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THE HOSPITAL WORLD

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Toronto, December, 1916

No. 6

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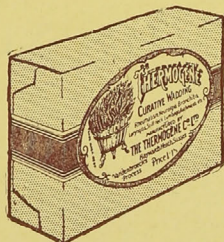
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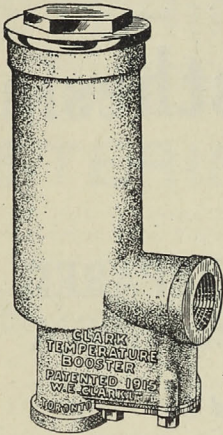
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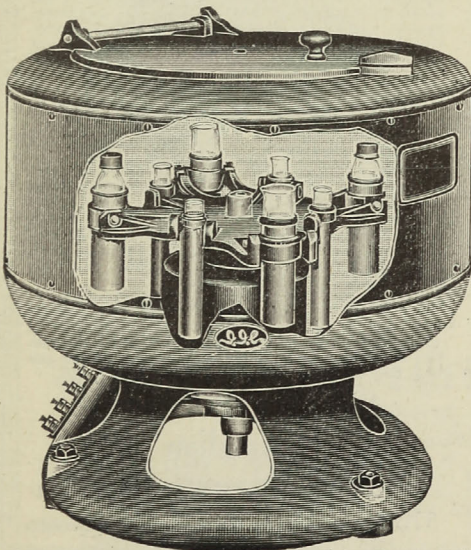
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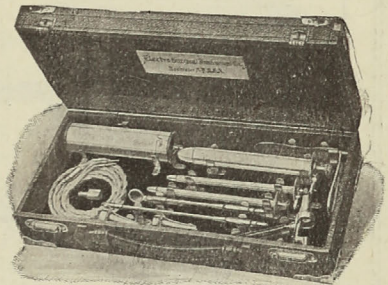
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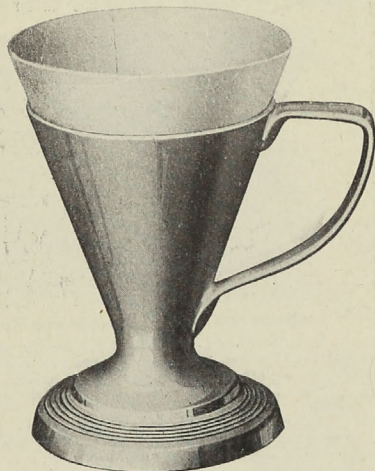
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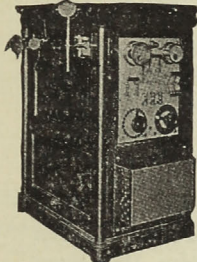
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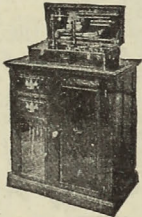


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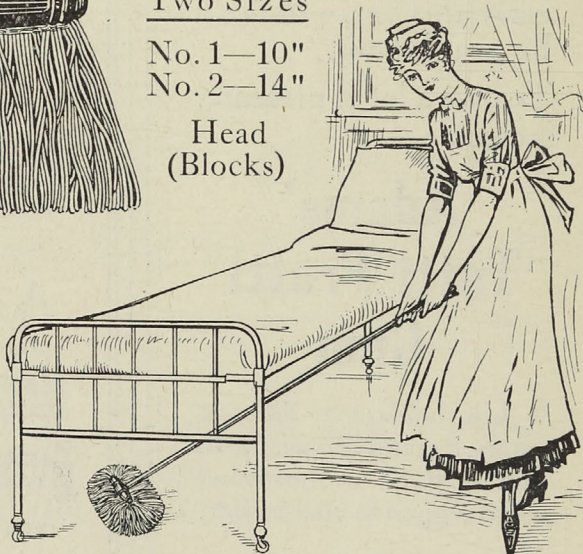
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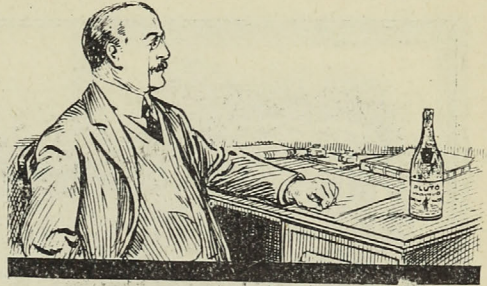
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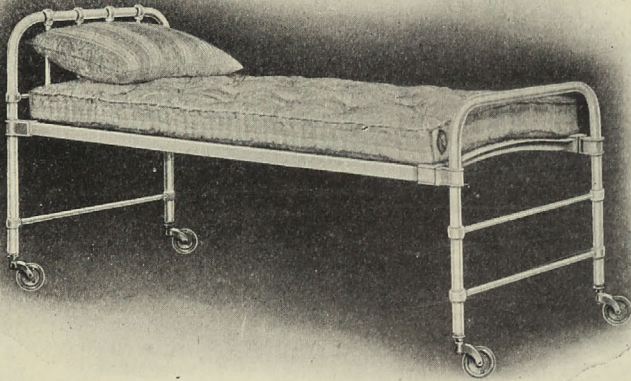
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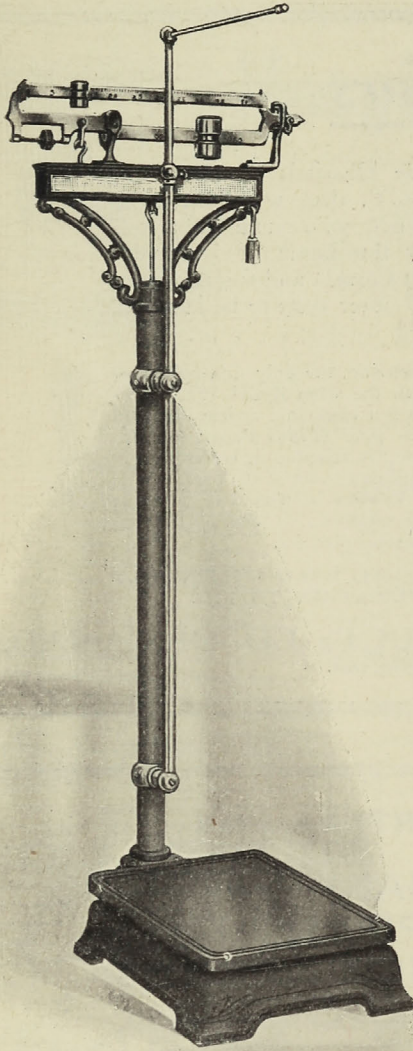
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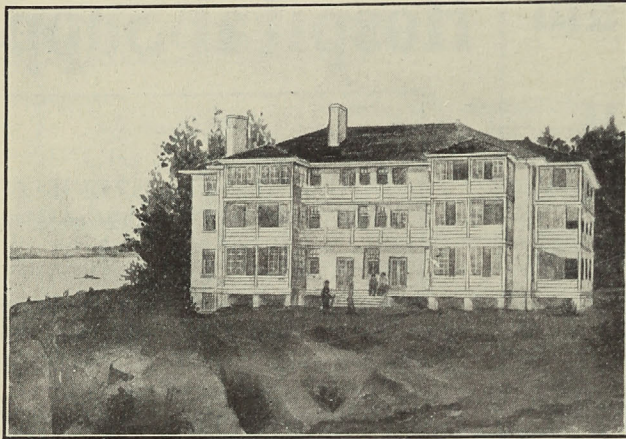
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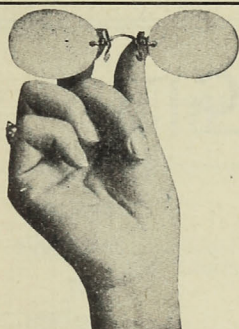
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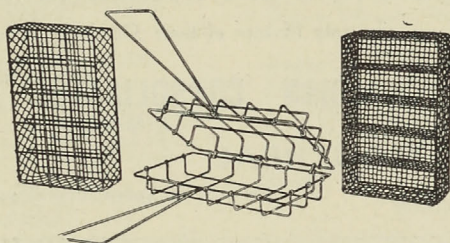
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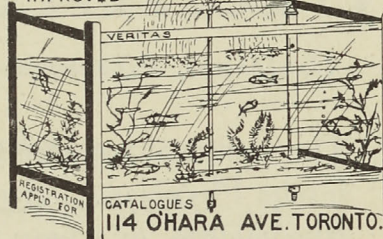
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No. 6

Editorials

THE CANADIAN HOSPITAL SITUATION OVERSEAS

JUDGING from Colonel Herbert Bruce's report, recently filed with the Minister of Militia, a *resume* of which will be found in this issue, there are many

reasons why the different Hospital Units sent from Canada and now stationed in England, France, Egypt and Greece are in immediate need of re-organization. It is quite evident that there has been gross mismanagement in many quarters, and our Department of Militia and Defence did well in sending so representative a member of the profession in Canada to look into hospital affairs in the Old Country and, in conjunction with a duly appointed Board, make recommendations that would result in such matters being put on a proper basis.

The report is exceedingly thorough and comprehensive and will have a most beneficial effect, *providing* meddling politicians be told that it is a case of "Hands off."

Artists tell us of the great importance of true perspective, so in discussing any absorbing question of the day, everything depends on the viewpoint, the correctness of which can only be judged by having, for its pivotal point, incontestable fact. Unfortunately, hastily formed opinions and rushing into the lay press, and commands flying across the cable wires by partially informed ladies, have caused comment and discussion of the report, which to the minutest detail is based on verified fact.

Women have taken a beautiful helpful place in this world's war—all hats off to them!—but we implore them to stay on that pedestal where they have so worthily climbed, revered by all, and not come down to meddle in what is not their business. Knowl-

edge is power; but a little (executive) knowledge is a dangerous thing.

Who is there who does not proudly claim allegiance to Great Britain, and who dares not to honor the Grand Old Flag that has so long and so nobly "braved the battle and the breeze"? We know of none. Then why even refer to Imperialism, or hint at the lack of that spirit in those whose views slightly differ and prefer that their boys convalesce in a Canadian hospital, under a Canadian surgeon, with a Canadian nurse to hasten them back to health. Is it not the most natural thing in the world for those who have given their all to prefer that their husbands, sons or sweethearts occupy a bed alongside of a pal from the same regiment or a fellow townsman from the same city to cheer him on. By all means, we say, have Canadians sent, as soon as practicable, from the Field Hospital nearest where they were wounded, to a Base Hospital sent and equipped by Canada, "Daughter she may be in her mother's house, but (let us not forget) mistress in her own." Unless this is done the Canadian Army Medical Service is not fulfilling the purposes for which it was originally designed, viz., the attendance on *Canadian* sick and wounded.

As the report says, there should be proper and careful use of the money sent by Canadians, often at a sacrifice undreamed of by the English people, who seem to think always of Canada as a land "flowing with milk and honey"—"Please send on the combs;

England will graciously accept them and enjoy the honey.”

The heart of young Canada is not in her gifts, but as the days go by even greater sacrifice may be necessary, so every care should be used in expending even the pennies.

There are many points in the report to which we would like to refer at length, but space does not permit. We fear that it is all too true that many officers have been given commissions who have been worse than failures in private practice, and here is where politics is the curse of any nation. We are sorry to learn that there are medical officers who have been drug addicts and alcoholics. Why such appointments? Such men are useless as officers and most detrimental to their unit. The subject of promotion has also caused a great deal of trouble during the past two years and must be put to rights. In many cases there has been no relationship whatever between the length of service and the ability of the officer, on the one hand, and his rank on the other. We could name many instances of medical officers who have been promoted, and who on arriving Overseas compare most unfavorably with their juniors. Why, we ask, is it a well-known fact that our younger men, who do the nerve-racking work at our Field Dressing Stations, seldom or never receive promotion, and those who remain at the Base are immediately promoted to the rank of major or lieutenant-colonel? What excuse could there be for the employment of our best known specialists on routine work;

our surgeons, for example, employed in the treatment of dysentery in the Balkans? It would also appear as if there is no doubt whatever that the physical examination of our recruits at the time of enlistment has been exceedingly bad, and that the Government has been put in for the outlay of many thousands of dollars through a regular army of men having to be returned to Canada as physically unfit, the records showing that the Canadian Government expends at least \$3,000 on every enlisted soldier by the time he completes his training. Dealing with the subject of operations, Colonel Bruce denounces as utterly useless many operations done, apparently by a lot of younger surgeons, and which produce no increased military efficiency. "War," he states, "is not a post-graduate school, where surgery or any other private hobby may be cultivated by individuals at the expense of the country." What is the reason for all this? It is all the result of *Governmental incompetence, fear and favoritism*.

The wretched state of affairs as shown must be handled at once without fear, but with courage and determination. Will this be done, or are those incompetents and moral weaklings to continue in office? Promotion must be by merit and merit alone. The mess must be cleared up forthwith.

The medical profession throughout Canada is proud of the ability of our confrere in making such a report, of his courage in telling the unvarnished truth (knowing it might cause personal criticism),

and for his patriotism in standing to his guns, like the true Canadian he is.

The war has called some to honor, many to sacrifice, and more to service. It is easy to be an arm-chair critic in relation to the management of the war, the care of its wounded, and many subjects allied to the world's saddest hour. The temptation for riding roughshod with a "hobby" for a mount seems very alluring, especially to a certain type of woman. The great Kitchener left a new commandment, ere he slipped off into the Great Unknown Adventure: "Silence." Was that his legacy? We wonder?

November the second.

W. A. Y.

Original Contributions

LITTLE JOURNEYS

BY DR. J. N. E. BROWN.

Superintendent, Henry Ford Hospital, Detroit, Mich.

THE CINCINNATI GENERAL HOSPITAL.

THIS hospital is located some three miles from the centre of the city of Cincinnati. It occupies a commanding position, there being fine vistas every way one looks.

The Cincinnati General Hospital is a city-owned institution, managed by a board of five commissioners, one of them being the mayor. The leading spirit of the institution is Dr. C. R. Holmes. Dr. Holmes is dean of the medical college which is affiliated with the hospital, and provision is made in all the departments for the teaching of students. A large amphitheatre is provided in both the surgical and pathological units for didactic work. The laboratories in the pathological building are well provided with working space for the students. A separate gowning room is provided for them in the operating building. Mrs. Holmes is undertaking to provide a buffet for them.

During the fifteen years of arduous campaigning by Dr. Holmes, he has had much opposition—the indifference of the public and the opposition of certain politicians. His policy has been to educate the common people—the laboring class, which he has won over almost to a man. He has addressed representative labor organizations and fraternal organizations, and even addressed meetings on the street corners. He pointed out to the poorer and middle class of people who looked to the old hospital for care—tumble down, ramshackle, infested with rats and vermin—what they had a right to expect as citizens and taxpayers.

The hospital is open to visitors daily—not to the general wards alone, but also to the contagious wards. The relatives

and other visitors wear gowns, wash and take the same precaution as the doctors and nurses take.

The educative value of this procedure was well illustrated by a story Dr. Holmes tells: A certain Mrs. Flannigan, whose child had recovered and gone home, called at a neighbor's house where a child lay sick with the scarlet fever. Observing that the family doctor in visiting the child did not put on a gown, remarked to the mother of the sick child, "Shure, Mrs. O'Flaherty that doctor nades educatin'."

The institution is built on the corridor pavilion plan. The pavilions, as a rule, run north and south and are seventy-five feet apart. The head house is at the north end. At the end of the headhouse is the corridor which consists of open arches, beneath this corridor are the connecting tunnels, and the top of the tunnel is available for getting patients out of doors. The pavilions are arranged in two rows; and between these two rows are situated the receiving department, the kitchen and the operating building. These service buildings are sufficient to meet the needs of at least 1,400 patients. The administration building is in a line with the central pavilions and faces the entrance to the hospital. The pavilions are three stories in height with a basement and a flat roof.

These roof wards are open to the sky, and are quite unique. They are surrounded by a wall about ten feet high with a coping. This surrounding wall is well supplied with windows which are covered with glass and have protective bars.

It is proposed to stretch a canvas from the top of the coping on one side to the coping on the other side, thus giving shelter from the sun and rain. This open ward is supplied with the usual accessory rooms, kitchen, toilet, and utility rooms, etc. A water pipe conveniently located permits the flushing of the roof in summer, which not only cleanses the surface but also cools it. A steam outlet is also provided which enables them to melt the snow which collects on the roof in winter, thus keeping the floor available for the use of the patients.

As the hospital proper has only been occupied for a short time, the roof wards have not come into general use as yet.

Dr. Holmes has spent some fifteen years in the careful study of hospitals, not only in America, but also in Europe. He has

taken particular pains to work out the ward unit—in fact he had given more attention to this point than any one whom the writer has known.

The Cincinnati ward unit, as before stated, runs north and south. It consists of the ward proper and the subsidiary rooms located on each side of the corridor. The corridor is 67 feet long and 8 feet wide. The ward is 90 feet long and 30 feet wide and 13 feet high. Upon one side of the corridor, commencing at the entrance is a treatment room, in which blood and urine are examined, four small wards (one with two beds and the others with one bed each) a closet for warming blankets, a linen supply room with a drying room off it, a nurses' toilet room, and a housekeeper's sink room. On the other side of the corridor are a kitchen, dining room for convalescent patients (opening into the kitchen as well as into the corridor), a bathroom and sink room.

Between the kitchen and the general corridor connecting the pavilions are an elevator and a stairway, and between these two latter and the corridor of the unit is a fresh air cutoff—being a space about 7 x 19 feet. The food trucks from the main kitchen are wheeled from the elevator into this fresh air cutoff, and the food containers with the food are set in an opening in the wall which connects with the kitchen. This cutoff opens by a door (on the ground floor) into the connecting corridor, by a door into the ward corridor and by a window into a ventilating shaft which runs to the top of the building.

This arrangement precludes the air from getting from one ward unit to another.

The ward itself contains twenty-four beds which are set well away from the walls and windows. There is a nurse's table directly in the centre of the ward. The head nurse's station is at the head of the ward, and is separated from the corridor by a glass partition, which enables her to have command of the corridor as well as the ward. Different colored lights at her signal box enable her to tell whether a patient is calling from one of the small wards or the large ward. There is a third signal which comes from the bathroom. It enables the bath nurse to signal if she is having any trouble with a patient.

The headhouse extends out several feet on each side of

the ward. Just at the junction, on either side, are two small rooms. The room on one side is called the nurse's room—here she makes poultices, etc., this room opens into the sinkroom as well as into the ward. It has two windows, one looks southward and the other westward. These two windows afford an air cutoff. The corresponding corner on the opposite side is a physicians' lavatory, not enclosed; and from it a door leads into the patients' toilet. The patients' bathroom which lies next, has two baths. Each sinkroom off each ward has a separate clothes chute. The chutes adjoin one another and terminate in a common receiving room in the basement. In each sinkroom is an enemata stack in which specimens of urine and fecal matter may be placed until taken to the laboratory. An upward draft is provided to prevent any odor from getting into the sinkroom. The whole south end is occupied by a solarium which is fourteen feet nine inches in width. In one corner next the ward, is a sinkroom, and in the corresponding room opposite is a toilet. The partition between the solarium and the ward is largely of glass, so that the ward is not darkened by the solarium. All the floors are of tile. The windows extend to the ceiling and to within about thirty inches of the floor. The transoms open outward and are provided with aprons on each side to prevent side drafts.

The Receiving Department.

The receiving department is immediately behind the administration building. In front of it is a spacious ambulance entrance, with double doors on each side, which in inclement weather may be closed. The front of the ambulance entrance is connected by a corridor with the receiving unit proper. Here is a capacious waiting room with seats to accommodate twenty or thirty people of each sex. In the centre of the large, common room is an office with desks on three sides where data regarding patients is noted down.

It may be said, in parenthesis, that to this department patients who have been discharged from the hospital come for subsequent advice and treatment. Each half of this floor is like the other. Each side of these waiting halls where patients are seated is a suite of three rooms connected with one another

by sub-corridors, two of these rooms are examination rooms, and the third a capacious bathroom.

Here the patients are cleaned thoroughly after which they are given hospital clothing—their own clothing being sent to the basement of this unit where it is fumigated, mended, pressed, and placed on hangers. Each suit is placed in a large paper bag, on the outside of which is a list of the contents. When the patient is ready to be discharged, he is brought to this same receiving unit back of which are numerous cubicles where the patients take off their hospital clothing and habilite themselves in their street costumes.

In the receiving department are two wards, one for males and one for females, each of which contains five patients, for the accommodation of all patients who come to the hospital for admission after 9 p.m. This prevents disturbing the patients in the general pavilions after they have gone asleep.

In the basement of this department are large rooms for the special treatment of heat stroke, and for patients who have been poisoned. We noted a cabinet with antidotes for the latter sort of case.

The following bottles are kept in the poison cabinet in the receiving ward: Lime water, magnesium sulphate, 50% solution; ammonia water; potassium permanganate in solution each drachm containing 1.25 grains; oxalic acid; an arsenic antidote consisting of two bottles, No. 1 containing 32 ounces of magnesium oxide, and the second containing 16 ounces of the solution of iron sulphate. The directions for administering are that the magnesium oxide is to be well shaken and gradually added to the iron sulphate, the entire 48 ounces being administered as an antidote. There are also bottles containing oil of turpentine; camphorated oil in 20% solution; alcohol, 95%; sweet oil; glycerine; castor oil; aromatic spirits of ammonia; whiskey; sherry wine.

There are also some small bottles filled with precipitated chalk; tannic acid; ground mustard; sodium bicarbonate. About one dozen fresh eggs are always kept on hand in this cabinet.

Between these two wards mentioned above are four rooms, two on each side of the short corridor, connecting with the

back entrance. The two on the right side are devoted to sterilization and operating. The two on the left side are an attendant's room and a store room. This suite constitutes a surgical casualty department.

The stay of patients here is only for a few hours at night; therefore, no kitchen equipment has been provided. Milk and liquid nourishment are, however, available.

Social service is conducted in this receiving department.

Contagious Department.

One part of the grounds is set aside for a group of contagious buildings, somewhat remote from the other buildings. One unit is set aside for each of the chief contagious diseases. In another building there are four units for the four minor contagious diseases. Each unit being a small hospital within itself. A separate building is used for the detention of smallpox cases before their removal to the smallpox hospital. It contains four rooms, a room for the nurse, a kitchen, toilet and bath and a sink room.

Pathological Building.

In the pathological building, on the basement floor, there are refrigerators for the care of bodies; four rooms, one for the coroner, one for the undertaker, one for autopsies, and a chapel where funeral services and religious services on Sundays are held. On the first floor is the Director's office, reading-room and library. The second, third and fourth floors are taken up by laboratories: Physiological chemistry, bacteriology, serology; photographic rooms and rooms for experimental research. There is a large amphitheatre at the north end of the building; also a museum which is well stocked with specimens. The fifth floor is devoted to the care of animals for experimental work. The infected ones are kept away from the non-infected. A sterilizing and animal operating room are also provided.

The Laundry and Power Plant.

The laundry is an ample place fitted up with the latest machinery. Rest rooms are provided. The power plant is an enormous one, being large enough for the addition of future

installations. Gas is used as fuel instead of coal; the wages of many employees is thus saved, and gas is much cleaner than coal. The general refrigerating machinery with a capacity of twenty-five tons per day, is housed in the service building. The small refrigerators of the wards are filled with ice which is carried to them. We noted in another building a small separate refrigerating plant, the refrigerative agent being sulphur dioxide.

The Nurses' Home.

The Nurses' Home is a fine building, located at the right of the front of the lot. It is near the street, but is not fenced in. In the basement are rooms for the servants who work in the home; kitchens, and a laundry. On the main floor are the dining rooms, parlor and reading-rooms. Remembering the penchant of nurses for sweets, a small candy kitchen is provided for them. There are demonstration rooms and laboratory rooms where simple chemistry and analysis of body fluids are taught. The upper floors are occupied by sleeping rooms. There are ample bath and toilet rooms, also an infirmary where nurses are taken who are too ill to work, and not ill enough to be taken into the hospital. There is also a roof garden which is covered over in part by a roof and part by canvas, where nurses may go about in their kimono and enjoy themselves in a free and easy way. This may also be used as a sleeping porch.

War Hospitals

THE CANADIAN ARMY MEDICAL SERVICE UNDER THE SEARCHLIGHT

A REPORT on the Canadian Army Medical Service, presented a few weeks ago to the Minister of Militia by Col. Herbert A. Bruce, of Toronto, whose official title is Special Inspector-General Medical Services, Canadian Expeditionary Force, is, it is safe to say, one of the frankest indictments of a Government service ever received by the responsible Minister. The report is dated September 20th, 1916, and is the result of investigations carried on subsequent to July 31st, 1916, so that it is distinctly up to date.

The report is divided under twenty-three headings. Each one of them is an indictment, and judging from the headings, as printed at end of this article, is intended to be such.

In introducing his report, Dr. Bruce announces that all of its criticisms and recommendations are not merely his alone, but have been endorsed by each member of the committee appointed by the Minister, at Dr. Bruce's request, to assist in the work.

The committee consisted of Col. F. A. Reid, Director of Recruiting and Organization; Col. Wallace Scott, Lieut.-Col. Walter McKeown, Lieut.-Col. F. W. E. Wilson, Capt. Chas. Hunter.

Dr. Bruce absolved the medical and nursing staffs from blame, as he found doctors and nurses discharging their duties in a most self-sacrificing and exemplary manner. Many of the medical staff are, however, placed in positions where their special training is not being used to the best advantage. The responsibility for this waste must be laid at the door of the D.M.S., who, says Dr. Bruce, in many cases appears to have

ignored special qualifications altogether and distributed the personnel in a most haphazard way.

The question of segregation of Canadian wounded which has recently been receiving notoriety, largely through the activity of Canadian ladies in England in writing to the papers there, is very fully dealt with by Dr. Bruce. Dr. Bruce is emphatically in favor of segregation. How the Canadian wounded and ill are at present scattered about is evident from the following statement of facts:

"On August 18th of this year we had in England 12,018 cases, of whom 6,747 were overseas sick and wounded, requiring active treatment. Of these, 5,135 were being taken care of in British hospitals, and only 1,612 in Canadian hospitals. The balance of these cases had arisen locally or were convalescents. The 5,135 Canadian patients were located in 100 British hospitals, widely scattered over England, Scotland, Wales and Ireland."

Dr. Bruce sees no difficulty in segregating Canadians. The British service is able to send casualties from the Royal Flying Corps to a Royal Flying Corps Hospital, and even go so far as to send wounded Somersetshires to Bristol, so as to be near their friends. There should, therefore, be no difficulty in keeping Canadians together.

He reports that he found, both in England and France, Canadian soldiers begging to be taken to Canadian hospitals. He found also Canadian medical officers constantly complaining that although they had sacrificed their practices at home with the object of helping to take care of our soldiers overseas, yet they rarely had an opportunity of treating a Canadian patient. A map accompanying the report shows how the 100 hospitals in which Canadians are located, are scattered all over the British Isles. The cost of transport in itself is considerable. If the 5,135 Canadian patients in hospital on August 16th had been taken care of by a concentration of hospitals in the Shorncliffe area there would have been a saving in transport alone of \$11,348.35.

In addition Dr. Bruce found some instances when the treatment received by Canadians in British hospitals has not always

been as satisfactory as it might be, and further that nobody in those hospitals seems interested in the discharge of patients when they are fit to be sent to a convalescent home.

Special reports are given to show how this works out. In seven British hospitals in the London area and in Aberdeen, Scotland, special inspectors found 248 Canadian patients. It was found that 116 of these should have been sent to convalescent hospitals, 52 others should have been discharged as permanently unfit for further service, and 13 suffering from contagious diseases should have been elsewhere, that is to say, out of 248 Canadian patients, 171 should not have been in these hospitals at all. This illustration is thought to be typical.

Dr. Bruce says that his experience with sick people leads him to the conclusion that when they are ill they prefer to be among relatives and friends. Further he says, "I take the position very strongly that as it is our duty to see that our boys who go to the front are cared for in the best possible manner when they are wounded and sick, and as we shall ultimately be responsible for their pensions, it is imperative that we should ensure that they are under the immediate supervision of our own medical service."

As to how the present policy of distributing Canadian soldiers arose, Dr. Bruce gives the following particulars:

On June 16th, 1915, Colonel Hodgetts wrote to Surgeon-General Carlton Jones, suggesting that as special arrangements had been made for sending wounded Canadians to the Queen's Canadian Hospital, Beechborough, could not similar arrangements be made in regard to the Duchess of Connaught's Hospital at Cliveden. Accordingly on June 18th the D.M.S. wrote to the War Office requesting that the Cliveden Hospital should "as far as possible be reserved for sick and wounded Canadians from overseas." The War Office acceded to this request, and gave instructions that Canadian soldiers (other than officers) should be sent to one or other of the two hospitals mentioned above. Later representations appear to have been made to the D.M.S. that for Imperial considerations it was advisable to spread the Canadians throughout the British Isles. On December 17th the D.M.S. replied, expressing the opinion that "it is

conducive to the patients' well-being and comfort to be under our own administrative control."

"As a consequence of this arrangement many more Canadians found their way to these two hospitals, yet in spite of this we find that the D.M.S. on February 2nd, 1916, wrote to the War Office to ask that these instructions be amended, and in a further communication dated March 25th, 1916, stated 'that it is not now considered necessary from a Canadian point of view to make any special arrangements at Southampton for the collection of Canadian patients.' No reason is assigned for this complete change of attitude."

In this connection Dr. Bruce points out that Canada has maintained at Saloniki, where there is not a single Canadian soldier, three hospital units with a total bed capacity of 320 patients. And in France we have on an average 2,000 beds in excess of the number of Canadian patients.

Dr. Bruce also strongly complains about the lack of policy which has allowed even the Canadian hospitals to be scattered all over the country, instead of being concentrated in special localities. As a result, efficient control and inspection have been rendered exceedingly difficult and needless expense has been involved. He recalls that when the Ontario Government started to provide its splendid hospital, with a capacity of 1,040 beds, it offered to locate it at any place desired, thus affording a splendid opportunity to secure the concentration of hospitals in a definite area, with this most valuable primary hospital as a nucleus. The opportunity was let slip.

A map illustrates how Canadian hospitals have been scattered over England. Buxton is no less than 236 miles from Folkestone. Dr. Bruce recommends a concentration scheme and illustrates it also by a map. He says, however, it is impossible to make this ideal now because of the fear that present conditions do not justify the abolition of certain hospitals upon which large sums of money have been spent.

That there has been woeful laxity in weeding out medically unfits during the process of enlistment and training in Canada is demonstrated by ample evidence in Dr. Bruce's report. A Canadian pioneer draft arriving in England on June 29th,

1916, was found to have 57 unfits out of 254 of all ranks. Of 2,670 soldiers coming before medical boards from June 2nd to August 2nd, 1916, as only fit for permanent base duty, 1,340 ought never to have been at the front. Out of 1,452 discharges from the army during the same period, 816 had never got beyond England, that is 56 per cent. of the discharges had never been at the front.

Unfits in England are a great bother. They take the places on base duty of men who have been at the front and have a prior claim on any soft jobs available. Others clog up the hospitals, increasing the strain on the already overtaxed medical services. And further, Dr. Bruce points out, the question of pension arises. "Men who are discharged for a disability present on enlistment are not entitled to pension for that disability, but where pre-existing disability has been increased at least temporarily by active service, corresponding pension or gratuity must be allowed.

"In the last four months we have had over 1,000 recommended for permanent base duty from over age, with an average age of 49 to 50 years for each man. It is a common occurrence for the men, when questioned as to their given age when enlisted, to make a statement that they gave their true age as 54 or 55 years, as the case may be, and the medical officer said they would call him 41 or 42 years. In one case he was informed by the soldier that, on enlistment, the recruit on giving his proper age was told to run around the block, think over his age, and come back again.

"And again, during the last month alone (this from a report dated August 22nd) 120 boys were found in the ranks and put on permanent base duty. Their ages run as low as fourteen years."

Several pages are devoted to special cases of men who should never have enlisted. Among others, four cases from the 92nd Battalion are mentioned by name, two of them being discharged as permanently unfit and two to be put on base duty. "We have been informed, says the report, that these four men were paraded before a standing Medical Board in Canada by Capt. Maynard, and that they were recommended for discharge, but no action was taken, and they were brought to England."

One man was found with valvular disease of the heart, left hand partly cut off. He was enlisted at Edmonton.

Another Toronto man could not carry pack, suffers from vertigo, weight 105 pounds, chest when fully expanded 30½ inches; medical examiner, Capt. ———, Toronto.

Another case, discharged, congenital amblyopia, right eye vision defective, left eye vision lost. Medical examiner, Capt. ———, Toronto.

A photograph shows a boy enlisted at Pembroke, Ont., stripped, standing opposite a normal man. This boy was sixteen years of age, weight eighty pounds, had infantile paralysis, which left his legs in bad shape. He says he passed two medical boards in Canada, having been stripped on both occasions. He has never done any military duty, and has been in the hospital most of the four and one-half months he has been in England.

Another man was found to have been taken out of a tuberculosis sanitarium previous to embarkation.

Another man was blind in the right eye. His vision in the left is just about one-eighth what it should be. In other words, this man is fifteen-sixteenths blind.

Some units had as many as 25 per cent. unfits on arriving in England.

One of the over-age men was found to be 72 years old.

These are samples. The report contains fifteen pages of particulars of this kind, giving the names of the men, names of the medical examiners and full details.

Dr. Bruce recommends stringent changes in the methods of medical examination, in order that the great loss consequent upon the present system may be avoided.

Here is the wording of the headings of the twenty-three parts into which Dr. Bruce's report is divided:

1. Many soldiers are arriving in England from Canada medically unfit who should never have been enlisted.
2. The system of disposing of casualties from the front to Imperial hospitals in England, Wales, Scotland and Ireland is extremely unsatisfactory.
3. The present method of having Canadian hospitals scattered over such a large area is very objectionable.

4. There is unnecessary detention in hospitals. There has been no medical inspection by the Canadian Medical Service of Canadian soldiers in Imperial hospitals, and there has been no efficient medical inspection of Canadian hospitals, in consequence of which Canadian soldiers are retained in hospitals in Great Britain, many of whom should have been returned to duty, and others should have been returned to Canada, where they could have been more economically and efficiently treated. The lack of system permits of the aimless moving of patients from hospital to hospital.

5. The use by the Canadian Service of Voluntary Aid Hospitals is very undesirable, as they are inefficient, expensive and unsatisfactory.

6. The administration of the group of fifty-seven Voluntary Aid Hospitals under Shorncliffe Military Hospital by the Canadian Medical Service is unsatisfactory and expensive.

7. The present method of operating, jointly with the Red Cross, certain hospitals built and equipped by them is unsatisfactory. Such dual control is undesirable.

8. Impropriety of detailing Canadian Army Medical Corps personnel to Imperial hospitals and still retaining them on a Canadian pay-roll.

9. Unsatisfactory situation at Shorncliffe owing to our Canadian A.D.M.S. acting in a similar capacity over a large area for the Imperial authorities.

10. No attempt has been made to restrict surgical operations which produce no increased military efficiency.

11. The installation of an expensive plant at Ramsgate was inadvisable, as a large number of the cases treated there should be sent to Canada for treatment.

12. The establishment at Buxton of a special hospital for the treatment of rheumatics was ill-advised, as the majority of rheumatics will not be fit again for active service and could be better and more cheaply treated in Canada.

13. The present system of handling Canadian venereal patients is very strongly condemned.

14. The method of handling infectious diseases is most unsatisfactory.

15. Medical boards which regulate the classification of casualties are not available.

17. The exceedingly important question of pensions, which will involve the expenditure of large sums of money by Canada annually, has been neglected by the Canadian Medical Service.

18. Lack of co-ordination in the Canadian Medical Service between Canada, England and the front.

19. The medical personnel is not being used to the best advantage.

20. The policy of the department has been opposed to the use of experienced medical and surgical consulting specialists.

21. Discontent concerning promotions, especially in regard to regimental medical officers serving at the front.

22. The Canadian Army Medical Corps Training School in England has never been properly organized, although of the greatest importance to the Canadian Medical Service.

23. In the operation of the Medical Service sufficient regard has not been paid to economy in management.

WESTERN UNIVERSITY HOSPITAL UNIT

THOUGH the Western University of London, Ont., has had no organized body of men representing it in this war, till the formation of the Hospital Unit, already over fifty of their medical graduates are at the front. But this spring a committee of the faculty sent out a circular letter to all the remaining medical graduates asking them if they were desirous of going with the unit if it were formed. Twelve medical officers were needed to fill the positions. Seventy offered themselves.

Dr. Braithwaite, the president, and Dr. Edwin Seaborn were delegated at a meeting of the faculty to wait upon the Hon. Mr. Kemp (then acting Minister of Militia) to ask if there was a need of medical officers and hospital units. If the reply was in the affirmative, they were to offer a unit on behalf of the university.

This was done, and the offer was heartily accepted by the Government, with the request that the preparations for departure should be made as soon as possible.

The command of the unit was given Lieut.-Col. Edwin Seaborn, M.D. He was born in Quebec, and his mother was a French-Canadian. But his connection with the university is a long one, for his father was professor of natural science there, and a member of the Senate, and he himself took his medical course at the Western, graduating in 1895, and beginning to teach in the Medical School that same year. He has been in practice in London for 21 years. His wife is the charming daughter of the late Dr. Bucke.

Lieut.-Col. Seaborn is fortunate in having three brothers who are also doing their share for king and country. Lieut.-Col. Walter Seaborn is in command of the 210th (Moose Jaw) Battalion. Capt. George Seaborn is at present in France with the A.M.C., while Lieut. Vivian Seaborn is in the paymaster's office.

The establishment of the unit (which is a four hundred-bed hospital) is fourteen officers (twelve qualified medical men) one hundred and twenty N.C.O.'s and men, and twenty-seven nursing sisters.

Recruiting was brisk from the moment the office was opened, and the establishment might have been filled twice over. The men accepted are an exceedingly fine lot. There are a great many London men among them, but also a large proportion of men from the western Ontario district. They represent many phases of civil life.

The men were billeted and trained on the college campus or in the college buildings.

Their training consisted (as does that of all medical units), of squad, stretcher and company drill, and they were given lectures by the officers on anatomy, asepsis, fractures, hemorrhages, treatment of wounds, bandaging, infections, antiseptics, treatment of poisons, emergencies, as well as the care of the feet, and personal hygiene.

The citizens of London feel particularly interested in the Western University Hospital Unit, as being especially representative of both the town and the district. The local Red Cross

supplied them with all the medical, surgical and hospital supplies that they required over and above the Government supply. This gift cost about ten thousand dollars, and filled five hundred boxes.

A motor ambulance has also been given by the London Red Cross branch, the money having been raised by the tea-room committee.

Mrs. W. G. Nott, through the Red Cross, gave a cheque for one hundred dollars, to be used for special surgical instruments and supplies. Miss Balch, on behalf of the A.Y.P.A., of St. John the Evangelist Church, gave fifty dollars towards the purchase of band instruments.

The Meredith Dramatic Company gave a donation of two hundred dollars towards a motor car for the use of the unit. A good many donations were also made towards the special emergency fund of the unit.

This unit also took up the matter of insurance rates with the various companies that have agencies in London. This was to allow the men who enlisted to continue their insurance at pre-war rates, instead of paying an extra premium. The companies have responded very generously.

The unit left London on the 18th of August, and at present is in Shorncliffe for special training.

Everybody—in the prehistoric times before August, 1914—has watched the sham battles of the militia units during their twelve days' yearly training under canvas. Most of us have enjoyed the story of the captain who was marching his mounted men over a bridge when an irate lieutenant (belonging to the opposing forces) rose up from the shadows of the river bank in front and shouted:

"Hi, there! Stop! Don't you know we've just blown up the bridge?"

"You silly ass," says the captain, calmly continuing on his way, "can't you see we're swimming?"

But to-day there is less of pretence in the game. Even out here in the sunshine those imaginary wounded at the other end of the field suggest only too strongly those real wounded who have really waited for the stretcher-bearers in farther fields, when the stretchers have had a longer road to travel. When the

men, who are marching in close formation, change quickly to extended order, it takes very little effort of the imagination to realize that it is because they are under shell fire.

London people feel assured that the men of the Western University Hospital Unit will take their share of the Red Cross work satisfactorily.

KATHLEEN K. BOWKER.

MINNEWASKA SANITARIUM, GRAVENHURST

ONE of the problems which the Hospitals Commission has had to solve is that of providing for the care of the man in whom German gas, exposure in the trenches or training camps has developed tuberculosis. These men, no less than the man who has fallen, have offered their lives for their country, and their country's duty is to see that every means is used to give them back the health they have sacrificed for it. Their condition demands special treatment and isolation from other Military patients. In the absence of Military Hospitals for tubercular men, the Commission has arranged for their treatment in established institutions. One of these is the Minnewaska Sanitarium at Gravenhurst. There some sixty men have been placed during 1916 for treatment. Minnewaska Sanitarium is situated in a finely wooded ten-acre plot overlooking Gravenhurst Bay and lacks nothing in beauty of site or climatic condition. The Institution has been in successful operation for several years as a Private Hospital under the Superintendency of Mrs. Fournier, who is still in charge and whose experience has produced excellent results in the patient. The Institution is at present occupied almost entirely by soldiers, who began to be sent up in March last. Capt. Procter, M.D., and Lieut. Gillis, M.D., are in charge, both in a military and medical sense. It is hoped that the Hospitals Commission will ere long be able to erect a wing to the Sanitarium where vocational training may be given the patients.

THE BRAMSHOTT MILITARY HOSPITAL

THE Bramshott Military Hospital, erected in the summer of 1915 by the Imperial authorities, was officially taken over by the Canadian Army Medical Corps on October 2nd. The hospital, which is one of the most complete of the military hospitals in England, has accommodation for 700 patients. During the summer months some 350 extra beds were added in adjacent buildings for overseas wounded. The hospital has two operating theatres, an up-to-date X-ray room, a good pathological department and a well-stocked dispensary.

No. 9 Stationary Hospital, from Nova Scotia, with several attached officers under Lieut.-Col. R. C. McLeod, has staffed the hospital. The staff consists of Lieut.-Col. R. C. McLeod, of North Sydney, officer commanding; Major H. E. Kendall, Registrar of the Nova Scotia Medical Council, is senior physician; assistant physicians are Captains A. H. McKinnon, T. A. Lebbetter, J. F. Ellis and L. D. Densmore, all from Nova Scotia. The Surgical Division is in charge of Lieut.-Col. C. H. Gilmour, of Toronto, late of No. 2 General Hospital, France; assistant surgeons are Captains K. A. McCuish and J. A. McCourt, of Nova Scotia, and Captain Webb, of Scranton, Pa. The X-ray Department is in charge of Capt. J. I. O'Connell, of Newfoundland, and the pathologist is Captain A. R. Campbell, of Yarmouth.

BASE HOSPITAL TAKES FIRE PRECAUTIONS

SPECIAL precautions are to be taken to safeguard patients at the Base Hospital, Gerrard Street East, Toronto, against the danger of fire, and efforts are now being made to provide more than adequate fire protection in the form of additional fire escapes and gongs.

The buildings were, of course, inspected and passed before occupied by the military, and at present a fire picquet is on duty night and day, but it was felt while the existing arrangements might be adequate more could be done to ensure complete safety to all the patients. It is understood that steel fire escapes may

be placed on the front of the building in addition to the ones already erected in the rear. The building in the group known as the Burnside Building is at present without a fire escape. General Logie has received an intimation from Mayor Church that the city will co-operate in every way possible with this precautionary work.

It is understood that similar steps will be taken by the Soldiers' Aid Commission in regard to the Spadina Military Hospital and the College Street Convalescent Home.

ANOTHER CANADIAN CONVALESCENT HOME FOR OFFICERS AT DIEPPE, FRANCE

Not long ago another Canadian Convalescent Home for Officers was opened at Dieppe, France, and is doing splendid work under the supervision of a number of Toronto women. The Superintendent is Mrs. Christopher Robinson, and the Assistant Superintendent Mrs. Foster. The Sisters include the Misses Chadwick, Gault, Burnham, Murphy and others of Toronto. Mrs. (Dr.) J. F. W. Ross is Chairman of the Toronto Committee. The Hospital is certainly filling a most urgent want and is very popular.

THE DUCHESS OF CONNAUGHT CANADIAN HOSPITAL AT CLIVEDEN

LIEUT.-COL. (DR.) GORRELL definitely resigned in October the Superintendence of the Duchess of Connaught Canadian Hospital at Cliveden. It is understood that Lieut.-Col. Stewart, C.A.M.C., of Halifax, has been offered Dr. Gorrell's position, though we have not as yet learned whether he will accept.

A FIFTY thousand dollar building, to take care of soldiers invalided home with tuberculosis, is to be erected shortly by the London Health Association at Byron Sanatorium. This is at the request of the Military Hospitals Commission.

WAR HOSPITAL RUN ENTIRELY BY WOMEN

“THEY are even more than wonderful doctors and nurses; they are kind and gentle ladies.” I do not think that the staff of the Military Hospital at Endell Street, from the doctor in charge or the chief surgeon down to the portress of the gate, have ever had a prettier or more deserved compliment than this, paid by a soldier grievously wounded in the Great Push, says a writer in *The London Daily Mail*.

Set in the very centre of London and surrounded by a maze of grey buildings with no green thing nearer than the vegetables at Covent Garden, and with the buzz and whirl of London traffic all around, the Endell Street Hospital has become one of the brightest havens in England. It has also proved the justification of women's long and insistent demands for high place in surgery and medicine, and has proved without doubt to all men engaged in the Medical Profession—and to the world outside that profession—that women doctors are equally successful with themselves in all branches of their calling, and not only with those ailments generally peculiar to women and children.

The only Military Hospital entirely staffed by women under the War Office, this Hospital is the outcome of the foresighted patriotism of the Women's Hospital Corps, founded during the first two weeks of the war by two of the leading women doctors in England. Both young women, they formed a little band of workers and appealed to their friends for funds. With a fine equipment of drugs, instruments and medical appliances, and all real necessities for a Hospital of about 130 beds, they arrived in Paris just at the time when the Germans were digging themselves in on the Aisne and when the wounded were pouring into Paris in appalling numbers.

For four months they remained in Paris and then, as the British moved farther north, the Women's Hospital Corps also moved their Hospital, this time to Boulogne. Placing their voluntary services at the disposal of the War Office they were finally quartered at the Endell Street Hospital, equipped by and run under the military authorities.

The Hospital consists of 17 wards with 573 beds in all, and the staff counts 15 doctors, including oculist, dental surgeon, and anesthetist; quartermaster, 84 women orderlies, 4 of sergeant rank; kitchen helpers, and a few men of the "R.A.M.C."

It is no secret that since July 1 the wounded have been coming in in greater numbers than before and that "mended" soldiers have to be evacuated at the rate of more than 100 a week. While several of the men who came in slightly wounded at the beginning of the month have already been discharged, there has been a sad proportion of seriously wounded who have needed all the fruits of the experience the doctors have gained during their two years' work. On several occasions during these last weeks the chief surgeon has been in the operating theatre for twelve hours on end, only ceasing her labors for a few minutes for necessary food.

The Hospital has no garden, but it has a great square courtyard into which the beds of the men are wheeled at the earliest possible moment. Part of the courtyard is covered in with a glass roof, and those soldiers requiring constant open-air treatment have a hut and a Japanese summer-house, and the Hospital would like another hut, too, if some sympathizers would give it. The courtyard is made as gay as possible by plants and flowers which women gardeners come every day to tend and also to arrange the flowers in the wards.

The men have gay sunshades over their beds and red and blue quilts left over from the Paris days. The idea is to get as much color in the wards as possible, and it is wonderful how the patients appreciate such relief. The laboratory and dispensary open on to the courtyard, also the men's dining room, and of course the offices. The recreation hall is ruled over by Miss Beatrice Harraden as librarian and Miss Bessie Hatton as organizing secretary for entertainments. It has a good supply of books, a fine grand piano with a tone quite equal to the ornamentation on the case, and that says a good deal! A stage at the end of the hall is hung with a Gobelin blue curtain bearing the monogram "W. H. C." and khaki grey back curtains; over all is the motto "Deeds, not words."

The quartermaster has all her departments organized with the experience that two years have given her. She serves 140

men in the dining room with meat, vegetables and milk pudding with amazing rapidity, twenty-five minutes seeing them all fed, out again, and ready for any amount of entertainment and noise which may be provided for them or that they can make for themselves.

Every day brings grateful visitors to the Hospital, officers who were tended in Paris as well as the men, and it is a rare case when a man on leave from the front does not spare a few minutes to the Hospital where he has been so "jolly well mended," as one man said.

No wonder that they recommend the Women's Hospital Corps when they get "out there." Said a very badly wounded man as his stretcher was carried into the courtyard from an ambulance the other day: "I asked to come here; they told me on the other side I'd be well looked to here."

QUEEN'S HOSPITAL TO MOVE FROM TREPORT

WORD has been received from Lieut.-Col. Etherington that Queen's Hospital will move from Treport to Etaples as soon as the weather becomes too cold to stay in tents. The quarters, consisting of huts, are ready for their immediate occupation. The Hospital has treated over four thousand patients since going to France.

SIR WILLIAM OSLER recently cabled his resignation from the Canadian Army Medical Service to Sir Robert Borden at Ottawa, as a mark of his sympathy with Surgeon-General Jones. Sir William was appointed soon after the war began Honorary Consulting Physician at Queen's Hospital, Shorncliffe. Since then he has been Honorary Adviser in connection with all Canadian Hospitals throughout the Old Country.

Canadian Hospitals

ST. ELIZABETH'S HOSPITAL AT FARNHAM, QUEBEC, BURNED

Six adults and five children, at least, lost their lives in a fire which destroyed St. Elizabeth Hospital on October 25th.

The hospital was managed by the Grey Nuns and comprised two buildings, one devoted to accommodating sick and another to a school for children. About three hundred persons were in the two buildings when the fire broke out, the majority of whom were in the sleeping quarters on the third floor of the hospital building when the fire was discovered. The blaze had its origin in a defective chimney.

About 7.30 o'clock smoke was observed stealing through the building. Almost before the alarm could be given, and before assistance could reach the inmates, fiery tongues of flames were licking the coverings of the beds in the third storey. With almost incredible rapidity the fire spread, dense clouds of smoke rolling through the corridors. Fighting for breath, the terrified inmates, seeing a chance of escape, dashed for the fire escapes, many sufferers literally having to drag themselves along the floor. With admirable heroism officials and attendants of the institution worked frantically to aid their charges. Then came the horrifying revelation that the fire escapes would not work. Shrieks of terror rang out as, driven to desperation by the advancing glare, young and old jumped from the windows to fall crushed and maimed on the hard pavement beneath.

Keeping their heads amid the confusion, attendants guided their charges to every exit not yet cut off by the flames. Half unconscious, the victims were carried out into the grounds to be taken immediately in hand by the hundreds of helpers who had hurried to the spot.

It was at once realized that the fire-fighting equipment of the hospital and of Farnham was inadequate to combat the flames which were then licking every part of the doomed building and had already reached the adjoining buildings.

A hurry-up call was sent to St. Johns, Que., and immediately on receipt of the news the fire chief there loaded apparatus on a special train which rushed through the night at top speed. Arriving in Farnham about 9.30 o'clock the brigade went to work with a will, and after strenuous efforts succeeded in placing the fire under control.

St. Elizabeth Hospital was built about twenty years ago. It was originally of three stories and of brick. Recently a new four-storey wing was added. A church and college connected with the institution were burned down in 1911.

The hospital was entirely destroyed by the fire, only the ruins of the edifice being standing next morning. The loss is estimated at \$135,000, only \$35,000 insurance being carried on the premises.

NEEDS NEW WING

THE need for a new wing in which to accommodate the large number of cancer cases was emphasized at the forty-second annual meeting of the Toronto Hospital for Incurables, 130 Dunn Avenue. Sir Mortimer Clark presided, and among those invited were His Honor the Lieutenant-Governor, Sir John Hendrie, Lady and Miss Hendrie, Rev. J. W. Aikens, Dr. Edmund E. King, J. O. McCarthy, John Firstbrook and John MacDonald.

President Ambrose Kent gave a brief outline of the work of the hospital and showed how it had grown from the first house on Bathurst Street, at the instigation of Sir Mortimer Clark and the late Mr. Michie, until now over 234 cases were being cared for, seventy of whom were bedridden and twenty-two were cancer cases.

During the year the accommodation for this class of patients had been insufficient, for at one time thirty cases were being treated and there was only accommodation for twenty-four. It will cost about \$30,000 to erect a suitable wing in which to house fifty beds, or \$600 a bed. Dr. Edmund King stated that the daily upkeep was eighty-three and a half cents, which was comparatively low. During the year seventy-three deaths occurred, a number from old age and twenty-two through can-

cer. Last year the hospital had a balance of \$2,106.11, but this year it has decreased to \$1,143.41.

Rev. J. W. Aikins lauded the untiring efforts of the staff, and laid emphasis on the fact that Toronto's citizens were never in a better position to support charitable works in the giving of money. "Since Toronto has given up her sons to fight for the Empire, the giving of money has become but a small item," he declared.

DOUBLE ONTARIO HOSPITAL

AGENT-GENERAL REID cabled Premier Hearst on October 24th regarding a proposal to add five hundred to a thousand beds to the Ontario Hospital at Orpington. He thought possibly that if Ontario was only willing to supply five hundred, the balance could be supplied from the Dominion, but he hoped Ontario would give one thousand beds.

The total expense, as the cost of building has advanced fifteen per cent., is estimated at \$320,000.

The British authorities ask provision for four thousand additional beds in Canadian Hospitals in England.

\$51,000 RAISED BY THE UNIVERSITY HOSPITAL SUPPLY ASSOCIATION

THE statements recently issued by the University Hospital Supply Association are indeed encouraging. The Association was formed hastily on St. Patrick's Day, 1915, to equip No. 4 Canadian General Hospital, its membership being made up of the womenfolk belonging to the various faculties in the University. Each and every member worked tirelessly till September of last year, at which time it began to work for the Canadian Red Cross. The Treasurer, Mrs. F. N. G. Starr, has handed in subscriptions, etc., a little over fifty thousand dollars, with disbursements totalling \$45,510. The Convener of the Packing Committee reported that the packing between April, 1915, and October of this year, included 1,328 large cases of Hospital

Supplies, of which 667 went to No. 4 General Hospital; 654 to the Canadian Red Cross, with seven cases of socks to the Secours National. Mrs. Samuel Johnson, Convener of the Surgical Supply Committee, reported that a total of 1,146,575 pieces of surgical supplies, including pads, compresses and sponges, were made up to November 15th, 1915, and since that date a further number of 743,750. We heartily congratulate the Association upon their work.

RHEUMATIC PATIENTS TO BE TRANSFERRED FROM ENGLISH TO CANADIAN HOSPITALS

ARRANGEMENTS were recently made by the Military Hospitals Commission to treat in the Hospitals in Canada from 1,000 to 1,500 Canadian soldiers now under treatment in England for rheumatic trouble, and they will be brought to Canada as soon as the necessary accommodation and hospital equipment can be furnished. There are at present nearly 2,000 Canadian soldiers throughout England suffering from rheumatic and similar complaints, due to exposure in the trenches. A large percentage of these patients, after treatment in England in the British and Canadian Hospitals, are pronounced fit to return to the firing line, but experience has shown that renewed exposure in the trenches generally brings about a recurrence of the disease, and the military authorities have come to the conclusion that this method of looking after Canadian rheumatic cases has been unsatisfactory. Consequently after a careful investigation by a Medical Board, headed by Col. Herbert Bruce, of Toronto, it has been decided to bring these patients to Canada as soon as they are well enough to travel.

THE annual meeting of the supporters of the Kitchener Orphanage was held on October 30th, at which it was reported by the Matron, Miss Snyder, that 39 boys and 42 girls had been admitted to the institution during the year and that 114 orphans had been cared for. There was very little sickness and no deaths. The financial statement showed a substantial balance on hand.

DR. CLARKE WITHDRAWS FROM HOSPITAL WORK

THAT he may devote his time to his profession alone and to the social uplift organizations in which he had been interested for a number of years, Dr. Charles Kirk Clarke is about to retire as Superintendent of the Toronto General Hospital, a position which he has held for the past five years.

For over forty years Dean Clarke has been associated with hospitals, principally institutions for the treatment of the insane. In 1874, when he was seventeen years of age, he became Assistant Clinical Superintendent of the Toronto Lunatic Asylum, and a year after his graduation from the University of Toronto as a doctor of medicine he received the appointment of Assistant Medical Superintendent of the Hamilton Insane Asylum. From 1885 to 1905 he was Medical Superintendent of Rockwood Asylum. In 1905 he was appointed Medical Superintendent of Toronto Asylum, where he remained until he was asked to succeed Dr. J. N. E. Brown as Superintendent of the Toronto General Hospital.

In 1901 he was Royal Commissioner investigating the New Westminster Asylum, and in 1907 Royal Commissioner studying the methods of the treatment of the insane in Europe. In 1904 he was co-editor of the *American Journal of Insanity*.

Also he is considering his home. All of his family have enlisted and are overseas. The last to leave was his son, Sergeant-Major Clarke, of the 169th Battalion, who was a graduate of the Royal Military College, and a civil engineer by profession. Preferring to rise from the ranks and earn any promotion on his merits, Sergeant-Major Clarke enlisted as a private. A daughter enlisted in the University of Toronto Base Hospital as a nursing sister.

One of the departments which has been developed by Dean Clarke since he became Superintendent of the Hospital is the social service. By interesting public-spirited citizens he has been able to obtain funds to employ nurses to go into the homes of the poor who come into the hospital, to clothe them, their families, and aid them in other ways. By persistently pleading the needs of the feeble-minded he has placed many children and adults who were a menace to the community in different institutions and hospitals.

SPLENDID WORK OF THE BRITISH RED CROSS SOCIETY

IT IS the greatest source of satisfaction to all right-thinking Canadians to learn what the magnificent British Red Cross Society has been doing and is still doing in behalf of the sick and wounded throughout Europe.

The care of the wounded and sick of the British forces serving in France and Flanders falls under two main heads—their transport by motor ambulance and hospital train and the provision of hospitals.

Since September, 1914, the Joint Committee of the British Red Cross Society and the Order of St. John of Jerusalem have provided 1,100 motor ambulances serving the British army in France and Belgium, 60 with the French army, and 25 with the Belgians. The Committee have also established large repair shops at Boulogne, and between four and five hundred other vehicles, including lorries, repair wagons, touring cars and cycles. A personnel of over 1,500 persons is employed, of whom several have been mentioned in despatches, one having been awarded his D.C.M. A large number of women drivers employed at the Bases are members of the Red Cross Voluntary Aid Detachments and of the First Aid Nursing Yeomanry.

The following is a list of the Hospitals and Convalescent Homes at present established under the auspices of the Red Cross for sick and wounded soldiers in France:

St. John Brigade Hospital, 520 beds, Etaples; No. 1 Red Cross (Duchess of Westminster's), 150 beds, Le Touquet; No. 2 Red Cross, 250 beds, Rouen; No. 5 Red Cross (Lady Hadfield's), 100 beds, Wimereux; No. 6 Red Cross (Liverpool Merchants' Mobile), 252 beds, Etaples; No. 8 Red Cross (Baltic and Corn Exchange), 250 beds, Paris-Plage; No. 9 Red Cross (Millicent Sutherland Ambulance), 100 beds, Calais; No. 10 Red Cross (Lady Murray), 50 beds, Le Treport; Canadian Convalescent Home, 30 beds, Dieppe; Hospital Queen Alexandra (Friends' Ambulance Unit), 120 beds, Malo les Bains; No. 2 Anglo-Belgian (British Farmers'), 166 beds, Calais; Astoria Hospital (Lady Mitchelham), 200 beds, Paris; Barge Secours (F.A.U.), 26 beds, Bergues.

The following comprise the Hospitals now maintained under the Red Cross in Egypt:

No. 1 Red Cross Convalescent (Syrian), 35 beds, Alexandria; No. 3 Red Cross Convalescent (Lady Douglas, 42nd Division), 50 beds, Alexandria; No. 4 Red Cross Convalescent (Ross), 23 beds, Alexandria; No. 6 Red Cross Convalescent (Lady Howard De Walden), 150 beds, Alexandria; No. 7 Red Cross Convalescent (Sultan's Montazah Palace), 1,000 beds, Alexandria; No. 10 Red Cross Convalescent (Lindemann), 36 beds, Ibrahimieh; No. 11 Red Cross Convalescent (Old Residency, Mustapha), 17 beds, Alexandria; No. 12 Red Cross Convalescent (Officer's), 40 beds, Cairo; Red Cross Hospital, Saidieh (Giza), 520 beds, Cairo; Red Cross Convalescent Hospital, Walda Palace, Helouan, 100 beds, Cairo.

Two Hospitals, Nos. 8 and 9, were opened for nurses; No. 8 (Zizinia) is now closed, but No. 9 (Bulkley), containing 23 beds, at Alexandria, is doing admirable work.

Altogether four hospital trains have been placed at the disposal of the army through the Red Cross. Each train is designed to carry 450 men, but can carry 500 in times of pressure. They bring back the wounded swiftly and smoothly from behind the firing line to the coast. Removable beds are supported on brackets on either side of the carriages and are as comfortable as they can be made. Each train has an operating table, dispensary, kitchens, etc., and an expert staff. On occasion a train has been run into a siding and an urgent operation performed during the journey home. So far many thousands of men have travelled homewards in these trains from the battlefields of France and Flanders, among them His Majesty himself, after his severe accident while reviewing the troops. For instance, train known as No. 11 has carried in less than twelve months over twenty-six thousand patients and travelled as many miles.

Once again we take this opportunity of congratulating in the heartiest possible manner this splendid Society, which has done so much since the opening of this terrible war—the greatest crime of all centuries.

Hospital Items

WE take this opportunity of congratulating the Committee who had charge of the Queen Mary Hospital White Rose Day, which took place on September 7th last, on the result of their work. The net amount credited to the Queen Mary Hospital for Consumptive Children at Weston was \$12,470.06.

It is understood that the following compose the Board recently appointed to reorganize the matter of Canadian Hospitals now on Active Service: Col. H. A. Bruce, Toronto, Director; Capt. (Dr.) W. F. E. Wilson, St. Catharines, Second in Command; Col. Wallace Scott, Toronto, and Lieut.-Col. Walter McKeown, Toronto.

Personals

It was recently announced that Col. Murray MacLaren, of St. John, N.B., has been asked to take charge of Cliveden Hospital.

Mrs Isabella Holmes Keech, of St. Louis, Mo., made a donation of fifty thousand dollars to the Western Pennsylvania Hospital of Pittsburgh, Pa., in commemoration of her late husband, William H. Keech, a former prominent Pittsburgh business man, who during his life was very much interested in charity.

Col. Geo. Nasmith, C.M.G., Toronto, and Col. Adami, of Montreal, have resigned from the Canadian Medical Service and returned to Canada. Both gentlemen have resumed their work, Col. Nasmith in the Toronto Health Laboratories, and Col. Adami at McGill University.

We extend hearty congratulations to our esteemed confrère, Capt. (Dr.) Harley Smith, of Toronto, now "doing his bit" at the Ontario Base Hospital, Orpington, on his recent promotion to the rank of major.

Book Reviews

Clinical Studies for Nurses for Second and Third Year Pupil Nurses. By CHARLOTTE A. AIKENS, formerly Superintendent of Columbia Hospital, Pittsburgh. Third edition. W. B. Saunders Company, Philadelphia and London.

In this book on Clinical Studies for Nurses Miss Aikens has in mind the securing of grading instruction for nurses—these studies being a sequel to her Primary Studies and designed to meet the needs of second and third-year pupil-nurses. This edition has been thoroughly revised. Additions have been made to various chapters and new illustrations introduced.

The author desires to emphasize the fact that this book is a compilation. But what has hitherto been scattered in various books and taught in lectures is here given in a systematic and concise form. Standard medical works and practising physicians who are teachers of medical students have been freely consulted. The comprehensiveness of the subjects treated, the practicability of suggestions offered, make the book a valuable adjunct to a nurse's or teacher's library.

The Expectant Mother. By SAMUEL WYLLIS BANDLER, M.D., Professor of Gynecology in the New York Post-Graduate Medical School and Hospital. Illustrated. Philadelphia and London: W. B. Saunders Company. 1916.

This book is full of useful information especially for the trained nurse. The author has endeavored to use simple language, but of necessity has employed many terms foreign to any but a medical vocabulary, and consequently the expectant mother would in many instances have difficulty in understanding them. But were she able to fully appreciate the many dangers of pregnancy and parturition, so well depicted by the author, she would be a brave woman who faced them, especially

for the first time, with the cheerful and hopeful mind so essential for her coming trial. The postpartum stage and care of the mother until the uterus has fully recovered and the directions for nursing and care of the child are good, and should be known to all expectant mothers. Twilight sleep has been well explained and reasons given for not using it. This is a very interesting little book.

W. J. W.

Care and Feeding of Infants and Children. A text-book for Trained Nurses. By WALTER RECUR RAMSAY, M.D., Associate Professor Diseases of Children, University of Minnesota, etc.

This little work shows a vast amount of work and considerable experience. It is not perfect, going too deeply into some subjects, and very sketchy in others. Some of the plates are excellent. The book is well printed, as are all J. B. Lippincott's, and may be found helpful in cases of emergency to the trained nurse.

The Control of Hunger in Health and Disease. By ANTON JULIUS CARLSON. Pp. 319. Illustrated with 38 plates. Chicago: The University of Chicago Press. September, 1916. Price, \$2.00 net, postage extra.

Those who were privileged to hear the address of the Professor of Physiology of the University of Chicago at the Academy of Medicine, Toronto, in October, upon hunger, appetite and gastric secretion, heard enough to create a desire to know more about the work he has done on the stomach.

The book contains a summary of the work carried out along these special lines in the Hull Physiological Laboratory of the university during the past four years. In the various chapters most of the biological and clinical literature of the subject is presented in condensed form, giving an excellent summary of our present knowledge.

There are some seventeen chapters with sub-headings in each. His method of study and deduction leads him to present

his conclusions at the end of each, a most admirable plan. One chapter is devoted to the action of bitter tonics (*a*) on the hunger mechanism, (*b*) on the secretion of gastric juice, (*c*) on food consumption, (*d*) on appetite in clinical cachexia. His results are interesting and should elicit further contributions on the subject from clinicians.

J. H. E.

The American Hospital Development. By EDWARD F. STEVENS.
Published by The Architectural Record Co., New York, 119
West Fortieth Street.

This beautiful brochure on calendered paper with lovely pictures of hospitals—American and European—is a reprint of two articles of Mr. Stevens which appeared a year ago in *The Architectural Record*.

The text describes the influence of European hospitals on American; and emphasizes the need of the special preparation of our American architects who attempt hospital designing in this sort of work—something insisted upon in German hospitals in particular.

The author shows some plans of the more recently constructed European hospitals and also plans of the newer American, particular emphasis being placed upon a number he himself designed.

The essayist, after a considerable apprenticeship with the veteran, Taylor, of Boston, boldly entered the special field of hospital architecture, and to specially equip himself for his chosen field has several times visited Europe and made careful and conscientious studies of the hospitals there.

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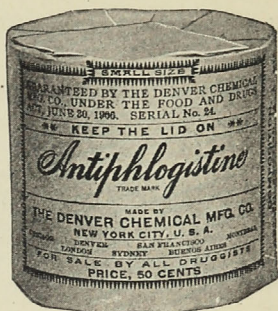
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Chronic Intestinal Indigestion

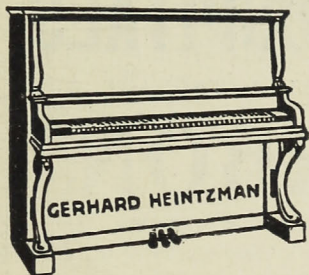
THIS chronic disorder frequently follows the acute form of indigestion, especially in children who are below par in general health and vitality. As in the acute variety, the condition is not one of positive bacterial invasion, but rather a negative state, in which there is a general inadequacy on the part of the normal intestinal flora to fulfil its function.

The child lapses into a state of chronic malnutrition; diarrhea alternates with constipation, the stools being white or grayish in color, lumpy in consistency, acid in reaction, rancid in odor, and containing curds and particles of undigested food.

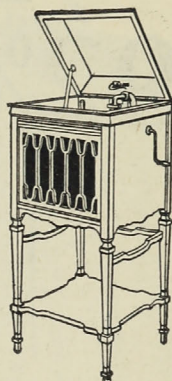
The patient should, if possible, be removed to the country, preferably to the seaside or the mountains, and given the advantages of a rigorous hygiene. The diet needs the most careful individual selection and adjustment in each case; but the general principle is that it should consist of concentrated, pre-digested food, such as beef peptonoids, egg albumen, whey, malted foods, etc. The bowel should be frequently irrigated, clear up to the colon, with tepid water, to which listerine has been added in the proportion of two ounces to the pint, but no astringents. Injections of olive oil and cacao butter are also useful to assist nutrition.

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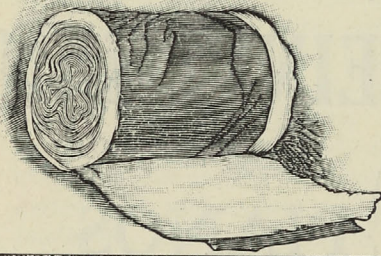
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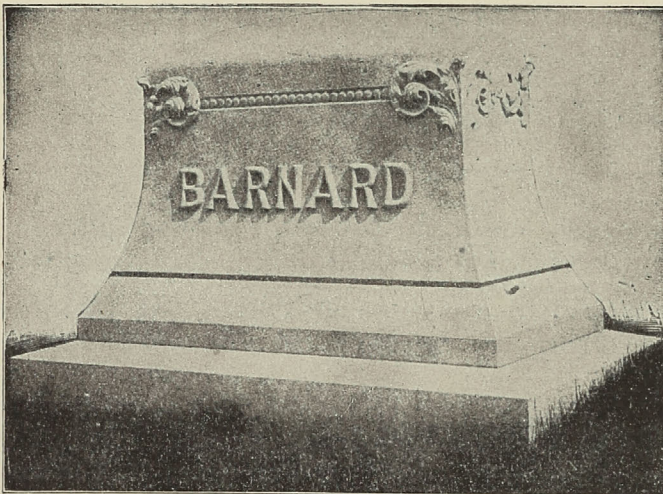
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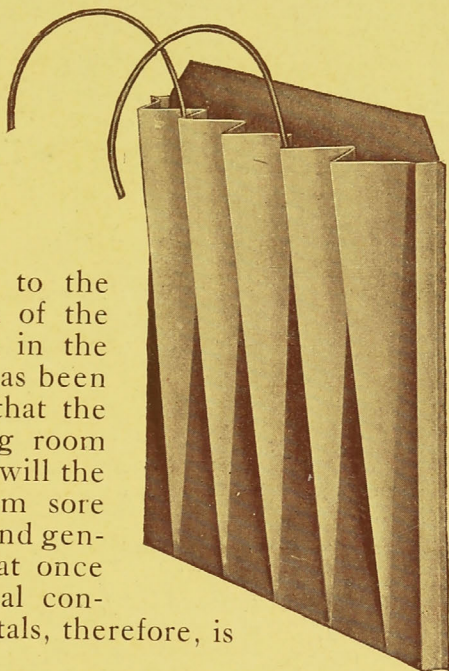


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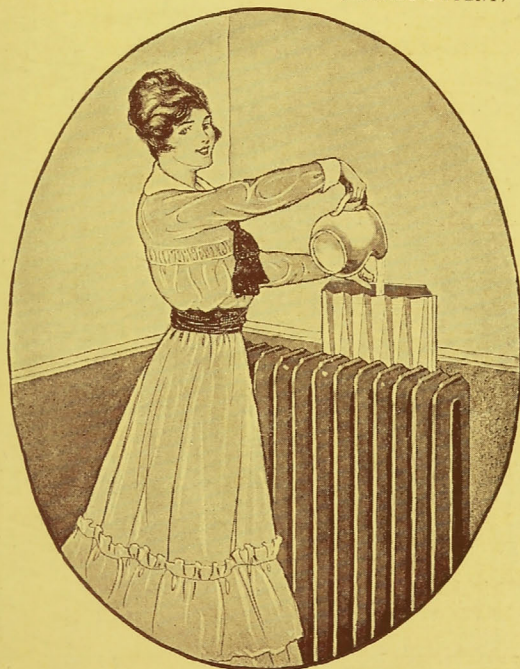
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that nothing is so detrimental to the health of patients as the lack of the normal percentage of moisture in the air they breathe. How often it has been demonstrated beyond question that the moment the air of the sleeping room becomes too dry, just so soon will the inmate of that room suffer from sore throat, headache, sleeplessness and general malaise, a condition that is at once changed on returning to normal conditions. The attention of Hospitals, therefore, is particularly called to



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