A private room in a hospital, furnished by a donor will not be likely to contain more than six square inches of floor space, unobstructed by some kind of flub-dubs. The price of the room varies directly as the heft of the furniture, you will not have much of a view, as some kind of hospital psychology always locates the bed in the loneliest part of the room.

If you are in one of the ultra-modern type, exemplifying the last word in cubist hospital architecture, you can gaze at the futurist doors and fire-places and anemic color scheme and console yourself that well—anyway—it looks as if it might be fireproof. They certainly all have acoustic properties, carried to the nth degree. If the managers of Billy Sunday's campaign wish to improve on his wonderful sounding board they could do it by renting an abandoned hospital. Nowhere else will a hall clock tick so loudly through a night of insomnia or falling dishes spin around so many times on a tiled floor; nowhere else are scrubbing brushes plied with such unbelievable polish enthusiasm at daybreak; nowhere else would a nurse's cot squeak so poignantly or the whispered flirtation at the nurses' table between some interne and the night nurse reach your ear so piercingly. Of course, you would not mind this so much if you could only hear quite clearly just what they were saying to each other.

Should you require the services of a house doctor, you can save much time by knowing the location of the prettiest nurse, and sending for him there directly—flirting, eating and sleeping, in the order mentioned, being an interne's favorite methods of diverting his mind during the tedious hours before the arrival of his day off duty. It is hard to get them to do anything really useful, such as swatting flies, or lending a hand here and there on a heavy lift. The only load they ever carry cheerfully is sometimes acquired from the private stock of some patient, whose physician allows him a supply of the stuff that made Milwaukee and St. Louis famous. Internes are responsible for many caustic comments of patients on the sharky tricks of purveyors of grape juice, champagne and other liquids who give such amazingly short measure, as short, to a patient's point



of view, as the comfort-purchasing ability of what he is taxed for his board and room in the hospital.

It can be proved in actual figures that the hospital gives you as much, if not more, than you are paying for, but it is hard to make a patient believe that his dollars purchase so little. Any one paying \$25 per week or more, in a hospital, expects the nursing service of Dr. Bull's \$100 per week sanatorium, the accommodations of the Waldorf-Astoria, and the cuisine of the Ritz-Carleton. Visit him at the end of a week and he will tell you confidentially, that in his opinion, he is getting the nursing service of the Belgian trenches, the accommodations of a Mills hotel, and the bill-of-fare of a McGregor mission. He has a vague idea that the government ought to be seeing about such things.

However, he is wrong, you can get anything you want in a hospital—on one condition—you must be careful not to want anything.

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### HOSPITAL EATS\*

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BY PATIENCE EISENIERS.

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My son, hear the instruction of thy Uncle Fuller, and permit him to wise thee up in hospital cookery, that it mayest go well with thee as chef, and that thou wastest nix from the hospital's substance.

For food—these days—is more precious than rubies and must be paid for with fine gold and silver and much hidden treasure.

Be ye, therefore, a tight-wad in all thou dolest out, and attend carefully to the attenuation of all liquids on thy bill-of-fare.

Make thou frequent journeys to thy cistern and spare not in drawing from thy well in the corner.

For on thy watery additions to thy soup, milk, tea and coffee kettles dependeth their ability to hold out even unto the setting of the last table.

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\* Written specially for *The Hospital World*.



That thou mayest forestall their kicks and complaints, which are as a thorn in thy side, serve thou the first attenuation to those knockers who occupy the private rooms.

Weary not in thy dumping-in from thy water bucket and serve thy next attenuation to the barbarians within the walls of thy wards.

Discretion shall preserve thee that thou servest thy attenuations to the house staff in the proper order of social precedence, the principal of the training school, the resident physician, the internes, the nurses, the orderlies—even to the thirtieth attenuation thou servest the helps' table in the basement.

Regard not their scorn and revilings, for is not any grub good enough for the sustenance of these rough-necks?

He becometh poor that dealeth with a slack hand, therefore be not too flossy in dealing with thy hospital's chickens.

For on thy discretion dependeth the ability of one lonesome chicken to lend a spurious flavor to many dishes.

Waste not thy chicklet's strength within the soup pot; rather encase his legs in rubber boots and walk him swiftly through thy kettle.

Cast out the mocker who revileth thee with the name of "cheap skate," he who claimeth there is no chicken flavor to thy bouillon.

Even as a precious jewel in a pig's snout are those slanderers, they who say all hospital chickens have atrophy of the breast muscles and hypertrophy of the neck.

Sharpen, therefore, thy hatchet like a two-edged sword, that each receiveth his molecule of chicken, and gather ye up the remnants even to the tiniest subluxation.

For of such mayest thou bring forth the next day thy chicken pot-pie, in ramekins.

Even here thou canst confound the sceptics who believe not in the presence of thy long gone, but not forgotten, chicklet.

Thou canst insert beneath each upper crust a tiny chicken-feather.

Thus wilt thou have thine enemy upon the hip; he can prove nothing. What carest thou for the revilings of the gluttonous; it is their favorite indoor sport. They are like the horse leech's daughter, crying, "Give, give."



And, further, my son, by these be admonished, of the combinations of hospital salads there is no end; and much study in their construction is a weariness to the flesh. Therefore, store up thine odds and ends of vegetables, fruits and animals into the making of a perfect "Review of Reviews." Thou shouldst worry as to harmonies of taste and subtle flavors. Rather evolved lobskosh weirdly composed of oranges and onions, dill pickles, cheese and wienerwurst. And that it may not seem too raw a handout, doll up the top with whipped cream and a cherry.

The sun ariseth and the sun goeth down; but this recipe for lobster salad remaineth on the job.

Let the proportion be 8 to 1. Eight large, round heads of cabbage, finely chopped, to one of lobsters, smallest size.

In thy discretion should this seem too many lobsters, split the can—fifty, fifty.

For why encourage this set of pikers to develop costly tastes. Should thy whole day be spent in serving lobsters?

Verily, from the first breakfast to the last supper it seemeth like doing nothing else. As for thy salt and pepper shakers, steer no middle course.

Either put thou in none at all, or go thou the limit, even unto the sky. They to whom thou caterest be a perverse and stiff-necked bunch. They love to bawl thee out and say thy food hath in it no savor of spikenard and saffron, calamus, cinnamon and all the chief spices. What need be there of extra seasoning when penetrating all is the sub-acute flavor of the chemical refrigerator?

My son, be not afraid of the desolation of the fault-finders. They cannot get thy number.

So that thou standest well with him who payeth the grub bills, thou shalt find favor and good understanding in the sight of God and man. Selah.



## Society Proceedings

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### AMERICAN HOSPITAL ASSOCIATION

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THE Philadelphia meeting, held during the last week in September, was a great success—over 1,000 being present on the first day. The East was well represented, the Middle-west fairly, a handful from the South, and scarce a soul from the Far-west.

Eight hundred lunched at the Pennsylvania Hospital, the guests of Mr. and Mrs. Daniel Test. Beside the luncheon, there were auto drives to points of interest, a trip to Valley Forge and a complimentary vaudeville entertainment at Keith's theatre. Never were the members better looked after.

The next meeting will be in Cleveland, and Dr. W. J. Wilson, Superintendent of the Wellard Parker Hospital, will preside. Dr. Wilson has taken a live interest in the Association for some years, contributing on several occasions papers on every aspect of work in contagious hospitals. He contributed one at the Philadelphia meeting.

While the hospital world has been getting away from the old ideas of fumigating with sulphur and formaldehyde, he comes out in his paper, endorsing their use.

Here is what he says:

“Determine cubic area of room. Fill all cracks, crevices, and openings of every kind by pasting paper over them, so as to make the room as near gas-tight as possible.

“If sulphur is used as the disinfectant, 4 pounds of finely cracked brimstone for every 1,000 cubic feet of area to be disinfected is put in an iron pan or pot. This sulphur receptacle should be placed on a brick in a dish pan containing water two inches in depth. The dish pan is placed on a number of bricks on the floor to ensure protection against fire. The water not only serves as a protection against fire, but gives the moisture necessary to produce the disinfection. To start the sulphur burning, a little of it on the top and in the centre of the pan



is made finely granular and a little wood alcohol poured on it and ignited.

"This method is applicable not only for killing bacteria, but is especially useful in getting rid of lice, bedbugs and other insects.

"If formaldehyde is chosen as a disinfectant, it may be generated as follows, using 10 ounces of a forty per cent. solution for every 1,000 cubic feet of area to be disinfected. Immediately before using, add 1 ounce of commercial sulphuric acid to 10 ounces of 40 per cent. formaldehyde solution, and pour this mixture on 1 pound of unslaked lime. The gas will be immediately evolved. Care must be taken in handling the sulphuric acid, as careless handling may result in a serious burn."

Dr. Wilson maintains that these formulæ will do the work.

Miss Emma Anderson presented the report of the committee on the grading and classification of nurses. The report is a comprehensive study of the nursing problem, with especial reference to the need of more nurses trained to care for certain specific diseases, to the need of maintaining proper and reasonable standards and to the care of the sick in the homes of families of moderate and small incomes. But "divil a word" does it say about the grading of nurses.

The pussyfooters did not want to stir up a hornets' nest. The damp blanket was effectually used to quench the incipient flames, and all is harmony.

An attempt was made to make the *Modern Hospital* the organ of the Association. Dr. R. R. Ross, of Buffalo, brought in the recommendation. Dr. Howell Wright supported the idea. Miss C. A. Aiken, editor of the *Trained Nurse*, averred that the Association should not have any official organ unless the Association controlled the policy of the organ.

Trustee Borden, of Fall River, said, "It seems to me that no business concern would go into a proposition of this kind without ascertaining very distinctly what the party of the second part was willing to do."

The matter was referred to the new Board of Trustees, Dr. Winford Smith, Miss Mary Keith and Mr. Borden, of



Fall River, together with President Wilson, Treasurer Asa Balm.

The new secretary is Dr. Walsh, late of the Contagious Hospital, Philadelphia. His opponent was Mr. Wright of Cleveland, secretary of the Ohio Hospital Association. Wright's candidature had been planned, but Walsh had done yeoman service for the Philadelphia meeting and won out.

A permanent headquarters is to be established on or before July 1st, 1917. It is up to Walsh. The commercial exhibit brought in some \$3,000. If this record can be kept up it will be possible to maintain a headquarters and a permanent secretary.

The constitution and by-laws have been amended.

Besides the formation of a Board of Trustees, and the recommendation of the establishment of permanent headquarters, heads of departments are admitted as associates and assistant superintendents may become active members. A committee on necrology has been arranged for.

The annual address was given by Dr. Winford H. Smith. He was not surprised that the Association had not grown as rapidly as was expected, following the eligibility of trustees and superintendents of nurses to membership. Trustees were too busy and superintendents of nurses had organizations of their own. Many superintendents were unable to attend on account of the expense. It might be well to have an Eastern, a Western, a Central, a Southern and a Canadian Association, each meeting every two years on its own territory; the American Hospital Association to meet on the alternate years. Dr. Smith had another suggestion, that the American Hospital Association, the American Public Health Association, the National Association for the Study and Prevention of Tuberculosis, the American Sanitarium Association, and similar associations, unite as a large American Public Health Association—each association to preserve its own identity as a section of the larger body.

Dr. Smith recommended the discontinuance of the committee on hospital progress, which includes eight sub-committees. The number of committee reports, in his opinion, interferes with the preparation of a well-balanced programme. He endorsed



the proposal of Ex-President Howell, that a Council of a House of Delegates be appointed.

The essayist regretted that so many hospitals had been established as a result of misguided enthusiasm, without proper financial backing. A high standard was being exacted, necessitating better nursing, more refined methods of diagnosis, and larger medical and surgical services. As a result of this mushroom growth of hospitals, salaries and wages paid were altogether too small. Trustees seemed to forget that a cheap man was the most expensive in the end. So standards of decorum and morals are often so low as to amount to scandal.

As to medical staff appointments, the continuous system was much more satisfactory than the rotating, but difficult to establish in small community hospitals. Merit should be the only basis of appointment or advancement.

Modern medicine and surgery demanded greater laboratory facilities than most hospitals were providing. Too little attention is paid to autopsy findings.

Stress was laid by Dr. Smith on the giving of anesthetics by a well-trained person. In too many hospitals this procedure was faulty.

Hospitals were becoming to be more than repair shops—with their social service, their pay clinics, they were having a broader relationship to the community.

Dr. Smith strongly emphasized the importance of making the superintendent the one avenue of communication between the sub-departments and the Board of Trustees.

In projecting new hospitals, greater attention should be paid to community needs. There should be some agency to co-relate hospital development and community needs.

Mr. Michael Davis recommends a hospital for each 100,000 of the population.

Emphasis was laid on the importance of better municipal hospitals. They should be entirely divorced from the evils of political domination.

These city institutions should have branches in the country for convalescents. This would make for economy.

Hospitals owed a duty to the physically handicapped. Dr. Hall, at Marblehead, and the Burke Foundation were leading the



way. We would learn much about what was best to do by observing how the various militant countries handled the problem of the disabled soldier.

Hospitals, from being places of resort for the indigent only, now are found to be the best place for the wealthy. As a consequence, more attention must be paid to furnishings.

One of the great needs of to-day is a hospital service for the middle class. The American Association ought to show how this need can be met.

Dr. Smith pleaded for the higher and broader education of nurses, and quoted Dr. Walsh as advocating that the philanthropically inclined might well give large endowments for that purpose. The nursing profession was intertwined with the medical, stood by its side and was not subservient to it.

In too many hospitals the out-patient department was too often considered as a side issue—the patient did not get fair play—examinations of him were too cursory and “skimpy.” This service demanded the highest grade of work.

Clinics should be established for venereal diseases, and much attention should be given to the matter of preventing their spread.

Hospitals should not countenance the separation of the mother from her illegitimate child. Ninety per cent. of such children died.

Miss Mary Riddle, of the Newton Hospital, holds that the smaller hospitals in the United States are in dire need of expert business men and efficient executive organization, and that the average physician superintendent of the smaller hospitals lacks the necessary business instinct.

The average small hospital, it was pointed out, fails in its curative purposes of disease, infection and the general illness of humanity owing to the lack of proper scientific instruments, poor laboratories and the absence of hygienic kitchen and dietary cuisine. The hospital, whether large or small, she declared, should be one of the leading educational influences of any community, but it is a well-established fact that some of the smaller institutions are often so poor that they do not even possess a copy of any pathological literature and sometimes are even in need of an unabridged dictionary.

Dr. J. M. Baldy, of 2219 Delancey Street, who said that



while he was not a member of the association, he deplored the present condition of the smaller hospitals. He declared that the salvation of those institutions rested with the young members of the staff.

Bad teeth cause a large percentage of heart disease, liver trouble, kidney disease, ulcers of the stomach and eye trouble, according to Dr. Thomas B. Hartzell, of the University Hospital in Minneapolis. Dr. Hartzell gave an illustrated lecture on Dental Clinics in General Hospitals before the American Hospital Association on the roof of the Bellevue.

"Seventy-five per cent. of all heart disease and a large proportion of kidney disease are due to streptococci viridens," said Dr. Hartzell. "A large proportion of these streptococci come from the teeth and are swept into the stomach by the food or get into the blood from ulceration."

The speaker defined "proper care" as a scrubbing vigorous enough to leave the teeth shining like porcelain and a rubbing of the gums with dry cotton, following by rinsing with warm water. He recommended that every general hospital employ at least one dental interne, aided by one trained nurse, and provide a special room for the work.

"The human mouth is the great gateway for infection to the body. Human teeth scrapings from healthy mouths show from six to eight million bacteria per milligram, and the percentage from diseased mouths rises to a hundred million. In some cases the bacteria double in numbers within thirty minutes, and gather on from twenty to thirty square inches of tooth surface.

"Bad teeth may affect the heart, joints, brain, kidneys and stomach. Abscessed teeth have caused inflammatory rheumatism symptoms, and in one instance a man with a healthy heart who refused to have his teeth treated was found some months later to have a distinct heart 'murmur' and ulcers."

The convention meets next year in Cleveland, Ohio. Most of the forenoon session was taken up with changes in constitution and by-laws. Richard P. Borden, trustee of the Union Hospital, Fall River, Mass., recommended the appointment of a permanent paid secretary, to establish a bureau of hospital information and a headquarters. This suggestion was adopted, the headquarters to open not later than July 1, 1917.

*(To be continued.)*



## Selected Articles

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### THE OPERATING ROOM BUILDING OF THE HENRY FORD HOSPITAL

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BY JOHN N. E. BROWN,

Medical Superintendent, Henry Ford Hospital, Detroit, Mich.

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THE operating building of the Henry Ford Hospital is a brick building of one story in height and 125 feet long. It has four complete operating suites and also a dark operating room. One of the suites contains an operating room (30 ft. x 27 ft. x 18 ft.) capable of seating sixty spectators.

A corridor runs the whole length of the building, on one side of which are the operating suites; on the other side are surgeons' offices, lockers, shower rooms, examining room, an instrument room, telephone booth, and a laboratory for making quick sections. This corridor serves as a line beyond which the public is not allowed to go in the direction of the operating suites.

One end of this long corridor is cut off for the reception of emergency cases. From this cut-off portion of the corridor entry is made by two doors into two preparation rooms, respectively.

Four of the operating suites lie side by side, except that between each of the two end suites, there is a sterilizing room, in which are sterilized dressings, utensils, instruments and gloves—a separate sterilizer being used for each of these.

The water sterilization is carried out in the attic in two sterilizers of 250 gallons' capacity each. In the same room in the attic there is a still. The sterilized water is conveyed down in pipes to a lavatory in each operating room and also to a lavatory in each sterilizing room. Each of these lavatories is provided with an elbow valve, by the swinging of which either cold or hot water, or a mixture of both, may be secured. Ade-



quate provision is made for the sterilization by steam of pipes and faucets.

Each operating suite consists of three rooms—two of the rooms lie adjacent to the long corridor, being connected with it by doors. One of these rooms is used for the administration of the anesthetic (10 ft. x 12 ft.) and is provided with a blanket warmer and a lavatory room. The other room (7 ft. x 12 ft.) is a surgeon's scrub-up and connected by doorway without a door with the operating-room. It has three lavatories, thus enabling the surgeon-in-chief, his assistant, and interne to wash up at the same time. The soap used in these scrub-up rooms is liquid in character, and is contained in a metallic box, the surface of which is flush with the wall. A projecting faucet is provided with a valve which is controlled by action of the knee.

The surgeon, by pressure of the knee, can secure the desired amount of soap in his outspread hands and upon relaxation of the pressure, the valve closes automatically. The control of this soap apparatus is electrical in character.

The third room of each suite is the operating room. All the operating rooms have tile walls and ceilings throughout. The floors of the operating rooms, as well as the whole building, are of tile—vitrified. In three of the operating rooms the tile walls are moss green in color up to a height of about ten feet. Above this they are white. The walls of the fourth general operating room and of the two accessory rooms—the anesthetic room and scrub-up room—are of gray tile.

The operating rooms are lighted by means of windows in the north wall and in the ceiling. The wall window occupies about half of the north wall space of the room, while the roof and ceiling lights correspond to about four-fifths of the ceiling. The ceiling lights are of glass as are also the roof lights. In the space between them a sufficient number of nitrogen lamps are suspended which, when lighted, afford ample light for operating at night. In all the operating rooms, sockets are left to enable operators to secure lights for local work.

The gynecological operating room is provided with a trench in which three or four onlookers may stand to peer over the sitting operator, who may be performing operations by the lower route.



The nurses are provided with four rooms. The head nurse is given an office at the entrance near the surgeon's offices; and three other rooms are provided en suite directly in the centre of the working portion of the building—that is, in the operating portion. The largest room is the nurses' work-room, which has cabinets in the wall and on the floor for supplies. In this room is a reservoir for distilling water, connected by pipe with the still in the attic. In an alcove off this room is an autoclave whose doors are flush with the wall. In this autoclave the flasks containing salt solutions are kept at a little above body temperature, the temperature being automatically controlled. Off this large room is a nurse's retiring room in which she may dress, or rest, if necessary. It is provided with the necessary lavatory and toilet accommodations.

The largest operating room has seats arranged in amphitheatre style which are made of cement, excepting the seat proper, which is made of cork. At the back of the amphitheatre is a door from the outside through which the students have access down to the basement where their lockers are, and up to a room at the back of the top row of seats where they may gown before descending to their places around the arena. At the opposite side of the same circular seats is a door through which visiting doctors enter the amphitheatre, and here there is a corresponding room to that used by the students, where these visitors may gown.

The three other day operating rooms are 21 ft. x 17 ft. All are 18 feet high.

Electrically controlled clocks are provided in all operating rooms, except the dark operating room. Washed warmed air is forced at a slow rate into the building through openings near the floor, and sucked out by means of fans in the attic through openings near the ceiling.

The cost of this operating room building was approximately \$100,000.—*The Trained Nurse.*



## THE NEED FOR PROPERLY TRAINED ROENTGENOLOGISTS

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THE activity of the various instrument makers in filling the demand for X-ray apparatus to equip the numerous new hospitals throughout this land, has created a large number of openings for competent roentgen workers. Scores and scores of hospitals have gone ahead with the purchase and installation of expensive roentgen equipment without serious consideration of the question as to who should make use of the attractive instruments. When one comes to realize it, it is a strange thing that no more mature thought is given the selection of the roentgenologist himself. Many hospital authorities seem to feel that the filling of this position will be simple enough provided the equipment installed is of the latest type and highest kilowatt rating, and if it includes a transformer of the open or closed core type, according to the persuasiveness of the salesman who finally landed the contract.

The real practice of roentgenology begins when the roentgenogram or the roentgenoscopic image has been produced. No matter how expert one may be in the technical side of the production of the plate or screen image, once that image has been produced he is still helpless as far as the practice of roentgenology is concerned unless he has had a certain training, and a certain amount of experience, the more the better. This work can no more be performed by the non-medical individual than can stethoscopy or percussion of the chest by one not medically trained. And the medical training even is not sufficient: there must be special training in the interpretation of roentgen shadows.

There is a real field and a rare opportunity for medical men with proper clinical training to enter the field of roentgen diagnostics. Every medical man engaged in X-ray work is receiving just that amount of recognition and respect from his colleagues which his abilities have carved out for him. The trouble is that there are so many attempting this work who are inadequately equipped for the task. For each available competent roentgenologist, there are at least five hospitals clamoring



for proper X-ray work, of the kind done in our best-known medical centres where roentgenology has been given its proper place among the other major medical sciences. The result is that the four hospitals for whom there is not available a competent man, do what in their opinion is the next best thing—they put in an incompetent, and invest him with an authority which he has not earned and which does not really belong to him. Does he not operate the same kind of X-ray apparatus as the well-known Dr. Blank, of the University Hospital? Does he not have a Coolidge tube, just like Dr. So and So, of the Chirurgical Clinic? And does he not use the same kind of plates as Dr. Whoze, of the Somewhere Roentgen Institute?

The medical profession must come to realize that roentgenology is not a photographic science, but that when certain means somewhat remotely allied to photography have been utilized to secure visualization of certain internal organs or parts, there is still absolutely essential the aid of an experienced medically-trained individual in order to secure reliable interpretation of the shadow findings.—*American Journal of Roentgenology.*

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### WHY NURSES GROW GREY

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IN a recent letter home a young Canadian Lance-Corporal thus explains "Why Nurses Grow Grey."

"The next time a well-meaning stretcher bearer tries to interrupt my groans by his cheerful 'Buck up, old man, think of the swell nurses you'll have buzzing around you in the morning,' I shall either ignore him or present him with something which will be the direct cause of his being introduced to a bevy of these doctorettes.

"I'm not kicking or anything like that, in fact, I honestly think they mean well; but after a man has served his King and Country faithfully for twenty-one months and finally reached that haven of rest, the Canadian General Hospital, he naturally expects a little peace and quietness.



"But does he get it? No; most decidedly not. If the sister isn't taking your temperature, she's taking your shirt; if it's a clean shirt she will purloin a sheet; and it is while she is juggling this from under you that her eagle eye will alight on the cosy hollow that your manly form has made in the mattress. She groans and seeks the assistance of an accomplice. A tug-of-war follows, and your little nest is given place to an iceberg. Even in the night time, the sister will steal from her poky little desk, and if you so much as bat an eyelid she will pounce on you, thermometer in one hand and a glass of water and a pill in the other.

"I am probably the very first person to discover the real cause of premature greyness which accompanies the nursing profession. Most people imagine that a nurse ages in appearance through seeing so many terrible wounds; but that is not the case. She sizes up a case as a shingler would a roof. He would say so many shingles, while she estimates in yards of gauze and bandages.

"Now what really brings nurses to an early grave are the beds or cots. From sunny morn to dewy eve they tuck, stroke, massage and caress the beds. Their one ambition in life appears to be that of making a long row of beds look as though they contained no legs and bodies beneath the clothes; giving the heads and shoulders which rest on the pillows the appearance of belonging to people who have had their bodies run over by a steam roller.

"Just to show to what extent a nurse will go to get this desired effect in her ward, I might mention the case of a young fellow who used to have bed No. 11. He had a very bad leg which necessitated the installation of a contrivance to support the weight of the bedclothes. Struggle as they might, the sisters could not get that bed down to the level of ours. We all expected something would happen sooner or later, and sure enough one cold clear dawn we noticed No. 11 missing. At the solemn hour of midnight he had been either kidnapped or spirited away. It is now freely rumored around the ward that as a punishment for requiring a clothes support, No. 11 has been banished to England.

"Cruel world."—*Toronto Evening Telegram.*



## Canadian Hospitals

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### THE EDITH CAVELL MEMORIAL

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A NUMBER of ladies, including Dr. Stowe Gullen, as President, and Mrs. W. J. Wilkinson, as Chairman of the Finance Committee of the Ladies' Board of the Western Hospital, are seriously interesting themselves and the public generally in the proposed erection of the Edith Cavell Memorial, which will take the form of a Nurses' Home, to be erected in the grounds of Toronto Western Hospital.

"A year ago the Ladies' Board of the Toronto Western Hospital had under consideration the advisability of raising funds for the erection of a Nurses' Home on the grounds of the Western Hospital, as a memorial to Edith Cavell. This desire has now taken definite shape and a vigorous campaign will be launched in a few days.

"It may be well at once to set all doubts at rest regarding the object of the home. It is hoped and expected that enough money will be forthcoming to enable the Western Hospital Board to erect a building large enough for the needs of the nurses in training, and also for such other nurses as care to make use of it as a residence.

"Under any circumstance the idea of furnishing general accommodation for all nurses will not be lost sight of. It will, in this way, be truly a 'Nurses' Home.' It has been felt that this would be by far the most appropriate memorial that could be erected to the memory of the martyred nurse. This is in keeping with the wish of Miss Cavell's mother.

"One could hardly imagine a more suitable memorial than a home in which a nurse visiting Toronto, or a nurse resident in Toronto, requiring rest, or who might not be on duty, could find comfortable accommodation. To such an effort no one can find any objection. Indeed, one would expect that everyone would be eager to help.

"The site of the Western Hospital is very centrally located, and is favored by a very excellent street car service, so that



nurses can reach it readily from all parts of the city. In addition the new pavilions for the accommodation of patients are the most modern, sanitary, and best equipped in the Province. From this standpoint it would be an honor to have the Edith Cavell Nurses' Home connected with so deserving an institution.

"If the requisite amount is obtainable no efforts will be spared to make the home a credit to the city, and worthy of the memory of the noble woman whose name it is to bear. It is the aim of the ladies to raise \$100,000; this would be about one dollar for each family in Toronto. There are many families in the city who could readily contribute liberally, and make up for those who are less able. The chief thing to fear is the feeling of indifference or unwillingness to assist on the part of some. When one recalls what nurses have done in this great war and the splendid life and tragic death of Edith Cavell, the person must be very lacking in the sense of appreciation, who will not contribute to such a memorial to the noblest of all nurses of all time."

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### OPENING OF THE SPADINA MILITARY HOSPITAL

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"WE all cannot go to war. Some of us must remain at home and prosecute the important work that is necessary for the proper care and treatment of wounded Canadian heroes who are compelled to abandon their duties on the field of battle. Therefore, it is our duty to endeavor in every possible way, infinitesimal as our efforts may be, to afford them all the comfort and assistance that they demand by reason of the invaluable service rendered by the Canadian Expeditionary Forces on the field of battle. The wounded men for whom we must adequately provide have made supreme sacrifices for their country. They placed their lives in jeopardy so that we at home may continue to enjoy liberty and freedom. We cannot give them too great recognition."

The foregoing remarks, made on Wednesday afternoon, October 4th, by Sir James Lougheed, Chairman of the Dominion



Military Hospital Commission, sent a wave of enthusiasm and loyalty through a large and representative assemblage of citizens who were present at the formal opening of the Spadina Military Hospital, formerly the old Knox College. Sir Henry Pellatt, Chairman of the Toronto Division of the Dominion Military Hospitals Commission, occupied the chair. Among those on the platform were: Sir James Lougheed; his Honor the Lieut.-Governor Sir John S. Hendrie; Mr. W. K. George, Chairman of the Voluntary Aid Committee; his Worship Mayor Church; Mr. W. D. McPherson, M.P.P., Chairman of the Ontario Soldiers' Aid Commission; Lieut.-Col. Alexander Fraser, Major W. J. Munn, and Controller Cameron. Representatives were present from the various fraternal societies and other organizations which have given much time and labor to the cause of assisting in preparing comforts for returned wounded soldiers. The invocation was pronounced by Col. Canon Dixon of Trinity Church.

Sir John S. Hendrie, in formally declaring the building open for the reception of wounded and disabled soldiers, said that as a citizen he believed he voiced public sentiment in declaring that such institutions had not come any too quickly. He thought the Ottawa Government should bear the expense of such hospitals.

"Our sympathy goes out to those who have lost loved ones on the field of battle. Many of the men who have been through the tortures of war and disabled, I am sorry to say, will never again be able to return to the theatre of war. We gladly welcome our wounded heroes upon their return to Canada, and we are glad to be able to provide for them comfortably and render them every assistance possible. They are deserving of all that we can do for them."

Sir John urged that invalided soldiers who have no chance of going back to the trenches should be sent home to their relatives as soon as possible.

"The Federal and Provincial Governments should not err on the side of economy in providing the best accommodation possible for the care of the sick, disabled and wounded soldiers, who have attained noble achievements with the different contingents sent from Canada. This can only be done by more



funds, the generosity of the citizens and by having more hospitals of this character. The citizens have given money freely, and will continue to do so until the great struggle is brought to a close. The building is well equipped and our thanks go out to the various organizations, fraternal societies, the public school teachers and children, the clergymen, the Loyal Orange Association, the Ladies' Orange Benevolent Association, the Masonic Order and other kindred societies which have furnished the building. It is just an evidence of the loyalty of patriotic Toronto."

Following a brief outline of the relation of the Dominion Government to the work which is being accomplished by the Dominion Hospitals Commission, Sir James Loughheed said that while Canada had sent her forces to the war, it was equally important that those at home should co-operate with the Government in making adequate provision for the caring of the wounded soldiers invalided home. Military hospitals had been established throughout the Dominion. The policy of the Government and the Commission provides for the establishment of such institutions as required from time to time during the progress of the war and afterwards. These hospitals are being administered by the Government and the Hospitals Commission in conjunction with the many patriotic associations which have rendered invaluable aid.

"I have the greatest confidence in saying that when wounded and disabled soldiers are assigned to these hospitals they will find that the most adequate provision has been made for their comfort," continued Sir James. "The question of providing employment for returned soldiers is one of the most difficult problems that faces the Government and the people of the Dominion. It is a problem that will have to be solved by the Federal and Provincial Governments. It is a matter of profound satisfaction to say that there has been a most enthusiastic response on the part of the Ontario Government, and leading citizens of mercantile and financial circles have expressed a willingness to assume their full share and responsibility in working out this very complex question.

"The Commission has been glad to note that the business community of Ontario has done much to better the position of



the returned soldier, and there are many cases of soldiers who are able to work for their livelihood having been placed in better positions than they occupied before they enlisted. No Provincial Government in the Dominion has responded with the same enthusiasm as the Province of Ontario. It has rendered invaluable services in every line of patriotic endeavor, has given money freely and with a will, and sent more men than any other Province in the Dominion."

In tendering the thanks of the Dominion Hospitals Commission to the various organizations which so generously equipped the Spadina Military Hospital, Sir James Lougheed stated that he desired to especially thank the medical profession of Toronto for the splendid services they have rendered and gratuitously placed at the disposal of the different military hospitals and convalescent homes. Sir James added that the corporation of Toronto had demonstrated to the Dominion that she was ready to generously render financial assistance when called upon by the various funds and military units preparing to go overseas.

Sir James Lougheed further stated that over 6,000 wounded and disabled soldiers had already been distributed among the different military hospitals in the Dominion. Sir James also briefly touched upon the educational features of the work undertaken by the Commission in the matter of apprenticing soldiers who have recovered to different trades in order that they will be able to provide for themselves in the future instead of being a burden upon the country.

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### MOWAT HOSPITAL LEASED

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MOWAT Memorial Hospital of Kingston has been leased by the Canadian Military Hospitals Commission from October 1 till three years after the war. Additions will be made to the buildings.



## URGES CHANGES IN CANADIAN HOSPITALS

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A COPY of the report of the investigation of Canadian hospitals in England by Col. Bruce, of Toronto, was recently handed to Surgeon-General Jones, Director of Canadian Medical Services. It is understood the report is a somewhat severe arraignment of the methods employed by the Canadian hospitals. Among other things, it is believed the report deprecates the fact that Canadians are not sent more to Canadian hospitals. The tabulation of statistics of the wounded is not satisfactory, V.A.D. hospitals unduly detaining wounded men fit for service.

Defenders of the system declare the doctors at the front are too busy trying to save lives, and have no time at the edge of the battlefield to write histories of patients to send back with them. These are sent later.

Apparently impartial critics state that a number of changes are desirable in the Canadian system, but that those in authority in the Canadian Medical Services are not to blame, but are merely following out the rules laid down. The fault lies with the Canadian system itself.

Among other recommendations, Colonel Bruce advises the taking over of the whole administration of Canadian Red Cross hospitals by the military, like the Ontario Hospital at Orpington. The report declares that the Red Cross administration is costing forty-eight cents per man a day, while that in the military hospitals is thirty-two to forty-three cents daily. He also states that there have been difficulties in administration between the Canadian military services and the Red Cross, and he advises closing the Buxton Springs Hospital for Rheumatism, saying that Canadians so afflicted are useless for service and had better be sent to Canada.

We understand that Col. Bruce recommends outside the report, the establishment in Canada of five hospitals of 1,000 beds each at five different places for our sick and wounded.

It is understood the Red Cross defence is that the slightly greater cost of Red Cross hospitals is more than compensated for by the comforts and accommodation given; that there is no friction with the military, and that the hospitals are running



## War Hospitals

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### HISTORIC PLACE FOR MAIMED—CLARENCE HOUSE A HOSPITAL

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ERE this appears in print a little contingent of Canada's sons, non-coms, and privates, sick and wounded, some bereft of limbs in the war, and waiting the adjustment of artificial arms or legs will be comfortably lodged in spacious old Clarence House, latest addition to the Canadian Hospitals.

Walking up a leafy lane through the charming suburb of Roehampton on the great city's outskirts, one enters a gate wherefrom a gravelled path leads to a solidly-built mansion. Under the pillared portico at its front door royalty has often alighted from a coach-and-four, or, tossing the bridle to a groom, slipped from the saddle of a horse. For here, in days long gone by, lived Mrs. Jordan, the celebrated English beauty and actress, morganatic wife of William IV.

'Tis said that still, in the dead of night, the spirit of its fair, former mistress sometimes appears, gliding about the hallways and the lofty reception rooms of the house wherein she once reigned. Her wraith, they say, is arrayed in a gray dress, and those perfect features which captivated a King of England still smile serenely.

However, when the writer called a few days ago, none of the Canadian V.A.D.'s had seen the ghost. Sound asleep are these young ladies at such spooky hours, tired out with their work. Indeed, Miss Lewis and her staff have had a strenuous time getting the Hospital ready for the reception of their wounded countrymen.

Situated in a finely-wooded park of several acres, and surrounded by the open spaces of other estates, Clarence House might well be right in the country, so fresh and healthful is the air. High ceilings and many windows make lighting and ventilation easy, and the various large rooms are rapidly being transformed into pleasant wards. Indeed, many a wounded



Canadian will say that he has never been so comfortably housed as in this suburban home.

A Toronto boy, Pte. Weddington, was the first orderly to arrive, and, oddly enough, it devolved upon him to repair the fire-escape already on the building—a fire-escape invented by his own father.

Clarence House is auxiliary to the King's Canadian Red Cross Hospital at Bushey Park. Opening with fifty patients the Hospital will shortly be ready to accommodate seventy-five or even one hundred. The staff of eleven comes mostly from Ottawa, Miss Winnifred Lewis being in charge, with Mrs. H. Pinhey looking after the housekeeping arrangements, and Miss H. Hughson, honorary secretary. Of V.A.D.'s there are: Miss June Allen, Toronto, and the Misses Mildred Goodeve, Marjorie Jones, Lillian Monk and Jessie McLachin (chauffeur), all of Ottawa, Ont.



## Personals

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DR. F. A. AYLESWORTH, who practiced for some years at Roseneath, sailed the first week of October from Boston for London. Dr. Aylesworth expects to be identified with the Eye Department in the Howard University Base Hospital Unit.

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Major (Dr.) Munn, who was recently appointed Chief Medical Director of the new Military Hospitals Unit, took up his new duties a few weeks ago and his office is at 1 Queen's Park, Toronto, the old Riordan residence.

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Captain (Dr.) Ogden is now in charge of the Central Hospital on College Street, Toronto, with Capt. Ley in charge of the new Spadina Hospital. The latter hospital will be kept entirely for men who do not require constant medical treatment.

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Command of the Bramshott Hospital has been given to Col. R. C. McLeod, of the camp of the St. Francois Xavier unit which has been increased to the strength of a general hospital.

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Dr. W. S. Verrall, orthopedic surgeon, of Vancouver, B.C., has been appointed to succeed the late Dr. B. E. McKenzie as Superintendent of the Toronto Orthopedic Hospital. Doctor Verrall was a former member of the staff of the Toronto Orthopedic Hospital and an associate of Doctor McKenzie in his private practice. The hospital work will, of course, be carried on as usual.



## Book Reviews

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*Physics and Chemistry for Nurses.* By AMY ELIZABETH POPE. Illustrated. New York and London: G. P. Putnam's Sons. 1916.

With the marked advance in nursing educational standards comes the necessity for suitable text-books. We are pleased to recommend this little work on physics and chemistry, because of its practical character. The subjects discussed are easily grasped by the nurse of average intelligence. The chapters on cooking, cleaning and disinfection give examples of the eminent practicality of the work. Hundreds of interesting experiments are described.

The book should meet with a kindly reception from nurses in training as well as from graduates.

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*Practical Points in Nursing.* By EMILY M. A. STONEY, late Superintendent of Training School for Nurses, Carney Hospital, Boston, Mass. Fifth edition, revised by Lucy C. Catlin, R.N., of the Youngstown Hospital, Ohio. 12mo of 511 pages, containing 102 illustrations. Philadelphia and London: W. B. Saunders Company. 1916. Cloth, \$1.75 net.

The publishers of this book, now in its fifth edition, have very wisely had a nurse revise on this occasion. Since one of the strong points of the book is that it gives very definite directions for actual nursing, it is fitting that they should come from a nurse.

The book is written for nurses in private practice and is particularly valuable for them, as it contains in a comparatively small space much ready information on numerous subjects, commencing with the nurse herself, then the sick room, patient, appliances, food and different treatments. It cannot be recom-



mended, however, as a text for use in a training school or as a book of reference.

The chapter on Nervous Diseases, added in this edition, is somewhat elementary, but nevertheless will be found helpful.

This book has a definite field of usefulness. It will be found valuable by the nurse who has been engaged in private practice for some years, or by the recent graduate less familiar with the conditions as they exist in the home.

E. G. F.

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*Burdett's Hospitals and Charities, 1916.* Being the year book of philanthropy and the hospital annual. Containing a review of the position and requirements, and chapters on the management, revenue and cost of the charities. An exhaustive record of hospital work for the year. The most useful and reliable guide to British, American and Colonial hospitals and asylums, medical schools and colleges, nursing and convalescent institutions, consumption sanatoria, religious and benevolent institutions and dispensaries. By SIR HENRY BURDETT, K.C.B., K.C.V.O. 27th year. London: The Scientific Press, Limited, 28 Southampton Street, Strand, W.C.

Sir Henry Burdett, in his foreword, draws attention to the approaching vacancy which must in the ordinary course of events occur in the editorship of this annual—Sir Henry being now nearly three score and ten and having championed the voluntary hospital system for half a century.

He states that if the book is to continue, it is essential that some competent and authoritative person with knowledge and a keen interest in the voluntary system should come forward and offer his services as a successor to Sir Henry in the editorship.

The Annual, as usual, contains a statement of the volume of charity; a report on the King's fund and the League of Mercy; on the nursing department, hospital Saturday and Sunday, Missions, Orphanages, Deaf, Dumb and Blind Asylums, and convalescent institutions.



Chapters are devoted to hospital construction, hospital finance and hospital conditions in United States, Canada, Australasia and India.

The customary directory of institutions occupies the major part of the book.

Every Canadian hospital should have a copy in its library.

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*Radiography, X-Ray Therapeutics and Radium Therapy.* By ROBERT KNOX, M.D., M.R.C.S., L.R.C.P. With 64 plates and 246 illustrations in the text, and a frontispiece in color. London: A. & C. Black, Limited. 1915.

This is a practical work, giving particular attention to the practical working of apparatus, hence of great value to the beginner in X-ray work. A goodly number of pathological diagrams have been incorporated in the text.

Of special interest are chapters on the localization of foreign bodies, radiography of normal bones and joints, diseases of bones and joints, examination of the thorax, alimentary system and urinary tract.

The treatment of diseases of the skin, lymph glands, rodent ulcers, sarcomata, carcinomata, enlargement of the prostate, exophthalmic goitre, uterine fibromata and of diseases of the blood, lungs and mediastinum is given.

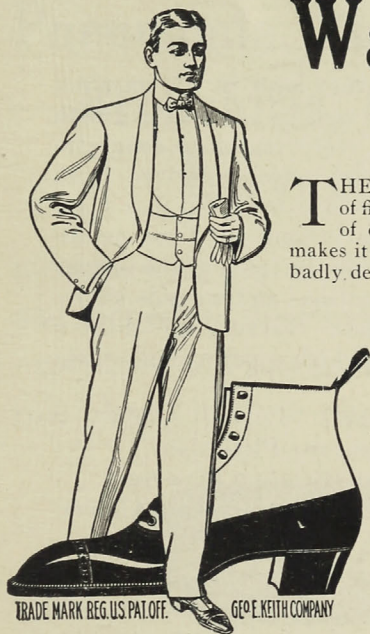
Mr. C. E. S. Phillips writes the section on radium therapy.

Dr. Knox has made a fine contribution to this new and engrossing subject.



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DR. CHAMPNOIS,  
First Assistant Physician,  
First Battalion Zouaves,  
Charon Garrison, Algiers.

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### The Physician's Duty

PHYSICIANS are becoming more and more impressed with the value of prophylactic measures. Therefore to instruct patients of the gentler sex in hygienic and sanitary principles and procedures is both a duty and a privilege.

It is a fact, often not entirely appreciated, even by physicians, that the vaginal douche, properly employed, should be used frequently even in the absence of any abnormal condition. Despite the opinions sometimes expressed that frequent douching is not advisable, that the natural secretions being sufficiently germicidal should be allowed to remain, etc., it is a matter of common knowledge and experience among women of any degree of refinement that proper toilet of the vaginal tract is as valuable, necessary and indispensable as the use of the toothbrush.

This being true of women whose genital tract is in a normal and healthy condition, it applies with augmented force to the vast proportion of cases in which there is some abnormal condition present, such as excessive mucous secretions, leucorrhœa, vaginitis, endocervicitis, endometritis, congestion, irritation, etc.

It is indeed a matter of common and daily experience that women who are nervous, irritable, easily worried, cross, peevish, moody, etc., are often greatly benefited by the use of warm or hot vaginal douches, properly employed by means of a suitable apparatus or syringe.

Cleanliness of the genital tract is for women not only a valuable sanitary and hygienic measure, but also in many instances an absolute necessity, in order to prevent physical irritation or discomfort, as well as mental unrest.



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These plates have been made at Toronto for the last couple of years, and are identical in quality with the Seed X-Ray Plate, made at Rochester, N.Y., which has attracted so much favorable attention at the various conventions and association meetings across the line. Our readers are referred to the advertisement on page vi.

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### **A Powerful Antiseptic**

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### **Stewart's Duplex Safety Pins**

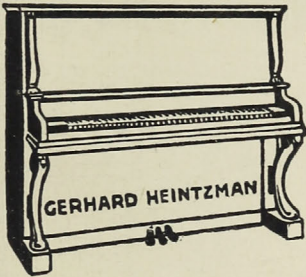
How often in the day duties of the hospital nurse is trouble experienced with certain makes of safety pins, through the head of the pin or the coil being unprotected and catching in the bandage or gauze. We would hardly venture an answer to this. Surgeons and nurses will welcome for use in the hospital or in their obstetric bag Stewart's Duplex Safety Pins. They are made of a superior quality of brass wire and will not bend or unfasten easily. *Both the head and the coil are absolutely protected* by guards, so cannot catch in the clothing. They are also rust proof, and therefore particularly suited for wet dressings. They are packed, specially for hospital use, in five gross boxes.

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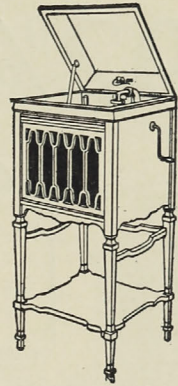
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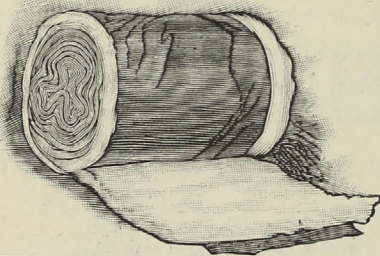
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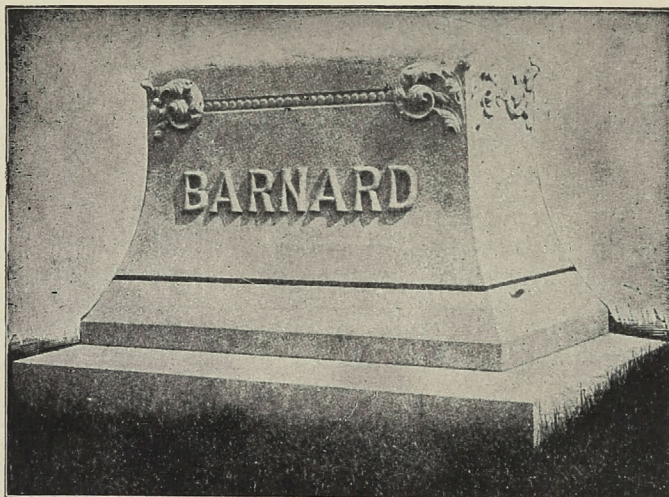
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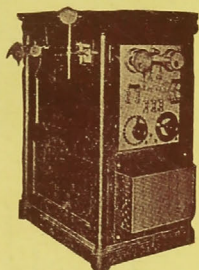
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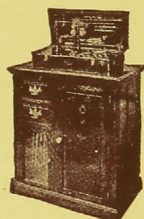
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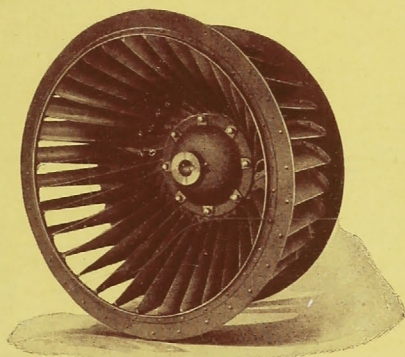
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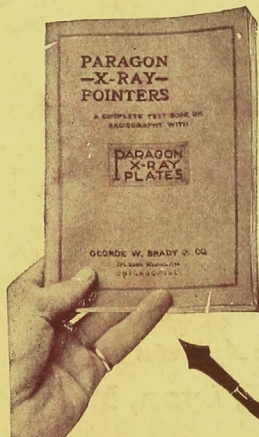
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