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THE HOSPITAL WORLD

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No. 5

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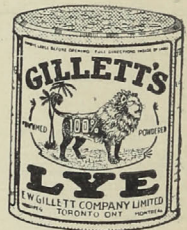
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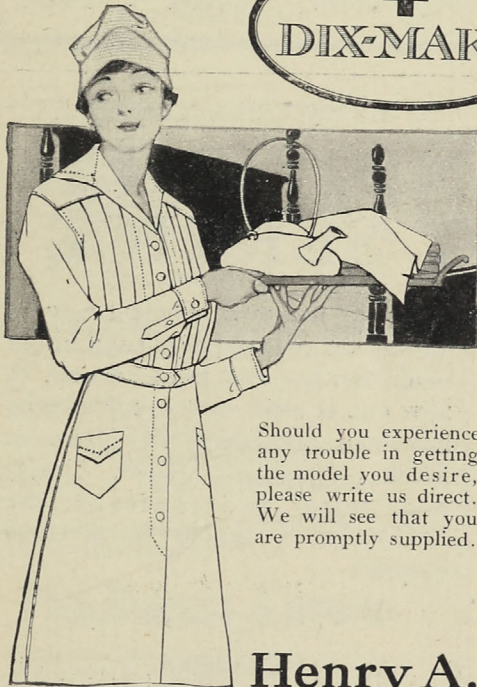
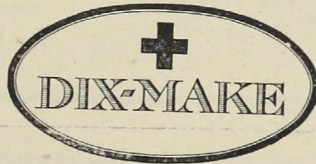
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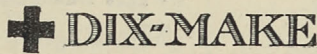


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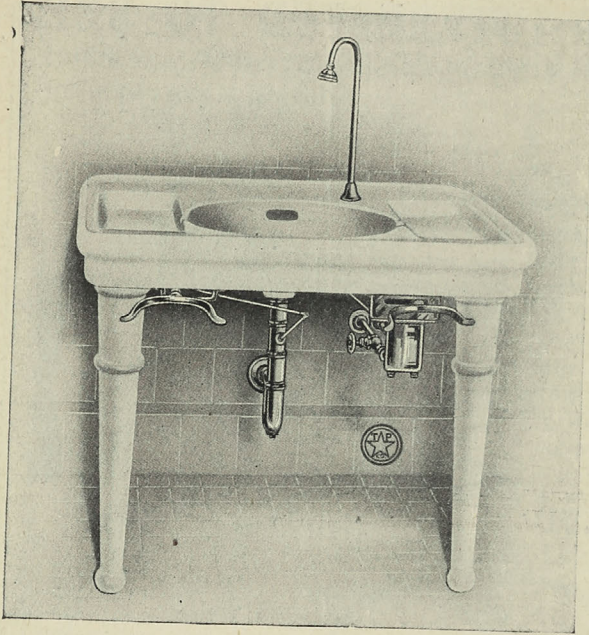
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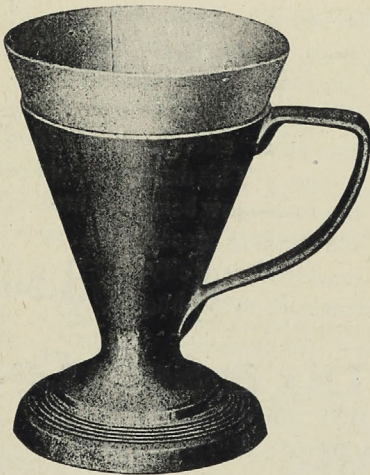


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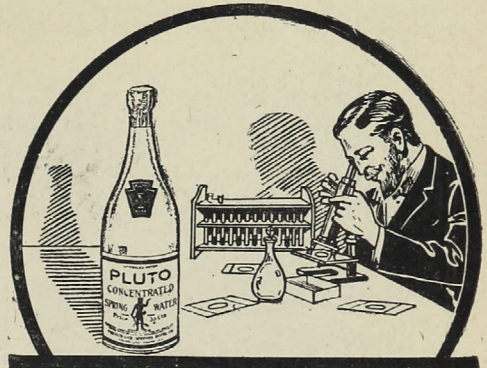
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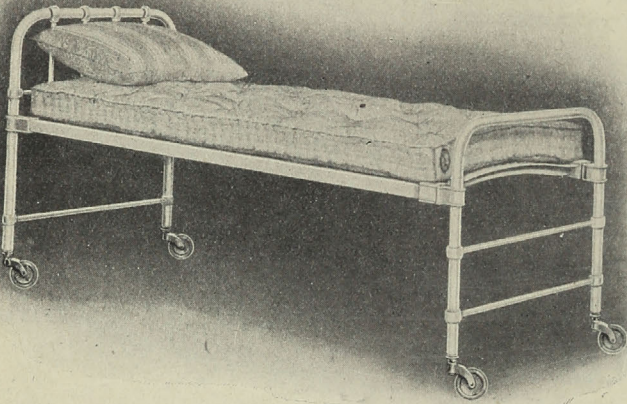
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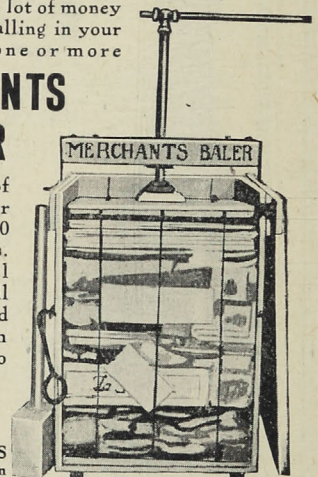
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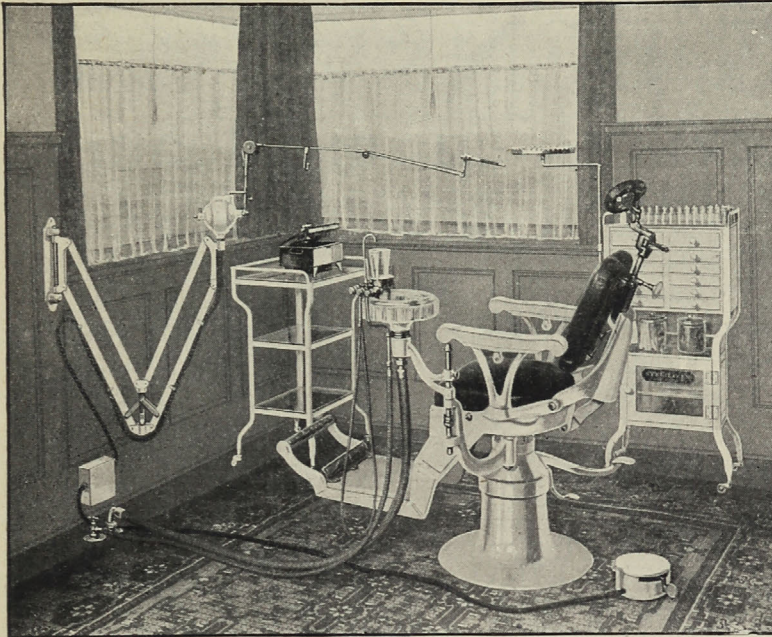
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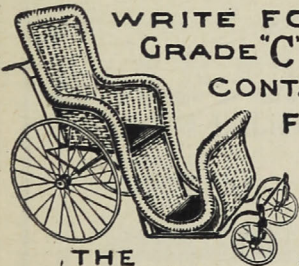
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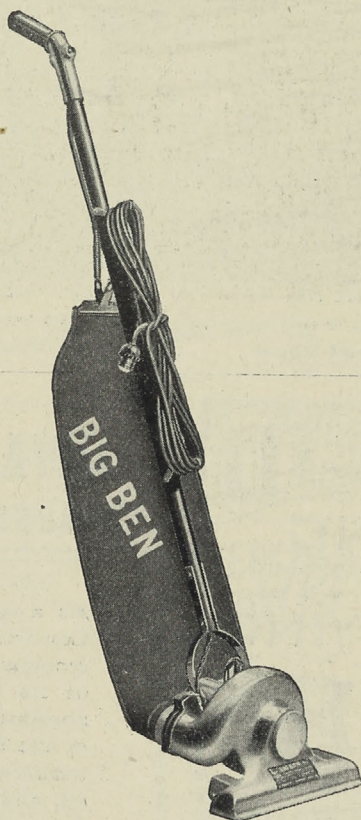
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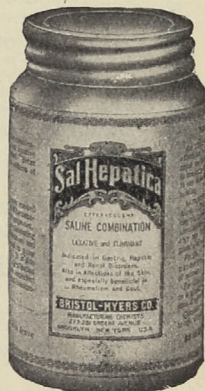
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(Signed) MILTON L. HERSEY, M.Sc., LL.D.,
Prov. Govt. Analyst.

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TORONTO, MAY, 1917

No. 5

Editorials

THE TORPEDOING OF HOSPITAL SHIPS

"Demons, whoever they be——"

THE horrors of this World War are dwelt on by every tongue, and seldom indeed is the case where the pen is not mightier than the sword in its bloodless but daring thrusts against the "frightfulness" of this

mad, Dervish-like death dance of a maniac and his armies whipped by the cursed militarism of a tyrant, the soldiers of the German nation go on and on at the word of command; and now the whole world gasps as that sacred thing, the Hospital ship, with its cargo of spent, bullet-ridden bodies, many less body than spirit, with those tireless nurses who minister to them, are hurled, without warning, into the sea by a German torpedo. The Red Cross not respected! All sense of honor gone! Just the "Blonde Brute of Brandenburg" loose in this world, "the brand of Cain upon his brow" his only diadem, and perchance his future halo. Calamity must be borne, sorrow is left alone to mourn, but suffering surely rends all hearts. Who but demons could laugh and gloat over destruction? For this crime there can be no forgiveness.

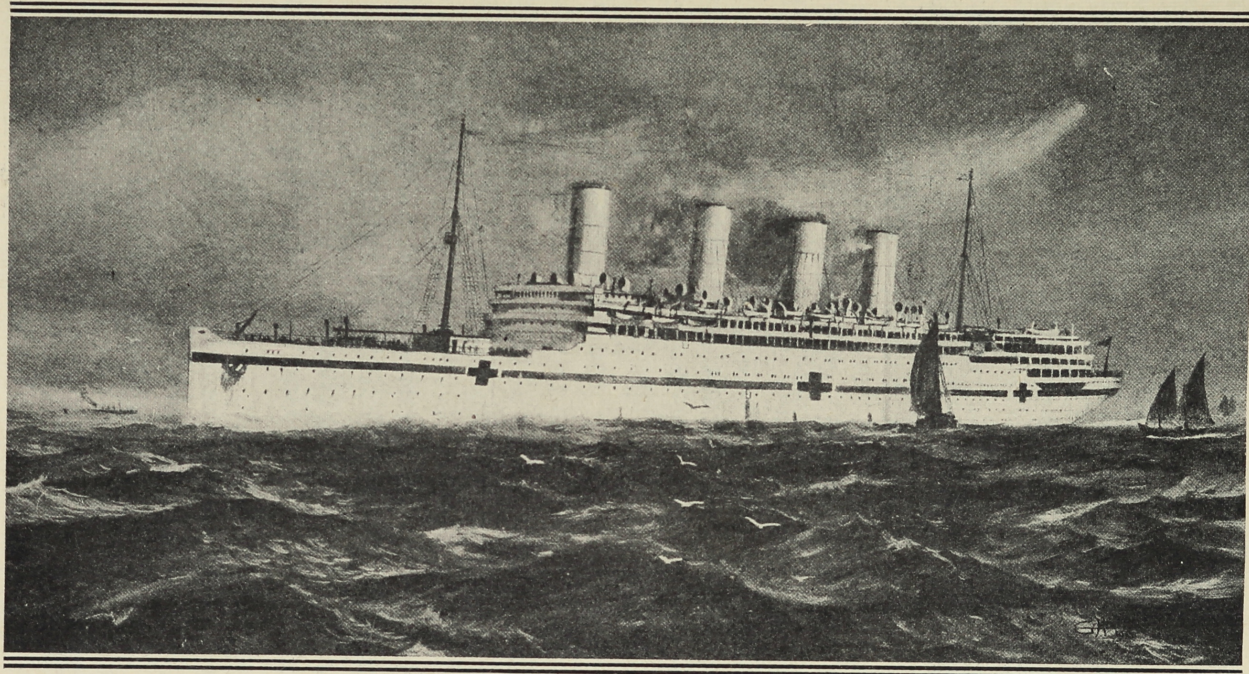
*Six hospital ships have been torpedoed or mined by the Central Powers since the beginning of the war, Thomas MacNamara, Financial Secretary of the Admiralty, stated in the Commons a few weeks ago. In consequence 247 lives had been lost and 73 persons injured.

Take one of the latest atrocities occurring during March of this year:

Thirty-one lives were lost and 12 persons are still missing from the hospital ship *Asturias*, torpedoed without warning by a German submarine.

The British hospital ship *Asturias*, while steaming with all navigating lights, and with all proper distinguishing Red Cross

*Ere going to press, the news has come that two more hospital ships have met a similar fate: The British hospital ship, "Gloucester Castle," torpedoed in the English Channel on March 30th, and the British hospital ship, "Salta," on April 10th, with a loss of fifty-two lives.



A SHIP OF MERCY.

This shows a typical hospital ship, displaying the three Red Crosses and the Green Band. These, however, will not protect her in Germany's ruthless submarine warfare.

(Courtesy of Toronto Saturday Night.)

signs *visibly illuminated* was torpedoed *without warning* on the night of March 20.

The following casualties occurred: Military—Dead, 11; missing, 3, including one female staff nurse; injured, 17. Crew—Dead, 20; with 9 missing, including 1 stewardess; injured, 22.

The torpedoing of this hospital ship is included in the list of achievements claimed by U-boats.

When the war began, many were the Pacifists; few realized the awful chaos this war was to make of the whole earth, and yet, again, others thought it would soon be over.

But step by step "*Hell was planned in Germany,*" and infamy after infamy was perpetrated at each roar of the mad Emperor as he hurls defiance at the patriotism of noble France, the brute force of the sturdy British bull-dog, the fearless bravery of our own Canadians—God bless them—the stay-with-the-game determination of the Russians, and now, at the eleventh hour, just to give Fritzie a chance to exclaim "Thou too, Brutus!", the man of the hour takes up his pen, writing on the wall of eternal destiny, "The United States is at War," not too proud to fight for liberty, justice and democracy! "Hail Columbia!" Let thy Goddess of Liberty unfurl her flag and "carry on" to victory.

Victory! as sure as God is in His Heaven, but at what a cost.

*"Master of Kings, if peace is bought with pain,
These paid the price;
Oh show Thy tortured world that not in vain
Is sacrifice!"*

145 College St., Toronto,
April Ninth.

Society Proceedings

BRITISH HOSPITALS ASSOCIATION

A MEETING of the Association was held at St. Bartholomew's Hospital, on Friday, the 26th January, 1917, when a paper by Dr. W. J. Howarth, Medical Officer of the City of London, was read on "The Treatment and Control of Venereal Diseases, with Special Reference to the Voluntary Hospitals."

The Right Hon. Viscount Sandhurst, P.C., presided, and amongst those present were the following:—Sir W. S. Church, Bart., Sir W. J. Collins, M.P., Col. Sir John Young, Rev. G. B. Cronshaw (Radcliffe Infirmary, Oxford), Messrs. F. G. Hazell (Royal Infirmary, Manchester), E. Forster (Royal Infirmary, Derby), W. H. Harper (General Hospital, Wolverhampton), C. S. Risbee (General Hospital, Northampton), A. Griffiths (Ipswich Hospital), Thomas Hayes, H. R. Maynard, R. A. Othwaite (Hon. Treasurer), J. Courtney Buchanan, and Conrad W. Thies (Hon. Secretaries).

In opening the proceedings, the Chairman explained that the object for which the meeting had been called was to furnish information which would assist the managers of the voluntary hospitals in dealing with this important question. His Lordship expressed regret that Dr. Howarth, the Medical Officer of Health for the City of London, who had prepared a paper on the subject, was unable to be present in consequence of serious illness in his family. In his absence Dr. Sandilands, Medical Officer of Health for the Royal Borough of Kensington, had kindly consented to read the paper which Dr. Howarth had prepared.

Paper by William J. Howarth, M.D., D.P.H., Medical Officer of Health for the City of London, on "The Treatment and Control of Venereal Diseases, with Special Reference to the Voluntary Hospitals."

A considerable advance has been made in the prevention of an infectious disease when the organism on which the disease

depends has been discovered, and fundamental facts relating to its life history have been ascertained. The success which attends subsequent efforts varies; in some, no considerable obstacles block the way, but in others, difficulties, which are not easy to overcome, are encountered. In diseases in which the infection is transmitted by an intermediate host, appropriate preventive measures can generally be suggested with ease, since we are able to exercise authority over the lower orders; and the truth of this contention is clearly seen in the epidemiological history of many tropical diseases. We are also in a position to deal with environmental conditions when these contribute towards the dispersion of infection, and as illustrations I need only refer to cholera and typhoid fever; but where the disease is transmitted from man to man the greatest difficulty is experienced in ensuring that adequate precautionary measures are put into operation, since he is a free agent and the necessary supervision of his actions is a matter of impossibility.

The present position in respect of venereal diseases is that the information necessary to formulate a scheme of prevention is fully available, but the actual execution of the work is rendered difficult because of the circumstance that it is upon man himself that the success of the scheme depends. The position is not rendered easier by the fact that these diseases are contracted in a manner which constitutes an offence against the moral code of the community. Possibly, as some sort of prevention against the extension of promiscuous and illicit sexual intercourse, the community considers it necessary that the man who bears the mark of this offence shall be made to recognize his shame, and it is no surprise, therefore, that the unfortunate one attempts to hide the result of his fault or folly. Inadequacy of treatment is the direct effect of this action, since the patient often fails to obtain suitable advice, as his first consideration is privacy; he pays little attention to efficiency.

In ignorance of subsequent possibilities, he unwittingly sows the seeds of future illness both of himself and those nearest and dearest to him, and enters on a future marred by domestic misery and lifelong regrets. In brief, the centres of infection are often hidden, leaving only the future to tell the tale when help is past avail.

When the public has been educated to a recognition of the serious consequences entailed by this enforced privacy, when branded shame is at least given a chance—by no means a great concession in a community which tolerates unlabelled guilt—a great obstacle in the way of progress will have been removed. In this connection the public press is doing a work of inestimable value. It is openly referring to venereal diseases under this undisguised heading, and is writing up the subject in a manner which, whilst conveying accurate information scarcely capable of being misunderstood, avoids giving offence to the exquisitely sensitive or the ultra-refined.

It is to assist in the suppression of a disease which presents these characteristics that hospitals have recently been called upon to give their assistance.

The authority empowering this assistance is contained in The Public Health (Venereal Diseases) Regulations, 1916, Article II of which reads: “(1) Every council shall prepare and submit to the Local Government Board a scheme (*a*) for treatment at and in hospitals or other institutions of persons suffering from venereal disease; and . . . when the Board have approved this scheme the council shall make arrangements for carrying it into effect at the cost of the council.” “(2) All information obtained in regard to any person treated under a scheme approved in pursuance of this article shall be regarded as confidential.”

Article III provides that “(1) every council may, subject to the approval of the Local Government Board, make arrangements for any of the purposes of this order with the managers of any hospital, institution or society.” No expenditure is to be incurred until the Board have approved both the scheme and the hospital, institution, or society. The approval may be for such period, and with such conditions attached, as the Board think fit. Power is given to withdraw the approval.

An official circular signed by the Secretary of the Board and an explanatory memorandum by the Medical Officer of the Board have been issued with the official regulations and the following summary, to which are added personal comments, have been taken from these sources of information.

Character of Hospital Provision.—The arrangements require the establishment of a clinic, at which the greater part of the treatment will be carried out. There should be arrangements for evening as well as day attendances, and, in large centres, special times fixed for the attendance of women. The appointment of a woman doctor should be considered. Beds for in-patient treatment may be required, a minimum of two, one for each sex, being regarded as sufficient in many places as a commencement.

The scheme will provide mainly for cases in which the diseases are in the communicable stage. The tertiary manifestation of syphilis and the later results of gonorrhœa in men and women will be referred to, and treated in, other appropriate departments. In hospitals with a maternity department, children born of known syphilitic parents and mothers found to be suffering from venereal disease in the communicable stage will be advised to attend at the clinic.

In general the clinic will be available:—

1. To assist medical practitioners in the treatment of their patients.
2. To provide treatment for patients not under medical care; and
3. To enable practitioners to consult with the medical officer in charge respecting the treatment of their private patients.

Privacy.—The observance of privacy is strictly enjoined, and this is obtained by:—

1. Using a distinctive number or letter, or both, in all records, and keeping the corresponding name and address in a separate private file.
2. Enforcing privacy on students or doctors who attend classes of instruction.
3. Making no note as to the nature of the disease on the bed card or otherwise in the case of in-patients, and
4. Allowing practitioners who send pathological specimens for examination to use a distinctive letter or number.

Staff.—An expert medical officer, who is capable of giving demonstrations, and who is well versed in the pathology and treatment of venereal diseases, to be put in charge. In large cities this will often be a member of the staff of the hospital. He will be assisted by one or more paid officers, and the appointment of clinical assistants selected from medical practitioners wishing to serve for a definite period will require consideration.

Whether the new work will be regarded as a new departure, or be attached to the genito-urinary, or skin, or other department, is a question of local concern. In some districts where the work is not considerable a special paid officer will probably be appointed, who will visit centres in different towns at times arranged.

Other Details.—Clinics will require to be furnished with appliances and apparatus and accommodation necessary to carry on the work, and in the case of the larger institutions, which are provided with laboratory facilities, arrangements will probably be made with them to carry out the examination of morbid specimens and to undertake the Wassermann test and other work. When this work is done away from the clinic, the pathologist will require to be closely associated with the medical officer in charge of the clinic.

Clinical examinations of a special character may be required and it will be to the interest of the patient, and necessary for the purposes of the clinic, that the full resources of the hospital shall be available for this purpose. Reference to special departments will easily be arranged for, as also will the transmission of the reports of these special examinations.

Authorities and Hospitals concerned.—The councils included are those of counties and county boroughs together with the Court of Common Council of the City of London, each of which is a unit for the establishment of a scheme. The regulations are issued as an emergency order, the emergency arising in consequence of conditions connected with the present war. The performance of the specific requirements are obligatory and not optional.

The establishment of special institutions to treat venereal diseases was deprecated by the Royal Commission, which sug-

gested that arrangements should be provided at general hospitals; and, in view of the fact that only inadequate provision existed, it considered that the subject should be made a State concern—in other words, it should be paid for. The regulations allow of some latitude, since the words “hospitals or other institutions” are used. Hospitals, generally speaking, means general hospitals, and the words “other institutions” are inserted more as a safeguard or in a supplementary sense rather than as furnishing an actual alternative, as there may be districts where a general hospital does not possess, or is unwilling to furnish facilities, or is prevented by constitution from doing so. “Other institutions” include, for the purpose of in-patient treatment but not for use as a clinic, (a) beds at a private nursing home, (b) beds at a cottage hospital, and (c) beds at a rescue home if suitable arrangements exist for the treatment of female patients suffering from venereal disease. This latter class of institution may conceivably have special opportunities for dealing with certain cases, and would therefore be supplementary to the general arrangements.

In the City of London the Corporation possess a special building which was originally designed for use as a hospital but which is not at the present time in full use. It was thought that this place possessed certain advantages, and that the experiment should be made of ascertaining whether it would not better meet the special needs of the City than the Out-patients' Department of St. Bartholomew's Hospital, with the authorities of which institution arrangements are being entered into by the Corporation to carry out the whole of the details of this scheme. There are only few residents in the City, and those who present themselves for treatment will be mainly members of the great body of non-resident workers who daily visit it. It seems likely that patients from this group will be glad of the opportunity to be treated in the City, away from their place of residence, and, provided circumstances are such as will prevent the patient being “marked,” the special provision may prove more satisfactory than the usual hospital routine. Even if the experiment proves a failure from that point of view, it will have served a useful purpose. No great harm will have

resulted, and subsequent transfer will not be difficult to arrange.

The hospitals with which arrangements may be made need not be situate within the area of the authority, nor need arrangements be made with every hospital therein. Where available, a hospital having a medical school attached should be included in the scheme. Special hospitals for women and children are regarded as general hospitals for the treatment of women and children suffering from venereal disease. Hospitals may make arrangements for treating cases from more than one district. Councils may only make arrangements with approved hospitals, and it is apparently the intention that only hospitals included in the schemes of local authorities will receive approval.

Approval is only within the power of the Local Government Board, and applications for approval will preferably be submitted by the local authority in respect of hospitals included in their scheme. The fact of being approved carries with it neither irksome responsibilities nor unreasonable interference. The conditions of approval are laid down by the Board, and these generally will provide only for inspection of the institution by medical inspectors of the department and for keeping of simple records.

One of the most important principles in connection with the scheme is that facilities should be available for any person irrespective of place of residence, and to give effect to this the Board will repay 75 per cent. of the cost of the schemes to the local authorities. It may happen, however, that an approved hospital may, for some reason, attract patients for treatment from a district which has no arrangement with the hospital. It is hoped that a hospital will not refuse treatment to a patient because an arrangement does not exist. If such patients applying for treatment are only few in number, probably little regard will be paid to the fact by the authorities; but it is distinctly stated in the circular letter of December 22nd, 1916, that it is the intention of the Board that councils should repay to the authorities of approved hospitals the cost of the treatment if any considerable number of attendances have been made by these patients. The facts should be communicated to the Local

Government Board at the end of the year, when consideration will be given to the circumstances, and the Board will decide whether the case is one in which a council which has no agreement with the hospital authorities should contribute towards the cost, and what contribution should equitably be made.

An approved hospital should therefore keep accurate records of attendances of patients from outside districts if the authorities intend to apply for such a contribution. It does not appear that payment will be made to hospitals other than those approved and included in a scheme. If a hospital has not been so included but considers that sound reasons can be shown why it should be, the facts should be communicated to the responsible Medical Officer of Health. If no arrangement is then come to, the Local Government Board might reasonably be supplied with the information for their consideration. As regards London, I presume that the scheme is now complete, and any extension of approved hospitals will only be a matter for consideration when the scheme is under revision next year.

Basis of Payment.—In general, the basis of contribution to the hospital will be an amount which will cover the costs incurred in carrying out the scheme of the authority and no more. It is a difficult matter to adjust financial arrangements so accurately except, perhaps, as regards beds. The beds reserved will probably be paid for at the rate per bed of the ascertained annual cost, and additional beds in temporary occupation at the daily rate for each day they are occupied. For work done at the clinic *per capita* payments, or block grants are available. Charges based on the actual number of visits are rarely satisfactory. The block grant always appeals to me as the better arrangement in matters of this kind, and an agreement by a local authority to guarantee a maximum with the proviso that if the expenses do not amount to that agreed, only the amount of expenditure actually incurred to be paid, meets the requirements. This method is suggested by the Board and as the initial arrangements will exist for only a limited period, revision will soon be possible in the light of experience gained. No great financial risk will be incurred by either hospital or local authorities.

(*To be continued.*)

War Hospitals

WHITBY MILITARY HOSPITAL

MUCH criticism has been leveled lately at the Military Hospitals Commission concerning the treatment of returned soldiers, and complaints have been made that the life in some of the Ontario convalescent homes was not conducive to recuperation. In some cases it was said that life was so lonely it was beyond human endurance; in others that the systems in operation showed a lack of efficiency on the part of the officers in command, and in the majority of cases that sufficient amusement and recreation had not been provided to brighten the period of convalescence. Whitby Convalescent Home has not escaped these charges, but it is doubtful if, after a visit to the Home, and a careful inspection of the methods employed in the institution, these critics would endeavor to sustain their allegations.

True, there is not in Whitby the large theatres that are found in the cities where the men could be treated to the various forms of entertainment, but the home has many features in rebuilding of war veterans that are not to be found in the larger centres. It is first and foremost a convalescent institution, conducted along lines that are acknowledged to be in the interests of the invalid. Its location is ideal, overlooking Lake Ontario, and the general structure is admirably adapted to its present purpose. Fresh air and wholesome and pure foods, which play a great part in assisting nature are in abundance, and it would be safe to state that in no other part of the world can be found better systems of cooking and ventilation.

Theatres there are not, but recreation of almost every form which can be indulged in at this season of the year is provided. Moving picture entertainments are conducted three times weekly, and the latest films of drama and farce, eighteen in all, are supplied by the Universal Film Corporation. On an average concerts are held five times a week, and first-class talent

selected from the men themselves, and Toronto, Whitby and Oshawa artists make up the programme. All is free to the men. Besides, games of all kinds are supplied, and reading material selected from the works of famous authors, and the leading magazines are at the command of any inmate.

The system in vogue at Whitby is not confined to the work of returning health to the body and mind of the veteran, but the fitting of the discharged man to take his place in the industrial life of the community is also an undertaking of the institution. Whatever may be the disabilities of the men confined to the institution, a thorough training in the trade or profession suitable to his condition will be provided. And the aim is that in every case the man will be enabled to follow a more profitable occupation than that which he gave up to fight for Canada and the Empire.

And the officer in charge of Whitby Home is a man who has been through the fight with the men placed in his care, Capt. Ward Wright, of the famous Third Canadians. Capt. Wright returned to Canada in December last, after being seriously wounded in the battle of Courcelette, where his battalion made the last great stand, won fresh laurels and the town for the Canadians. The Third Canadians, a Toronto battalion, relieved the famous fighting Frenchmen of Quebec, the 122nd Battalion, who returned back of the lines, with a wounded commander and about fifty men, all that were left of those dour fighters after one of the bloodiest battles of the Somme campaign. Capt. Wright was wounded in the body and right knee while leading a charge, and for some time he was in a critical state. He is a very efficient officer, always anxious of his charges, and is held in great affection by the inmates of the Home. "Capt. Wright! Why, he's a real prince," is how one of the veterans tersely summed up the character of his commanding officer. And when one has met the genial commander the noble tribute does not seem undeserved or flattering. Under Capt. Wright is a very efficient staff, including Lieut. John Hirsch, Adjutant, who was wounded while serving with the 7th Battalion in France; Capt. V. H. Storey, C.A.M.C., Senior Medical Officer; Lieut. E. A. Broughton, C.A.M.C.; Capt. H. L. Nicholson, Vocational Adviser; Capt.

H. J. Hodgson, C.A.D.C., Dental Officer; N. L. Burnett and J. F. Phillips, Vocational Instructors.

Whitby Convalescent Home is controlled by the Military Hospitals Commission, and was built by the Ontario Government as a hospital for the insane. When the great need for accommodation for returned soldiers was felt by the authorities it was turned over to the Commission by the Province. The complete plan of building contemplates seventy-two cottages, ten of which are now complete, and in use for the veterans. Eight cottages and a central dining hall and power house form the group. Five of the cottages accommodate 64 patients each, and three 58. The cottages now in use have accommodation for 450 patients, and at the present time are treating 208 men. The infirmary belonging to this group is now in course of erection, and will accommodate 200 cases. Approximately 100 workmen are employed on the building of another group of eight cottages, with an infirmary and central dining hall attached, and when completed in the fall, will have provision for 1,200 patients. Most of the work and furnishings were carried out by prisoners at the Guelph farm, in keeping with the policy of former Provincial Secretary Hanna, and Deputy-Minister Armstrong is responsible for the installation of the modern systems and conveniences which feature the Home.

The main group of buildings is placed on a wide gentle slope, and is fanned by the health-giving and exhilarating breezes of Lake Ontario. Close to the water's edge it has the added advantage of a southeastern exposure. From the location of the Home extensive views can be had of the lake to the south and Whitby Harbor to the east. The extensive grounds lend themselves to the cultivation of tree-shaded avenues, and the planning of athletic games and pastimes of outdoor life. And being a considerable distance removed from the smoke and noise of an industrial hive, it has the quiet atmosphere and character required but seldom obtained by institutions of its kind.

The hospital of nursing and treatment is being carried into all the cottages, while the cottages for patients have none of the common institution appearance and atmosphere, but are of the domestic type of architecture, though still internally a hospital

in character and arrangement of wards, single rooms and treatment rooms. The buildings are placed in a peculiar, yet purposeful manner, and are constructed so that all the wards and rooms occupied by the patients receive direct sunlight at some period of the shortest day.

It is considered that the orientation of hospital buildings is of the very greatest importance when remembered that in winter it is very necessary to admit the direct rays of the sun into the buildings, because of the low temperature outside not permitting the opening of the windows.

Noteworthy is the absence of drab neutral colors so characteristic of hospitals, while no costly ornamentation is used in the general effect of the harmonious tints. A homelike appearance is given to the interior by the combination of tan, delicate green and ivory on the walls and ceilings, together with the warm red tile and the brown battleship linoleum on the floors. Relief is given by the bright patterns and colors of the window draperies.

This effect is aided by the simple lines of the solid fumed oak furniture with their daintily trimmed cushions. The domestic character is maintained by the manufacture of the furniture which is strong and substantial without being cumbersome.

All the patients from the cottages take their meals in the central dining hall, and every occupant of a certain cottage must dine in the room corresponding so that location is maintained at all meals. Much care and thought has been given to the kitchen and its equipment. Experts in this special branch of hospital and hotel work have declared that it is superior to anything of its kind on the continent. What first strikes the visitor to this department is the remarkable simplicity of the structure, and in this manner it is distinguished from work carried out elsewhere. Marked is the absence of piping hoods and lighting fixtures between the top of the cooking apparatus and the ceiling, showing a valuable improvement along this line.

The kitchen is conducted on the steam system of heating, eliminating all possible contamination of the food by smoke and dust, and preserving the nutrient elements. In the cabinets

are cooked simultaneously meats, fish, potatoes, puddings, and all kinds of vegetables, independent of each other. Six huge kettles having a capacity of fifty gallons are used in the making of soups, preserves, and liquid foods, and are fitted with hot and cold water taps with vapor pipe for the removal of smell. Without the mechanical ventilation system in operation it is possible for the visitor to stand in the kitchen and scarcely be able to realize there is a meal in preparation.

The low pressure of steam on all the cooking equipment, and the down draught method of removing vapors from the kettles and smoke from the range have eliminated all odors. The tables are of steel, heated by steam, and used for carving and the heating of plates. Stretching across the kitchen is the range system, with three large ovens heated by coal, but minus a chimney. The smoke is conducted underground to the wall behind, and then up the smoke stack.

The equipment in use in the scullery and services embraces many new sanitary features not previously found in standard goods of this nature.

All the food enters the building at the rear, and is taken to the basement, where it is prepared and sent by dumb-waiters to the kitchen to be cooked. Fish is cleaned and potatoes are washed and peeled by electricity with the least possible waste. And all kinds of dishes are placed in the huge washers, treated by steam and finished in hot water, and are thrown out clean and dry on the hot steel tables without hands having touched them. They are then placed in position on the shelves and are ready for service.

Novelty is introduced in the cold storage system by the method of obtaining the cold air supply. Ice and salt are used in mixture, and by the placing of rock or liquid calcium in close proximity the cold air is forced down upon the food in storage, or to the kitchen as required. Another remarkable feature of the kitchen is that it is one of the coolest sections in the buildings.

The food is taken to the dining halls on double shelved wheeling tables, and hundreds of men can be served in a few minutes by the twenty orderlies.

Praise is found on all sides for the quality of the food,

which is wholesome and nutritious and prepared by expert cooks under the supervision of Benjamin George Fields, a young man of wide experience in the culinary art, and who, previous to taking charge of the kitchen at the Home, was chef at West Queen Street Hospital for the Insane for eight years. He has charge of all food preparation, with the exception of that for tray patients, which is made by the diet kitchens in each cottage.

Breakfast consists of cereals, milk, sugar, bacon and egg, bread and butter in unlimited quantities, and tea; dinner is of soup, roast beef, potatoes, various kinds of vegetables, milk pudding or pie and tea, and supper of sliced cold meat, chili sauce, fried potatoes, bread, butter, tea, fruit and cake.

In one day the kitchen consumes 320 pounds of milk, obtained from the 150 head of cattle on the hospital grounds; 250 pounds of beef, 300 pounds of potatoes, 200 pounds of vegetables, 2 bags of apples, 50 pounds of fruits, 20 dozen eggs, 150 pounds of bread, 30 pounds of sugar, 5 pounds of tea, 10 gallons of milk pudding and 10 pounds of peas.

The chef is guided by the standard clock checking system, which shows the amount of steam used in cooking, and the cost of preparing each article.

In an emergency the kitchen could prepare and place on the table a dinner for two hundred men in half an hour. There are no garbage cans used in the building, and all waste is placed in a huge kettle and boiled to a jelly, sterilized and sent to the piggery in connection with the Home.

Sergt. Barlow, a returned soldier, is in charge of the orderlies.

Capt. H. L. Nicholson, former chaplain of the Buffs' Battalion, is the vocational guidance officer, and represents the Y.M.C.A. in social and athletic work. He plans to fit the disabled men so that they can go back to civil life as producers. A man who worked at carpentering before going overseas, but who is unable to continue in that capacity will be taught mechanical drawing, which will enable him to obtain a position as foreman in construction work. Men who have been deprived of an arm or a leg will be induced to take up telegraphic work, and others will have their elementary education toned up and

prepared for the civil service. Bookkeeping, shorthand, type-writing, and all those professions and trades covering every phase of industrial life will be taught. "In fact, everything but a parson," says Capt. Nicholson.

On the grounds farming will be taught, and the men encouraged to take up the cultivation of the soil. When the men arrive at Quebec, a report is made of their former employment, and the degree of their disability. In this manner the Commission is advised as to the best employment suitable to certain cases.

In athletics it is proposed to form a baseball league among the eight cottages, and to interest the veterans in football, cricket and tennis. Aquatic sports will also be taken up, and with the fine opportunities presented by the splendid harbor there are hopes of many exciting skiff, dinghy and swimming races.

At present there are two billiard tables installed in the Home, and they prove a source of great enjoyment and pastime to the men. Even one-armed men have become expert in the art, and a battle between incapacitated guests is one of the events of the day. Two more tables have been accepted from the Great War Veterans' Association of Toronto, which has notified Capt. Wright of the intended gift.

Writing material is supplied by the Y.M.C.A., and every facility for communication with friends is given. Or if the men desire to spend an evening with friends in Oshawa or Whitby they are readily given permission by the commanding officer.

Each cottage is fitted with a bathroom of three showers and a tub, and has the thermostat control. They are finished in white tile. A dispensary is provided for each ward, and diet kitchens are conveniently situated for the preparation of light foods for tray patients. All cooking in these kitchens is done by electricity. The ventilating system is perhaps the most advanced of any installed in buildings of recent planning. It is controlled from the central power station, and gives a change of air to all the cottages every ten minutes. The lighting of the Home is operated with keys so that tampering with the lights is prevented.

Massage and electric treatment are in advanced stages in

the Home, and real benefits are derived by men suffering with stiff joints and similar physical afflictions. Those who receive the most continuous treatment are men who have lost a leg or an arm. More accommodation for the more serious cases will be supplied when the infirmary is completed, which will be in a few weeks. It is a two-storey building, with four wards and a number of rooms. The operating room was delayed in completion because of the shortage of coal.

The infirmary is stairless, ramps having been substituted for steps, which allow easy and undisturbed conveyance of patients to the surgical department.

A day in the life of an inmate of the Home is: Rise at 7 a.m., breakfast at 8, then "stand-to" parade for inspection of the institution by Capt. Wright at 9.30. At 10 o'clock the men are turned over to the vocational instructors and medical staff. Dinner is served at noon, parade at 2 p.m. for vocational training, instructions ending at 4.30. Supper at 5, after which the men are free until 9.45, when the first post is sounded, and the last at 10.15, with "lights out" at 10.30.

Societies of Whitby and Oshawa have interested themselves to a large extent in the comforts of the men with the result that more than fifty cushions and many games have been received.

The men speak highly of the treatment, and the conditions in the Home. Many of them say they would not change places with the men in city institutions, and appreciate that while the latter may have access to more theatres and places of amusement, they have not the benefits of the healthy environment of the cottages of Whitby. The members of the staff also recognize that the men who risked their lives in defence of right and liberty are deserving of the best that the country can provide to brighten their lives and return them to civil life a credit and not a charge to society. That the Military Hospitals Commission in Whitby at least, is striving toward this end can be seen by anyone who takes the trouble to investigate conditions in that institution for his own conviction. But, in the words of one of the returned men, referring to critics of the institutions: "Some people are never satisfied, no matter how things go, and are never happy only when they are 'knocking' someone or something."

THE HOSPITALS COMMISSION

MEMBERS of the Hospitals Commission, including Sir Henry Pellatt, Mr. W. K. George, Mr. S. A. Armstrong, and Mr. G. I. Riddell, conferred with the Board of Control of Toronto on April 4th with reference to the establishing of Convalescent Homes for soldiers in the city.

Mayor Church explained that the object of the conference was to see if accommodation could be provided inside the city for returned soldiers that is now being provided outside. He thought that it was desirable that the Toronto soldiers should be near their homes so that their friends and relatives may visit them if they desire. Mr. W. K. George intimated that it was the desire of the Commission to co-operate as much as possible with the city. "I would turn over the Technical School to the Commission," said Mayor Church. "The salaries at the Technical School are about \$350,000 a year. The Y.M.C.A. should be turned over to the Commission. The churches should also be turned over to the Commission. In England many of the churches have been turned over to the Hospital Commissions." Dr. Hastings and Property Commissioner Chisholm reported that the new Jesse Ketchum and Park Schools could be fitted up as hospitals. "As a medical man, would you favor turning Jesse Ketchum School over to be used as a hospital?" asked Mr. Armstrong. "What would be the objections?" asked Dr. Hastings. Mr. Armstrong explained that the building was not plastered, and the floors were only temporary floors laid by the Militia Department. "Those are not serious objections," reported Dr. Hastings. "From an esthetic standpoint those conditions would not be desirable, but from a sanitary standpoint the school would be very suitable." Mr. Armstrong differed with Dr. Hastings, and said the school could not be very well fitted up as a hospital. He raised the similar objection to the use of Park School. Mr. George said there would be no finer hospital than the one in Davisville when it is completed. There would be beds for 300 patients. The hospital would be completed in a few weeks. Mr. Armstrong explained that there were only convalescent cases coming to Toronto. For primary cases there were 300

beds available at the General Hospital, but the hospital could not handle convalescent cases. Mr. George reminded the Mayor that out of 25 buildings visited by Dr. Hastings and Property Commissioner Chisholm only two schools were suitable. The Mayor wanted to know why there had not been a report on the Exhibition buildings. "We did not think the Exhibition buildings would be available all the year round," said Dr. Hastings. "They are all available for the Hospitals Commission," said the Mayor. "The Women's Building could be turned over as an hospital." Mr. Armstrong said the Commission would never agree to use the Exhibition buildings during the Exhibition. Men suffering from shell shock could never endure the noise, and the building would be turned into an insane asylum. Controller Shaw said it had been made clear by the members of the Commission that they had all the accommodation that they needed at the present time. "They won't have enough accommodation if the men keep on returning as they have recently," said the Mayor. Controller Cameron said his feeling was that the city should be in the position to co-operate with the Commission as much as possible, and place at their disposal any buildings they may require. "It is not that we have to care for men in their beds as much as we have to care for men outside," said Controller Cameron. Mr. George pointed out that if men were going to be returned to civil life in a proper condition they could not be accommodated in any kind of buildings. Mr. Armstrong said it was the intention to establish a central building for the insane. He said he was glad to state that there were not many insane. "Thank God for that," said Controller Cameron. "Many of the insane are men who have never been to the front," said Mr. Armstrong. "They are men who were in certain institutions in Ontario before they enlisted, but they went to pieces under the strain in England." The members of the Commission had nothing to suggest to improve the present organization, and the suggestions offered by the Mayor were not entertained seriously by the Commission. When the Commission left the room, the Mayor complained that the Commission had been invited by one of the members of the Board, but no case had been prepared to present to the Commission.

Hospital Items

INCREASED HOSPITAL ALLOWANCES

TORONTO'S controllers appeared surprised recently when told that the city now pays about half a million dollars a year to the various hospitals at the rate of a dollar per day per "free" patient. The Board decided to oppose any increase of this rate by the Government.

Yet, since the rate per patient has been the same since 1913, the increase in aggregate payments since that date can have been due to only one cause, namely, that the city has been sending more "free" patients to the hospitals. Those in touch with social welfare work know that patients are not sent to hospital unnecessarily; that human lives are continually being saved by taking people out of utterly unfit home surroundings and giving them proper treatment, and that the waste which comes from unemployment, as well as the actual suffering involved by sickness itself, is ameliorated by hospitalizing a greater number of cases, according to modern practice. The city is putting into the hospitals more and more patients who do not pay their way; some pay in part, others not at all. Naturally the city must expect to pay more each year for their upkeep, even if the rate per patient remains the same.

But if the city's gross outlay increases with the number of cases hospitalized, what about the outlay of the hospitals? If the city's dollar a day pays for the upkeep of the patient, well and good. If it doesn't (and this is unfortunately the case), the deficit of each hospital also increases with the number of city patients sent to it. So when the controllers remember the increase in the city expenditure, they should also remember that the burden on the hospitals is increasing in like measure.

If a dollar a day per patient was the right amount for the city to contribute in 1913, is it an adequate amount for the city to contribute to-day? That is what the city must ask itself, and it seems impossible to answer in the affirmative. Some materials and foods have increased from nineteen to twenty per cent. in the past five years; others as high as three or four

hundred per cent. This affects the hospitals exactly as it does the individual, with this difference, that the healthy individual may safely stint himself, while the hospital must serve the purest of food and make the utmost reasonable provision for its patients if it is to accomplish the purpose for which it was established. And it must buy drugs. In the past few years some drugs have increased one thousand per cent. in price.

It all simmers down to a question of what would be an adequate grant if a dollar is not. A large deputation recently asked the Provincial Government to make the municipalities pay \$1.50. There is need of an augmented grant from the Province itself. It has been paying 20 cents per patient per day up to a term of 120 days in hospital and 7 cents per day thereafter. The deputation asked for a straight 40 cents. That figure also may seem high, but the 20 cents is unquestionably low. Some of the Government's new revenue from mining taxes might well be applied to increasing the rate. Certainly the Province cannot ask the city to do better unless it does better itself.

There is a further question which arises out of the hospital situation in Toronto: Is the time coming when a commission should co-ordinate and control all the hospitals of the city; locate new hospitals where they are needed; buy for all hospitals through one purchasing department; distribute the medical staffs advantageously? The most economical unit seems to be one of about four hundred beds, but there can be no systematizing of units under separate management, nor can overlapping of services be eliminated. The problem is to centralize management without eliminating that private beneficence which has meant so much to Toronto hospitals in the past. It may be a difficult problem, but it should be capable of solution.

* * * * *

Since the above was put in type, the Government have increased the Provincial grant 10 cents per day per patient and granted the necessary legislation whereby the municipality will pay \$1.25 per day instead of \$1.00 as before. This should materially assist in reducing the usual annual deficit in our hospitals.

THE CITY OF TORONTO GRANTS TO HOSPITALS

THE following is the table of city grants presented to the Board to-day, the 1916 total having apparently fallen short of 1915, in part, because there was more money in the humbler homes in that year, and less demand for free treatment:

	1907.	1915.	1916.
Toronto General	\$18,433	\$129,886	\$85,252
St. Michael's	12,925	76,051	57,060
Grace	3,548	17,516	13,575
Western	5,014	44,958	29,079
St. John's	174	1,641	1,230
Women's College	765	2,099
Hillcrest Home	1,203	1,678	1,274
Sick Children's	10,000	62,652	79,333
Gravenhurst	2,008	51,814	53,982
Weston	7,003	100,532	91,399
I. O. D. E.	9,039	10,423
Hospital for Incurables	4,000	35,905	32,781
Totals	\$64,310	\$537,944	\$445,755

BRANT HOUSE NOT FOR HOSPITAL

It was announced last month that the Brant House would not be taken over as a military hospital by the Military Hospitals Commission, as announced. The hotel authorities claim that after alterations were made for the hospital it could not be used again as a hotel, but the military authorities state that the rent was raised from \$6,000 to \$12,000.

This does not mean that Hamilton will not have a military hospital, for the Westinghouse building, in the southwest end, recently vacated by the 164th Battalion, will probably be taken over. Elsinore, at the Beach, might also be taken over.

WOMEN'S COLLEGE HOSPITAL

THE auxiliary of the Women's College Hospital and Dispensary held its annual meeting, when plans were made for a busy summer and autumn. An extension of twenty beds is to be added to the hospital on Rusholme Road in the fall and the auxiliary has undertaken to supply the linens. The election of officers resulted in the unanimous re-election of the following: President, Mrs. A. E. Kantel; Recording Secretary, Mrs. W. H. Baker; Corresponding Secretary, Mrs. J. G. Marshall; Treasurer, Mrs. J. L. Trethewey.

A NEW MEASLES HOSPITAL

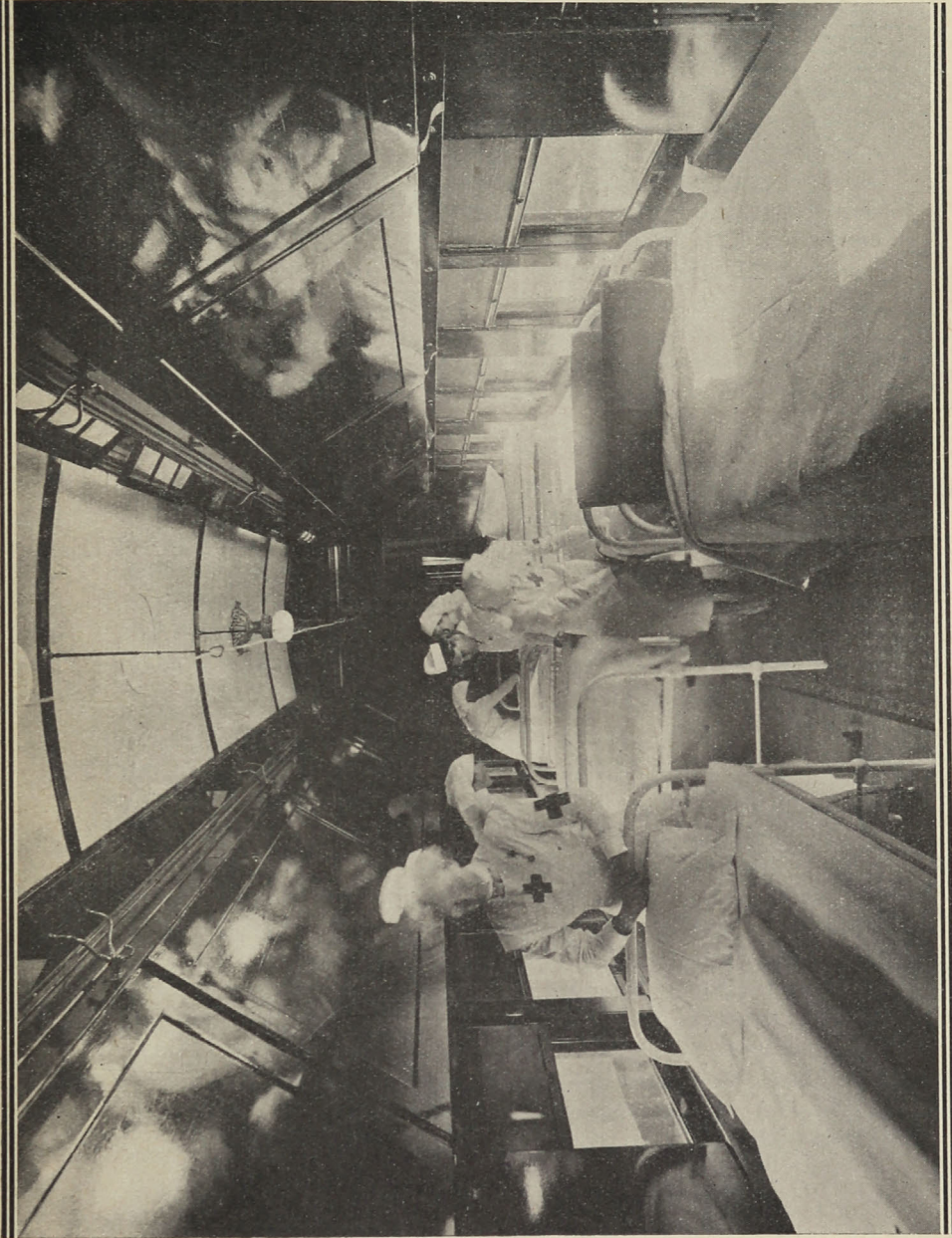
A SPECIAL hospital for the treatment of whooping cough and measles was recommended by Dr. Hastings, M.O.H., at the regular meeting of the Board of Health, City Hall, Toronto, on March 14th. The location for the proposed building is on the western portion of the Toronto jail grounds.

NEW HOSPITAL CARS FOR CANADIAN USE

THE C.P.R. has completed for the Military Hospitals Commission six new hospital cars of the most efficient and hygienic type. In addition to the plans approved of by the Director-General of Supplies and Transports, the railway included innovations which were found valuable by the French and British railways in transporting troops from the front.

There are three units of two cars each. Each unit is known as a composite car, containing six cots for officers and nurses and accommodation for fourteen patients. There is a kitchen attached to enable the preparation of food for patients.

(See opp. page.)



INTERIOR OF ONE OF THE C.P.R.'S HOSPITAL CARS.

(Courtesy of Toronto Saturday Night.)

THE 1,000-bed hospital being established at Kingston, Ont., for convalescent soldiers will be commanded by Lieut.-Col. W. T. Connell, Professor of Bacteriology in Queen's Medical College, who served at Cairo with Queen's Stationary Hospital.

E. W. SNIDER, ex-M.P.P., of Kitchener, made a generous donation for an endowment to Kitchener-Waterloo Hospital Board on March 13th, when he presented two \$1,000 debentures of the town of Orillia, bearing interest at the rate of five and a-half per cent. The interest is to be used for maintenance. The donation was gratefully received by the Board. This is the second contribution this year, a legacy of \$2,000 having been provided in the will of the late Ward H. Bowlby.

THE city is taking immediate steps towards founding the proposed institution for feeble-minded children on a site near the Municipal Farm at Thornhill. The different societies, etc., interested in this work were represented in a delegation which appeared before the Board of Control recently.

As soon as the legal formalities in connection with the recent legislation have been gone through the Board of Control will take the matter up.

A NEW camp for Canadians, established in Kent, is now holding an army greater numerically than the total enlistment from several individual Provinces. They were put there suddenly. The first need was to establish hospital accommodation. In less than two weeks there was fully established a system of hospitals and convalescent camps, although when the army first moved into this district the nucleus of the hospital system comprised a bare office, two chairs and a kitchen table. The normal average sick in camps at this time of the year is about three per cent. The medical officers of the new camp are Lieut.-Col. H. M. Robertson, Capt. J. R. Gordall, Major A. C. Jost, Capt. W. J. Mackenzie, L. L. Stanfer, J. D. Chisholm, W. E. Guest, N. M. Harris and D. W. Grant.

DURING the year 1916, patients to the number of 136 were treated in the Lady Minto Hospital, Cochrane. Eight deaths occurred.

THE plans for an Isolation Hospital, to be built at Windsor, are in course of preparation, and will be laid before the City Council, with a strong recommendation that such a hospital be built in the near future.

THE new armory at St. John, N.B., which was completed just before the commencement of the war, has been taken over by the Military Hospitals Commission and converted into a hospital of five hundred beds.

THE National Sanitarium Association recently announced that their new forty-bed pavilion at the Muskoka Free Hospital would be opened shortly. This pavilion was constructed last fall, but owing to shortage of coal and help the opening was delayed.

THE annual meeting of the Board of Governors of the Brandon General Hospital took place on January 15th. During the past year 1,900 patients were admitted to the hospital, which was occupied to its full capacity throughout the year, and at times overerowed. From a financial standpoint, the year 1916 was a good one.

IT was decided at the annual meeting of the Hamilton Hospital Board that as the new hospital, which will be completed next May, will not be filled for some time, the rooms not required immediately should be lent to the Hospitals Commission for the accommodation of returned soldiers. It was reported at this meeting that during 1916, 6,849 patients had been admitted to the hospital, or 957 more than during the previous year. The number of patients treated in the public wards and the outdoor

department was rather less than in 1915, due no doubt to improved conditions among the poorer classes.

No. 4 Canadian Casualty Clearing Hospital has been transferred from Shorncliffe to Ramsgate.

SUBSCRIPTIONS to the amount of over \$20,000 have been received towards the \$35,000 required for the Military Hospital which it is proposed to build at Vancouver.

THE Medical Board to examine recruits at the Sudbury Mobilization Centre has been approved, and will consist of Lieut. H. M. Torrington, President; and Lieut. W. Dales and Lieut. W. R. Patterson as members.

AT a meeting of the Board of Directors of the Vancouver General Hospital, on January 25th, communications were read from a number of hospitals in the Province referring to a convention of the hospitals of British Columbia which it is proposed to hold in the near future. The matter was referred to the incoming Board for further consideration.

Mr. F. J. WINSLOW, of Guelph, has been made Assistant Director under the Military Hospitals Commission, to look after the business side of the Commission's affairs. He will have charge of the institutions at Toronto, Hamilton, Whitby, Cobourg, Kingston and other places, superintending the business details in connection with the property, the commissariat and the artificial limb factory. The appointment is in line with the Commission's policy to decentralize the organization and administration of its affairs. That will be done by placing an Assistant Director in charge of various districts in which the work is divided.

CAPT. W. W. WRIGHT is attached to the Westcliffe Hospital in Folkestone.

CAPT. J. S. McCALLUM, of the A.M.C., has been permitted to resign his appointment at the Base Hospital, with effect from the 6th of March.

DR. ARMSTRONG, of Kingston, Ontario, has been appointed house surgeon of the Regina General Hospital, in succession to Dr. de Martini.

CAPT. SCRIMGER, V.C., C.A.M.C., of Montreal, is now at the headquarters of the Canadian Medical Services in London as Examining Officer for the Medical Board.

LT.-COL. W. M. HART, C.A.M.C., of Regina, who was a prisoner in Germany for some months, is now attached to the staff of the Granville Special Canadian Hospital at Ramsgate. Major Robert Wilson, C.A.M.C., of Montreal, is also on the staff of that hospital.

CAPT. (DR.) W. E. STRUTHERS, Chief Medical Officer of the Workmen's Compensation Board, was honored, on April 5th, by the members of the Board and staff in the presentation of a typewriter. The occasion was Capt. Struthers' expected early departure with the Bantams' Battalion, of which he is Medical Officer. The presentation took place in the Board's offices in the Normal School, the chairman, Mr. Samuel Price, speaking on behalf of himself and the other members of the Board, Messrs. A. W. Wright and G. A. Kingston, and the staff, all of whom were present. Dr. Struthers made a suitable reply.

WOMEN'S WORK IN WAR-TIME

ONE already begins to realize in a dim way that out of this terrible war there may emerge a world which will be in some ways better than the old one. "Things will never be the same again," we sadly say, but it is not impossible that a time will come when we shall look back on the old days of wasted effort and lost opportunity. It will be a new world, a world of changed view-point, perhaps of greater appreciation for each other's work.

A change of attitude is already evident in the way in which the average man regards the work of women. Here in Canada the granting of the suffrage to the women of Ontario is significant. It is a recognition of their rights which they have gained without noise or disturbance, simply because, as an indirect result of the war, people have been brought to a better realization of woman's capabilities.

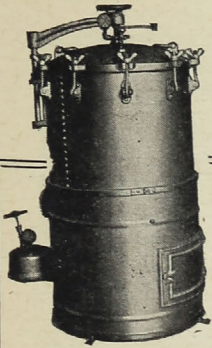
It was the Crimean war which gave Florence Nightingale the opportunity to prove to the authorities, who were indifferent and sceptical, that women could be useful even on the field of battle. The world has moved since those days, but it may well be that through the present war, the public's opinion of women and women's work will show a greater contrast of increased appreciation.

Never was there a time when women had more opportunities, and they are proving equal to them. Hospital work still comes first, and how splendidly are the nurses performing their duties! From matrons down to V.A.D. "freshies," their devotion to duty is the admiration of the world.

This has long been woman's special sphere, but the value of it was never sufficiently appreciated in the old days. The same recognition of faithful service might well be extended to other and more ordinary spheres of woman's work.

How few of us, for instance, as we smoke our cigarettes, stop to think of the many women who are engaged in the manufacture of cigarettes in Canada. Mention has often been made of the great work that women are doing in munitions plants, but the cigarette girl should get some credit too, for the individual soldier needs his cigarette just as much as the artillery need shells.

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"It gives me pleasure to say that the 'National' Autoclave, Doctor's Size, which I recently ordered from you, has proven satisfactory. I am much obliged to you for enabling me to make this purchase."

Daniel Davis, Johns Hopkins Hospital, Baltimore, Md.

"I am enclosing herewith cheque for the Medium-size Sterilizer I purchased from you recently. I bought this sterilizer for the St. Joseph Sanitarium, where it has been in constant use. It is highly satisfactory in every respect, and I note with pleasure that you are advertising it more extensively, for I feel that many physicians and smaller institutions are in need of an efficient apparatus at a moderate price. We find this sterilizer decidedly superior to the — sterilizer which we had been using. Permit me to thank you for your prompt and courteous treatment."

T. G. Yeomans, M.D., St. Joseph, Mich.

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J. E. Tisdale, Health Officer, Bradmarine, Man., Canada.

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Book Reviews

Orthopedic Surgery for Nurses. By JOHN McWILLIAMS, BERRY, M.D., Albany Medical College, New York. W. B. Saunders Co.

This little book of 100 pages is an excellent text-book for nurses. It outlines clearly the essentials of the pathology, symptoms, diagnosis and treatment, and is excellently illustrated. It has the virtue of brevity, while containing all that it is necessary that a nurse should know regarding orthopedic surgery, outside of practical experience. Many training schools have already adopted this text-book, and it can be safely recommended for all undergraduate nurses.

A Chemical Sign of Life. By SHIRO TASHIRO, Instructor in Physiological Chemistry in the University of Chicago. University of Chicago Press, Chicago, Ill.; 1917.

This monograph, written by a member of the staff of the Department of Physiological Chemistry of the University of Chicago, is "an attempt to apply facts discovered during the study of the physiology of nerves to living processes in general."

The chemical changes in nerves which occur during functional activity are detailed, and a very delicate method given for estimating such chemical changes. The passage of nerve impulses results in the liberation of carbon dioxide. The accurate quantitative determination of small quantities of carbon dioxide are made by means of the biometer. The method of using this is described in detail.

This little book presents many interesting facts regarding fundamental life-processes of great significance and interest. To the physician who is endeavoring to keep abreast of recent work in physiology and physiological chemistry, it can be cheerfully recommended.

The Keith Ventilating Fan

SHELDONS, Limited, makers of the Keith fan for ventilating and other purposes, are very busy. They have been running night and day for the past fifteen months. This firm has recently secured the contract for ventilating equipment for St. Joseph's Hospital, Hamilton, which consists of three special Keith fans with direct connected motors. While the Canadian trade in ventilating equipment has been rather quiet since the war began, owing to there being so few large buildings erected, still this firm is getting their share of the business, and in the past few months have received orders for quite a number of fans for export.



Coryza-Rhinitis

ACUTE CATARRHAL INFLAMMATIONS of the upper air passages popularly known as Catarrh or "a cold"—as an independent affection or as an early manifestation of another disease are promptly and effectively relieved by the application of hot

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over the entire naso-malar regions.

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A Sanatorium for Neurasthenics

THAT a high-class moving picture house can be made of the greatest assistance to the medical man in the treatment of chronic neurasthenic patients, there is no doubt. A couple of hours' amusement to such a patient, when his mind is taken off all business and freed from imagined worry will often do more towards his convalescence than the best of medicines. Such a place is The York Theatre, Toronto, catering, as it always does, to the best class of people, and only showing the finest pictures procurable. Family physicians are therefore respectfully requested to always feel free to recommend patients to spend an afternoon at The York. The management caters to the medical profession, and is anxious to secure their support.

La Deesse Corsets

MEDICAL men are consulted daily by women patients as to the best kind of corset for their particular case. A corset that has met with the general approval of physicians, and been recommended in thousands of instances, is the "La Deesse," manufactured by The E. T. Corset Co., Limited, St. Hyacinthe, P.Q. This firm make a large line of corsets, so that no woman, no matter what her build is, need adopt any other. One of their line is No. 692, a corset that is really a triumph of designing for stout figures. In this corset is revealed what can be attained for the full figure by correct corseting. This model is, like other La Deesse corsets, made in strong, unsupported coutil, with substantial boning. The medical profession would do well to remember the La Deesse line.

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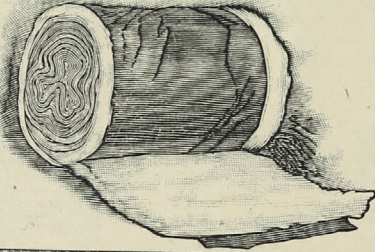
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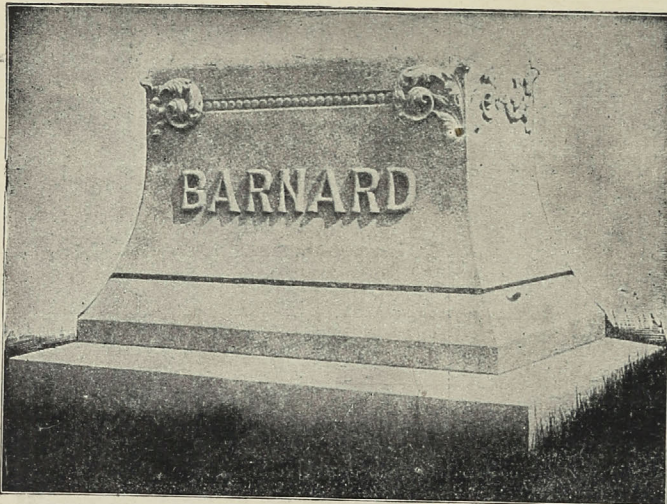
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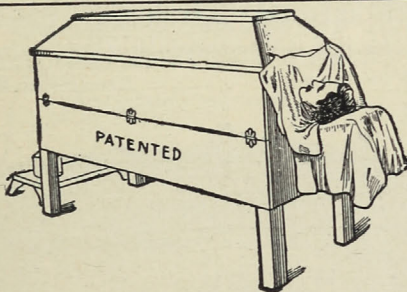
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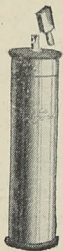
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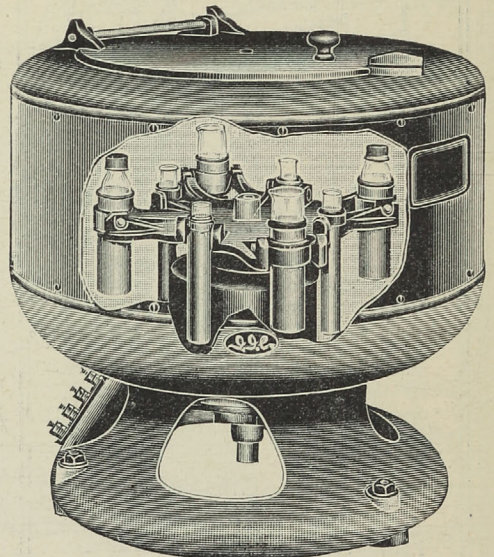
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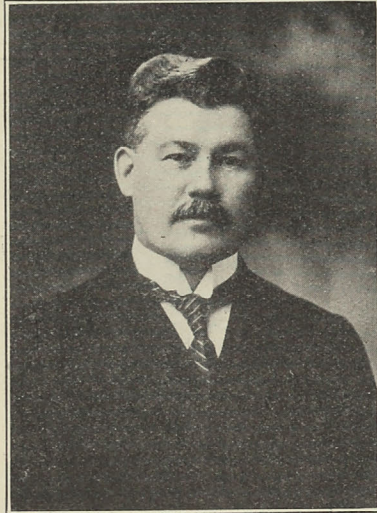
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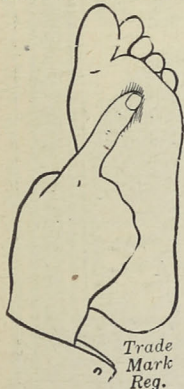
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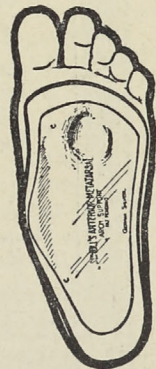
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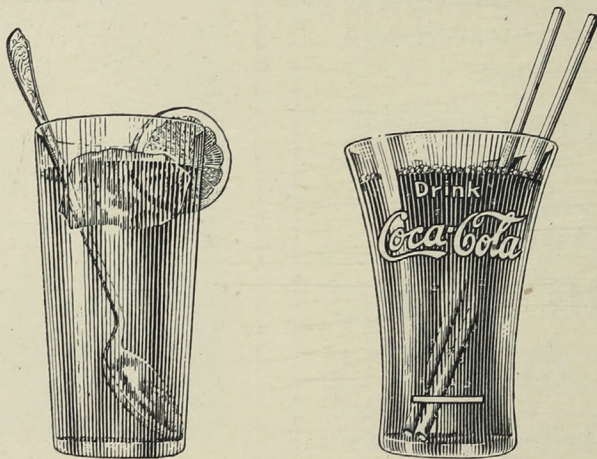
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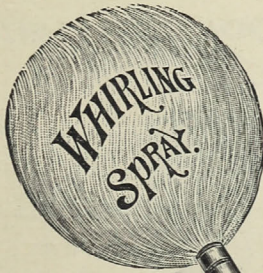
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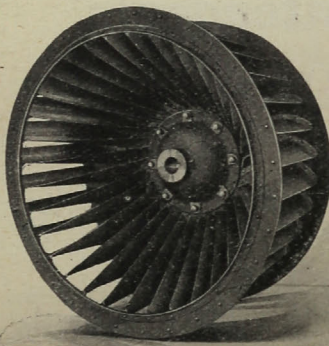
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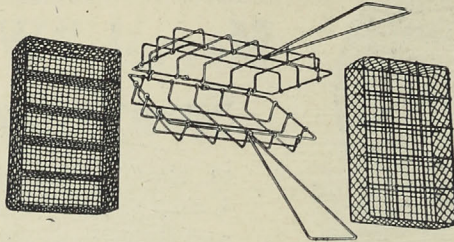
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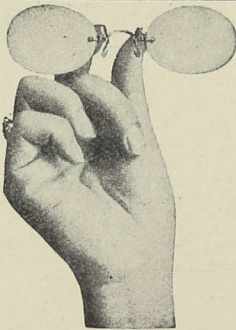
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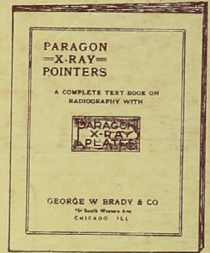
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