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THE HOSPITAL WORLD

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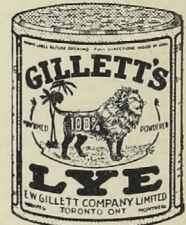
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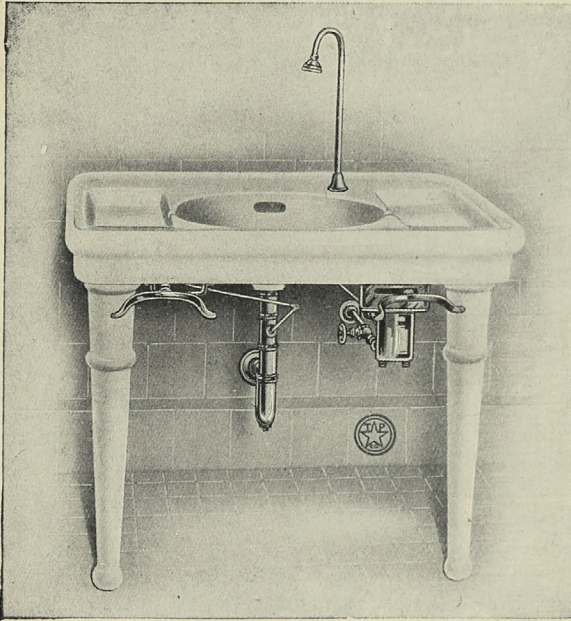
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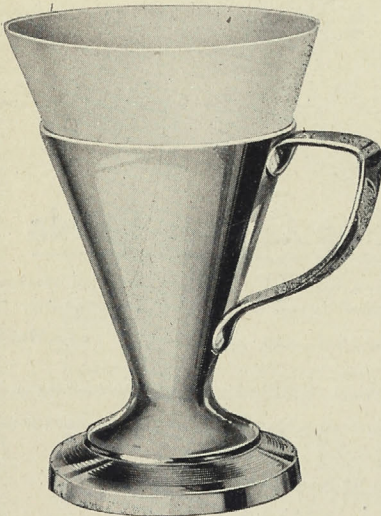


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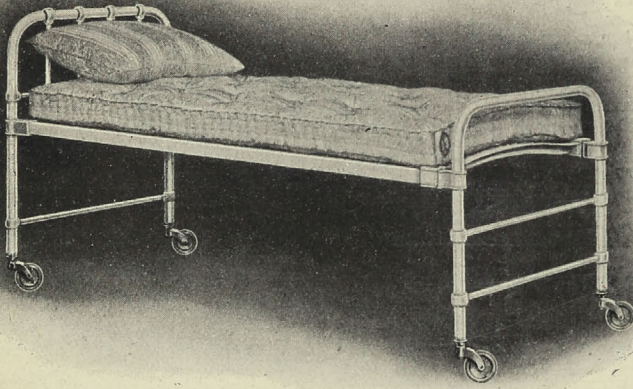
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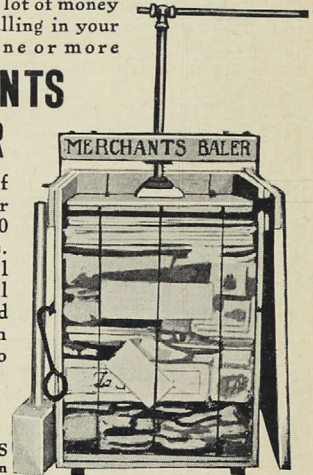
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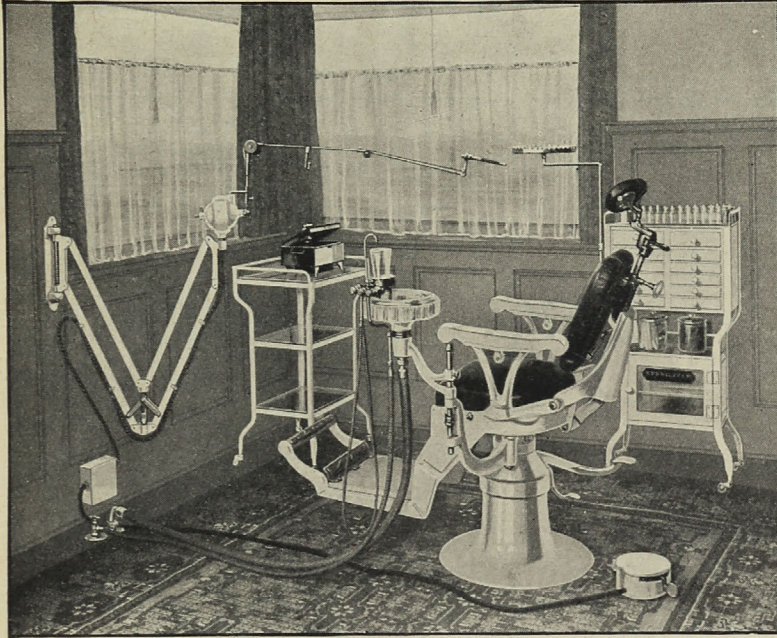


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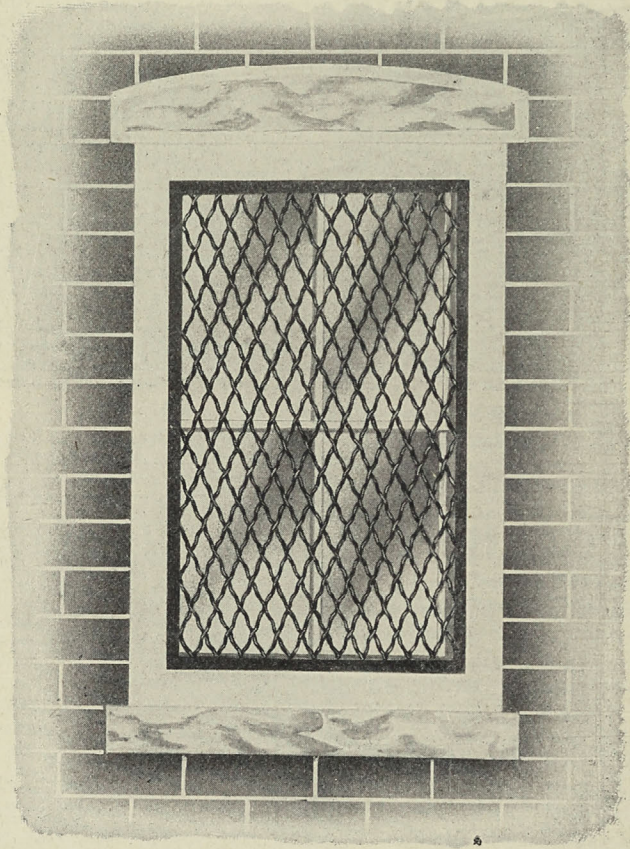
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Editorials

CARE OF THE FEET

IF ONE'S feet are comfortable, all Nature smiles. If the shoe pinches, all Nature frowns. Most people do not take care of their feet properly and of the remaining, some do not do it at all. It seems that the only logical place to instil the right method is in the public

school, when the youthful mind is plastic, and the youthful bones are soft. As a rule, little girls of even ten years or so become superciliously critical about the teacher's dress. Knowing which it is very hard for any woman teacher to wear a correct shoe. But if the Board of Health or the Board of Education would step in and frame regulations insisting on healthful, correct dress for the women whom it is paying to be a living model for the young, they would be protected, and the children educated along sound lines. Woman's sphere has broadened much more than her shoes. Now that women are filling the ranks of almost every profession and trade, there should be a consistent progress in their physical freedom and comfort, especially in the foot, which is the "under dog," and has to be in the coldest, dirtiest places, supporting at the same time the whole weight of the body. Physicians have a strong duty here, either in their capacity as family counsellor, or as official on any staff or board. Teachers, nurses, druggists and salespeople must all stand a great deal, and not only should they wear shoes that will let the feet accommodate themselves to the changing conditions of position, weather and temperature, but they should know how to rest when they have even fifteen minutes of relaxation. Remove the pillow from the head of the bed, lay a straight-backed chair face down, about the middle of the bed, then place the pillow on the sloping chair back. Now lie down, so that the hips are in the centre of the bed, and the feet up on the sloping chair back, thus throwing the

congested blood in the limbs back to the tired, anemic brain. A modification of this is successfully employed for soldiers on the march, ready to drop from sheer exhaustion.

As to the hose, they should be white for wear at work, fine smooth Lisle thread or Balbriggan in summer, and light-weight wool in winter, with light cashmere or merino for the spring and fall, when most people get their annual coughs and colds, before the furnace fires are started. The shoes should have medium thick but very pliable soles, and a last quite straight on the inside edge, thus bringing the foot around from a too prominent "toeing-out" position, indeed, like the straight, silent, speedy Indian foot, whose endurance comes from its energies being conserved inwardly. The heel must be at least three inches long and two and a half wide, like a man's, and not more than one inch high, unless for abnormally high arches. But the arch of the shoe should be built high, light and pliable, with a slight steel spring, to clasp the under surface of the foot, as a man sits a saddle. There should be no seam in the vamp at the toe-joint, not until it reaches the arch. This smoothness, plus the ease coming from taking the weight off the front of the foot and putting it where it belongs, on the heel, makes one feel like running, shouting and singing, when donning a pair of well-made shoes. This is all for efficiency while on duty. Any housewife, nurse or teacher who wears well-made shoes for her day's work, can dress in the giddiest shoes for evening wear, and dance all evening *without fatigue*.

To wear a heel of sensible height and width *reduces the width of the foot* across the toe-joints, which must appeal to one's vanity. The young man who looks very wistfully after a pair of high-topped white "No. 2" kid shoes needs to be told that the wearer is too tired when she gets home to set the table, and never thinks of going upstairs to get her mother's glasses, while in due time, pelvic disturbances take away her fresh look and cause a big doctor bill. One thing is certain. He would buy the sensible shoes for his wife, if he could persuade her that she looked nice to him in them. A little lesson in anatomy of the spinal column and the foot is equally applicable in classes for boys and girls, the one as the admirers, owners or purchasers, and the other, the wearers. Let education in the care of the feet be one of the duties of the school physicians.

Society Proceedings

THE BRITISH HOSPITALS ASSOCIATION

(Concluded from May issue.)

The City Scheme.—As already stated, an existing hospital is to be used for the purposes of the clinic; beds will also be provided there for ordinary routine work. For cases requiring special treatment, arrangements will be made for the use of beds in the great hospital. The clinic will be provided with waiting rooms, consultation room, dispensary, two wards, two operating or special treatment rooms, and a teaching and demonstration room. All special laboratory work will be carried out under the direction of the Hospital pathologist, and routine clinical examinations at the centre. Residential accommodation for the staff is attached.

The whole will be under the direct administration of the hospital authorities. The staff, in addition to the nurses and general helpers, will include a member of the honorary staff who will be in charge, assisted by a whole-time, non-resident officer and a resident medical officer who will divide his time between the work of the skin department and that devoted to the treatment of venereal diseases. The question of assistance by general-practitioners is still under consideration. In addition to the details mentioned, provision is made for free bacteriological examination of morbid products, the free supply of salvarsan, and for educational and publicity work. The Corporation have suggested as payment a maximum sum of £1,800 for the first year, exclusive of the cost of salvarsan or the approved substitutes. The capital expenditure necessary for equipment and alterations, estimated at about £1,000, will be borne by the Corporation. These amounts will, of course, be subject to the Government grant if they are approved by the Local Government Board.

As a matter of additional interest, I might perhaps be permitted to mention here, that certain arrangements already

have been made at St. Bartholomew's Hospital, apart from the City scheme, for putting into practice what may be regarded as a form of preventive treatment, a subject recently referred to in *The Times* by Sir Bryan Donkin. In the words of *The Lancet*, preventive treatment is "a fresh safeguard to the community as well as to the individual," since it antedates "the treatment for venereal disease to the period of incubation." "The value of early preventive treatment in the case of venereal disease is as well established as it is for smallpox and tetanus, and its wide application is equally indicated in the interests of individuals and public health. Early preventive treatment must take its natural place in any well-considered scheme for control of venereal disease." The facilities are only used by soldiers.

Associated Responsibilities of Hospitals.—Hospitals ought not to embark on this new venture with any limited outlook, and treatment must not be the sole object of interest. It is desirable that hospital authorities will consider all the associated problems and be prepared to offer opinions based on the experience which they must certainly acquire. The limitation of interest to treatment will not result in that complete advantage to the public which the contributions require. I, personally, should like to see hospitals developed on lines which would result in their becoming the real centres of medical life in the different areas in which they are situated. A man who has graduated, and entered into the practice of his profession, ought to be attracted to the local institution and encouraged to visit it freely with the object of keeping in touch with current progress and the latest technique.

The staff has obligations in this connection. There is a wide gulf separating the consultant from the practitioner. The staff have facilities for advancing medical knowledge which are greater than those of the practitioner, and although the fullest advantage may be taken of the opportunities, the transfer of that knowledge is not so direct as could be wished. Again, the men practising in what might be termed the higher branches of the profession should be leaders, in consultation with their professional brethren, in matters of policy affecting the welfare of our profession as a whole. The hospital is the best centre to

promote these interests, and I hope the statesmanlike division of duties, which is a feature of these regulations, and the accompanying suggestions will tend towards this result.

In these we see a sound delegation of respective functions. The local public health authority must not set up a special institution. Valuable curative institutions exist, equipped, in most cases, with the latest modern requirements for dealing not only with venereal disease in communicable stages but with all related conditions, and these must be used. The clinical responsibility devolves upon the hospital authority, which must appoint a competent staff. A specialist officer is to be appointed who will devote much attention to the subject, and, although the title is anathema to many, specialists are necessary; they only become a difficulty if they develop narrow views or are unapproachable. These objections will hardly arise if the suggestions of the Medical Officer of the Local Government Board are liberally interpreted. The specialist is required to teach students and practitioners, to approve men as skilled in the new technique, and to consult when called upon to do so. Even more than that, it is laid down that the attendance of medical practitioners at the clinic should, so far as practicable, be encouraged. In the City, the Medical Officer, on the request of a medical practitioner, will also furnish written information of the details of previous treatment if the patient gives a written authorization for such facts to be communicated.

To the Medical Officer of Health is delegated the duty of organizing this scheme, and he is responsible in no sense for the clinical work. He will require to keep himself abreast of current progress, and indicate in this, as well as other work, directions in which new knowledge may be rendered available for the community.

We next come to the general practitioners. It is this branch of the profession which, in my opinion, will have the greatest opportunities for promoting the success of the scheme, and to them the hospitals have an obvious duty. I have already mentioned the relationship between the specialist officer and the profession, and in addition the hospital must stand for all that is best in treatment. If suitable facilities exist, practitioners will attend to make themselves acquainted with modern prog-

ress, and as an additional encouragement some kind of appointment, which they may hold, should, if possible, be arranged. Even unpaid appointments, which however can only be justified if they are held for purely educational reasons, would be of service. Where the work demands assistance, payment should be made. By affording the widest facilities for practitioners improving their skill, the public will benefit.

I do not think that hospitals are going to attract patients on a higher social scale for this special treatment than they do to-day for other treatment. Possibly, even some of those who attend for free treatment of other diseases, and who could pay their own doctor—there are such attend hospital out-patients' departments—will not seek free treatment for venereal infection. This section of the community will consult their own doctors, if they seek medical advice at all. I express a doubt here, because I fear that the quack, if allowed to flourish, will maintain his position as an active competitor. This should not be, and the hospitals, whilst accepting responsibility for imparting knowledge to practitioners, must assist them to obtain their rightful position by joining in the present agitation in favor of suppressing unqualified treatment and quack advertisements. The interest of the practitioners must be active and not passive. There is too much of the passive tendency in the latest introductions in which treatment is undertaken at the instance of local authorities. This must inevitably result if special places are established with clinical responsibility limited to a public officer and inadequate encouragement given to the local practitioners. It is an undoubted necessity that medical practitioners shall be actively interested in all public medical work. Where hospitals exist, every opportunity should be taken to extend their sphere of usefulness. The establishment of new centres, unless circumstances require it, is a source of weakness, and coincidentally with this increased activity the duty of the hospital to the public must not be lost sight of. This duty is closely associated with continuous educational facilities for the medical profession as a whole.

Conclusion.—The day is past when a sharp line of demarcation may be drawn between the functions of curative and preventive medicine. Perhaps it is doubtful whether a clean-

cut distinction was ever justified. In any event, the relationship is daily becoming more intimate as progress in prevention develops on lines which are more closely related to social than public work. The two main advantages of the present scheme of treatment from the point of view of prevention are that increased publicity will be given to the existence of these diseases and to the necessity of cure being effected as quickly as possible. Increased publicity will pave the way for future progress by creating a feeling of solicitous concern for the unfortunate patient instead of the former squeamish aversion, and early treatment will reduce the centres of infection and the later evil effects of attack.

The measures now operative are only a part of the scheme of the future, and before finality is reached many matters of a highly controversial character will require decision. Time will not admit of a discussion of these, so let it suffice for me to state that in my opinion there is no subject in the range of preventive medicine which calls more strongly for energetic action, and none which offers such hope of permanent benefit to the community as that of the reduction of the prevalence of venereal disease, and in this work the voluntary hospitals have now been charged with important responsibilities.

The Chairman expressed his opinion that Dr. Howarth's paper was most interesting, and gave a large amount of valuable information on a very difficult problem. He inquired if any person present wished to make any comments or desired any further elucidation.

Mr. R. H. Caird (Chairman, London Homeopathic Hospital) inquired: What arrangements had been made by St. Bartholomew's Hospital, apart from the City scheme, for putting into practice what might be regarded as a form of early preventive treatment? He said that the trouble at most of the smaller hospitals was that many patients attended with syphilitic symptoms, and he wanted to know what provision was being made for the early treatment of such cases.

Mr. Frank Hazell (Royal Infirmary, Manchester) said the question of financial suitability was at the root of the voluntary system, and at the present time, he believed, the Charity Organ-

ization Society had the matter under discussion. It had been suggested that syphilitic patients should be welcomed to every department of the hospital, without any inquiry being made, and the effect of that on the remainder of the hospital patients would not be to make matters easier. With regard to the question of prevention, the medical profession in this matter seemed to have reversed their ideas altogether in comparison with the attitude on infectious diseases generally: their one idea was to segregate in order to avoid contagion. Surely there was a danger in throwing hospital doors wide open for the reception of these patients. He proceeded to discuss the C.D. Acts, and said the police could often put their hands on the source of all the difficulty—namely, the brothels—but the present law was so extraordinarily framed that unless the police could prove a case brought into court up to the hilt they dare not bring it at all. The present requirement seemed to be a complete reversal of the attitude previously adopted by the profession.

Dr. Sandilands, in reply, said there had been measures in operation in the Services, and especially in India, for some years, consisting in the provision of an antiseptic ointment and a permanganate of potash douche, which could be used immediately after exposure to risk. Apparently similar schemes were being arranged for troops in London and elsewhere in England. With regard to the question of compulsory isolation, he thought if they were not going to have compulsory isolation, then it was of the very first importance to have adequate treatment, because adequate treatment would curtail the disease not by weeks but by years. He took it that it was for that reason the Royal Commission laid great stress on treatment. Effective treatment, even without isolation, would tend to limit the spread of infectivity. In addition to that, the getting of a man into proper hands and giving him adequate treatment would also, no doubt, have the effect of enabling him to better understand his condition, and he would thus be less likely to take the risk of infecting others. The main argument, of course, against compulsory isolation was that it would lead to a great deal more concealment than at present. There were Medical Officers of Health in London who were very strongly in favor of compul-

sory notification, and did not consider that any advance would be made until it came about. He did not include himself among those who held this view.

Sir William Collins, in proposing a vote of thanks to the lecturer and Chairman, said the treatment of venereal diseases by voluntary hospitals was nothing new. He remembered in the '70's of last century assisting in treating venereal diseases within these walls, not only in the out-patient department, but also in the wards known as "Lazarus" and "Magdalen." To hear some people talk, one might almost think that a recent Royal Commission had discovered the prevalence of venereal diseases; that we were unaware of their nature till Schaudin described the *Spirochoeta pallida*; unable to diagnose them till Wassermann arrived on the scene, and unable to treat them successfully until Ehrlich lectured at the Albert Hall about his 606. The truth is these diseases are at least as old as the Crusades, and probably among the first patients the pious founder of St. Bartholomew's admitted to his charity were some sufferers from these maladies. At any rate, since the hospital was to receive those who went about London with hideous sores "to the high displeasure of God and to the damage of the King's people," it is at least probable that Rahere was not unaware of these diseases. The Royal Commission had, however, served to focus attention on this squalid social sore, and the voluntary hospitals were ready as ever to do their part in treating these diseases. He ventured, however, to express the hope that the intervention of the State, even to the tune of 75 per cent. of the cost, would not lead to stereotyping any particular method of treatment or to arresting progress in further knowledge of the pathology of venereal diseases. In thanking the noble chairman for his presence, he reminded them that so long ago as 1892 Lord Sandhurst presided over a committee of the House of Lords which inquired into the needs and necessities of the voluntary hospitals of London. It did not hesitate to expose some defects in construction and management, and it paved the way for more satisfactory financial support to these institutions. Indeed it might be said that that report led to the inauguration of King Edward's Hospital Fund which had exerted so beneficent an influence on the voluntary hospitals. In the Lord

Chamberlain all felt they had a friend at Court. They congratulated him on the new honor he had received, and St. Bartholomew's for having such a man as their treasurer.

Rev. G. B. Cronshaw (Radcliffe Infirmary, Oxford), in seconding the resolution, referred to the arrangements which had been made in Oxford, and to some of the financial aspects of the Local Government Board's scheme. He felt assured that the managers and staffs of the voluntary hospitals would do everything in their power to assist the local authorities in combating the evil effects of these diseases.

Lord Sandhurst, in returning thanks on behalf of Dr. Sandilands and himself, said it was some six and thirty years since he had first become associated with the administrative work of the voluntary hospitals. He felt sure that the meeting would agree with him when he said that whatever difficulties these hospitals had to face they would do their very utmost to meet them in the most satisfactory way possible, provided it was certain to result in the ultimate good of the sick and necessitous poor. Of course the matter of funds was a difficulty with which they were usually faced. After a long experience he had come to the conclusion that the public always had confidence in a good voluntary hospital, and would see it through, sooner or later. If they did not come to the rescue, then something was wrong with the institution. With their permission, he proposed to write to Dr. Howarth, the Medical Officer of the City of London, saying how much they regretted that he—although so worthily represented—had not been able to read his paper, and he also proposed to add an expression of sympathy with Dr. Howarth.

At the conclusion of the proceedings, the annual meeting of the members of the British Hospitals' Association was held, when the council and officers for the ensuing year were appointed, and it was announced that Viscount Sandhurst had agreed to accept the post of President of the Association.

Canadian War Hospitals

ONTARIO MILITARY HOSPITAL, KENT, ENGLAND

The London *Times*, under date of April 10th, contains the following article from a correspondent:—

The modern military hospital is no longer a substantial structure of brick and mortar. It is a collection of temporary buildings put up in the minimum of time and at the minimum of expense. Such a hospital is the Ontario Military Hospital in Kent. It took seven months to build, from the time the architect first arrived on the ground until it was opened, and the cost was less than £70 per bed. It is to the Canadian Province of Ontario that we owe this vast concern, which is still growing, and which has tended over 6,000 patients in less than twelve months.

The subscribers to the fund and all the people of Ontario may well be pleased, for their money has been spent to good purpose, and they have the satisfaction of knowing that their hospital is put to its full use. There are rarely fewer than 600 patients in the wards, and often there are nearly half as many again.

The Ontario Hospital is absolutely self-contained, for there are facilities for all the most delicate surgical work ready to hand. There is a dental surgery, where dentists and surgeons, all Canadians, most of them from Ontario, and all specialists, work together. Men with jaw and face wounds are made whole again. Plastic surgery has been made a feature of the establishment, and there is an excellent X-ray plant in a special building. Many American and Canadian business methods have been introduced, and there is an excellent system of card index filing in connection with the X-ray treatment. The records of the patients are kept with meticulous care, and by the card index system any man's medical history is revealed in thirty seconds.

There are at present 20 wards in the hospital, each of 52 beds. In addition, there is an isolation ward of 40 beds, bringing the total up to 1,080. In six weeks 1,040 more beds will be ready, bringing the accommodation up to 2,120. This is a wonderful total for a temporary hospital which did not exist a year ago.

In regard to the staff, the Ontario people have again come to the fore. They have sent eighty trained nurses. All were certificated before the war, for a three years' course is necessary in the province before the final examinations are passed. These nurses rank as lieutenants, and wear two stars on their shoulderstraps. They are paid as lieutenants, and their accounts, field allowances, and mess allowances are all dealt with in the same way as those of the officers. They wear a distinctive uniform, with a blue cloak lined with scarlet, a blue soft hat, and the Army Medical Service badge of Canada, which has the serpent and staff surrounded with the maple leaves instead of the bay leaves. The matron, Miss M. Smith, of Ottawa, ranks as a captain, and wears captain's badges. In addition to the nursing staff there are 310 N.C.O.s and men doing duty as orderlies, dentists, dispensers, engineers, firemen in the power-house, dressers, motor drivers, and police.

The arrangement of the buildings is specially noteworthy, for they are laid out with the idea of economizing labor in the distribution of food and saving time in attendance on patients. The kitchens are specially convenient, and the food is taken through covered ways to rooms, where it is carved on hot stoves. There are bread-cutting machines, steam boilers capable of taking a sack of potatoes, steam ovens for cooking green vegetables, baking ovens, and all the apparatus of a modern hotel kitchen.

Diets are carefully checked, and there is no waste. Every day the diets required from each ward are sent down to the quartermaster's stores, where baskets are filled with any special food required. This check goes also to the kitchen, where the dishes are prepared. Every effort is made to economize without stinting the men, and several good schemes for saving have been initiated. Whereas every man used to be given two slices of bread on his plate, the bread is now put on a large dish in the centre of the table, where a man may help himself. Thus,

if there is any left over, it may be used for puddings or other dishes. Potatoes are served in the same way.

The entertainment of the patients, in itself a matter of great import, has been well provided for, and there is a permanent cinema machine built in off the big recreation hall, where pictures are shown every week. The men are very appreciative, and thanks to the generosity of certain firms, they are given good films. Indeed, they have had their own hospital screened in a series of scenes, and a complete picture play, "From Hen to Hospital," was acted there.

There are nine V.A.D. hospitals near the main hospital, and in these another 500 beds are available for the less serious cases. There is a squadron of twelve motor ambulances to take the men from the station to the hospital or to the auxiliary establishments.

Lieut.-Col. D. W. Macpherson, the officer commanding, has had a great deal of experience; he was for a long time in France with the Canadian forces. He was for many years in the Canadian Militia, and long before the war broke out had a thorough grounding in all the multifarious duties of his position. The quartermasters, men of great moment in such a large establishment, are Capts. W. H. Fox and H. Goodman, and one look at their stores gives the visitor an idea of their responsibilities.

It is a great tribute, not only to the generosity of the men and women of Ontario, but also to the skill and executive ability of the staff, that such an undertaking can be so well worked from a distance. The Ontario Hospital receives men of any unit in the Imperial or Colonial forces. Men from Canada, Newfoundland, South Africa, New Zealand, Australia, and indeed, every outpost of Empire, are to be found in the wards. The men mix with each other and thus gain much information of the life of all the Colonies.

It is reported that in all probability the University Base Hospital will shortly leave Salonica and return to England. Lieut.-Col. W. B. Hendry has been in command of the unit since the departure of Col. Roberts, who is now in charge of the Taplow Hospital.

MORE HOSPITALS FOR RETURNED SOLDIERS

FROM end to end of the Dominion provision for returned soldiers who will form permanent charges, owing to the nature of their injuries, has been greatly advanced. In Toronto, as recently announced by us, the residence of the late Mrs. Massey Treble, Jarvis Street, given by the Massey estate to be a home for incurable cases, is being adapted for its hospital purposes by the Military Hospitals Commission. Accommodation will be provided for about fifty beds. The ground floor will be taken up with kitchen, dining-rooms and office. In the big music-room the Massey estate has arranged that the organist of the Metropolitan Church will give recitals twice a week. The second floor will be given over entirely to wards, and the top floor will be used by the nurses.

Pickering College at Newmarket has been acquired by the Military Hospitals Commission and will be used as a home for returned soldiers. It comes into the Commission's hands through a patriotic act on the part of the Board of Management of the college, which is associated with the Religious Society of Friends. The college and grounds have been loaned free of all charge to the Commission.

Mr. A. S. Rogers, Chairman of the Board, and Principal Firth, informed the students on April 23rd of the decision to donate the school property to the Military Hospitals Commission.

It was only on the urgent representations of the Hospitals Commission at Ottawa that the college management was induced to take action before the close of the spring term.

Alternative arrangements are being considered for the continuation of the students' work so far as they can be effected.

Pickering College is eminently suited to the needs of the Commission. It is a new brick structure with 25 acres of ground, situated on an eminence. The building is so constructed that every window at some time of the day receives sunshine, and the fire protection is excellent. There are six classrooms on the ground floor and 53 double and 4 single bedrooms upstairs. Seven acres are under cultivation for vegetables. In

addition, there are four tennis courts, a campus, flower gardens, a large gymnasium which can be turned into a rink in winter. Mr. Rogers said that the loan was intended as a contribution to national service and to show the sympathy of the college and Religious Society of Friends with the wounded and invalided soldiers and the work of the Commission.

Sir James Lougheed, President of the Military Hospitals Commission, has just returned from a western tour, during which he acquired three buildings which will serve as homes for about 750 convalescent soldiers. At Point Grey, adjoining Vancouver, two modern college buildings, about half a mile apart, Braemar and Langara, conducted by the Presbyterian Church, will house about 450 between them.

At Edmonton negotiations were opened for the acquisition of Alberta College on property in South Edmonton, adjacent to the University and the Department of Agriculture's experimental plant. The Dean of Agriculture at the University proposes to assist the Commission in its vocational work here, and an extensive acreage will be available for farm work.

At Winnipeg, the Manitoba Government turned over another 100 acres and farm buildings adjoining the Deaf and Dumb Training School, which is to be the western centre for the re-education of disabled soldiers.

WHITBY HOSPITAL AGREEMENT SIGNED

THE agreement between the Provincial Government and the Military Hospitals Commission, by which the Whitby Hospital for Insane is to be turned over for the use of returned soldiers, has been signed, for a consideration of \$25,000 a year, according to a statement made by Hon. W. D. McPherson, Provincial Secretary, on April 12th. A similar agreement will be made, as soon as S. A. Armstrong returns from the East, regarding the Industrial Farm at Guelph. The Province will keep its own staff at Whitby, and the Dominion will foot the bill.

While the present agreement provides for only light cottages, which will make up one hospital unit, when the buildings

at present under construction are completed, there will be three such units at the disposal of the Commission, giving accommodation for about 1,400 returned men.

Mr. McPherson said that 150 of the patients will be retained in a separated part of the institution, to work the farm, which comprises about 650 acres. The products will be at the disposal of the Commission. The female patients have been removed to Orillia. Every facility will be placed at the disposal of soldiers who desire to work any land.

The consideration paid by the Dominion will not reimburse the province for the rental of the property, but as the Provincial Treasurer explained, the arrangement is to meet a temporary emergency.

At Guelph some 550 patients will be accommodated. There is every facility there for vocational training. The province will keep the abattoir, which supplies the meat for the various provincial institutions, but the Commission may buy from the abattoir on the same terms as these institutions. The province has no desire to make a profit from its dealings with the Commission. This is true also of the dairy. The province will keep control of the output, but the Commission may purchase its supplies at the Provincial Government rates.

19,459 CANADIANS IN U.K. HOSPITALS

THE latest return of Canadian patients in hospitals in the United Kingdom, received in Ottawa on May 8th, gives a total of 19,459 on April 20th, including 583 officers. The total had fallen from its highest level, 20,256, on October 20th, 1916, to 14,165 on April 6th. The total for April 20th is made up thus: In Canadian primary hospitals, 3,180; in Canadian special hospitals, 1,658; in Canadian convalescent hospitals, 3,986; in special sanatoria, 82, and in British hospitals, 10,553.

The latest return of men on the strength of the Military Hospitals Commission command in Canada showed a total of 5,952 on April 30th. The total on April 15th was 5,677, having risen to that point from 2,404 at Christmas. The latest total

is made up of 3,562 in-patients and 2,390 out-patients. Included in the total are 1,130 men who have not been overseas. At the convalescent homes on April 30th there were 2,220 overseas and 381 camp men, while the convalescent out-patients numbered 1,934 overseas and 447 camp men.

There are 631 patients in the sanatoria for tuberculosis, with eight out-patients, 414 of the total being overseas men and the remainder camp men. The total 5,592 is completed by 331 men in other institutions.

ADDITION TO GUELPH HOSPITAL

THE Military Hospitals Commission have arranged for the construction of additional room at the Provincial Reformatory so that 1,500 returned soldiers can be cared for there. At present there is room for 500 men. The contract for the additional building has been let to the Peter Lyall Company, of Montreal. Everything that looks like jail is to be removed.

UNITED STATES TO RELIEVE CANADIAN HOSPITALS FOR INSANE

To relieve congestion among the hospitals throughout Canada caused by the return of wounded soldiers from France, Dr. Bayard Holmes of Chicago has advanced the proposal that the hospitals for the insane in the United States take over between 20,000 and 30,000 insane patients from Canada. This number comprises about 80 per cent. of the Dominion's insane now under treatment. "The general hospitals in Canada," said Dr. Holmes, "are not only badly short of doctors and surgeons, but are woefully crowded. We ought to help Canada, now our ally, at once. I can think of no more neighborly and efficient proposition than to relieve immediately her hospitals congestion. This country can do this within two or three weeks."

GUELPH PRISON FARM WILL BE TURNED OVER IMMEDIATELY

IN connection with the visit of S. A. Armstrong, Director of the Medical Hospitals Commission, to the Parliament Buildings on April 25th, Hon. W. D. McPherson announced that arrangements had been arrived at whereby the prison farm at Guelph would immediately be turned over to the Commission for the accommodation of returned soldiers. The 150 prisoners there at present will be transferred to the provincial institutions at Thornhill, Burwash and Hamilton.

GIVES X-RAY EQUIPMENT

PROVISION for purchase of a modern x-ray apparatus to be installed in the Alexandra Hospital, Ingersoll, has been made by a generous donation of \$1,500 by Mr. Spurgeon Poole, a widely known resident of West Oxford, whose home is at Foldens. The donation was made to Dr. J. M. Rogers, who will select the apparatus and after installation, see that it is handed over to the Hospital Trust.

QUEEN OPENED HOSPITAL

THE Queen recently opened the new wing of the Royal Naval Hospital at Haslar, near Gosport, given by the women of Canada.

AUTHORITY has been granted for the employment of Capt. D. T. Fraser, A.M.C., as a Militia Officer at the Base Hospital, Toronto, to take charge of the work of the isolation wards. It is announced that the eye clinic at the Base Hospital will be open Tuesday and Friday mornings at nine o'clock.

NEW HOSPITALS IN CANADA

WHEN "bed cases" do arrive in Canada, in any considerable numbers, there will be plenty of accommodation for them. The Commission long ago arranged with a score of hospitals throughout the country for the reception of about 1,600 such cases. In addition, accommodation for 1,200 is being provided in buildings taken over or erected by the Commission itself.

At Kingston, Ont., the Arts Building and Convocation Hall of Queen's University have been turned into a hospital, with 550 beds. This also is ready for use.

At Winnipeg, a new hospital is being erected in the grounds of the old Agricultural College, with 320 beds, to be divided between convalescent and active hospital cases as occasion requires. The buildings should be ready before the end of May.

At Quebec and Montreal the Savard Park and Grey Nuns' Convalescent Hospitals, respectively, may be used for "bed cases" later on. Both are ready for such a purpose without alteration.

For consumptives, the accommodation is being largely increased.

At Kentville, N.S., the Commission has just added two pavilions, for 64 soldiers, to the existing sanatorium, and is now putting up a vocational building where the patients can engage in various arts and crafts.

At Kingston, the new buildings at the Sir Oliver Mowat Sanatorium have been completed, and 175 patients can be accommodated there.

At Hamilton, the three smaller pavilions and the vocational building are finished, and the two large pavilions are nearly complete.

At London, the three new pavilions are already in use, and an infirmary building is under way.

At Ninette, Man., two soldiers' pavilions are being added to the Provincial Sanatorium.

At Regina, Sask., the Earl Grey School is being transformed into a sanatorium, and an infirmary is being added.

At Halifax, a convalescent hospital is being erected on Camp Hill, the property of the Imperial Government. Besides three residential buildings, for 300 men, there will be a dining hall and service building, and a vocational building. The work is expected to be finished by July 1st.

At Sydney, Cape Breton Island, Mr. Moxham's house, in fine grounds sloping down to the harbor, has just been transferred to the Commission, and is already occupied. It will accommodate 100 men.

In Montreal, the former Loyola College building has been taken over, and about 100 men are already in residence. Here there is room for 250. St. George's Home has also been occupied, and it holds over 50 men.

In Toronto also, a mission hall close to the Spadina Convalescent Hospital has been taken over, for the training of masseurs—massage being a most important part of the treatment in many cases of injury, rheumatism, and nerve troubles.

At Cobourg, the Ontario Military Hospital will have its capacity raised from 144 to 275, by the erection of new buildings. This institution will be reserved for curable cases of shell-shock and other nerve troubles.

A Home for Incurables has been established in Toronto. Formerly the Massey-Treble home, it is now the Euclid Hall Military Convalescent Hospital. Thirty patients can be cared for in this, the first institution of its kind for Canadian soldiers.

At Winnipeg, the buildings of the old Manitoba Agricultural College are being remodelled, and will be ready in a few weeks. This (including the new hospital buildings already mentioned) will accommodate 750 men, and will be the centre of re-education for Manitoban soldiers.

At Moose Jaw, Sask., the Ross Park School has been secured and will take 400 men. Two auxiliary buildings are being erected in the grounds.

Further north in the same province, the handsome building of the Saskatoon Y.M.C.A. has been taken over, and will house 158 men.

At Edmonton, Alberta College is being taken over from the Methodist authorities. It will accommodate 300 men; and it has the great advantage of being close to the Provincial Agricultural College.

Near Vancouver, B.C., two school buildings at Point Grey, Braemar and Langara, are being added to the list. They will take 450 men between them. Here there are about 50 acres of land available.

At Qualicum Beach, near Victoria, a charming sea-shore hotel has been transformed into a hospital, and is already occupied. The accommodation is being increased from 120 to 225, by the addition of four pavilions.

At Sidney, also on Vancouver Island, the accommodation of Resthaven is being raised from 160 to 200.

The total convalescent accommodation, available or in sight, is about 8,500, without including the Hospital for the Insane.

At Quebec, the clearing depot, formerly the Immigration building, is being completely remodelled, and will house 1,000 men, or even more. Special accommodation has been set apart for the cases of tuberculosis and mental derangement.

Great additions and improvements are being made to the accommodation for men immediately on their arrival from overseas at Halifax and Quebec.

At Halifax, the Immigration building on Pier 2 has been transformed into a clearing hospital for 450 men, and is already in use. Part of the building is reserved for tuberculosis patients. The officers of a hospital ship arriving the other day remarked that they had never seen provision so excellent for wounded men, or hospital trains so good as those provided for the more serious cases.

Altogether between 500 and 600 men are now at work on the various buildings mentioned for the reception, treatment and training of the soldiers who have suffered in our service.

At Toronto itself, the Orthopædic Hospital, for men needing artificial limbs and kindred appliances, will be ready very soon. The main building, in fact—erected by the Salvation Army as a training centre—is ready now. A service and dining-room building has been added, and two ward buildings are in progress. About 450 men can be accommodated here. In the hospital grounds, which cover eight acres, a special building will be erected for the Commission's artificial limb factory, now in operation on Buchanan street.

The Military Hospitals Commission has finally decided not to make use of the old Dalhousie Building on Carleton Street, Halifax, but to obtain accommodation for the returned convalescent soldiers at the Presbyterian College, Pinehill, near Halifax. The buildings there are on a beautiful site overlooking the waters of the North West Arm, one of the choicest spots in North America. Few students of Theology had been left this session and two of the professors had volunteered for military service about a year ago. The Commission, having decided that an additional hospital was needed, has arranged to erect temporary buildings on Camp Hill, on an excellent position on a portion of the common at Halifax.

Items

UNIVERSITY HOSPITAL SUPPLY ASSOCIATION

THE honorary treasurer of the University Hospital Supply Association reports the receipt of \$6,602.56 since the statement published March 31st. This includes \$4,000 as the result of the appeal to graduates of the University of Toronto, \$1,410.84 from the Ontario Society for the Reformation of Inebriates, and \$140 from the Victoria College Ladies' Choral Club.

The convener of the Packing Committee reports that during the month of April 53 cases were packed, composed of 912 pairs of pyjamas, 162 day shirts, 144 caps, 988 pairs of socks, 45 dressing gowns, 126 surgical shirts, 54 laparotomy stockings, 378 miscellaneous articles. These were forwarded to the Canadian Red Cross Society, excepting 630 pairs of socks, which were sent to the Canadian Field Comforts' Commission for the use of the men in the trenches.

MORE HOSPITAL SHIPS SUNK BY SUBMARINES

THE British Hospital Ships Donegal and Lanfranc, with many wounded aboard, were torpedoed and sunk without warning on April 17th. Of those on the Donegal, twenty-nine wounded men and twelve of the crew are missing. The Lanfranc was carrying German as well as British wounded, and nineteen British and fifteen Germans are believed to have been drowned.

The Admiralty announces that in view of the announced policy of the German Government to wage war on hospital ships, the vessels in future will not bear the distinguishing marks which should ensure their safe passage. The German Government has also been informed that German wounded will be carried in hospital ships in future, and must take the same risk as British soldiers if the vessels are attacked.

The sinking of the *Lanfranc* was the occasion of an exhibition of gallantry by the British wounded and of cowardice by the 167 Prussians on board. While the British, true to the traditions of the Empire, stood at attention on the deck of the sinking ship, the Germans made a mad rush for the lifeboats. When they were ordered to await their turn many showed cowardice by dropping on their knees and imploring pity. The crew and staff went calmly to their posts, and stretcher cases were first lowered to the small boats. Some of the Germans managed to crowd into a lifeboat, which, however, capsized as soon as it was lowered. They then fought each other to reach another boat containing some gravely wounded men. The missing include two British and five German officers, and one of the staff of the Royal Army Medical Corps.

WOMEN'S HOSPITAL BOARD PLANS EXTENSION

THE urgent need of larger quarters was discussed at a meeting of the Board of the Women's College Hospital and Dispensary, held at 125 Rusholme Road, on May 2nd. As a result of the campaign held for this purpose last June, the project of an extension was made possible, and a resolution was passed that the Building Committee be instructed to confer with the Advisory Committee and the Superintendent and Architect and then have plans and specifications made for the 20-bed addition and the necessary changes to the old building, and to obtain tenders.

CANADIAN NURSE DECORATED BY KING

A CANADIAN woman with much experience as a military nurse, now serving her country overseas, is Matron Elizabeth Russell, formerly of Hamilton, now in charge of the Cliveden Hospital at Taplow, England. Miss Russell, who is a daughter of Dr. James Russell, of Hamilton, and a sister of Mr. John Russell, the Canadian artist, was trained in the Presbyterian Hospital at New York, and between wars has filled various posts in that

institution. She served in the Spanish-American war and made nine trips to the Philippines. A little later she was with the Canadian troops in South Africa, where she served for 15 months. At the outbreak of the European war she first served in charge of Mrs. Whitney's hospital at Juilly. But preferring to be with the Canadians she transferred and was engaged at Moore Barracks before going to Taplow. Matron Russell was recently decorated by the King at Buckingham Palace with the Royal Red Cross of the First Class. Besides possessing much executive ability, she has tact and a genial way which wins favor with the soldiers.

NURSES GRADUATION AT ST. JOSEPH'S HOSPITAL, GUELPH

THE graduation exercises of the nurses of St. Joseph's Hospital, Guelph, took place on April 13th. Besides relatives of the graduates there were present many friends of the institution.

The valedictory was read by Miss Genevieve Single, and the nurses were addressed by Rev. Father Bourque, S.J. The graduates are: Miss Ursula O'Sullivan and Rena Henry, of Guelph; Cecilia Campbell and Anna Mae McGivney, of Arthur; Genevieve Single, Kitchener; Clarabel Brandt, Waterloo; Nettie Palmer, Palmerston; Katie Pellier, Manitowaning; Florence Runstedtler, Hespeler, and Edith Martin, Hawkesville.

The medal awarded by the hospital for general proficiency was merited by Miss Florence Runstedtler.

ANNUAL MEETING OF THE SAMARITAN CLUB

"WHEN 'The Curiosity Shop' was appearing in serial form Charles Dickens was besieged with requests 'not to let Little Nell die.' But Little Nell had tuberculosis, and there was no help for it she had to die," said Capt. Porter, addressing the Samaritan Club at its Annual Meeting on May 1st, and

pointing out the vast difference in the estimation of that disease then and now. "How could he save her?" he added, "there was no Samaritan Club then."

Something of what a good, honest, careful physician, a good nurse, good food, sufficient rest, cleanliness, fresh air and sunshine can do now for the tubercular, Capt. Porter revealed in a short but most effective speech, and he did not neglect to congratulate the Samaritan Club on what it was able to do for the poor who could not get even these simple remedies.

A record of satisfactory work in all departments of the work was shown by the reports presented, and with reference to the Rest Home Cottage which has given summer outings to many mothers and babies during the past few seasons, the President, Mrs. C. H. Willson, said that the cottage used last season was not available this year, and while the members of the committee were wondering what they could do and where the money to pay for a home might come from, a generous member of the club had supplemented a former gift of \$500 with one of \$1,000, both in memory of her daughter. A house had been secured at Cheltenham. The entire cost, including maintenance, would amount to about \$4,000, \$2,500 of which had already been subscribed.

The report of the Convener of the Rest Home Cottage Committee told of sixty guests entertained there last year. The National Sanitarium Association paid the railway fares of these visitors.

THE commencement exercises of the Toronto General Hospital took place on Friday evening, May 11th. A reception was held later in the Nurses' Residence.

ELEVEN London and Western Ontario young ladies are included in the graduating class of nurses at St. Joseph's Hospital who receive their diplomas on May 8th. They are Misses Katherine F. Doyle, M. Irene McManus, Anna M. Kneitl, Mary E. Burns, Dorothy F. Harper, Sophie M. Bauer, Gertrude M. Slattery, E. Madeleine Jones, Kathleen S. Howe, Margaret H. Vincent and Helen M. McManon.

A DELEGATION recently waited upon the Provincial Government with the request that a grant of \$50,000 be made for the purpose of building an annex to the Winnipeg General Hospital for the accommodation and treatment of nervous and temporarily insane patients.

It is announced that the bequest of the late T. Morris Knight to the Philadelphia Home for Incurables will be fully \$300,000. Sums amounting to \$55,000 go to other charities. By the will of the late Jane L. McConnell, of Philadelphia, the Presbyterian Hospital of Philadelphia will receive \$10,000.

A bill appropriating \$250,000 for the purpose of establishing a national home for lepers passed the House of Representatives on May 4th, 1916, and was passed by the Senate on January 25th, 1917. This provides a National Institution for the care and treatment of lepers, and solves the problem of preventing the spread of leprosy in the United States.

Eli Lilly & Co., of Indianapolis, has offered the local chapter of the American Red Cross the sum of \$25,000, in the event of the United States being drawn into war, to establish a Base Hospital of 500 beds, with surgical and medical equipment, and tentage. The offer was made to commemorate the services of Col. Eli Lilly as a soldier and a citizen.

Announcement is made that Dr. Joseph A. Blake, formerly Professor of Surgery at Columbia University, has accepted an invitation of the French Government to become head of the hospital built and conducted by Dr. Eugene Doyen, the famous French surgeon, who died two months ago. This institution will reopen with Dr. Blake in charge, in another month, and will be conducted as a war hospital, under the American Red Cross.

The ninety-fifth annual meeting of the Board of Governors of the Montreal General Hospital took place on Tuesday, February 20th. During the past year two members of the medical staff have given their lives on the field of battle—Lieut.-Col.

R. P. Campbell and Capt. Douglas Waterston, both members of the Canadian Army Medical Corps. Lieut.-Col. Campbell had been connected with the Hospital ever since he graduated from McGill University in 1901, as interne, medical superintendent, clinical assistant, and chief of the genito-urinary department which he had developed to a high state of efficiency. Capt. Waterston graduated from McGill in 1914 and had barely completed his term of office as interne of the Hospital when he went to the front with the 9th Field Ambulance. Among those connected with the Hospital who have volunteered for Active Service, or are already at the front, are forty doctors, seventy-nine graduated nurses, and thirty orderlies, and many members of the staff who are unable to go Overseas are doing some kind of military work at home.

During the year 1916, 8,136 admissions were made to the Hospital, the total number of patients receiving treatment being 8,520. On December 31st, 1916, there were 353 patients in the Hospital, and 430 died during the year. The days of treatment given aggregated 144,271, or 7,717 more than in 1915. The death rate was 5.3 per cent., or if the deaths which occurred within forty-eight hours of admission are deducted, 3.5 per cent. In the out-patient department, 129,282 consultations were given and the number of new patients treated was 26,323. The ambulance responded to 2,782 calls. In the pathological department 391 autopsies were performed and 5,656 examinations were made for the attending staff of the Hospital. In the department of radiography, 9,337 skiagraphs were taken, 220 fluoroscopic examinations were made, and 300 treatments were given.

LIEUT.-COL. H. E. MUNRO has been appointed officer commanding the Canadian Military Hospital at Hastings. Lieut.-Col. J. L. Bogart, Engineers, assumes duty at Crowborough, vice Lieut.-Col. H. H. Hughes.

Book Reviews

AN OCCUPATIONAL THERAPY NUMBER

The Modern Hospital (Chicago and St. Louis) announces that its June issue will be devoted to the subject of Occupational Therapy and Occupations for the Handicapped. The importance of this subject has not been sufficiently realized until comparatively recent times. Of late the nations at war have come to recognize the therapeutic and economic necessity of providing suitable occupations for those of their wounded and injured who are able to work. This necessity is just as urgent in the case of the handicapped class in civil life.

Among the subjects of important papers to be published in the Occupational Therapy number are "History of Occupational Therapy," by Dr. W. R. Dunton, Jr., assistant physician, Sheppard and Enoch Pratt Hospital, Towson, Md.; "The Potteries of Arequipa Sanatorium, an Experiment in the Re-education of Tuberculous Girls," by Dr. Philip King Brown, medical director of Arequipa Sanatorium, Manor, Cal.; "Remunerative Occupations for the Handicapped," by Dr. Herbert J. Hall, physician in charge, Devereux Mansion, Marblehead, Mass.; "Occupation Therapy in the Mental Hospital," by Dr. A. H. Ruggles, first assistant physician, Butler Hospital, Providence, R. I.; "Occupation and Diversion for Tuberculous Patients," by Dr. A. T. Laird, superintendent Nopeming Sanatorium, Nopeming, Minn.; "Work in the Treatment of Insane Criminals," by Dr. Paul E. Bowers, medical superintendent Indiana Hospital for Insane Criminals; "Some Principles of Occupational Therapy," by Miss Elizabeth Upham, director of art department, Milwaukee-Downer College, Milwaukee; "The Inoculation of the Bacillus of Work," by Mr. George Edward Barton, director of Consolidation House, Clifton Springs, N.Y.

TOBACCO AS A LIFE-SAVER

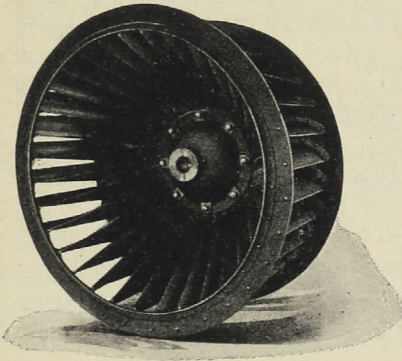
IN many ways this great war is different from all the conflicts of the past, and the contrast is most marked in regard to the ways in which the attack is made. The enemy has shown a fiendish ingenuity in devising new and horrible ways of making war. To combat these, the Allies have in some cases ranged over entirely new fields of experiment and research, whilst in other cases the experience of the past has proved valuable in indicating a remedy.

For instance, the beneficent effects of tobacco at the front were affirmed by the *Lancet* as long ago as 1870, when the question was being discussed in connection with the Franco-Prussian war. The *Lancet* said at that time: "The soldier, wearied with long marches and uncertain rest, obtaining his food, how and when he can, with his nervous system always in a state of tension from the dangers and excitement he encounters, finds that tobacco enables him to sustain fatigue with comparative equanimity."

Infinitely greater demands than ever before are now made upon the courage and resourcefulness of the soldier. The comforting and soothing effects of tobacco are again being abundantly shown. The men, particularly the Canadians, are fond of a chew, and there is evidence that chewing tobacco has actually been the means of saving many lives during the present war. In a letter to a Suffolk clergyman, a corporal at the front writes as follows: "What hurt us most was the poisonous gas, which made the air green and yellow, choking and poisoning men where they stood. Tobacco saved many lives in that battle. We began to feel choky, but put big chews in our mouths, and this caused us to expectorate the gas. Now whenever we notice the gas, we chew tobacco, which greatly helps."

The chewing of tobacco, which has thus demonstrated its value under extraordinary conditions, is to many people in ordinary life an aid to thought. The President of the United States has spoken favorably of the habit. It was in a speech on the Senate, delivered some years ago at Columbia University, that Dr. Woodrow Wilson said: "The Western Senator has time to chew between sentences, and consequently is more likely to think of those things which are valuable to the nation."

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public, be kept as free as possible from this pest. Tanglefoot will be found to be an excellent fly destroyer and eminently superior to either traps, poisons or fly swatters. Hospital Superintendents, therefore, will know what to use during the coming warm months.

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HOSPITAL Superintendents are well aware of the worry they are sometimes subjected to from improperly protected windows. More than one instance has occurred in Toronto alone where patients in a state of delirium have got out of the window and fallen to instant death on the pavement below. It is quite a problem sometimes to know what is the best way to protect windows, particularly in case of fire. The B. Greening Wire Co., Limited, Hamilton, Ont., manufacture a special wire for Window Guards, and attention is called to their advertisement, appearing on page xiv of this issue. These Guards are quite inexpensive and are most effective, the wire being sufficiently strong to prevent any patient from breaking through. What is more, these Guards can be immediately removed in case of danger from fire. Hospitals will be acting in their own interests in communicating with the firm named and securing prices.

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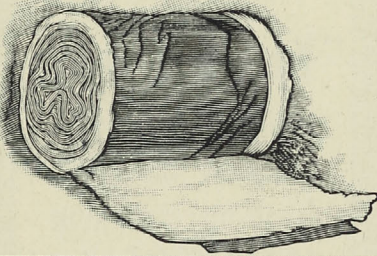
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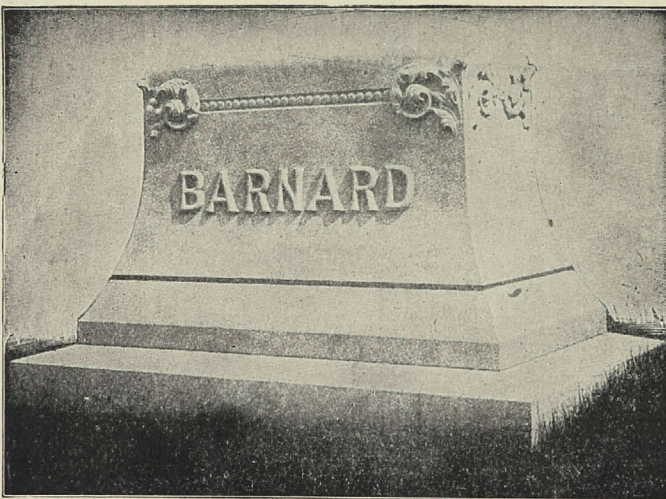
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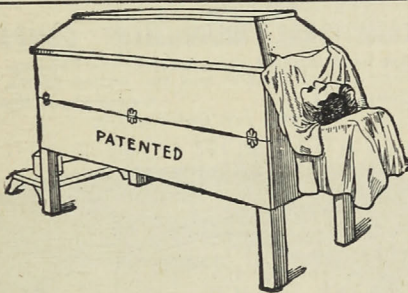
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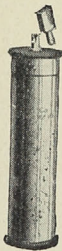
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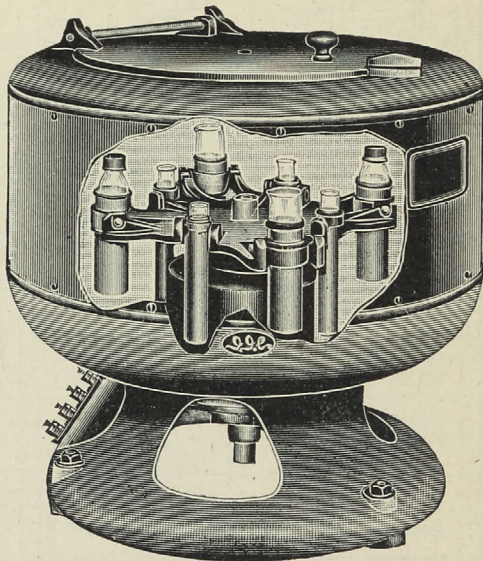
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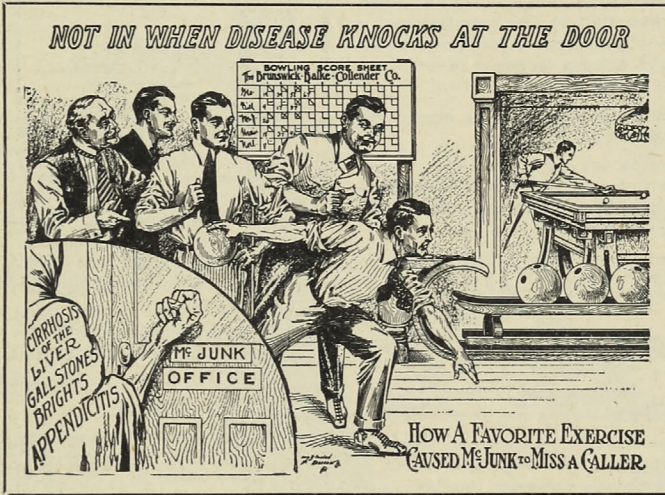
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Following this up, it is even more interesting to see how frequently propagandists and gossipers center their attacks on name rather than on actual faults or virtues.

Here, for example, is a humorous situation.

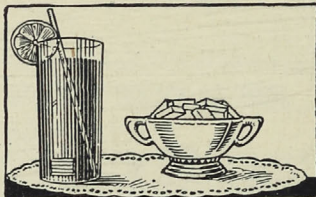
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For selfish purposes and through extensive use of printer's ink a systematic campaign has been directed against coffee and its caffeine content. That beverage has suffered but little in the aggregate—yet the attacks have been felt. Fostered by business maliciousness and by careless gossip Coca-Cola, as you know, has suffered occasional attack for its caffeine content.

Yet tea has escaped them all—and very rightly per se. But the inter-

esting part of the whole thing is that the caffeine in Coca-Cola is



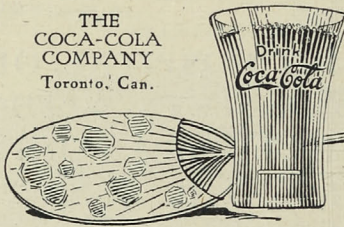
in reality a pure essence of tea—derived from it. And a glass of Coca-Cola contains less of this *essence* than a cup of tea. Must we not conclude then that attacks on Coca-Cola have their origin either in ignorance or self-interest.

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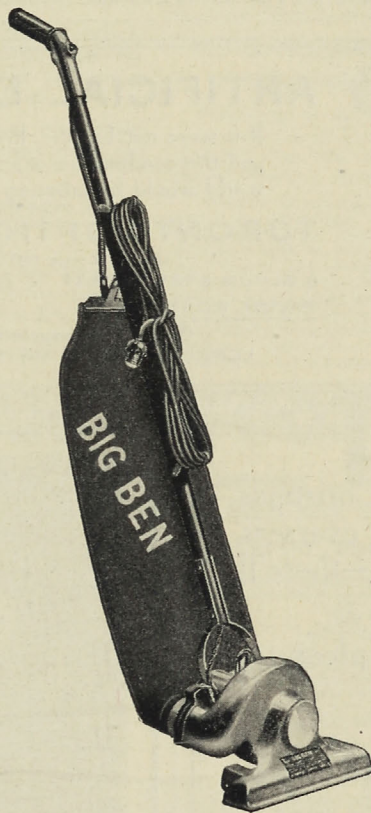
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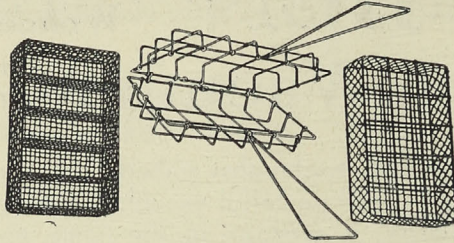
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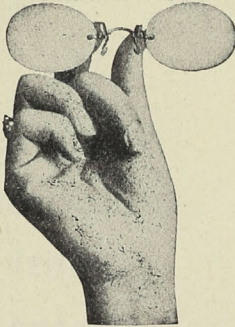
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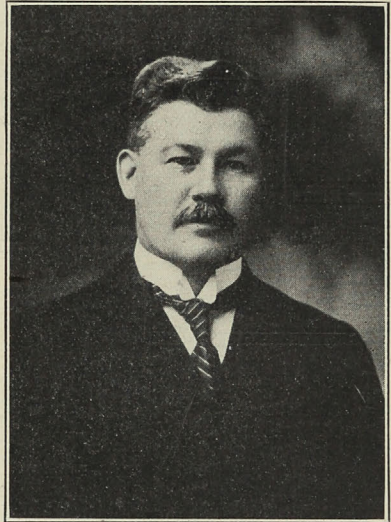
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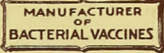
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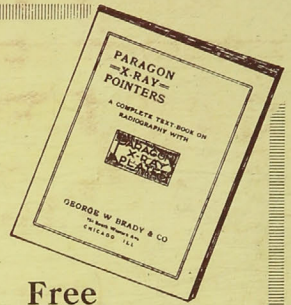
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