The Official Organ of The Canadian Hospital Association

# \$3.00 PER PER ANNUM No. 4 Vol. XI (XXII) Toronto, April, 1917 CONTENTS HOSPITAL ITEMS. EDITORIALS. Against Moncton Hospital A Further Advance ..... ORIGINAL CONTRIBUTIONS. Little Journeys. By John N. E. Brown, Superintendent ..... 100 St. Georg Hospital, Hamburg ..... 106 CANADIAN WAR HOSPITALS. Veterans go to Whitby for Cure and Offers Large Sum to Kingston Hos-BOOK REVIEWS. The Highway of Death .......... The Prevention of Disease: A Popular Treatise ......... FELLOWS' SYRUP Differs from other preparations of the Hypophosphites. Leading Clinicians in all parts of the world have recognized this important fact. HAVEYOU? TO INSURE RESULTS. Prescribe the Genuine B Syr. Hypophos. Comp. FELLOWS' REJECT Cheap and Inefficient Substitutes Preparations "Just as Good"



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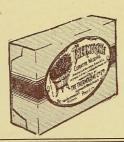
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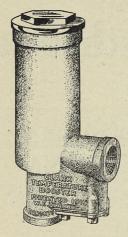
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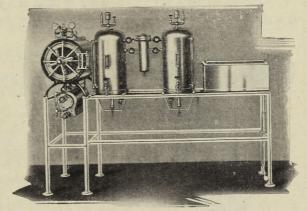
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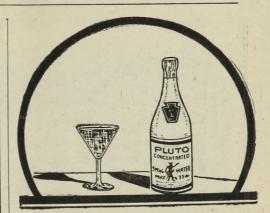
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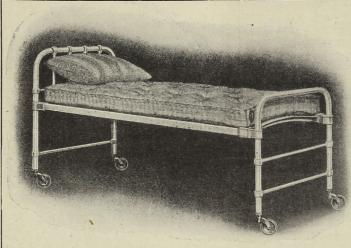
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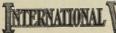
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Vol. XI.

TORONTO, APRIL, 1917

No. 4

### Editorials

#### A FURTHER ADVANCE

It is about three years since this journal drew the attention of its readers to a remarkable social experiment undertaken in Boston in the appointment of a medical officer on the staff of the Boston Municipal Court, whose work it would be to make special studies

of offenders referred to him by the judges and probation officers.

Very little has appeared in the press concerning this departure because it was altogether experimental, and results only would prove justification of its continuance.

It is good to know that after three years of unobtrusive work the innovation has amply justified itself, and some weeks ago the Boston City Council passed an appropriation of six thousand dollars for the maintenance of what has become a recognized part of the Court work, under the title, "Department of Medical Service, Criminal Branch, Municipal Court."

Dr. V. V. Anderson, the appointee, is both physician and psychologist, whose findings, after three years' service, have made evident to the Boston civic authorities the broad and varied knowledge required in dealing with criminal offenders.

Only a small percentage of the persons passing through the criminal sessions of so large a city could possibly come under one physician's inspection. In fact, less than one per cent. of those brought into court have been examined by him—representing those cases concerning which the Court felt that it needed the report of a medical and mental expert to guide it in handling them.

This one per cent., however, reveals some striking features. About twenty-five per cent. were feeble-minded; nearly twenty per cent. belonged to the neurotic class. About nine per cent. were clearly

insane. About forty each out of a thousand were epileptic and alcoholic; while about fifteen per cent. are recorded as having "no disease or defect, but with strong criminal tendencies."

The latter class, together with the ten per cent. normal, make over fifteen per cent. of what might be termed "unexplained" criminals from a medical standpoint. But the most striking point of Dr. Anderson's summary is that he endeavors to explain this deliberately criminal class.

Briefly, he holds that these criminal tendencies are not innate but acquired, partly by lack of discipline and teaching required for the establishing of proper standards and habits at the proper stage of their development, and partly by influence brought to bear in the individual.

This, it may be noted, is only an elaboration of that wise old saying, "Train up a child in the way he should go, and when he is old he will not depart from it."

Dr. Anderson, however, has to deal chiefly with the habitual offenders, the men or women who are mentally unfit to appreciate their obligations—that great, depressing class of the feeble-minded concerning whom he sounds a note to which our existing social order must hearken sooner or later:

"There is a time when a chance exists in each and every individual for some advance along the lines of proper habitual training. But if this time passes, the mental arrest has become so firmly fixed that all possible chance for improvement is entirely lost."

# Original Contributions

#### LITTLE JOURNEYS

BY JOHN N. E. BROWN, SUPERINTENDENT.

#### THE HENRY FORD HOSPITAL

SITE.

The site comprises 20 acres, which were purchased in 1909 for \$90,000. The original plan provided for the pavilion type of construction, in order that the patients of various classes might be properly segregated. The founders had in mind the construction of a hospital to care for all sorts of diseases, including tubercular and contagious. Plenty of room was to be left, after the initial buildings were completed, for subsequent expansion. Plans for the hospital were formulated after a study had been made by a committee consisting of the architect and several medical men of all the leading hospitals in America and Europe. The first plan contemplated the construction of low pavilions, surrounded by open spaces, which would be filled with trees and flowers. The aim was to admit as much sunlight and fresh air into the wards and around the buildings as possible.

#### Buildings.

There are already constructed three fundamental buildings—the Service Building, the Laboratory and Operating Building and one building for patients. The three first-named buildings are large enough to provide for the care of many hundreds of patients.

The Service Building contains the kitchens, storerooms, laundry, disinfection plant, engines, boilers, refrigerators, hot water heaters, filters, and compressed-air machines. In the second storey of this building are the resident doctors' quarters. There is room in the two upper stories of this building to house one hundred or more employes.

The Laboratory Building contains several small laboratory and research rooms, temporary medical offices, the X-ray department, the pharmacy, the morgue, and autopsy room. The basement is mainly devoted to storage.

#### OPERATION BUILDING.

The Operation Building contains five operating suites, each suite consisting of three rooms—the operating room proper, the anesthetic room, and the surgeons' scrub-up. One of the suites is considerably larger than the others and contains an amphitheatre which will seat fifty students. The walls of three of the operating rooms are covered with moss-green tiles—very pleasing to the eye. The walls of the fourth room are gray, and the walls of the fifth—the dark room—are black. There are two general sterilizing rooms in which all the sterilizing is done, except that of the water. The water is sterilized in two large, unpolished boilers in the attic of the building. The water is piped down to the several operating rooms and to the nurses' scrub-up. At the outlet of the pipes there is a small device which is attached to the end of the faucets. As often as necessary the engineers pass steam through all the pipes connecting the two boilers in the attic with the outlets, thus completely sterilizing them. The lavatory valves are of the elbow type. The liquid soap containers are above the lavatories and flush with the wall, the soap being relieved by pressure of the knee on a small button below the lavatory bowl.

The daylight is transmitted to each operating room through very large windows situated in the north walls and in the roof. The operating rooms have glass ceilings, between which and the glass roof are powerful nitrogen lamps for the artificial lighting of the operating rooms below.

#### CORRIDORS AND TUNNELS.

Connecting several of the buildings are tunnels, partly underground, in which run the various pipes and conduits—hot and cold water, sewage, electrical, gas, compressed air, etc. The food is conveyed from the general kitchen through them to the wards. Servants also use them, and the remains of patients who die are taken to the morgue through them.

the opposite side of the smokestack from the two already installed. The smokestack is 175 feet high. On the ceiling above the coal-receiving hoppers are immense bunkers which hold 200 tons of coal. The central portion of these bunkers is reserved for ashes. In the basement below the boiler room is a coal crusher, into which the coal drops from an opening in the sidewalk. After crushing the coal is carried up by mechanical carriers to the bunkers. The ashes, which are dropped from the fires into hampers below the furnaces, are carried in trucks to the same mechanical elevator and dumped into the centre of the bunkers. From this place they are carried through a pipe out of doors and into wagons. In the basement there is a powerful fan which is connected with the stoking apparatus. It furnishes sufficient current to make a complete combustion of the coal, thus preventing any smoke. In this basement are also placed a work bench, an exhaust boiler and storage racks for pipes.

#### ENGINE ROOM.

The engine room is capacious and well lighted and on the same level as the boiler room. At present there are two turbines, one refrigerating machine, several hot-water heaters and a switchboard in this room. There is room left for a duplication of the engines. Here the electricity for light and power purposes is generated, as well as the cold for refrigerating purposes, the refrigerating machine having a capacity of twentyfive tons per day. On one side of the engine room there is no floor and up through this space projects from the basement, the hot-water heaters referred to above. In this space and underneath a portion of engine floor are the various pumps for conveying of water from the hot-water heaters to the boilers and for pumping the hot water throughout the hospital to the various baths, lavatories, etc. There are also two steam pumps here. In this basement the engineers and firemen have a toilet and locker room and there is also provided an ample storeroom for the engineers' supplies.

#### MEDICAL ORGANIZATION.

The hospital has adopted the unitary system of medical organization. Up to the present there is one chief in medicine and one chief in surgery. These men give their whole time to

the hospital, doing no outside work. They work on salary. Besides them there are several resident surgeons and several resident physicians who live in the institution, one or the other of them being on duty continuously. These residents are men who have had considerable hospital experience, and are qualified to cope with any emergency, if such emergencies occur, during the absence of their chiefs. These men are also on salary, and remain an unlimited time with the hospital.

So far, only medical and surgical cases are admitted to the hospital. Many of the patients come from the Ford factory. The hospital is open, however, to outsiders as well. Patients are charged at the rate of from \$2.50 to \$10.00 per day, depending on the kind of accommodation wanted. An extra charge is also made for the use of the baths in the Hydrotherapeutic Department, and surgical patients are charged if an operation is performed. On the medical side, however, the charge for the room includes not only the room, but also the board, nursing, and for the doctor as well.

On the medical service, a good many of the patients have been treated for morphinism and alcoholism, with a good deal of success, probably 25 to 30 per cent. making recovery. There are treated also a good many cases of functional nervous diseases, and for such we find much value in the Hydrotherapeutic Department. In this department already, although we have only some sixty patients, we employ two men and one woman. These people also do massage work, the baking of joints, and administer the light treatment.

#### NURSES.

The nurses employed are all graduates of well-known training schools. They work eight hours per day, and work in three shifts, changing from one shift to the other quite occasionally. The nurses start with a salary of \$80.00 per month, gradually increasing to \$90.00. After three months' service they are allowed one day off in seven. Their uniforms are laundered for them by the hospital.

# Selected Articles

#### ST. GEORG HOSPITAL, HAMBURG

An important part of the surgical administration at St. Georg, is the work which is done in the small examining room in the separate pavilions described before, as part of the admission suite. Here many phlegmous felons, urine infiltrations, etc., are relieved when the patient is admitted and thus the infections are not carried to the operating building at all. In the operating building itself, a careful selection of cases is made and no septic case goes to the aseptic operating room.

The operating building itself is a structure of two stories, 97 ft. by 50 ft., and besides the two large operating rooms and the various accessory rooms which together occupy the entire floor, there are, on the upper floor, a suite of rooms devoted to the X-ray service, a storing space for dressings, the quarters of the nursing supervisor and those of the two operating-room nurses. As above-mentioned, there are no connecting corridors, even to the nearest pavilions, as the exception is occasionally made (e.g., at Virchow and Schoeneburg), patients are brought from the pavilions upon rubber tired iron stretchers, provided with good soft springs. The stretcher proper is lifted off from the truck at the destination.

The basement of this building contains a feature unlike anything elsewhere observed. This is a mechanical air filter, by means of which the air going to the aseptic operating room is filtered through a layer of sand or finely broken coke. On its way it passes in winter over heating radiators; in summer it is cooled by ice. It is propelled to the operating room by an electric blower, which is said to be noiseless.

A feature that was well thought out in this building is the arrangement of the rooms devoted to the preparation and to the storing and distribution of dressings. A bandage store-room, with extensive shelf space, occupies a position in the basement directly below the main dispensing-room for bandages and other

dressings, and is connected with this and the plaster-room on the floor above this by a lift. The dispensing-room on the main floor has a door into the corridor leading to the operating-room, but also has a dispensing window in the lobby or hall through which the dressing materials are given out to those from the various pavilions. These persons enter the first floor of the operating building, but are obliged to go no farther.

From this small hall or lobby the stairs lead up to the X-ray department on the second floor, so that the patients from the pavilions have access to this without entering the corridor

leading to the operating rooms.

Entering this corridor from the lobby just described the large aseptic operating-room (28 ft. by 23 ft.) lies at the left, at the end of the corridor, the septic operating-room (about 20 ft. by 30 ft.) is just across the corridor opposite the main entrance, and lying between the two is the sterilizing room for both. As an ante-room the portion of the corridor opposite the sterilizing-room is cut off from the rest by a glass partition and door. Turning to the right along the corridor there is first, as above described, the dispensing-room for dressings, and opposite this an elevator, a laboratory and a bathroom, beside the office of the chief surgeon. At the end of the corridor is a waiting-room at either side, one for men and one for women, friends of the patients being operated upon.

Returning to the large aseptic operating-room, we see a room nearly thirty feet square, of which almost the whole of two sides and the ceiling are composed of double ground glass windows, while the rest is covered with white tiles. The warm air passes beneath the floor of this room just as beneath those of the wards; it then makes its way between the double glass wall that forms the large windows. The chamber between the glass ceiling of the operating-room and the glass roof is thus heated and is ventilated by a stack which takes off this rising warm air. This chamber above the ceiling is essentially the same as that at the Rudolfinerhous in Vienna. Inside each of the two operating rooms there are four wash-stands for the surgeons' and nurses' use; but for the purpose of preparing the patients before being brought into the operation, there is alongside the operating-room another room about 23 ft. by 18 ft. with an elaborate

equipment, including apparatus for narcosis, four more washstands and all the appliances to prepare the patient for aseptic operation. Operators and others use gum-shoes (if a complete change is not made) over their street shoes, just as is done at Billroth's and Geersuny's, Rudolfinerhous in Vienna.

Opening out of both the operating-room and the preparation-room is the room for instruments, apparently placed on the opposite side of the operating-room from the sterilizing-room so as to be removed from the steam.

The sterilizing-room is perfection itself, being equipped with everything conceivably necessary. The Lautenschlagers' of Berlin were given free rein to do their best. Besides dry sterilizers for catheters, catgut, glassware, etc., and steam sterilizers for high pressure, there are elaborate provisions for sterile water, hot and cold, for sterile saline and other solutions. The reservoir for sterile water contains 83 gallons; for salt solution 28 gallons. There is an autoclave built in the partition wall between the sterilizing-room and each of the operating rooms at either side. There is no door in the wall on the side toward the septic operating-room, the instruments being passed out through a window, thus minimizing the amount of communication between the two rooms. In the sterilizing room are also special provisions for warming water or solutions and for warming linen and appliances for the mechanical cleaning of instruments that have been used.

Turning again to the operating rooms, we observe in the larger aseptic room that ventilation is effected by forcing in by an electric blower of air which has passed through the gravel and coke filter in the basement. This was installed because of the particularly dusty atmosphere said to exist in this part of Hamburg, but the necessity for such an elaborate equipment as that here installed was questioned by some of the surgeons.

The lighting of this larger operating room at night is amply provided for, there being placed about twenty inches below the inner glass ceiling three composite electric lights, made up of 21 sounum lamps of 50 candle power, placed in a case with a ground glass bottom (toward the operating table) and a protecting wire screen to avoid danger in case this ground glass front should be broken. (Total, 3,150 candle power.) The

whole is so constructed as to admit of being easily kept clean. The arrangement of these three sources of well-diffused, though ample, light, is such as to make shadows almost impossible, and being placed high there is no annoying heat radiating upon the operator and patient.

In the other smaller operating-room one only of these larger composite lights (1,050 c.p.) is used. This is placed beneath the ceiling. There are smaller globes (set into the ceiling) each with a light of 250 candle power.

The day lighting of the second operating-room is through double windows (ground glass) about a bay across the whole end of the room (20 ft.). This bay, which is the half of an octagon, extends about 10 ft. out from the wall of the building, so that both sides and ceiling are a source of light within, covering about one-third of the whole ceiling space of the room. The walls for four feet up from the floor in this bay and all the way to the ceiling in the rest of the room are of glazed white tile. The floors in both the operating rooms are of hexagonal Mettlach tiles. The ceiling is thirteen feet high.

An interesting and unique, though cheap article of operating-room furniture here seen, is a simple square frame about thirty inches high, set upon casters and holding a canvas bag, that is just of a size to fit and hang inside this frame (about two feet square). The top of the bag is fitted with a closing top like that of a travelling bag, and this hinged frame is held open by fastening the bag into the frame standing on the floor. This bag stands at one side of the operating table and, since it is light and on casters, is easily placed where wanted. All soiled or waste dressings, cotton, etc., are thrown into this bag, which, after the operation, is simply closed and carried away to the disinfection and incinerating plant.

In describing his equipment (chapter 4 of "die Neubauten des Allegemeinen Krankenhauses, St. Georg, Hamburg"), Albers-Schoenberg, the great European expert radiologist, says it was the aim here to fulfil the following six conditions:

(1) The Institute should undertake to carry on all X-ray work, both medical and surgical services, as well as that devoted more specially to therapeutics.

(2) All persons, whether physicians or nurses, must be absolutely protected in their work against the effect of the rays upon their bodies.

(3) Routine examinations must be carried out quickly, in the interest of the patient, to the end that any surgical operation

to follow such examination may not be delayed.

(4) Every portion of the apparatus used shall at all times be ready for use, and have its fixed place in the laboratory, so that there may never be any loss of time in setting up the apparatus.

(5) In spite of the large and ample space allowed for this work, yet, as a result of the fact that much of the apparatus is of large size; the best use must be made of the space and particular reference to this point must be borne in mind in

placing the apparatus.

(6) The Institute ought not only to be considered as meeting the practical needs of the hospital, but ought to be a model institution for the advancing and teaching of Reentgenology.

An elevator connects the operating suite, below, directly with the two main rooms of the Ræntgen institute. One of these larger rooms in the centre leads to the dark-room suite, and the other to the room for storing records. To avoid any filtering of the rays through the partition between the examining room and the dark-room this wall is covered with lead plate, 1-50 inch thick. The walls of the dark-room are covered with black glazed tiles. The ceiling is painted in black. The entrance to the dark-room is through an ante-room and two doors, the one leading into the dark-room being protected by sheet lead to cut off even the secondary reflected rays.

In the ante-room is a vat of the photographic process, which it is found must be separated from the rest (that with Mercury). The window by which this room can be aired is glazed with red glass panes. An electrically driven developing table is in the room, as well as sinks, shelves for chemicals, etc.

In the first examining room, surgical cases are seen as well as all fluorscopic work and therapeutic raying, which is car-

ried out with a compression screen.

In the second room there are the so-called orthorentgenographic equipment for measuring the heart, as well as the modified Holzknecht-Robinson examining table or "troschoscope," which is used in operations under direct Rontgen radiation,

and in making dorsentral negatives of the thorax.

The cabinet for protecting the operator and nurses is 5 ft. 8 inches by 3 ft. and 6 ft. 5 inches high, large enough conveniently to accommodate three persons. It is lined with lead. This cabinet is made of use in other ways, both as a place to put important parts of the apparatus inside and also upon the top. It has in its sides windows of lead glass. At either side of this cabinet is an examination table, one for the sitting or upright position, and one for the recumbent. The head of this work here claims that this double equipment is of immense value in doing the work speedily and thoroughly.

# Canadian War Hospitals

# VETERANS GO TO WHITBY FOR CURE AND TRAINING

The newly-built Provincial Hospital for the Insane at Whitby has been loaned to the Military Hospitals Commission for the housing of sick and wounded soldiers who have been Overseas. Nowhere else in the world, it is said, is there an asylum that can compare with the Whitby Institution for excellence of construction and design. It is the last word in the cottage hospital form of public building; and not too good for the remaking of the men who have been shattered Overseas in the service of Canada.

The first party of invalided men to be quartered at Whitby left the city in charge of Capt. A. G. Ley and Lieut. G. A. Gillis. Those two officers are to be in charge of the Whitby Convalescent Home for the present. Accommodation for five hundred men is available now, and twelve hundred can be housed within two or three months.

The hospital village has an ideal location overlooking Lake Ontario, north-west of Whitby Harbor. It is a mile and half away from the town, high and dry, yet very close to the finest bathing beach along the lake, and thirty miles from Toronto on the Grand Trunk Railway.

The cottages at Whitby were designed to give their inmates the maximum amount of sunlight and fresh air. Those which are to be occupied by the first five hundred invalided soldiers have housed female patients for several months. The unfortunate women have been taken to Cobourg, and the cottages made ready for the men who have been on active service.

The village consists of sixteen cottages, four hospital buildings, nurses' and doctors' quarters, recreation rooms, a central dining-room, power house, ice house, and an extensive concrete moulding workshop. The cottages provide accommodation for

fifty-seven to sixty-two inmates in each one of them, and the

hospitals will hold four hundred when completed.

The perfection of the equipment amazes visitors to the place. From the power house to the kitchen nothing has been left undone for the comfort and convenience of the inmates and staff. The bedrooms and wards are models, and the day rooms.

in the cottages would grace a country club.

Fire prevention has been made a fine art, and the latest labor-saving devices are found, from the self-feeding boilers in the power house to the potato-peeling machine in the kitchen. The ice store-house is another model. The wastage last summer amounted to only five per cent. of the ice stored. Some private concerns call it good business if they have 80 per cent. of their crop.

The Military Hospitals Commission plan to make the invalided men fit for civil life by vocational training, farming, gardening, proper recreation and sufficient medical and surgical

attention.

Five hundred acres of farm and garden land are available for the use of the patients. Ample indoor space is provided for the vocational training classes, and arrangements are already being made for moving pictures and baseball, fishing and boating, and other pastimes and sports to fill the idle hours.

The College Street Convalescent Home will be closed shortly. The Spadina Home will remain in use as a reception hospital; the Booth Memorial Home will be the home of "amputation" cases and the site of the artificial limb factory, but the Cottage Hospital at Whitby will be the place where most Toronto men returning from the war will be made well for some time to come.

The Ontario Government has established a high standard for the public institutions it has erected during the past ten years. The Cottage Hospital for the Insane at Whitby is unequalled, and only downright folly could make it unsatisfactory for the housing and treatment of returned soldiers.

# THE MILITARY HOSPITALS COMMISSION—SOME OF THEIR PLANS FOR THE FUTURE

THE Military Hospitals Commission have recently made considerable progress in the securing of further buildings for the housing of returned soldiers.

At Whitby nearly 500 beds are now ready (with, later on, accommodation for 1,200), with an additional 500 at Guelph. The Massey-Treble Home will be opened almost immediately for incurable patients.

Mr. Armstrong, Secretary of the Commission, recently gave us the following information:—

The Booth Memorial Institution, or the Salvation Army Training School, is almost ready as an orthopedic hospital, with accommodation for 500. Contracts have been let for diningroom and kitchen, and plans are under way for extensions to the building to accommodate 400 to 500. In addition to this, a large building will be erected for the manufacture of artificial limbs, and vocational training class rooms.

Grant Hall at Queen's University, Kingston, has been taken over by the Commission, and is being converted into an active treatment hospital for 650 patients. It will be ready in a month's time.

Dalhousie University, in Halifax, has been taken over by the Commission, with grounds, and large temporary extensions are being added to take care of 500 patients.

Loyola College, in the Province of Quebec, is being converted into a Military Hospital with accommodation for 300 men, to be ready in three weeks' time.

The old Agricultural College Building has been turned over in its entirety by the Provincial Government to the Military Hospitals Commission, to be used for hospital and convalescent home purposes.

A start has been made to reconstruct the buildings in order that a convalescent home of six hundred beds may be available by April 15, and it is also proposed that re-education work will be undertaken here. The plans in detail, however, have not yet been arranged.

The second

At the Guelph Reformatory there will be established one of the finest vocational and re-education centres, if not the best in the world.

The Commission has just completed arrangements with the City of Winnipeg for taking over Alexandra Park for erection of a temporary hospital, for active treatment, and temporary accommodation for 600 patients. At this hospital X-ray equipment and other equipment for special treatment will be installed. This hospital will be used as a Clearing Hospital for Manitoba and the West. Patients will be brought to that point by special hospital trains, from points of embarkation. After treatment and rest they will be distributed to various convalescent homes in their respective provinces.

In Saskatchewan the Commission has taken over the Y.M.C.A. Building at Saskatoon. This was given by the City of Saskatoon to the Commission, and will provide accommodation for 200 men. This will be used ultimately as a vocational school, being near to the University of Saskatchewan.

The Commission has consistently discouraged the taking over of hotels for small hospitals, owing to the large number of small rooms, and the difficulties of administration generally. The policy, which is concurred in by leading medical men, is to establish institutions in the country with accommodation of not less than 250 patients. In such institutions there is ample opportunity for expansion, and providing the men with proper-vocational training.

The Knox College property was obtained free for two years, in consideration of large expenditures on the building. After two years the rent is to be \$8,000, and the Commission has expended between \$17,000 and \$18,000 on the building. The plans now under way of organization of management of Guelph and Whitby institutions, for dealing with treatment and education of returned soldiers, will put Canada in the forefront in this work.

#### MILITARY HOSPITAL LANTERN SLIDES

An Ontario minister a few weeks ago borrowed from the Military Hospitals Commission a set of lantern slides. These slides show what goes on at the hospitals and sanatoria. That is, they show something of how our injured soldiers are being restored to health and to power for self-support, however serious their injuries may be. The minister exhibited the slides at three country churches under his charge. In returning the set he writes:—

"My recording steward, who is also the postmaster and chairman of the local recruiting league, says they should be shown in every community. They meet the unrest in many families who have feared that the maimed who return will be

forced to sell lead pencils or such like.

"What I should have done was to ask for them for a longer period and put them on in every available church in this district. A man with a well prepared lecture and a few local slides could render a valuable service to the country, both in allaying the unrest above referred to and in removing the prejudice in some families from which recruits might be secured."

The slides, with explanatory notes, may be borrowed by ministers and other responsible persons, free of charge. Application should be made to the Military Hospitals Commission,

22 Vittoria Street, Ottawa.

#### HOSPITAL FOR FLYING CORPS

Toronto people interested in the welfare of the Canadian members of the Royal Flying Corps met at the Margaret Eaton School, on March 6th, to discuss the organization of a local committee to undertake work for this branch of the Imperial service. Dr. Helen MacMurchy was in the chair, and two representatives of the Royal Flying Corps, Lieut. John Inwood and Flight-Lieut. F. C. Biette, who is home on sick leave, told of this division of hospital work in England, and its ever-increasing needs.

Up to the present time, Lady Tredegar's London house at 37 Bryanston Square, under the supervision of Lady Henderson, and a convalescent home in Cornwall have been the only accommodation. The twenty-one patients are cared for by a matron, four nursing sisters and five nurses-in-training. The house staff consists of V.A.D. help, a number of whom have been Toronto and Canadian girls doing their bit in England, which makes this hospital of particular interest here.

English people have supported the hospital by voluntary subscriptions, but as a large proportion of the patients are Canadian men and the accommodation is quite insufficient, the Aero Club of Canada and friends of the Flying Corps have

planned to give some assistance from here.

#### NURSES ARE HONORED

For their heroic service among the wounded in France and England several Toronto nurses have been decorated with the Royal Red Cross Medal. Miss Jean Johnstone, one of those honored, was formerly a public school nurse in the city. She went Overseas when the first call came for nurses in 1914, and has done valuable work in Egypt, Lemnos, Salonica, England and France.

Miss G. A. Gray, whose valuable services have resulted in the Royal Red Cross Medal being awarded to her, went Overseas with the No. 4 University of Toronto Hospital.

Miss G. A. Mavety, who has been decorated by the King, is the daughter of Dr. A. C. Mavety, 173 Mavety Street. She volunteered for Overseas in February, 1916, and a month later went Overseas with the Ontario Government Military Hospital.

Miss Marion R. Marsh, of Newmarket, who went Overseas with the same hospital, has also been decorated with the Royal Red Cross Medal.

Miss F. H. Wylie, daughter of Capt. W. H. Wylie, in charge of the recruiting depot at St. Catharines, has been decorated for service in various hospitals since the outbreak of the war. She is now with the Canadian Casualty Clearing Station in Belgium.

Lieut.-Col. R. Delharwood, Edmonton; Lieut.-Col. F. W. Wilson, Toronto, and Major A. W. McPherson have gone to France.

Dr. W. W. Chipman, Montreal, has been appointed to assist Lt.-Col. Thompson, M.P., Medical Officer of the Military Hospitals Commission.

Capt. J. N. MacRae, C.A.M.C., Galt, Ontario, late Adjutant of the 34th (Western Ontario) Battalion, is now Acting Adjutant of the Central Military Hospital, Shorncliffe.

Lt.-Col. Shillington recently took charge of Kitchener Canadian Hospital at Brighton, and is now settled there as officer commanding. This hospital at present consists of 1,400 beds, but may later be increased by 1,000.

Lt.-Col. McPherson, before taking up his position as O.C. at Orpington, was given a dinner by the officers of Taplow Hospital, on the occasion of that institution being taken over by Lt.-Col. Roberts, recently of No. 4 General Hospital at Saloniki. The function took place at London House, which Maj. Waldorf Astor loaned for the occasion.

Dr. Fred. Burnham, Winnipeg, has left England for Macedonia, where he will take command of the Serbian Military Hospital. Dr. Burnham saw service with the British Red Cross in Montenegro, and was attached to the staff of a base hospital at the time of the Montenegrin retreat. He has been decorated twice by the King of Montenegro.

Captain Alfred K. Haywood, M.C., is now in charge of the Canadian Convalescent Hospital at Epsom, containing 2,500 beds. Captain Haywood left Toronto as medical officer of the 3rd Battalion. He served with the battalion in the field about a year and one-half, and was through all the heavy early fighting, such as the battle of Ypres. Previous to the war Captain Haywood was assistant superintendent of the Toronto General Hospital.

## Hospital Items

#### ACTION AGAINST MONCTON HOSPITAL BOARD

An interesting case was recently argued in the Chancery Division at St. John, N.B., before His Honor Mr. Justice Grimmer when a suit was brought against the Moncton Hospital Board by Mr. Francis P. Murphy, of Moncton. A by-law was passed by the Hospital Board last year by which any person, by payment of a sum not less than one dollar, was entitled to vote at the Annual Meeting upon any question, including the election of trustees of the hospital. Accordingly a number of persons paid the necessary subscription and subsequently registered their vote at the Annual Meeting, when three trustees were elected, one of them being Mr. Murphy. An adjourned meeting of the Hospital Board was held, at which the by-law previously passed was declared to be ultra vires. A second vote was then taken, with the result that Mr. Hamilton, one of the retiring trustees, was re-elected instead of Mr. Murphy. In bringing his suit, Mr. Murphy claimed that the action taken by the Hospital Board at the adjourned meeting was illegal and demanded damages. The contention of the defendants that both the bylaw and the proceedings at the Annual Meeting were illegal was upheld by the Judge, who pronounced judgment in favor of the hospital.

## REPORT OF ST. VINCENT DE PAUL HOSPITAL, BROCKVILLE, FOR YEAR ENDING DEC. 1, 1916

IT was with satisfaction that the Sisters of St. Vincent de Paul Hospital, Brockville, recently placed before the public the report of the past year's work.

Improvement, the watchword of the hospital, has marked

a few of its departments during 1916.

Chief of these is the renovation of the diet kitchen on each flat, which now enables the dietician to serve the same tray and dishes to each individual during his stay in the hospital. This unique system of serving the sick has called forth high commendations from the casual observer. Another very important accessory, which adds to the appearance and usefulness of this department, is an Alexander war sink.

The old house 'phone system being entirely beyond repair, it was necessary to introduce another. This is a decided improvement, as it gives better service and practically eliminates

all noise.

Although the new electrical elevator is only in course of erection, yet some mention must be made of it. This departure was most urgent, as the old elevator was condemned as being unsafe for the transfer of patients to the wards.

The Sisters take this opportunity of extending their sincerest thankfulness to their never-failing generous friends who, in some degree, great or small, have advanced the standard of the hospital.

## ANNUAL MEETING OF ROYAL VICTORIA HOSPITAL, MONTREAL

The 22nd Annual Meeting of the Board of Governors of Royal Victoria Hospital, Montreal, took place on January 16th. It was reported that patients to the number of 6,075 had been admitted during the year, of whom 1,794 received free treatment, 2,566 were admitted to the public wards, and 1,715 had private rooms; 4,556 were residents of Montreal and 1,519 resided in neighboring districts. The average number of days spent at the hospital per patient was 20, and 123,967 days of treatment were given, as compared with 107,927 in 1916; 295 deaths occurred during the year, the percentage being 4.9, or, if those which occurred within forty-eight hours of admission were deducted, 3.07. The average cost of maintenance per patient was \$2.18 a day, seven cents less than during 1915.

## ANNUAL MEETING OF WESTERN HOSPITAL, MONTREAL

THE Board of Governors of Western Hospital, Montreal, also held their 44th Annual Meeting on January 16th, when the President was able to make the gratifying announcement that the overdraft at the bank had been reduced from \$46,000 to \$17,000, the sum of \$60,000 having been subscribed during the campaign a few months ago. The present buildings are not large enough to meet the increasing requirements, and a committee has been appointed to consider the best means of dealing with the situation. The average daily cost per patient was \$2.47. The number of admissions to the hospital was 1,567, of which 1,413 were residents of Montreal; 28 deaths occurred, being a percentage of 2.77; 18,225 cases were treated in the Outdoor Department. Dr. Peter S. Campbell is Acting Medical Superintendent of the hospital in the absence of Dr. Alan F. Argue, C.A.M.C., Medical Officer of the 244th Battalion.

#### **INCREASED HOSPITAL GRANTS**

A REPRESENTATIVE deputation from the hospitals of the Province on March 8th asked the Provincial Government for increased assistance. Dr. Langrell, Hamilton, presented a resolution which had been passed asking the Government to increase its grant for free patients from 20 cents a day to 40 cents, and that the hospitals should be empowered to collect from the municipalities by way of a debt, \$1.50 a day for indigent patients, instead of \$1 a day as at present.

Mr. W. E. Rundle, chairman of the Finance Committee of the Toronto General Hospital, gave statistics to show that Government grants in the Province had not increased in the last 21 years. On the other hand, the cost of maintaining patients had risen from 72 cents a day to between \$1.70 and \$1.80 a day. The number of "hospital days" in the Province had increased from half a million to two and a-half millions

in that time. The increase in expenditures was more than fourfold.

Mr. J. L. Chabot, Ottawa, representing the Ottawa General Hospital, said the Workmen's Compensation Act worked a real hardship on the hospital. The loss in this way had been serious.

Mr. Goodwin, New Liskeard, and Mr. P. J. Mugan, London,

also spoke.

Premier Hearst promised careful consideration of the representations made by the deputation. With reference to Mr. Goodwin's plea for special consideration for the northern hospitals, he thought that justice demanded that the Government should step in and do something. The matter of added burden under the Workmen's Compensation Act was being taken up on the application of the doctors with regard to first aid legislation.

The Controllers of the City of Toronto, on March 9th, at their meeting, expressed themselves as quite agreeable to the Government increasing its share of the per diem grant made to hospitals, but demurred so far as the City was concerned. The notice to the Board of the meeting at the Parliament Buildings did not state whether or not it was proposed to increase the City's share, and it was decided to keep an eye on the action contemplated by the Government.

## OFFERS LARGE SUM TO KINGSTON HOSPITAL

The Chancellor of Queen's University, Dr. James Douglas, of New York, has agreed to give \$100,000 towards a fund to develop Kingston General Hospital into a capacious modern institution, and especially with a view to the improvement of its teaching facilities in connection with Queen's University School of Medicine, making research work possible. The Hospital Board expressed appreciation of the generous gift, and the committee will engage a hospital architect to draw plans, and later will put the matter before the Legislature and the municipal councils of Eastern Ontario.

Colonel Perry Goldsmith, Toronto, was last month appointed President of the Officers' Standing Medical Board. Colonel G. S. Rennie, of Hamilton, has assumed the entire duties of Assistant Medical Director at Shorncliffe, now that Colonel Shillington, Ottawa, has gone to command the Kitchener Hospital at Brighton. Major Donald, Vancouver, is appointed Commandant of the Canadian hospital ship, with Captain McDiarmid as Adjutant.

The Toronto City Council on March 5th granted \$15,000 to the Grace Hospital to assist in the payment of the accounts entailed by extensive structural alterations, etc.

The Provincial Sanatorium at Kentville, N.S., is to be enlarged to provide accommodation for one hundred soldiers who have returned from the front.

THE steel works building in Fort William has been offered to the Military Hospitals Commission free of charge, and has already been inspected and pronounced suitable for work.

THE following Hospitals are now under the command of the O. C. Canadian troops, London: Ontario Hospital, Orpington; Taplow Hospital, Bushey; Park Convalescent Hospital, Bear Wood; Convalescent Hospital, Hillingdon House, Uxbridge; Special Hospital, Buxton.

## Personals

Dr. Kendall, House Surgeon at the Ottawa Isolation Hospital, has resigned.

Dr. G. A. Scott is the Medical Superintendent of the Municipal Hospital, which was opened at Bassano, Alta., in December.

Dr. J. G. Wright, formerly on the staff of Rockwood Hospital for the Insane, has been appointed to succeed Dr. Body as Medical Superintendent of Kingston General Hospital.

Dr. J. N. E. Brown, who up till a few years ago was Medical Superintendent of Toronto General Hospital, has resigned his position as Medical Superintendent of the Henry Ford Hospital, Detroit. The doctor is at present enjoying a much needed vacation at New Orleans, La., and other Southern points.

Col. Prowse, Winnipeg, was appointed a few weeks ago Commandant of the new Patricia Convalescent Hospital at Ramsgate.

Col. Casgrain, Windsor, Ont., is Commanding Officer of the Canadian Hospital at Bushey Park. Their Royal Highnesses the Duke and Duchess of Connaught recently visited that institution.

LIEUT.-COL. T. B. RICHARDSON, formerly in command of the Toronto Military Base Hospital, has been taken on the strength of the district headquarters, and has been detailed for duty by Col. F. W. Marlow, Director of Medical Services, at Sudbury, where the new recruiting mobilization centre has been opened.

## **Book Reviews**

The Highway of Death. By Earl Bishop Downer, M.D., American Red Cross Surgeon to Serbia, 1915. Copiously illustrated with numerous half-tone engravings from original photographs. Philadelphia: F. A. Davis Company.

This little book of fourteen chapters, at \$1.50, is written by a young doctor of Columbus, Ohio, a graduate of Ann Arbor, Michigan. The story, without any literary pretensions, is a simple narration of Dr. Downer's experiences in the typhus epidemic in Serbia, and as a red-cross man at the front. He gives a graphic description of the capture of Belgrade by the Germans.

The Prevention of Disease; A Popular Treatise. By Kenerlen Winslow, B.A.S., M.D., Attending Physician to the Seattle City Hospital, King County Hospital, Washington, etc. Philadelphia and London: W. B. Saunders Co.

This book is defined by the author as a practical guide for the layman that he may avoid the various diseases described therein.

Personal Hygiene.—The first three chapters of a book of some 300 pages are devoted to the proper methods of living in health, so as to avoid ill-health.

Chapter One discusses the effects upon the human body of tea, coffee, alcohol, tobacco, morphine, and cocain.

Chapter Two gives instruction in the care of the teeth and mouth, the hygiene of digestion, cooking of foods, water supply, etc.

The third chapter treats of exercise at different ages, baths, ventilation, baldness, dandruff, etc.

Germ Diseases.—The various germ diseases are taken up in a manner which will be readily understood by the laity. The history of vaccination is described and its great value pointed out.

The importance of infection of the nose, mouth and throat as a cause of serious general disease, is elaborated.

Prevention of Cancer.—Cancer is increasing among civilized nations. The chapter devoted to this subject gives simple and plain directions regarding the earliest signs of this affection, and the means of prevention, which, if followed, would do much to lessen the terrible mortality from this disease.

Prevention of Sexual Disease.—The two important sexual diseases, whose prevention is of vital importance to the human race, are plainly discussed. The danger of blindness in children from gonorrhoeal ophthalmia is pointed out and the means of prevention outlined. This is a most valuable chapter.

Rheumatism.—The close relation of acute and chronic rheumatism to tonsillar affections, forms the subject of another chapter.

Prevention of Diseases of Children and of Middle Age.— These chapters give valuable information in regard to these two periods of human life. In the former, the food of the infant, his protection against infection, and the general direction of his upbringing, are considered, while in the latter the importance of the prevention of arterio sclerosis, heart disease, and of Bright's disease, is aptly described.

Prevention of Mental and Nervous Diseases.—The fact that nervous and mental diseases should be included in the realm of public health is duly recognized by the author. This chapter has an introduction by Frederick Peterson, and emphasizes the effect of sexual life and of alcohol and syphilis in relation to preventive nervous disorders.

Diseases of Digestion.—Food poisoning and disorders of nutrition are considered in an instructive manner.

Certain deformities and their prevention, such as lateral curvature, humpback, bow-legs, and flat feet, afford valuable information to the reader.

The final chapter is devoted to the prevention of infection and bleeding in wounds.

There is a very good index, and the illustrations, paper, and general makeup of the volume are attractive.

Taken altogether, one can honestly recommend the book as one to be read by the layman, and even by the physician, with pleasure and profit.

Text Book of Anatomy and Physiology for Training Schools and other Educational Institutions. By ELIZABETH R. Bundy, M.D., member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist, New Jersey Training School, Vineland; formerly Adjunct Professor of Anatomy and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training School for Nurses, New Haven, etc. Fourth edition, revised and enlarged, with glossary and 243 illustrations, 46 of which are printed in colors. Philadelphia: P. Blakiston's Son & Co.

As one would expect from an authoress who has a medical training, has served as demonstrator and professor of anatomy, and also as superintendent of a training school for nurses, this is a very practical work, and well suited for educational institutions and nurses' training schools.

The glossary is very full and will prove useful, and among the 243 illustrations we recognize many old and valued friends.

American Red Cross Text Book on Home Dietetics. By Ada Z. Fish, Head of Art and Home Economics Department, William Penn High School, Philadelphia. With seven illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

Food Values, The Necessary Daily Food for an Average Person, Its Preparation and Preservation, Strict Rules of Cleanliness to be Observed are a few of the subjects very concisely and simply discussed in this manual of one hundred and eleven pages. A few pages also with recipes for sick people. The book is clearly written, and so, easily remembered, and although intended for Red Cross workers, it should be valuable also to all interested in one of the greatest problems of to-day—"Our daily bread." We commend it to "Thrift Campaigners," and even as a valuable companion to the cook book in the average kitchen.

#### TOBACCO IN WAR TIME

The beneficial effects of the use of tobacco have been clearly demonstrated in the present war to an even greater extent than they were in the South African Campaign. During that campaign many prominent physicians and surgeons stated their opinions in favor of the use of tobacco by the troops, and these opinions have been confirmed and emphasized by experiences during the present great struggle.

The man at the base forgets his grouch under the soothing influence of a cigarette. When he goes to do his turn in the trenches he whiles away the long, weary hours under the same comforting influence. The officer directing operations at the post of danger steadies his nerves by the same beneficial means.

A plentiful supply of cigarettes is now considered an essential part of the equipment of every hospital dealing with wounded soldiers. It is considered even more important that these comforts should be supplied to the wounded men than to those who are actually at the front, although the Commissariat Department takes care that these men, too, shall have lots of smokes.

This cumulative evidence as to the value of tobacco-smoking has caused a change of opinion in its favor by many people who were previously averse to its use. Chaplains who have gone to the front with the troops, and seen for themselves the wonderful way in which the use of tobacco has helped the soldiers to bear their hardships, are not only enthusiastic in supporting this use of the weed, but have become users themselves.

The supply of cigarettes is a very important part of the work of the Red Cross organization, and funds for this purpose have also been organized by newspapers in all parts of the Empire. The continued support of these funds by people of all classes is a significant feature.

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#### The Clark Temperature Booster

Physicians who find that their patients are unable to keep the temperature of their houses up to 70 degrees, especially in cases of sickness, should call up W. E. Clark, Limited, Toronto. This firm manufacture what they call the Clark Temperature Booster, an equipment which can be installed in a couple of hours on any hot-water heating system, whether new or old, the result being surprising. The Booster will materially increase heat without any additional fuel consumption, and can be attached without much cost.

#### The Ostermoor Mattress

Hospital Superintendents who are anxious to instal high-class bedding in their Institutions should, before doing so, communicate with the Alaska Feather and Down Co., Montreal. This firm recently equipped the New General Hospital, Montreal, as well as other large Institutions. The Ostermoor Mattress is resilient and ideal for Hospital use, as it will stand the hardest of wear without sagging. It sells at a very reasonable price and is composed of the best of material.

## Hospital Furniture

For almost anything in the line of hospital furniture (outside of the operating theatre or ward), hospital authorities should write the Gendron Manufacturing Co., Toronto. They manufacture a splendid line of goods for institutional use, particularly the lines shown in Catalogue C. One line worthy of notice is a chair equipped with carrying bars for taking patients up and down stairs. Without the bars, which can be instantly detached, this chair makes an ideal one for the library, verandah or smoking-rooms. Write for Catalogue C.

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#### The Adjusto Mattress

THE Adjusto Mattress, manufactured by the Ontario Spring Bed & Mattress Co., London, Ont., is a sure cure for "spreading" or "hanging over the sides," or "imperfect fit," annoying alike to doctors and nurses. The best soft mattress made will quickly spread with constant use; but, while the Adjusto is made of the finest, lightest and most elastic white cotton felt, it cannot spread, on account of the adjusting feature always available when required. The feature comprises unstretchable cotton cables running lengthwise and crosswise through the centre of the mattress, through grommets in the border, and fastened on the outside. The mattress can be drawn in, either in width or length, at least six inches, and held there, and it will be a better mattress in consequence. Parties interested should write the manufacturers to the above address. They will be pleased to furnish full particulars.

#### Dennisteel

Hospitals should remember, in case of wishing to procure anything in steel, to write to the Dennis Wire & Iron Works Co., Limited, London, Ont. For instance, this firm manufactures Hospital Wardrobe Lockers, Material Cabinets, Steel Shelving of the finest make and finish, and at prices that are exceedingly reasonable, consistent with the best workmanship. The Dennis Wire & Iron Works have equipped some of the best and biggest institutions in Canada and invariably receive repeat orders. They also make a Lawn Fence that materially enhances the appearance of institution grounds, the fence being heavily galvanized, rustproof, and made by the exclusive Dennisteel method. Let the Hospital Superintendent not forget that if he requires anything in the steel line, this firm can fill the bill, and fill it well.

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#### Lifebuoy Soap

As a sanitary precaution, physicians, whether in private practice or engaged in the larger sphere of hospital work, should, in these days of "Safety First," remember that to keep the surface of the body in an aseptic condition is a consideration of the utmost importance. This can be accomplished by the use of Lifebuoy Soap. This soap, containing carbolic acid, is cleansing and antiseptic, and the oils incorporated means that the patient's skin is left fresh, cool and sweet. Nothing could be more suitable for the bathing of the patient in convalescing from contagious disease, and is also, in the washing of sheets, towels, blankets. etc., the sine qua non!

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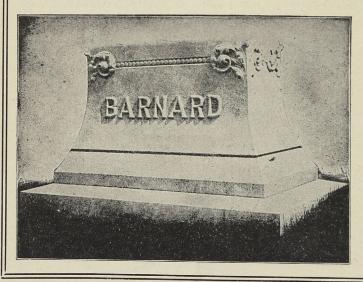
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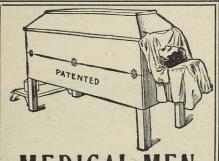
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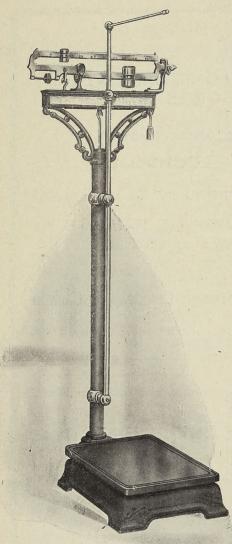
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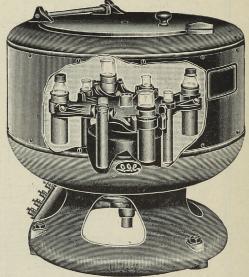
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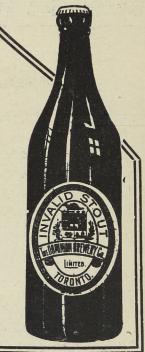
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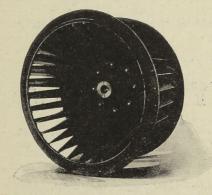
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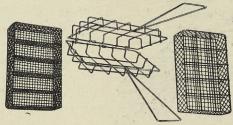
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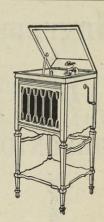
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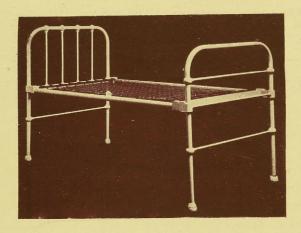


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