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THE HOSPITAL WORLD

Vol. XI (XXII)

Toronto, March, 1917

No. 3

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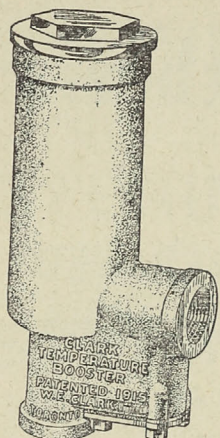
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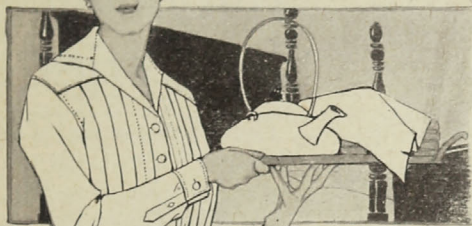
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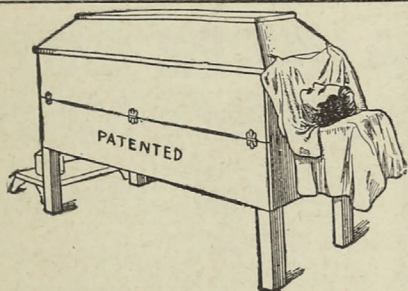
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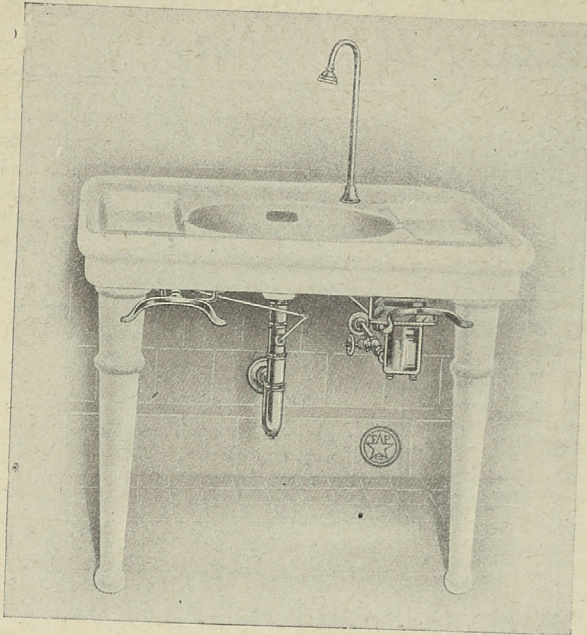
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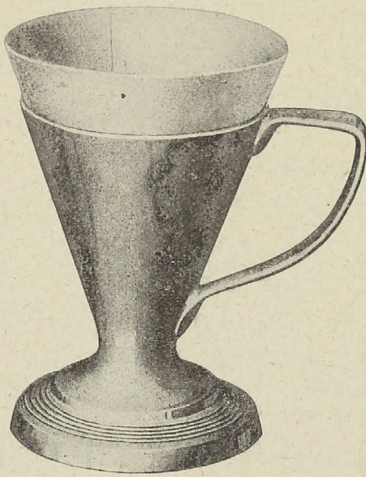
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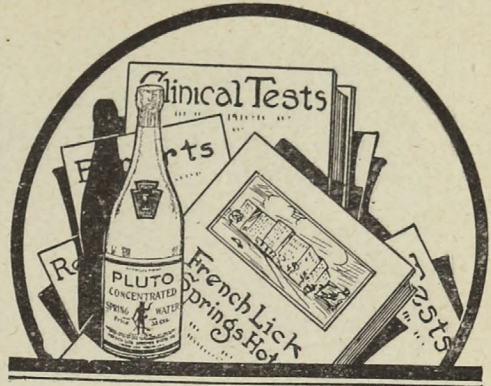
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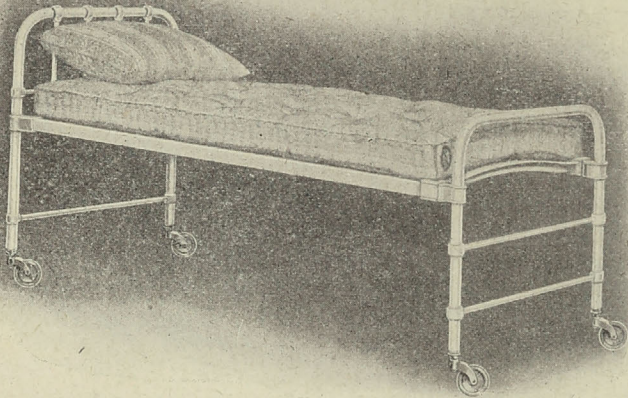
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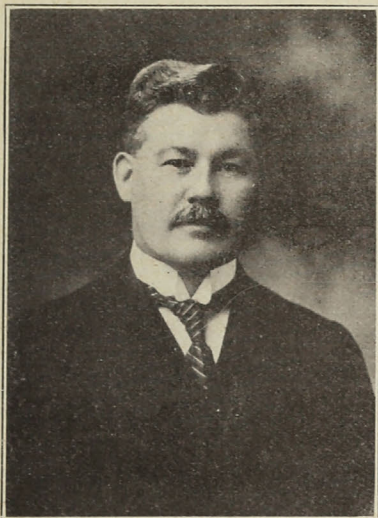
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Reprints, including Half-tones, etc., Supplied Authors at Net Cost.

Vol. XI.

TORONTO, MARCH, 1917

No. 3

Editorials

ALBERTA HOSPITAL LEGISLATION

ALBERTA has a more than ordinarily radical piece of legislation to consider this year in the form of a Free Hospital Bill, which aims at nothing short of the nationalization of the whole public hospital service in

the Province. A scheme to this effect has been under consideration by a number of popular organizations and citizens' committees for the past two years or more and the plan crystalized last Fall into a request of the Government to introduce Legislation accordingly. The Bill now forming one of the Government measures, to be presented to the House at its sitting this Winter, is the outcome.

The suggested plan is that the public hospitals of the Province should be put on a thoroughly democratic basis, and that the system of administration should be so changed as to provide for their entire support from public funds, leaving their services available to the people without individual fees. A direct tax on land is proposed as a means of meeting the cost of operation and maintenance, on much the same plan as that of the public school system.

In detail the new scheme will provide for the division of the Province into Hospital Districts, which are to be so arranged that Hospitals may be established within reasonable reach of all. The aim is to have at least one Hospital for every twenty-mile radius and each District will probably cover four municipalities. The Hospital Districts will be administered locally, but in strict accordance with the principle of State control and responsibility. Under the Government Board there will be Local Governing Boards which will be elected by a poll of proportional representation. These Boards will be charged with the duty of controlling and operating the local Hospitals, the Government reserving, however, the right

of supervision and general direction. Official inspection is provided for and there will be a Provincial Standard for nurses with full provision for their training.

As soon as possible after the formation of a Hospital District a referendum must be held in it and the question of constructing and maintaining a Hospital within its boundaries. The Hospitals so authorized are to be built and operated by a tax on the land and other resources such as coal and mineral deposits, and the service of the Hospitals is to be free to all residents of the district without fees.

The Alberta Legislature will presently decide whether this scheme is to be made law or not.

THE ONTARIO LEGISLATURE AND THE CARE OF MENTAL DEFECTIVES

AN influential deputation waited upon the Ontario Government on January 26th and discussed at some length the whole question of the care of mental defectives. It was pointed out to Premier Hearst that unless the problem of mental defectives be settled without delay, it will soon get beyond control. It was also pointed out that the proposal was to establish institutions of the industrial farm colony type, one for boys and one for girls, accommodating in all about five hundred pupils. The boys' buildings, as we have already stated in this Journal, will be in the neighborhood of the Industrial Farm for Men in Markham Township, and the girls on the eastern portion of the

Women's Industrial Farm. The Toronto City Council have already consented to set apart sufficient land for the purpose of these colonies and the Board of Education is willing to give \$100.00 per annum for the support and maintenance of each pupil it sent. An effort will also be made to get the Separate Schools in the Province to contribute in like manner. The deputation asked the Provincial Government for a grant of at least \$50.00 per pupil per annum.

It was stated that it was not the intention to take into the colony feeble-minded of all grades, but only the higher grades, which are at present the greatest menace to society. It appears to us to be more than wise that what are termed idiots be not taken in as patients at the farms, as it will be absolutely necessary that other provision be made for these poor individuals. It is intended that the defectives who go into the institutions shall be so trained that they can later become self-supporting. There is no doubt that quite a number of the cases so treated should ere long be able to go back into society once again, it not being the intention that the inmates of these institutions shall be kept for all time, but only till they are about twenty-one years of age, at which time they might be handed to the care of the Province. The whole question of the treatment of defectives is a very large and serious one, as, at present at least, it would appear as if it will be impossible to handle mental defectives throughout their entire life. It should not be up to the City of Toronto to take on *all* the responsibility, and we would urge the Province to at once assume their share of the burden.

COLONEL HERBERT BRUCE VINDICATED

THE following Editorial appeared in a recent issue of "Saturday Night," and as it expresses exactly our opinion, as voiced in the December number of The Journal, we reproduce it:

A little sharp and straight criticism at Ottawa pertaining to the conduct of army affairs will do no harm. Indeed, it may be the means of clearing up some matters which are extremely disquieting at the moment. For instance, everybody who is in at all close touch with matters in England knows that this so-called Bapstie report which was intended to whitewash Surgeon-General Jones and cover up his deficiencies, and the deficiencies of those under him, and at the same time blacken the reputation of Col. Bruce and those with him who assisted in the investigation, is no more nor less than a specimen of dirty politics. And one may go so far as to say that no one knows this better than does Sir George Perley, who has been familiar with the question from the beginning. It matters not whether Col. Bruce is given an important appointment at the front, or whether Surgeon-General Jones gets an Irishman's rise by being shifted from one appointment to another. The fact remains that a deliberate but futile attempt was made to discredit Col. Bruce's report, and that of itself is a sufficient condemnation of the methods in vogue. As in many other departments in connection with the war, so in this, we back and fill, back and fill, but get nowhere. Does one imagine for a moment that a condemnation of Col. Bruce's report is going to clear up the situation as regards our hospitals in Europe? Is it going to clear out the doctors who go on jags in business hours? Is it going to terminate the nuisance of having small Canadian hospitals in charge of well-intentioned but ignorant English ladies of family, to the exclusion of Canadians who know their business? And, mind you, Canadians are paying for these hospitals, not the English ladies of family who are heavy on social prestige, but light on the wants of a sick soldier.

According to Sir Robert Borden's figures, given out the other day in the House, Canada has actually sent 310,000 men over-

seas. But he does not tell us how many of this number were eventually turned down in England as being medically unfit. We are creditably informed that the number is astonishingly large, running into thousands. Nor are we told how many of this 310,000 have been, and still are, occupying safety first jobs in the Canadian Records Office, and in the what not of semi-military life in London. A short time ago there were somewhere around four thousand in the Record Offices alone, whereas the same work is done for an equally large, if not larger, force contributed by Australia and New Zealand, by one-sixteenth of four thousand.

Upon the fearful waste which has been, and is still, taking place in the various arms of the service, there is no need to dwell, any more than to mention one item alone, that of medical unfits, who, through gross laxness, were allowed to enlist and go overseas. It is estimated in London by those who should know that it has cost Canada up to date no less than \$25,000,000 for the training, equipment, maintenance, transportation, etc., of our unfit soldiers.

A few examples of the gross mismanagement of the Army Medical Department in Canada should be sufficient. For instance, in one battalion of approximately 1,000 men, it was found by the medical authorities in Britain that no less than 450 were unfit for military service. Some of these men were either too old or too young, and the remainder in such a state of physical health as to render them not fit for service. So many boys, under 18 years, have been sent out from Canada, to be either kept back or discarded upon their arrival in England, that there is now actually sufficient to make up an entire battalion. The fact that incurable tubercular patients have gone from sanitariums right into military training, to later on litter up the military hospitals in England, has before been referred to in these columns. And these are not isolated instances, by any means, for incurable tubercular cases have joined the Canadian army by dozens. It is quite apparent that either from design, lack of proper instruction, or ignorance, thousands of men were passed in Canada who should never have been enlisted. In Toronto, men with serious heart affections have got by the medical examiners, and even when these examiners' attention was called to these cases by the family doctors, they refused to discharge the invalids. And this is how,

in one department alone, the people's money has been wasted by the millions.

Colonel Bruce had the courage of his convictions, and did not hesitate to express them when and where he thought necessary, notwithstanding the pressure brought to bear upon him socially and politically not to let in the light of day where it was most needed. We again congratulate Dr. Bruce upon his fearless truthfulness and now, having done all, let him stand. We earnestly trust that, notwithstanding the Baptie report, which many think contains contradictory statements, his frank criticism will result in our brave boys being better handled and speedily hastened back to convalescence.

DINNER TENDERED TO DR. H. A. BRUCE

THE Medical Profession of Toronto tendered a banquet to Dr. Bruce at the King Edward Hotel, Toronto, on February 14th. Covers were laid for 125, and every place was filled. The chair was occupied by Dr. J. A. Temple, who at the last moment took the place of Dr. A. J. Johnson, who was taken ill. The guest of the evening sat on Dr. Temple's right, some of the other guests being Sir William Mulock, Mr. Justice W. R. Riddell, Sir John Eaton and Sir Henry Pellatt. The toast to Dr. Bruce was proposed by the chairman. In replying Dr. Bruce very wisely made no reference to anything controversial, but gave a very interesting account of some of his experiences while on active service. Sir William Mulock and Mr. Justice Riddell very eloquently proposed and replied to the toast "Canada and the Empire." The whole affair was exceedingly pleasant and a fitting tribute to a member of our Profession who, we feel, has been most unjustly criticized.

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Yet this newly opened home is remarkably accessible, requiring only a short ride from Waterloo Station, by railway; or electric trams and the several underground tube lines and omnibus lines also bring the visitor quickly to Dulwich. These "bus" lines are now "manned" by pretty girls, for "Sister Sue" has

bravely "taken brother's place" while he goes out with the allied armies.

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"Come," said Superintendent W. B. Jamieson, "we will take a walk through the home." So we started, and I found that as a sanatorium or convalescent home it is peculiarly well adapted. It has been left to the discernment of colonial connoisseurs to acquire this health-giving location, and it is extremely improbable that once having "sampled" the unique adaptability of the property, they will relinquish the right to acquire permanent possession.

The original "Kingswood" was built by Mr. Thomas Tapling, M.P., a well-known city carpet merchant, and a noted philatelist. In 1890 the property was purchased by Mr. John Lawson Johnston—of Bovril fame—who, including enlargements and elaborate accessories, spent £100,000 on the estate.

On the death of Mr. Johnston the estate was disposed of to a Russian princess. Rt. Hon. D. Lloyd George, Chancellor of the Exchequer, paid on July 5, 1913, a memorable visit to "Kingswood," despite the threat of the "Suffragettes." Last year the estate was rented by Lord Tredegar, during the period of war service with the R.N.D. at the Crystal Palace.

Some notion of the capacity of the mansion, and of its suitability for the Samaritan purposes it is now being put to, may be gathered from the fact that it comprises 49 rooms, exclusive of the two entrance lodges, and coachman's, chauffeur's and gardener's cottages. The great and outer halls, with their galleried staircase, lofty beamed ceilings, and stained glass windows, are of palatial dimensions. In the beautiful drawing room is a splendid Algerian marble chimney piece, rich hand-worked plaster ceiling, and satinwood fittings. In the dining hall is a handsomely carved fireplace, and the painted panels of the ceiling represent the months and seasons. The billiard room is most luxuriously fitted with raised platforms and electric fans for carrying away the smoke. On the main corridor of the first

floor is the library, ballroom and a suite of spacious bedrooms. At the far end of this corridor is the "Culloden Room," an exact replica of Queen Mary's apartments at Holyrood Palace, the stained glass windows depicting Jacobean incidents.

During Mr. Johnston's tenure "Kingswood" contained a large number of historical articles. In one of the bedrooms is a quaint canopied bedstead from "Culloden House," said to have been used by Prince Charles Edward for three nights previous to the fateful "fight for Culloden." Mr. Johnston paid \$750 for this piece of furniture. After St. Cloud Palace was destroyed, during the Franco-Prussian War, many interesting articles associated with the royal residence were bought by Mr. Johnston from the French Government, including the famous marble fountain on the front lawn at "Kingswood"; part of a column of red marble from the Salon de Mars, and several of the fire backs in the rooms, etc.

The grounds are of singular and diversified beauty. From the battlemented tower of the so-called "Castle Ruins" a glimpse is obtainable of the browsing cattle in the park—where at one time deer were kept—the spires and gables of Dulwich College, and away in the distance the dome of St. Paul's, the campanile of Westminster, and still more distant heights of Highgate and Hampstead. Singularly picturesque are the gardens and lawns and avenues. There is an ornamental lake winding in and out of the trees and plantations, and spanned by an artistic stone-built bridge. There is a six-hole golf course (capable of being extended to nine holes), and tennis, croquet, and bowling lawns. The outbuildings are of the same complete category; stabling, coach-houses, carpenter's shop, and even a slaughter house, for at one time a model house-farm was in full swing, with accommodation for a large number of cows.

This is but a mere summarized description of the "Kingswood" domain. The gallant war-worsted warriors from the "Land of the Maple Leaf" revel in their sylvan quarters, and it is not a rash prediction to make that the dwellers in many a Canadian township and private homestead will be regaled with glowing descriptions of the beauties and comforts of "Kingswood."

Under the portico stood a Red Cross ambulance. Reaching it,

I found a brass plate on the driver's seat with this inscription: "British Red Cross Society. Presented by the Women of Calgary, Alberta," while the sides bore the legend "Canadian Red Cross Society."

At five o'clock tea was served in the large oak-panelled dining room, at which were present a fine, happy lot of Canadians, who seemed to enjoy the most daintily served tea one could imagine.

It was the day for the regular visit and inspection by Assistant Manager H. B. Robinson, who, as very many will remember, is one of the well-known ex-residents of Toronto.

In a smaller dining room at "Kingswood" a very prettily appointed tea table was set, also at five o'clock, at which the Matron, Miss Hardinge, of Toronto, presided. The other members of the party were Assistant Manager Robinson and Secretary Jamieson.

Every Friday evening an entertainment is given at this unique Toronto Soldiers' Convalescent Home and Hospital. Some fine musicians—amateurs generally—visit "Kingswood," and freely render vocal and instrumental selections. This evening there was a special concert given, and popular songs brought great applause from our soldier boys, who were massed in the great "Old Reception Hall," near the grand entrance to this old baronial hall of nearly fifty rooms. "It's a Long, Long Way From Berlin to London" is the song which captivates our Canadian soldiers. A fine solo on the "phono-fiddle," the lately patented English one-stringed violin with a horn attachment, was another pleasing innovation this evening. There were quintets, duos, and fancy dances, monologues, and a variety of attractive numbers rendered. So, you see, your boys in this home are having "the time of their lives."

Miss Carolyne Powell, of Brantford, Ont., is one of the graduate nurses from Roosevelt Hospital, New York City, now here. She is well liked by all and enjoys England and her work.

Miss Hardinge, of Toronto, is Matron at this beautiful home. She graduated at the Montreal General Hospital. Recently she was Superintendent of Nurses at St. John's Hospital, Toronto. She likes the work very much here. She praises the Canadian soldiers and considers them most obliging patients.

Miss Constance McMechan, of Toronto, is one of the graduate nurses here at "Kingswood."

Miss Muriel Wilson is also one of the very popular nurses here from Toronto.

Miss Florence Oram, who was born in Toronto, and graduated at St. Luke's Hospital, New York City, is another of the many obliging nurses here now from your city. She said to-day: "Yes, I was in the Public Health Department in Toronto for a year or two, and we arrived at Liverpool last May."

CANADIAN CAMP ON EPSOM COURSE

BY LACEY AMY.

THE pretty little English village of Epsom has always had fame thrust upon it. In this beautiful country the villages seem to be a part of a tremendous scheme of landscape gardening that makes a Canadian envious. Therefore, from its location and surroundings, Epsom could not claim a distinction that does not belong equally to hundreds of other hamlets and villages. And yet it has perhaps been the best known of them all.

One does not need to know a fetlock from a bookie to have heard of the Epsom races, no matter on which side of the ocean he may live. The traffic on the road to Epsom during the races has long been the limit of congestion conception, and it did not seem possible that even the war could interfere with such an institution. But it has. Now the huge grandstands loom up as relics of a day to which every Englishman is hoping for a speedy return. Even the incident of the suffragette who gave up her life for the perpetual fame of Epsom and other things is but a vague outline in popular memory.

But Epsom is not forgotten. To-day it is more closely associated with the spirit of the times than it ever was. As an expert in expediency it might be said to savor of political genius. In peace it revelled in the diversions of peace; in war it turns its hands to the grim realities of strife—both, one might say, the sports of kings.

For Epsom is now the location of a great military camp, whose connection with the actual struggle is more intimate than that of any other camp in England. Thousands of Canadian soldiers will return to Canada with more vivid memories of Epsom than of any other spot in England.

NO ORDINARY CAMP.

The Epsom Camp is not the ordinary military camp where raw recruits are put through their paces to the disgust of themselves and of their officers. It is a veterans' camp, the rallying point of those who have faced the Germans, retired for repairs, and are about ready to return to get even. A Canadian soldier comes to England, receives a severe drilling of some months at Shorncliffe or Bramshott, crosses the Channel, stops a German bullet with some unvital part of his anatomy, passes back through hospitals in France to hospitals in England, is shunted out to a convalescent home when his wound ceases to give trouble, and as a last stage before returning to the front he finds himself at Epsom.

Epsom is in reality a convalescent camp. You can't experience its joys and sorrows unless you have been hit by disease or by German shrapnel—you are not likely to see it without a gold stripe on your sleeve. Registering as it does the final step before the second round in the trenches, Epsom cannot be said to be popular. You are justified in coughing diplomatically when you hear of soldiers clamoring to get back at the Germans. It is more thrilling to tell and read it that way, but less reasonable. A soldier does not have to be a funkier to prefer England to the Ypres salient, for instance. He is not guilty of evading his duty because he does not look forward to a second taste of France. Therefore Epsom is not a recreational stage.

Also, take a man with several months or weeks of hospital inertia and enervation behind him and put him at physical drill that nips him in the muscles he has allowed to go flabby, or in joints stiffened by careless German shooting, and the days will probably pass with a groan, even though their duties mean health and strength and vim. And that is what Epsom does for him.

IDEAL LOCATION.

The camp is located a couple of miles from Epsom Station, within the massive stone walls of one of the golf courses of the Royal Automobile Club. The original Canadian camp, now called the Farm Camp, was pitched in a grand grove of oaks about the old farm buildings of the property. Later the Imperial Army laid their hands on nine of the twenty-seven holes of the course and established an Imperial camp. Canadians began to dominate, and at last the Imperial authorities, while retaining possession of it, placed it under Canadian officers—not without some feeling on the part of the Imperial officers I am told. Now Major Irving, a Canadian with Toronto connections, is in charge, with Captain Roy Thomas, a College Street physician, as adjutant. The capacity of the camp is four thousand, of which twenty-five hundred are Canadian, one thousand Imperial and five hundred Australian. Over these are twenty-five Canadian officers, five Imperial and two Australian.

Entering the gate in the impressive stone wall one is struck first by the unexpected neatness of things. The paved central road extends for more than half a mile, angling across the field with two right-angle turns, with the huts facing it on both sides. The three divisions of the service are distinct, the Canadians for the most part being nearest the gate, then the Imperials, and the Australians on a branch road of their own. Separating the Canadians and the Australians has been found everywhere conducive to the physical and mental well-being of both. I can give assurance of this, that the huts of the Canadians give evidence of a superior care and cleanliness of which I, as a Canadian, feel proud—although the entire camp is a model in those respects.

MANY DECORATIONS.

Before each hut stands a thirty-foot square of ground into which are crowded to overflowing the energy and ambitions of the occupants. Some have gone in for flowers and in the few months the camp has been open have produced a wonderful panorama that makes the place look like a huge market garden, an impression that is increased by the utilization of the spaces

between the huts for the growing of vegetables. Others have allowed their artistic instincts free rein for the construction of elaborate designs of mottoes, phrases and patriotic symbola, and the effect is a revel of color. These latter works of art show on a surface graded so as to slope towards the road and are built up of bits of broken colored bottles, pieces of coal for black, of brick for red, and of whitewashed stone for white.

Just within the gates "Toronto" flames at one in big letters, with sufficient other wording to prove that some patriotic Toronto battalions have limbered themselves into condition within the hut they front. Farther along a striking caricature of Satan announces a hut of "Little Black Devils" from Winnipeg. There are flags and maple leaves galore, short sentences, memorials and designs that betray residents of more than ordinary artistic ability. And all show a development of imagination and a capacity for work and devotion that give the visitor a singularly agreeable impression.

The most elaborate garden is halfway up the road. On the afternoon of my visit a half-dozen serious-looking Canadians in shirt sleeves were industriously working on it with a pile of glass and coal and brick, referring now and then to a detailed plan on a sheet of paper. During the previous night some jealous soldiers had trampled over the work of their hands, entailing another couple of back-straining days in its renewal. At the top of the grade, ranged in a curve, were the flags of the allied nations up to the time of Roumania's entry, the Union Jack being in the centre in splendid size. What troubled them now was that the addition of Roumania would throw the Union Jack out of the centre. They inquired anxiously of me if I thought it worth while waiting to see if Greece wouldn't come in to even up their design. Before the flags were the names of the Canadian Provinces with their capitals, and in the centre, on a raised plaque, the words "Our Home," and "Lest We Forget." Then came excellent designs of an Indian warrior, his squaw, a beaver and a moose; and down at the front was a list of the battles in which the Canadians have figured—Lange-marck, St. Julien, Givenchy, Festubert, Hooge, Ypres and others. Courcelette was not yet added.

LOTS OF ENTERTAINMENT.

The camp is amply provided with entertainment. There is a concert hall seating a thousand, at which are presented two cinema shows a week and a number of concerts provided by public entertainers. To meet the current expenses the soldiers are charged an entry fee of a penny and the officers sixpence. A Queen Mary Tea Room gives the soldiers opportunity for entertaining their lady friends, and off it are a billiard room and a reading room. The Y.M.C.A. also has a tea and a writing room. There are a gymnasium, a miniature rifle range and a skittle alley. The bar is beyond the control of the Canadian authorities except as to hours. These are limited to three a day, two of them in the evening.

The rear of the camp overlooks the golf links, a typical English scene of rolling downs and luxuriant trees. It provides the necessary diversion for the officers, and gives a pleasing touch of life to the surroundings. But the war has interfered sadly with the clubs of England. Although it was a Saturday afternoon there were but two parties on the links. And that night, in the fine old clubhouse, once a monastery and always the crowning point of a scene of wondrous beauty, we had the dining-room to ourselves; the sitting-room grate had to be lighted specially for us.

In the Stygian darkness of Zeppelin-menaced England we trudged to the station after nine o'clock, the blackness so intense that only an outstretched umbrella warded off the thousands of returning soldiers who knew the route by instinct rather than by sight. In a railway compartment with tight blinds we reached London, and through the uncomfortable sightless streets of the city the journey was completed. England is surely at war just now.

NO. 10 STATIONARY HOSPITAL

No. 10 Stationary Hospital, under Lieut.-Col. E. Seaborn, London, has taken charge of Canadian Military Hospital at Eastborne and the Military Hospital at Seaford.

QUEEN'S UNIVERSITY MILITARY HOSPITAL

QUEEN'S University Military Hospital (No. 7 Canadian General Hospital) left Le Treport on November 14th to take up its quarters at Etaples. This unit has now accommodation for 2,290 patients, and it has been found necessary to enlarge the staff by the addition of twenty-five nurses and a number of orderlies.

THE MILITARY HOSPITALS COMMISSION AND THE MILITIA

ARRANGEMENTS have been completed for one hundred military bed cases to be cared for at the Toronto General Hospital. There are rumors of dissatisfaction at the work of the Military Hospitals Commission in this district, and it is feared that there may be a clash between them and the militia authorities. It is stated in support of the contention of those who criticize the work of the Commission that it was established primarily to provide adequate hospital accommodation for returning convalescents, to look after vocational training of returned soldiers, and to look after repatriation and reassimilation. Recently the Hospitals Commission has been established as a separate command, and those who criticize them suggest that in the eagerness to bring this about the original duties have been neglected. "In the first place they have failed to provide adequate hospital accommodation," said one who is in close touch with the situation. "Spadina Hospital is crammed, and College Street is pretty much in the same position. For some reason, best known to themselves, they have refused to avail themselves of the opportunity to accommodate some of their patients in the military hospitals. So far as vocational training is concerned, they have been hampered by reason of some difficulties which they had with the Ontario Government, but then again, they have not the necessary accommodation to do much of the work except such as they do at the Technical School. They cannot give any vocational training at the Convalescent Homes because they have not sufficient room.

Then again, in the matter of repatriation and re-assimilation, they have failed. They are not re-assimilating the returned men to anything like the extent which they ought to be doing."

**COL. (DR.) E. B. HARDY, D.S.O., APPOINTED
COMMANDANT OF THE BASE HOSPITAL,
TORONTO**

IMPORTANT Staff changes affecting the Base Hospital, Toronto, and the Military Hospital, Hamilton, were announced by Col. F. W. Marlow, on January 29th. Col. E. B. Hardy, D.S.O., who has seen service on the Western Front, was appointed Commandant of the Base Hospital, Toronto, in place of Lieut.-Col. T. B. Richardson, recently transferred. Lieut.-Col. C. A. Warren, Deputy Assistant Director of Medical Services, who took charge of the Hospital temporarily, returned to his administrative post at Headquarters. Col. E. B. Hardy went Overseas with the First Contingent as second in command of No. 2 Field Ambulance, and was soon afterward appointed Commanding Officer of that unit. He was with the First Contingent of the Canadian Army Medical Corps through all the battles in which the Canadians have figured on the Western Front, and was mentioned in despatches both by General French and General Haig, for distinguished service in the second battle of Ypres and on the Somme. He has been identified with the work of the Canadian Militia since 1905. He was recently invested with the Distinguished Service Order by His Majesty, and was allowed to come home on leave.

Capt. (Dr.) W. L. C. McBeth and Capt. (Dr.) J. S. MacCallum, M.C., two officers who have had extensive experience at the Front in France, have been appointed to the Military Hospital, Hamilton. Capt. McBeth has had experience in various branches of the Army Medical Corps work, having served in the trenches as Battalion Medical Officer and in Field Ambulances and Base Hospitals in France. Capt. MacCallum won the Military Cross while on duty in France.

In connection with the reorganization of the Hamilton Military Hospital Staff, the appointment was recently announced by Col. Marlow of a standing Medical Board for the examination of recruits, to be composed of Major D. J. McIlwraith, as senior officer, Capt. G. E. Greenway, and Capt. Victor Ross.

Western University Military Hospital is now stationed at Seaford, Sussex, England, where it occupies the Ravenscroft Hospital building. Several nurses and other members of the unit who have been on duty in France have returned to England and rejoined the Hospital.

Dr. C. C. Tatham has been appointed Medical Superintendent of Stratheona Hospital, Edmonton, Alta., which has been taken over by the Military Hospitals Commission. Dr. H. L. Collins has been appointed to the staff of this hospital, and other appointments will be made.

St. Lawrence College at Ramsgate has been fitted up as a Convalescent Home by the Canadian Red Cross Society. The Home will have accommodation for one thousand patients and will bear the name of Princess Patricia. It will be placed under the direction of the Canadian Medical Services when ready for occupation.

Mr. S. A. Armstrong, who has been Assistant Provincial Secretary of Ontario for the past seven years, has been appointed Director of the Canadian Military Hospitals. Mr. Armstrong will assume complete charge of the organization and supervision of the different branches of the work of these hospitals for the duration of the war.

The Canadian Red Cross has granted the sum of \$100,000 to the Laval Military Hospital (No. 8 Canadian General Hospital), which is to be stationed at Vincennes. The grant is intended for hutments for the accommodation of the Hospital, which will be situated at the opposite end of Paris to No. 6 Canadian General Hospital, which is at St. Cloud.

Selected Articles

DOCTORING—MEN AND THINGS*

CONCERNING THE WHYS AND WHEREFORES OF THE REPORT THAT
CONDEMNED COL. BRUCE'S REPORT, AND INCIDENTALLY
"WHITEWASHED" THE MEDICAL ADMINISTRATION
IN ENGLAND.

BY LACEY AMY.

ONCE more is Surgeon-General G. Carleton Jones, Director of Canadian Medical Services, denting the cushions that decorate the chairs of authority—and mitigate their responsibilities. And thereby hangs an appendage that wiggles aggressively.

When Colonel Herbert A. Bruce was selected by his late majesty, Sir Sam, to trace the odors from the medical department of the Canadian forces in England, he took reputation and military career into his hands and gambled them on the most uncertain thing in life next to the termination of the war: political permanence and Imperial co-operation. Colonel Bruce, as Special Inspector-General, and his committee, made official remarks that may have touched the boundaries in extravagance of censure. But for all-round prodigality, that climbed the fence and roamed about loose outside, living often on husks and other immaterial things, the later report of the Special Board of Enquiry appointed by Sir George Perley to see if the comment of the first Board was not a mistake, is the original Wayward Son.

The new Board was composed of some men of real reputation—how many I am not going to estimate—and so far as the Canadian portion of it goes I freely grant that it was probably as honest in its findings as the first Board, although at least one

*"Saturday Night."

member had already strongly expressed his resentment at Col. Bruce's report. The president, I am told, is a most estimable man, but, being an Englishman, I give up trying to understand him in the term of one natural life.

It required no knowledge of the rottenness of the Canadian medical system over here to conclude the perusal of the latest report with the conviction that the Board which gave it out had but two objects before its mind. Of course these two considerations had to be clothed for respectability's sake, even if the raiment was as gauzy as Little Egypt's in her most profitable days. Remember, I am stating only appearances.

First of all General Jones had to be whitewashed.

So obvious is that in every sentence, that the poor General must still be gasping for breath through the coatings. Most of us knew beforehand what he was in for—as we knew by the same tokens, long before Sir Sam let Sir Robert out of a water-filled shell-hole by that impertinent letter, that the ex-Minister of Militia was in for the slides. How?

Well, it was Sir Sam (or his appointments) who decided that the Medical Services might do without General Jones in England. But before the latter could pack his trunk for Canada someone higher than Sir Sam passed him the order to remain in London until this new Board fixed the elevator. General Jones stays—Sir Sam goes. Simple deduction!

And this new Board proved to be a body of thorough mechanics. The elevator's working fine for the D. M. S. It took three months—but General Jones had no need to worry. Appearances again, you understand.

* * *

It was hideously unfortunate for the new Board that there were certain odors distinguishable even by a glue-factory operative. Colonel Bruce had the disgusting bad judgment to find twenty-three of them; and he duly labelled and ticketed them. At the same time a Commandant of a Canadian hospital was court-martialed and dismissed. If it had not been for that, one can imagine that the new report might have confined itself to "nothing to it" and have escaped detailed criticism. But when a rat dies in the wainscoting even Christian Science can't eat comfortably in the dining-room.

The new Board smelled at the whole twenty-three—with the perfume of the whitewash almost overpowering—and was forced to admit that the meat might be bad but it wasn't the butcher's fault. It might be blamed on the moon, or on the fertilizer used on the field where the steer fed, or on congenital indisposition. The report says so, though it doesn't attempt to prove anything.

And it may be right. General Jones may be blameless enough to cast the first stone—but the report doth protest too much. The most amateurish detective would estimate the necessity of about 'steen more Boards of Enquiry before Canada might lie down and sleep.

Starting with the knowledge that Colonel Bruce's report was officially repudiated almost as soon as made, by the retention of General Jones in London, let's examine this new document from a London viewpoint.

(Since this was written General Jones is reported on his way back to Canada, while, on the other hand, Col. Bruce is said to have been given work at the front by the British Government.)

The very preamble exposes immediately the status of the late—and now present—D. M. S. "The Board does not hesitate," it says apologetically, "to criticize those matters wherein, in its opinion, the D. M. S. has failed, but does so with great reluctance, for it is satisfied that much of what has been accomplished has been the result of his zeal and industry." Is there not something inherently wrong with an enquiry into the merits of two opposing opinions that admits its reluctance to criticize what is wrong in one of them? The fact is that an unprejudiced reader will find not only a hesitation to criticize General Jones, but a permanent full stop. In the hour I spent on one of the first copies of the report I could find not enough criticism of him to disqualify him for Grand Chief High Roller of anything. I am of the opinion that the coating of whitewash was applied too thickly to suit even the critics of the earlier report.

But the Board had no such hesitation when it came to Col. Bruce. Of course such a whitewashing of General Jones necessitated a stove-blackening of the Colonel. And the latter afforded some opportunity by withdrawing under examination some of the extravagances of his findings. The justification of some of

the criticisms of the earlier report had to be admitted, but always with a qualification. Unfit soldiers were arriving in England, but— There is unnecessary detention in hospitals, but— Sufficient consultant surgeons are not available, but— Unmilitary surgical operations have been performed, but— And so it goes. As I failed to find more than one item where General Jones was not relieved of all blame, so I failed to discover one where Colonel Bruce was entirely right.

The report even goes so far as to criticize Colonel Bruce for "ignoring the good work done by General Jones and his staff." Nobody but a politician could assert that conditions were a "disgrace to the Canadian Medical Service," and that a reorganization "from top to bottom" was necessary, and then turn round and praise those more or less responsible for it. The latest Board had nothing good to say of the first; the first had nothing good to say of General Jones. Without taking sides, it looks like sixes.

The other object before the Board was represented by its Chairman. Everything in the first report that seemed to reflect on the Imperial service must be denied, snubbed, ridiculed, blotted from the sheet.

If anyone can present a plausible excuse for placing an investigation of a purely Canadian service in the hands of a board presided over by an Imperial officer connected with a service indirectly censured, probably Sir George Perley would like to have it to add to his battery. Of course the two services are necessarily interwoven to some extent; and Sir George's courtesy in the selection is undenied. Mamma should sit in the chair at the head of her children's tables. *Up to date England is ex-officio chairman of everything Canadian on this side of the ocean. There are hopes now of a change, but it has been brought about by an English Premier, not by any Canadian authority.

Every Canadian in London, reading the personnel of the Board, knew that the Canadian portion of it would be dominated by the Imperial Surgeon-General President. It's a habit over here. I asked a medical officer who was crowing over the new report why an Imperial president had been chosen. "A neu-

tral," he explained conclusively. "Yes," I replied, "as neutral as the Kaiser on a peace commission." It was bad enough to place a Canadian investigation under an Imperial gad. It was worse when much to be investigated lapped over into the service in which the president was an officer.

I have personally experienced the manner in which England bosses the Canadians over here. I have mentioned before in *Saturday Night* a Canadian convalescent home which I knew intimately for several months. Provided for to the last cent by private Canadian funds, it was at first placed entirely under English management—a non-resident manager representing the Canadian committee, a secretary, a matron, and a matron's assistant. Don't ask me why; no Canadian there could guess it. The matron had learned to nurse before "antiseptics" was in the dictionary, and she would have muddled the organization of a chicken yard; and the assistant matron had been too busy all her life struggling for a social level to be of any use at anything. Four of the five Canadian workers (who alone had made any sacrifice in undertaking the work) were graduate nurses of full experience. Yet the five—in a Canadian home for Canadian soldiers, every cent contributed from Canada—were little better than servants to the English. While the English management dined in a luxurious room opening on the terrace, the Canadians—with the untrained assistant matron giving all the orders from the top seat—were shoved into the "still-room," a sort of brick-floored cellar with storage cupboards all about, looking out (?) through opaque windows into the back regions.

The life of the Canadian physician in military control, a man of mature years and experience, was deliberately made miserable, the matron once commanding him never to mention Canada in her presence. The climax came with the resignation of the fifth worker when the matron ventured to countermand the doctor's orders for the treatment of the wounded. Then the Canadian committee got busy, after five months of anomalous institution, and dismissed the matron and her crony.

That treatment of the Canadians—only in the matter of authority, understand—is as instinctive to the English as cricket. All through this report "British" (for that is the way the Imperial service is distinguished from the Canadian) methods are

held up as models in the most unnecessary places. The only definite accomplishment credited to General Jones is that "the good relations of the Imperial and Canadian services are largely due to the tactful performance of the many delicate duties that fell to his lot."

For the love of everything slangy, why does the Canadian D. M. S. need to be "tactful" with the Imperial service? Why are his duties so "delicate"? Is it possible to keep the Imperial service in good relations only by being tactful? One would expect that the maintenance of good relations would devolve more on the Imperial service. Who declared this war? Who is bossing it to the smallest raid? Who, according to the English version, is receiving the favor by Canadian participation? And yet the Canadian D. M. S. is to be commended for keeping England good tempered: I give it up.

Is the British medical service so admirable? What about the scores of best Canadian doctors kept kicking their heels at Shorncliffe while Canadian papers were full of the British appeal for more and more of them? What about that grandly manned Toronto University base hospital that left Toronto short of doctors that it might waste months here in London? I know the reason given for some of the delay—and it is typically English. What of some of England's best physicians at this moment serving in inferior positions while others unknown in civil life pocket the plums? Is it the British system that keeps scores of excellent physicians at the work of mere clerks, or, at most, of the youngest medical students? I will have more to say along this line.

With the English system, even on England's admission, so bound up in red tape and convention, it makes one shudder to contemplate the introduction of it into anything Canadian.

And reverence for the new report is lessened by the knowledge that most of the witnesses would be hostile to the old. Men censured are going to do their utmost to prove the censure unjustified. It makes little difference that the fault might be—and is—with the system, not with the individuals.

Hospital Items

TORONTO GENERAL HOSPITAL DEFICIT

As we already announced, the City Council of Toronto a few weeks ago decided to pay off the Toronto General Hospital deficit, amounting to \$20,786.00. The following is the Controllers' recommendation:

"In view of the abnormal conditions existing at the present time, occasioned by the war, the Board feel that the city should undertake to assume the obligation in question, and, therefore, recommend that a special grant of \$20,786.30 be voted to the trustees of the Toronto General Hospital for the above purpose, the Board being advised by Mr. P. C. Larkin, vice-chairman of the Board of Trustees, that 'unfortunately, it is impossible to get any assistance whatever from the local Government, and as for the County of York, they have positively refused to pay for the patients of their own that we have taken care of.'"

It would appear as if the City of Toronto were forced to take this step in view of the difficulty in securing any assistance from the Ontario Government or the County of York, who have every right to assist in financing such a splendid institution. Toronto has no right to be made "the goat" in such matters, and we feel that steps should be taken to force the hand of the Government and the County.

It cost \$413,541 to maintain the Toronto General Hospital for the year 1915, exclusive of interest on buildings, and the revenue was only \$392,755. The private patients' building showed a small surplus, the receipts being \$96,541, and the expenditure \$93,791.

This recommendation to wipe off the General Hospital deficit follows on the heels of the Council's action in voting \$21,000 to clear the Hospital for Sick Children of a similar incubus.

Just what the growing burden of hospital maintenance means to the city is shown by the report of Dr. Hastings,

M.O.H., and Finance Commissioner Bradshaw. They show how the per diem rate paid by the city for the care of city patients has increased from 40 cents in 1904 to the present rate of \$1. The Province pays 18 cents a day for its patients. The County of York—rich as it is—pays nothing.

Toronto paid, in 1915, over \$537,000 to the various hospitals. This year the total will be \$590,000. In 1911 this total was \$129,000, so that there is an increase in five years of about \$460,000. Adding the annual debt and maintenance charges, the total hospital bill of the city for 1916 will be over \$604,000.

The Toronto General Hospital trustees point out that their cost rate per day of \$2.17 is lower than the rate in many other large hospitals, and they give the following table:

Royal Victoria Hospital, Montreal	\$2.20
Montreal General Hospital, Montreal	2.53
Hospital for Sick Children, Toronto	2.26
Winnipeg General, Winnipeg	2.47
Johns Hopkins, Baltimore	3.41
Massachusetts General, Boston	3.31
Presbyterian Hospital, New York	3.41

Answering the city's suggestion that the rate for private patients be increased, Mr. J. W. Flavelle, chairman of the Finance Committee of the hospital, says that such a course would simply drive patients to private hospitals, and would decrease the revenue.

The city officials at first advised that the city pay half the \$20,000 deficit if the Province paid the other half, but the Controllers decided not to take such half measures. They evidently despair of Provincial aid.

The officials made these recommendations:

(1) That it is undesirable to make special grants for maintenance to hospitals, but that it is preferable to make an adequate per diem allowance, so that all hospitals shall be treated on a like basis.

(2) There is abundant evidence that hospital maintenance expense has materially increased in the last two or three years.

It appears, therefore, that there are reasonable grounds for granting hospitals an increase in per diem allowance.

(3) If it should be determined to make such increased allowance, then it would appear only proper that the Province and the County should also be contributors.

(4) We would also recommend that in view of the large number of patients maintained in the various hospitals at, for the most part, the city's expense, a supervision from time to time of the food used in these hospitals be made by the Medical Officer of Health.

NURSES GET DIPLOMAS AT THE ST. VINCENT DE PAUL HOSPITAL

A PLEASING event took place on January 25th at St. Vincent de Paul Hospital, Brockville, when diplomas and pins were presented to the graduating class of 1917, in the presence of the medical staff, visiting clergymen, and relatives of the nurses.

Very Rev. Dean Murray occupied the chair, and in presenting the diplomas congratulated the young women upon completing their three years of training, and spoke to them of the nobility of their chosen profession and the opportunities it offers to follow in the footsteps of the Divine Master, "Who went about doing good."

Dr. A. Macaulay was called upon, and in his usual happy strain offered congratulations and words of encouragement to the graduates, whom, he said, were really only entering upon their careers in the nursing world. He advised them to be studious always, ever attentive to the details taught them during their training by their careful teachers, the good Sisters, and, above all, to be cheerful at the bedside of the suffering, as the sick chamber is no place to carry gloom. He spoke of the high standing attained by this class in their written examinations, but said much more were they to be congratulated upon the ability they had shown in their everyday duties on the wards and in the operating room. He closed by saying he felt sure of their success in the future, be it in the great professional world or in the

home, where they would be better women for having spent three years in a training school.

Dr. Maloney, District Health Inspector, followed and in a short address paid a high compliment to the Sisters in their management of the institution, which, he said, considering its size, for equipment and methods could not be surpassed by any in the Province and equalled by few. He asked the graduating class to try, in their calling, to become apostles of preventive medicine, by instructing the people, whenever and wherever they could, on the value of fresh air, simple living, etc. This, he thought, was a work equal if not greater in importance than the healing of the disease.

Dr. Mitchell, of the Eastern Hospital, was well received, and he endorsed all said by the preceding speakers, and in his always affable style offered hearty congratulations to the young women and wished them God's blessing in all their work.

HOSPITAL ACCOMMODATION IN SASKATCHEWAN

DURING the past few months the Provincial Bureau of Public Health has been taking a deep interest in the matter of hospital provision for small urban centres and wide-stretching rural municipalities, and D. G. Tuckwell, formerly Mayor of Lloydminster, where the first rural municipal hospital was put into operation, has been engaged in explaining to the municipalities interested the working of the principle as embodied in the Hospital Act, passed at the last session of the Legislature.

The system provides that two or more municipalities may co-operate for the erection and maintenance of hospitals to accommodate their ratepayers during sickness. The Act allows for the imposition of a two-mill rate, but those who have given this matter their closest attention, contend that in the majority of cases not a two-mill rate, but possibly less than one mill will be sufficient to meet the requirements under normal conditions. In Lloydminster, where the system has been in operation for nearly

four years, a cent an acre under the old system of assessment was found ample for all their needs.

That the matter has aroused widespread interest is evident from the number of municipalities which have signified their intention of submitting by-laws to the ratepayers at the annual election, authorizing their councils to proceed with the appointment of Hospital Boards, and a flood of correspondence has poured into the office of the Commissioner of Public Health during the past few months, seeking information and advice upon this subject.

At such widely separated places as Assiniboia, Shaunavon, Gull Lake, Hughton, Eston, Fillmore, Wadena, Elfros, Wynyard, Saltcoats, Vonda, Prussia, Kindersley, Kerrobert, Wilkie, Biggar, Scott, Edam, Punnichy and numerous other centres, steps have already been taken for the introduction of this system, whilst at several places the necessary by-laws have already been submitted and received in every case the assent of the ratepayers.

GRADUATE NURSES MEET

At the Annual Meeting of the Toronto Graduate Nurses' Club, 295 Sherbourne Street, the following were elected officers for the ensuing year: President, Mrs. J. G. Marshall, 1498 King Street West; First Vice-President, Miss K. Matheson, Riverdale Isolation Hospital; Second Vice-President, Miss F. Potts, Hospital for Sick Children; Treasurer, Miss E. Argue, 505 Sherbourne Street; Secretary, Miss J. M. Robson, 45 Dundonald Street; Recording Secretary, Miss E. E. Stubberfield, 1 St. Thomas Street; Directors, Miss Gunn, Toronto General Hospital; Miss A. Kinder, Hospital for Sick Children; Miss F. C. Kingston, 29 Scarth Road.

This Club is the only one of its kind in the world. It is comfortably and handsomely fitted up, with commodious sitting rooms, dining rooms, and five spacious guest chambers, where nurses from out of town can stay on most moderate terms during their visits to the city. There is a well-selected nurses' library,

and all the British illustrated papers are on the table in the reading room. The entire equipment is most complete and up to date. The Club is furnished throughout in mission furniture and has a most attractive interior.

TRANSFER OF PATIENTS FROM WHITBY TO ORILLIA

ALL preparations have been made at Whitby for the removal of the patients at the Hospital for the Insane to the Orillia institution, to make room for the returned wounded soldiers who are to be taken there.

DALHOUSIE UNIVERSITY

THE Faculty of Medicine, Dalhousie University, recently established courses of instructions for fourth year students in Physical Therapeutics, or in procedures of a therapeutical nature other than those involving the use of drugs.

GIFT TO MCGILL UNIVERSITY

DR. JAMES DOUGLAS, of New York, has given \$15,000 to McGill University. It is intended that part of the gift shall be placed in an endowment fund for the publication of a series of reprints of original papers from members of the staff of the different faculties in the university. This practice was discontinued some years ago owing to lack of funds.

Dr. Philip Skrainka, of St. Louis, Mo., who has been the Editor of *The Interstate Medical Journal* for the past six years, has severed his connection with that journal. Dr. Skrainka has commenced a journal of his own, to be known as *Medicine and Surgery*, of which the February number was the first. We wish the new journal every possible success.

Book Reviews

Applied Bacteriology for Nurses. Second edition, thoroughly revised. By CHARLES F. BOLDUAN, M.D., Director Bureau of Public Health, Department of Health, City of New York, and MARIE GRUND, M.D., Bacteriologist, Research Laboratory, Department of Health, City of New York. 12-mo., 188 pages; illustrated. Philadelphia and London: W. B. Saunders Company; 1916. Cloth, \$1.50 net.

The most noticeable feature of this work is its modernity. The pupil nurses associated in the most advanced hospital with physicians of the keenest type, is furnished with a book written in a very clear, concise form, meeting them on the ground of their own simple but varied needs. There is no waste of obscure verbiage. The authors seem to grasp the fact that the attitude of the nurse to bacteriology is much like that of a salesman in a jewelry store to his goods, in sharp distinction, the one, with a physician who specializes in laboratory research, the other with the lapidary who collects gems. The nurse and the salesman may talk glibly about germs or jewels, and understand how to prevent people from taking them, and yet lead a daily life widely different in its duties from that of the men who confine their lifetime to a study of the one kind of object.

The book teaches respect for the contributive industries in the handling of animals aseptically to procure sera for inoculation, since they require quite as scientific care as human beings in this regard.

An important chapter relates to the purity of drinking-water, containing information of great value for the layman. It is to be wondered at that this knowledge is not more widely disseminated to prevent disease, instead of the usual method of waiting till someone becomes ill. Thousands of the common people have no idea of the comprehensive duties of a Board of Health. Were the contrary true, these Boards would undoubtedly be better financed and equipped.

Any book of this sort, that prepares a nurse to wait intelligently on a physician, is a good book.

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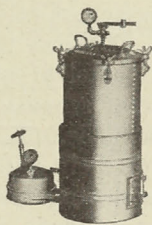
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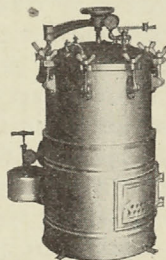
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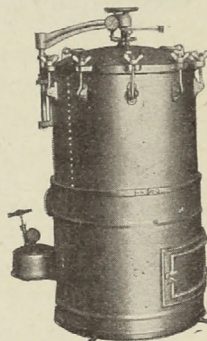
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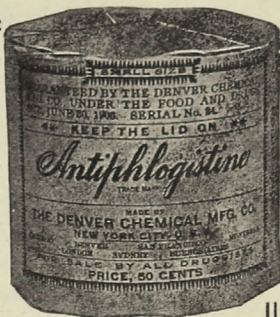
Outlines of Nursing History. By MINNIE GOODNOW, R.N., formerly Directress of Nurses, Milwaukee County Hospital; formerly Superintendent of the Woman's Hospital, Denver, and of the Bronson Hospital, Kalamazoo. 12-mo., of 370 pages, with 88 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$2.00 net.

Miss Goodnow's new book is wonderful. It embraces the whole profession of nursing in a most masterly way, and weaves it into the history of the world, and into the process of evolution of the human race. It shows that the natural instinct which gives a bird power to bind a splint on its broken limb or pluck down from its breast to staunch its bleeding wound, has also, in the human race, carried the power of relieving pain to the most remote places of the earth. It shows that the profession of nursing has become part and parcel of almost every great philanthropic, scientific or financial scheme. In this calling talents of every kind may find a niche. To those nurses engrossed in some narrower aspect of their duties, this book will afford a long and pleasing vista, widening down through future years. To the layman, it will come as a startling surprise, that this occupation, so lately efflorescent, in such a manner has been deeply rooted in the nations of Western Europe for over sixteen centuries. To the pupil nurse, immersed in the starched routine of the modern ward, with its tests, blood-counts and other ultra-scientific features of our present war against disease, the rules laid down for the guidance of nurses, a few hundred years ago, will afford much cause for mirth. The handicap from which doctors and patients suffered in hospitals conducted by nuns, where priests interfered with orders, and where nuns could not partake of *all* forms of nursing, for instance, obstetrics, thus leaving the most critical cases in the hands of very ignorant servants, forms a most enlightening chapter. It should be the instantaneous decision of every nurse superintendent to include this book on the list for the pupils' individual ownership.

Mechanism of Character Formation—An Introduction to Psychoanalysis. By G. M. A. WHITE, M.D. New York: The Mac-Millan Company, 1916.

To the medical man interested in psychology and especially to the neurologist and psychiatrist, Dr. White's book will be read with intense interest. The text or kernel of the essay is the response of the individual to contact with reality. Dr. White opens with a reference to the first cry of the infant, after months of comfortable quiescence in the mother's womb, upon coming in contact with the cold world of actuality. Throughout life the two experiences come into play—the tendency to revert to the soft, comfortable luxuriousness of the pre-natal experience, and

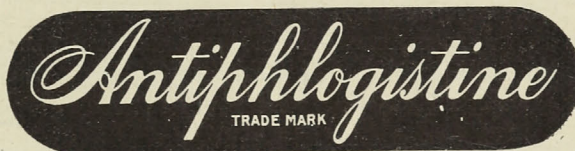
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In his summary, the author says he has tried to draw a picture of man that gave him his placement in the scheme of things and did not endeavor to separate him from other living beings, nor from the forces of Nature in general; that he has tried to show that man was only one of the multitudinous manifestations of life, and even that the general laws of energy, as they apply in the inorganic world, are also applicable here; that what was really going on, was at bottom a redistribution of energy, and that at the psychological level the agent of this redistribution, the energy carrier is the symbol.

Dr. White says man is pre-eminently a social animal, and the struggle for existence and for fulfilment has become a struggle for existence at psychological and social levels. Man must be considered, then, from these standpoints to understand what is taking place; as the great artists, poets, dramatists, and novelists have always treated him. Psychologists must follow in their lead and realize that only by considering man as a whole, by studying each part only as bearing upon the problem of the whole, can the larger meanings of his activities be interpreted.

Hospital Accounting and Statistics. Third edition. Compiled and arranged by WILLIAM V. S. THORNE, Treasurer of The Presbyterian Hospital, New York City. New York: E. P. Dutton & Co.; 1916.

Charitable institutions may obtain a copy of this book free of charge by request of their proper officer, and other copies may be secured for \$1.25 from the publishers.

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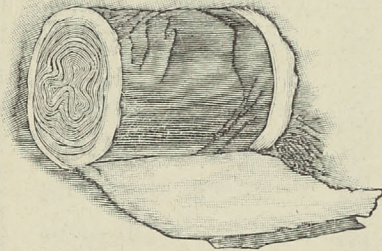
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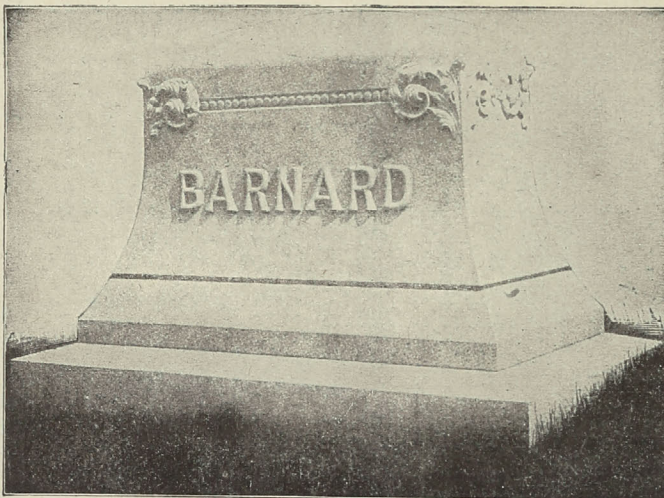
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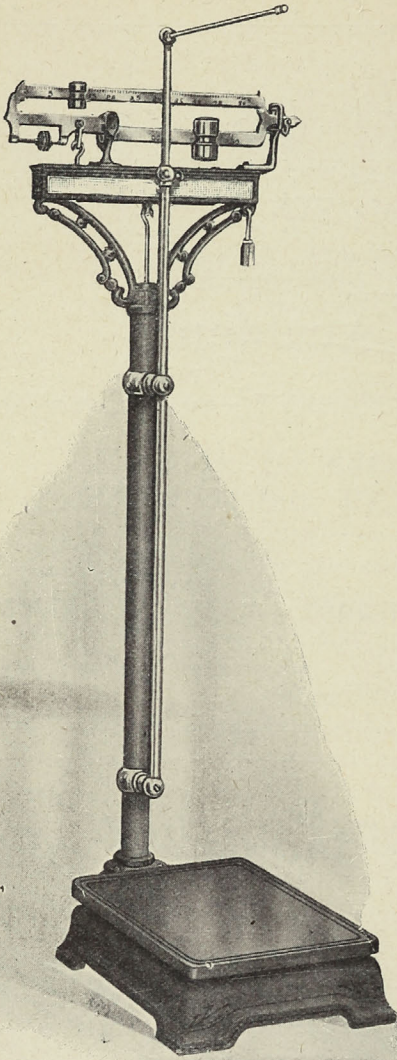
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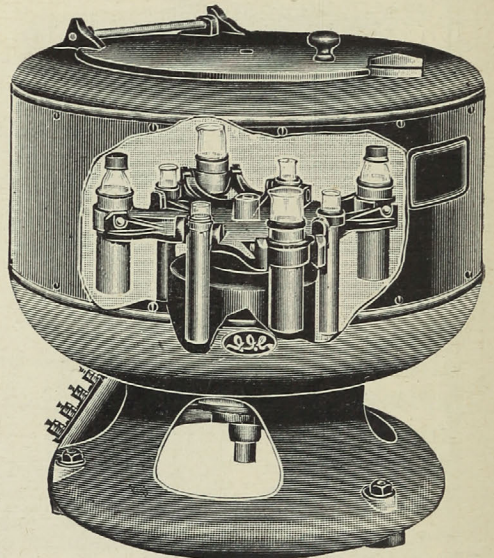
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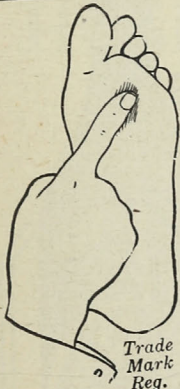
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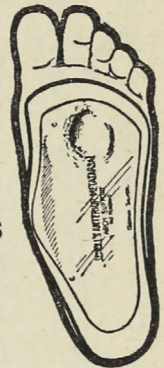
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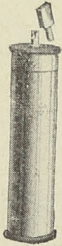
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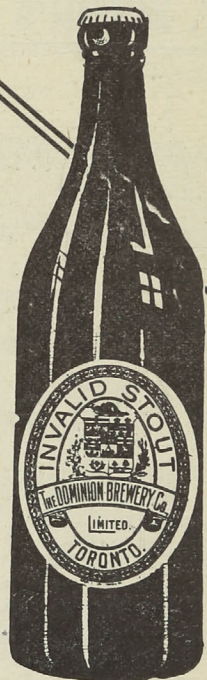
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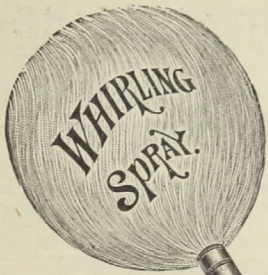
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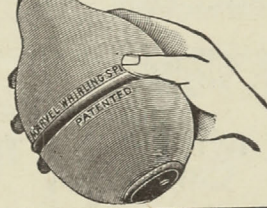
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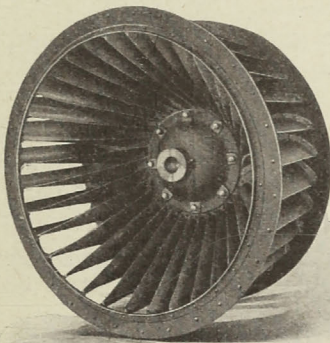
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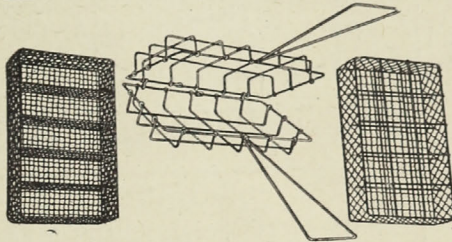
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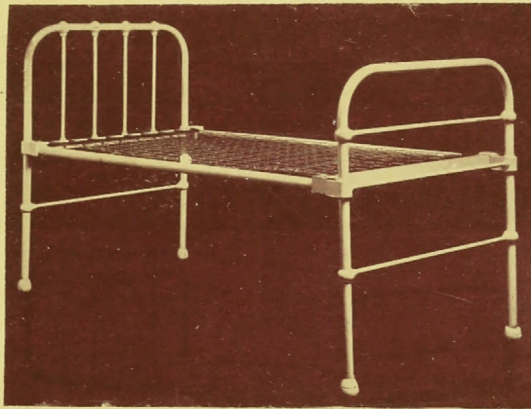


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