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THE HOSPITAL WORLD

Vol. XII (XXIII) Toronto, December, 1917

No. 6

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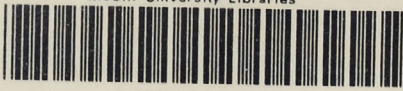
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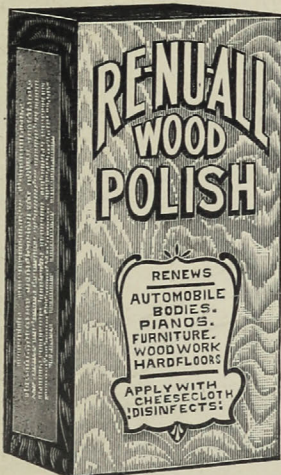
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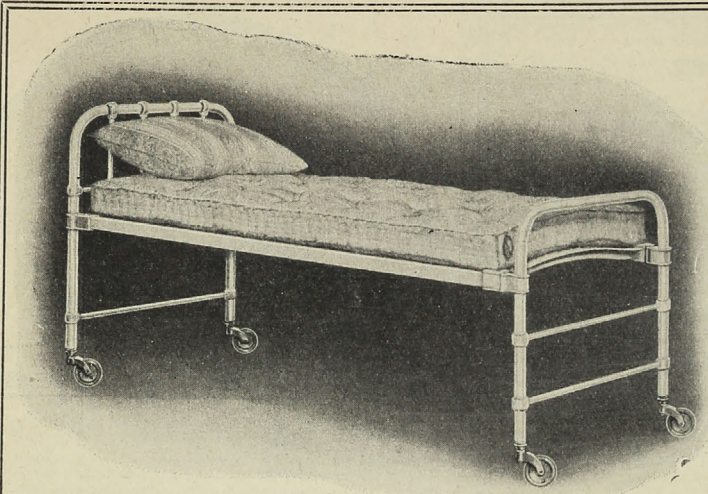
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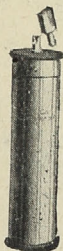
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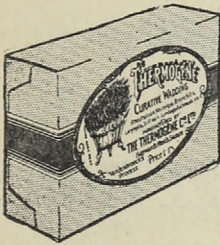
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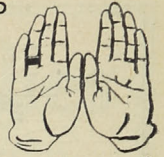
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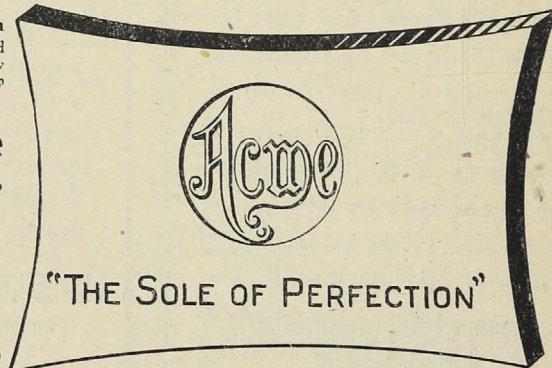
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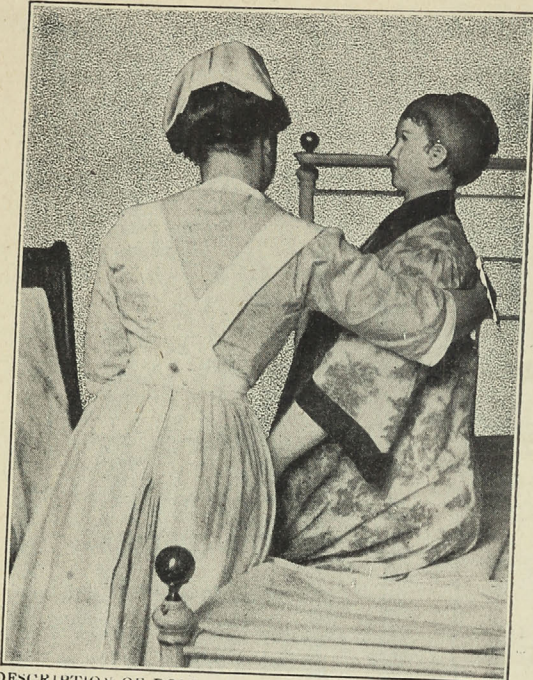
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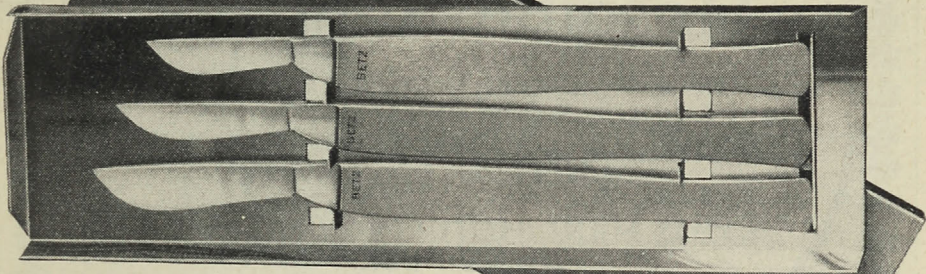
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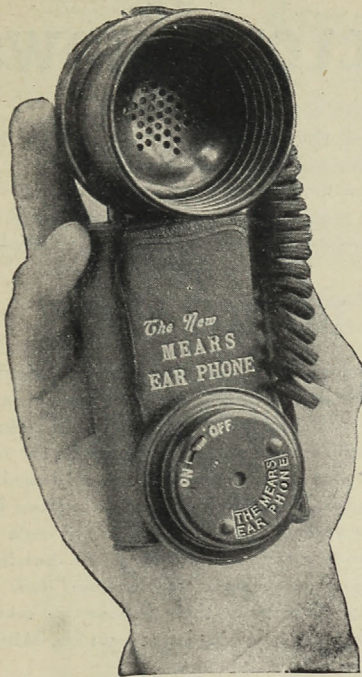
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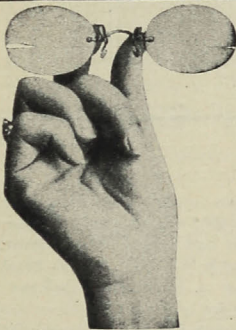
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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

A Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout the British Empire.

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Vol. XII.

TORONTO, DECEMBER, 1917

No. 6

Editorials

TORONTO GENERAL HOSPITAL

IN a recent issue, reference was made to the resignation of Dr. C. K. Clarke, as Medical Superintendent of Toronto General Hospital. The report, published a week or two ago in the lay press, seemed to be one pre-

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pared probably by the Board, and handed out for publication. We desire to say a word regarding the change in Superintendents, and also in respect to the report.

Dr. Clarke handed in his resignation some months ago, and it has been regretfully accepted. Under Dr. Clarke's administration, the hospital had been economically run as compared with some eight or nine other large Institutions on the Continent; that is to say, if the per capita per day cost is any criterion.

The Board, in getting pointers from the other hospitals mentioned, apparently were not influenced particularly by one important point—that all the hospitals named, bar one, are superintended by a medical man, not by a layman. In appointing a layman as head of a large institution for the care of the sick, wherein the all-important work is done by doctors and nurses, we are of opinion, other things being equal, that a medical man should be chosen. In saying this, we are not reflecting on the character or capacity of the new incumbent. The work of the steward, accountant, purchasing agent, and of the "hirer and the firer" can be as readily supervised as can the work of the principal departments—the medical and nursing. And the supervision of these latter is pre-eminently the job for a doctor. An assistant to the medical head could look after the subsidiary departments mentioned above, and be responsible to him for their proper running. The medical director should not be made subsidiary to a lay superintendent.

Dr. Clarke has had an arduous experience in a difficult post to fill, and the Board is fortunate in finding him willing to continue in charge of the medical staff and—we presume—the nurses.

As to the report. Is it not about time that the press were allowed to secure admission to the Board meetings, and given more frequent opportunity of inspecting the hospital? The Toronto General Hospital is not a private corporation, but a public institution, supported heavily by the city, less so by the province, by rentals from lands given by the province, and by voluntary contributions. We maintain the hospital would come more into the affection of the public and be better supported if the lid were lifted and the reporters allowed in the Board meetings. We did not always think so; but we do now.

THE ROCKEFELLER INSTITUTE

FROM NOTES TAKEN BY DR. J. N. E. BROWN.

DR SIMON FLEXNER, administrator of the Rockefeller Institute, delivered an address on the above subject in Convocation Hall, University of Toronto, on October 25th, in the presence of His Excellency, the Governor-General, His Honor the Lieutenant-Governor, and a goodly number of university people and their friends. Dr. Flexner said in part:—

“One of the members of the staff, Dr. Alex. Carrell, was in France at the outbreak of the war. Dr. Carrell has been connected with the Institute for many years. It was his custom to return to France every summer. He was there on those fateful August days of 1914; and at once offered his services to his country. He was given a small hospital at Campeigne; and it was in connection with that hospital that the Rockefeller activities began.

“The Institute provided Dr. Carrell with laboratory facilities, as he did not feel like asking the French Government to supply them. The Institute also provided him in part with a partial staff.

“He became associated with Dr. Dakin, an English chemist; and they together perfected a treatment for infected wounds which is now playing a considerable part in the surgery of the war. Out of this beginning many of the Rockefeller activities have grown.

“Surgery received a great revolutionary shock at the time of the discovery by Pasteur that bacteria are the cause of fermentation, and the practical application made by Lister—that these bacteria caused suppuration in wounds and that certain chemicals would kill these micro-organisms, stop the suppuration and allow the wounds to heal. During the fifty years which have intervened since their discoveries the practise of surgery has completely changed. From having to do with wounds which were characterized almost without exception with infection, surgery became almost free of infection. During this period the practise of surgery underwent very material change. From

being antiseptic—the method introduced by Lister—surgery became aseptic. The object of the surgeon is to prevent infection; and so perfectly is this system now worked out that it is the exception for infection to occur.

“Under war conditions such as arose after the Germans were defeated at the Marne, infection of wounds became very common. The character of the fight was such, the nature of the soil was such, that almost every wound almost immediately became infected and the character of the infection was often very severe.

“Therefore the problems which had to be met were similar to those of half a century ago, rather than those of the immediate past.

“France and Belgium for centuries have been in the highest state of cultivation. The cultivation of the soil is made possible by fertilization. The materials which are used for fertilization carry with them a very large number of bacteria and these bacteria are capable of producing resisting spores which are able to survive a considerable time, so that when the bacteria are carried into the wounds and not neutralized the tissues of the body become developing places for them; they multiply very rapidly and destroy the tissues.

“You have become familiar with the term gaseous gangrene—due to a class of organism developing under circumstances in which rapid death to the tissues ensues. This death of the tissues is associated with rapid multiplication of bacteria which grow in the absence of air, with the result that they disorganize the tissues. Numbers accumulate in the tissues, burrow further, and as they push their way along they carry more bacteria to new parts and in turn subject these to the same character of destructive circumstances.

“Gaseous gangrene was not wholly a new condition. It had been known before. It was a rare consequence of wounds in civil life unless under conditions in which soil containing this particular micro-organism happened to be carried into the wound.

“The discovery of this organism dates from 1892. Up to 1914 some 200 cases of infection due to this micro-organism were reported in literature. In other words we were familiar only with a particular organism which caused this infection.

We knew also about the source. We know more about sources now. It has been traced to the intestinal canal of human beings and of animals. It is one of the most common inhabitants of the interior of animals. These soils so highly fertilized and cultivated contained large numbers of the gas bacilli. The clothing even carries spores of the gas bacillus. One would suppose the process through which wool is put through with dyes and chemicals that all living matter would be destroyed. But it is proven to be otherwise. Uniforms that have even been sterilized will contain spores of these bacilli. It is therefore almost omnipresent. The sheep roam over the fields, deposit their excreta on the ground. They lie down in these fields and the wool becomes contaminated. The process through which the wool is put doesn't destroy the organisms. It is therefore possible for men found wounded by shot or shell to become infected through fragments of clothing carried in. Hundreds and thousands of such cases have developed. These bacilli being so wide-spread easily explains the large number of cases which occur. These bacilli are not always of the same degree of intensity. In certain instances the cases are easily remedied by proper measures. In others—numerous instances—the character of the micro-organism is of a type which develops with great rapidity and is very destructive in its effect, bringing about a serious form of gangrene leading to amputations and sometimes causing death in a very short period of time.

“Dr. Carrell interested himself in the study of this form of infection of wounds. He made little progress until in association with Dr. Dakin he began to test out chemical antiseptics. Latterly chemical antiseptics were not being used in surgery. Here was a condition in which there was an abundant growth of bacteria—including others besides the gas bacillus—in which no other measure was adequate.

“Chemical antiseptics act deleteriously not only on the micro-organism but also upon the tissues themselves. The micro-organisms are protoplasm, precisely as the tissues are. The problem of surgical antiseptics resolves itself into one in which we are to find a chemical that will not harm the tissues but will destroy the micro-organism causing the infection.

“A great many chemicals were tested. Long ago a particular

chemical had been used but had been discarded. This was chlorine. Chlorine is the gas which the German gas battalions used with such disastrous consequences. But the chlorine there employed was used in a manner different from that proposed for the tissues subject to wounds. For the purpose of modifying this form of infection by the gas bacillus, many years ago chlorine was used in the form of Lavaret's solution. But its effects were so caustic its use was accompanied by great damage. But chlorine in the hands of Carrell and Dakin was found to be one effective means of controlling gas infection. It would kill the bacteria but would not hurt the tissues. The chlorine was combined with boracic acid. The boracic acid is not used on account of its antiseptic qualities—which are but slight—but to neutralize the alkaline form in which the chlorine was used. This is known as Dakin's Solution.

“To perfect the method and make it applicable and successful in surgical work it required a modification of the ordinary method of surgical procedure. Chlorine has such a great affinity for protoplasm that it attaches itself almost immediately to this substance. Methods had to be found by which this material could be brought into most intimate relationship with all the interstices of the wound, so that every part should be brought under the influence of the compound. The method had also to be further modified so that the solution could be renewed sufficiently often without disturbing the wound. For this Carrell devised a system of tubes connected with a reservoir containing the solution. Pressing a small cock would permit of the escape of the chlorine solution into all parts of the wound, the excess running into the dressing. In this way control of the infection is brought about.

“Gaseous gangrene is a condition in which these microorganisms from the soil grow in the wound and bring about a rapid destruction of the tissues. These tissues are a favorite growing place for bacteria. The bacteria proceed to increase enormously. These tissues dissolve away much as a piece of skin would artificially under the action of gastric juice. The dissolving away of that dead tissue exposes the bacteria to the influence of the solution.

“This new method of treating made a great difference in the morbidity and mortality among the troops.

“When it looked as though the United States would be at war with Germany, a demonstration hospital was built on the grounds of the Rockefeller Institute and was modelled after the military hospitals on the Western Front. This hospital shows the people of the United States, particularly in New York, what goes to comprise a military hospital; but it is intended especially to train American medical men in this treatment of wounds. The hospital is made up of unit parts that can be taken down and set up again in any place. It is built on an English plan—changed merely to make it more suitable to be built in American shops.

“Once in every two weeks sixteen surgeons come to the hospital, sent by the Surgeon-General to learn under the teaching of Dr. Carrell and French surgeons, brought from France, the proper method of treating these forms of wound infection. They spend time in learning the principles on which the method is based, see cases treated, then try themselves, and note results. Nearly one-half of that time is spent by these men in the laboratory in which they test these chemicals, precisely as was done when the method was worked out. If they understand the principles they will apply the methods more intelligently and more efficiently than if they learned in any other way.

“The gas bacillus was discovered in 1892 by Prof Welch, of Johns Hopkins, and bears his name, though he never gave it that name. I was a pupil of his then; was present when it was first discovered—taking part in the investigation extending through several years. In due time I became interested in other things. It seemed desirable recently, however, to resume our study of the bacteriological aspects of some gas infection of wounds. So about a year ago we obtained from the Western Front a number of cultures made directly from smears taken from infected wounds in soldiers. We had already discovered that of the various lower animals subject to infection by the gas bacillus, the pigeon was found to be a subject in which the action of the bacillus bore a closer resemblance to that in man than any other. A number of domestic animals are subject to this infection, with varying degrees of susceptibility. Those that have a high degree of susceptibility are not suited for a study of this problem, because they do not approximate human

beings who have but a relatively high degree of susceptibility. The pigeon having proved that it did possess a degree of resistance exhibited by human beings promised to be a useful object from which to reconsider the subject. The cultures obtained from the western front were highly infective. We determined to learn precisely how it was that these gas bacilli brought about destruction of tissue and then grew so rapidly as to produce disorganization and gas. If we could explain its action in the pigeon we could explain it in the human being. If we could control its action in the pigeon we could control its action in the human being. Our studies on the pigeon were facilitated by reason of the fact that the bacillus acted very rapidly in the pigeon, causing death in twenty-four hours. So we were able to make a very large number of observations. Having determined that these cultures were active we tried to find what particular property of this bacteria was responsible for the destruction of tissue. The bacilli did not act primarily through their own presence, but after they lodge they secrete a toxic poisonous substance which acts on the tissues, bringing about their death and destruction. The products of growth make it possible for the bacteria to grow rapidly. We determined that the poisonous effect was not due to the living micro-organisms themselves.

“The problem, then, was to obtain this material from the bacteria and attempt to understand its action. By reproducing conditions in the test tube artificially we hoped to obtain this toxin in sufficient quantities to work with. After the production of these toxic elements in artificial cultures in the test tubes and glass containers a certain time must be allowed to elapse in order that the toxic material may accumulate. In the case of diphtheria the cultivation must cover a number of days. In the case of the gas bacillus, instead of testing for the toxin at the end of several days, we began to test at the end of a few hours, and found the maximum of production to be at the end of about twenty-four hours! Then there was a considerable diminution in the activity of the material for several days or weeks, when the action was lost.

“Having secured the toxin, the next step was to ascertain if its effects were the same as those produced by the bacilli

themselves. We found that it has all the effects save one—it does not produce gas. But it does destroy the tissues, poisons the animal, and changes the blood, producing anemia.

“Extremely minimum quantities of the toxin brought about death in a pigeon.

“The next question was whether animals could be immunized to the toxin; and whether animals, if immunized, did not possess a substance like an antitoxin. Both of these proved to be the case.

“So the situation at present is this: It is possible to produce from the gas bacillus an antitoxin which is as effective as the tetanus antitoxin is. It can be used to immunize. So we can eliminate gas bacillus infection. It is perfectly successful in animals: whether in man will be found out among our troops at the front. Our soldiers infected will be treated with this antitoxin.

“We cannot draw conclusions, of course, from a few specific instances. In a small number of instances, however, a very severely infected wound almost in a state of hopelessness, an application of the antitoxin brought a very rapid and striking amelioration of symptoms, attended by recovery.

“We have now accumulated a considerable quantity of antitoxin. Dr. Bull, one of our staff, will go abroad and take a sufficient quantity to make actual tests on the western front among the soldiers, using it both to prevent and to cure gas infection. It is to be hoped he will work among all the troops. He will first be sent to England, and meet the men there in charge of medical research for the English armies in France, and in touch with the American forces. He will show what has already been accomplished. He will meet British bacteriologists and show them how to prepare the material and how to apply it. He will make an ocular demonstration. What will happen will depend on their interest in the matter. If the subject develops, it may be that the tetanus antitoxin and this gas antitoxin may be injected into every man, where necessary, at one and the same time. Every patient who is potentially a subject to tetanus is also potentially a subject to gas. Both bacilli live in the soil. They resemble each other—growing and developing in absence of air. Both are con-

tained in the intestinal canal of animals. The tetanus bacillus, however, is not found in the clothing.

“If this treatment is successful, what with the surgical treatment introduced by Drs. Carrell and Dakin, we shall have solved one of the most serious and costly surgical problems of the war.”

Dr. Flexner then showed some pictures of the sample military hospital on the Rockefeller Institute grounds—a complete hospital built in some three weeks and also some microphotographs showing the presence of gas bacilli in the tissues.

Dr. Flexner's address was listened to with great attention, not only by the laity but also by the profession; and, in addition to the frequent applause, he was given a very hearty vote of thanks for his effort.

THE thirty-two United States military hospitals that are being built will cost \$14,500,000. By fall there will be accommodation for 5 per cent. of the army, while in France there is to be accommodation for 20 per cent. of the army.

ANNOUNCEMENT has been made that besides applying the income from the \$100,000,000 given the Foundation by John D. Rockefeller to war relief work, the principal will be drawn upon this year to the extent of \$10,000,000. Already appropriations aggregating \$6,425,873 have been made from this draft upon the Foundation's investments. They include \$5,000,000 given the Red Cross, \$340,000 for work about the training camps for American soldiers, \$402,500 for medical research in the mobile hospital in France, to the National Committee on Mental Hygiene, and to the Rockefeller Institute for Medical Research. A fund of \$300,000 was also set aside to build and equip the hospital, under the control of Dr. Carrell, to teach new methods of war surgery. A number of relief associations have also received large sums.

Society Proceedings

AMERICAN HOSPITAL ASSOCIATION

THE nineteenth convention of the American Hospital Association at Cleveland is now a matter of history. Dr. Robert J. Wilson, of the Willard Parker and allied hospitals, New York City, filled the chair with unqualified success. His place is to be taken next year—at Baltimore or Washington—by Dr. A. B. Aucker, the veteran surgeon superintendent, of St. Paul's, Minn. Dr. Andrew Warner, of Cleveland, Mr. E. S. Gilmore, of Chicago, and Miss Grace Fairley, of Montreal, are the vice-presidents; Dr. Wm. H. Walsh, of Philadelphia, Pa., is secretary; Mr. Asa Bacon is treasurer; while Mr. Richard P. Borden, Miss Mary L. Keith and Dr. Winford Smith are trustees.

There were present: 263 active members, 27 associate, 78 guests, 80 exhibitors, 3 prospective members, 2 applicants for membership and 3 life members. The secretary in his report states that there are, in good standing, 1,149 members, of whom 870 are active, 264 associate, 10 honorary and 5 life.

The following Canucks were there: Dr. C. Black, Isolation Hospital, Toronto; E. G. C. Giffen, Wellesley Hospital, Toronto; Thos. Heard and Mrs. Heard, of Victoria Hospital, London; Jenny Leitch, Toronto; Dr. M. T. McEachern, General Hospital, Vancouver; Miss F. Mace and Mrs. T. Milne, Welland County Hospital, Welland; Miss Florence Potts, Children's Hospital, Toronto; Dr. Geo. Wm. Sinclair, General Hospital, Winnipeg; H. E. Webster, Victoria Hospital, Montreal.

The secretary in his report says that it is his invariable rule of replying to all communications received within 24 hours—"a rule that has created a most favorable impression upon many who have in former years oftentimes waited a whole month for a reply to an inquiry"!! (The italics and exclamation marks are ours.)

Nuggets from the Secretary's report:—The year 1917 has been marked by the appointment of a full-time secretary with

permanent headquarters * * * The membership has been slightly increased * * * The Bureau of Information and Registration is established. * * * A new accounting system has been installed. * * * *In spite of almost insurmountable difficulties the preparations for the 1917 convention were carried to a most successful termination.* (Italics ours).

The Board of Trustees, beside appointing a secretary, decided: (1) To have the Association incorporated; (2) to appoint district censors to scrutinize applicants for membership; (3) took no action on the question of making *The Modern Hospital* the official organ of the Association; (4) decided to assist and encourage the organization of geographic units; (5) established life memberships; (6) decided to impose a penalty of 10 per cent. on members in arrears; (7) favored a "whirlwind campaign" for increasing the membership.

The Board of Trustees were glad to announce that the receipts from the commercial exhibit enabled the Association to employ a full-time secretary.

The gist of President Wilson's address was that in order that the public may be best served, hospitals should be controlled and inspected by the Government. The Association ought to aid in establishing such a control. Statistical records of hospitals should be kept on file at Government headquarters. The Association should also favor laws for the compulsory treatment and control of infectious diseases, especially tuberculosis and syphilis.

Dr. W. G. Stimpson, Assistant Surgeon-General, Washington, D. C., spoke on the necessity of safeguarding the health of the civilian population of the States while the country was at war.

Secretary Walsh condemned "Medical Coddling." Especially was such a practice to be condemned during war time.

Dr. John A. Hornsby advised the placing of the civilian hospitals on a war footing. The public could assist in winning the war by not demanding as many home visits from doctors. Civilians should forego medical attention, except when really necessary.

Mr. Michael Davis, of Boston, advised that "operations of convenience" should be postponed until after the war.

Dr. Thomas Howell and Katherine Buckley, of the New York Hospital, presented a paper on "Hospitals and Workmen's Compensation."

There was no question that Workmen's Compensation had come to stay. The cost of caring for accidents is charged into the cost of production. The hospital is paid for its work; the employer is covered by insurance and has no fear of damage suits; the injured employee demands and receives, as his right, proper surgical and other attention; and, if he is incapacitated beyond two weeks, gets two-thirds of his regular wages.

Although factories now are establishing first-aid stations, hospitals will have plenty to do, with over one-half a million accidents yearly. Under the new regime doctors are paid for their services to these cases admitted to hospitals.

The New York Act seems more satisfactory than those of some of the other states.

On the subject of "publicity" Mr. Frederick Greene, Secretary of the United Sunday Hospital Fund, of New York City, spoke. He emphasized the importance of the assistance of newspapers to hospitals. The refusal on the part of a hospital to give out news is an admission that there is something wrong. Hospitals maintained by taxation or by voluntary gifts are public institutions and under moral obligation to give an account of their stewardship. Newspaper men are public spirited and sympathetic and can be trusted. Hospital superintendents should cultivate the reporter's "nose for news." Hospital statistics should be clothed with flesh and blood and made to pulsate with heart throbs.

Major Winford Smith, of the Medical Reserve Corps, and Superintendent of Johns Hopkins Hospital, in his address on "The Organization of Civilian Hospitals for War," summed up his paper as follows:—

The duty of the American hospitals is: (1) To release the largest possible number of medical staff members for service in the Medical Reserve Corps of the army and to make good their loss by the addition of other men in civil life in the community who are ineligible for military service and who can render good service to the sick in the several branches of medicine.

2. To arrange for the release of the largest possible number of internes compatible with the maintenance of good service to the civilian population.

3. To release the largest possible number of trained nurses and to fill their places in the hospitals by bringing in untrained young women as pupil nurses.

4. To release the largest possible number of scientifically trained heads of the various hospital departments for war service and to fill their places by bringing in other and partially trained men and women to get the continuance of their training in the hospitals.

5. To release the largest possible number of trained orderlies and other hospital help for war purposes and to bring in and train others who are not now trained.

6. To perfect the organization of the civilian hospitals to the highest possible point in order to take care of a larger percentage of the civilian population, in order that the time and energy of doctors and nurses may be concentrated in the handling of large numbers of patients in groups instead of singly and at their homes.

7. To improvise the necessary number of additional beds to take care of this larger percentage of the civilian population.

8. To bring down the per capita costs of hospital maintenance to the lowest possible figure commensurate with the highest possible order of scientific service, in order to release more and more funds for the benefit of the sick and wounded of the war.

9. To conserve supplies and hospital commodities in order to leave that much more for the purposes of the War Department.

10. To buy whatever supplies and commodities may be necessary in the most judicious manner possible in order to interfere as little as possible with the needs of the army and navy.

In brief, these are the duties of the civilian hospitals for this war, as indicated by Major Smith in his address at Cleveland, under the inspiration of the War Department. The message of the Surgeon-General to the civilian hospitals of the country, as transmitted by Major Smith, was so clear and concise that every civilian hospital, its superintendent, its board of

trustees, and its financial supporters may know just exactly what to do, how to do it, and the result that may be expected. If not one other thing was done at Cleveland, this message was more than justification for the great gathering of hospital people there.

Dr. T. N. McEachern, of Vancouver, B.C., gave a live paper on "Annual Reports," in which he recommended that these "dry bones" should be made to live; that the statistical and scientific information should give a complete review of the hospital for the year.

CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

THE seventeenth annual meeting of the Canadian Association for the Prevention of Tuberculosis was held in Ottawa on September 26th, with Senator J. W. Daniel, of St. John, N.B., as president, and Dr. Geo. D. Porter, of Toronto, as secretary.

At the first session, Dr. Porter gave a report of the year's progress, and was able to show a very large increase in accommodation in practically all the established sanatoria. Practically every sanatorium has been enlarged by pavilions or otherwise for the accommodation of soldiers, while some of the institutions have been taken over entirely for their use.

Tribute was paid by him to "the magnificent work of the Imperial Order of the Daughters of the Empire," and to the part played by the Victorian Order of Nurses.

But while much has been done for the soldiers, Dr. Porter emphasized the fact that "our silent enemy—tuberculosis—is taking off as many Canadian lives every year of the war as are the German guns at the front."

Senator Daniel gave his presidential address at the evening session. This also was very interesting, supplementing the secretary's address and touching upon the soldier problem. He also showed that the work of the Association had amply justified itself in that while the death rate from tuberculosis, at the time the Association was organized, was 149 per 100,000.

it stands to-day at 91 per 100,000, and conditions, as a result of the war, were well in hand, while in France, where there was no organization previous to the war, and where tuberculosis was not recognized as a communicable or preventable disease, conditions had become very bad. He stated that 150,000 soldiers with active tuberculosis had been discharged from the army, that there was an appalling number of cases in the war-ridden regions of Northern France, and that a great proportion of the French refugees and prisoners and travellers being returned from exile in Germany were tuberculous. In conclusion, Hon. Mr. Daniel stated that "in Canada the profession has done its duty; it remains for the public to see that the work and advice of the profession should be properly appreciated and acted upon."

An interesting feature of this meeting was the presence, for the first time in several years, of some of the men active in anti-tuberculosis work from Western Canada. Among these were Dr. Vrooman, of the Provincial Sanatorium at Tranquille, B.C., and Dr. Stewart, of the Manitoba Provincial Sanatorium at Ninette. Dr. Stewart read a paper on Tuberculosis and Maternity, and in it laid stress on the fact that infection with tuberculosis is usually an event of childhood, and that the disease, as we see it in the adult, is not a new infection, but is rightly called a breakdown, resulting from the old more or less healed process. As an illustration, he stated that the soldiers did not acquire a new infection, but that they broke down under stress of the heavy training, this leading to a lowering of resistance or of immunity that allowed the old disease to light up again. Similarly the tuberculous mother suffered a breakdown as a result of the stress of childbirth. Dr. Stewart had collected valuable statistics from his cases, and made it very clear that the tuberculous mother ran grave risk of a breakdown or extension of trouble, showing that the mortality in this class of cases was much higher than the average. He estimated that in the Dominion, the number of tuberculous mothers giving birth to children each year was 2,400, and stated that the causes of breakdown in civilians must be stopped if the spread of tuberculosis was to be prevented.

Two eminent veterans in public health work, Sir James

Grant and Dr. Adam Wright, took part in the very interesting discussion of this paper.

At the morning session, Dr. O. Leclerc gave an interesting description of recent progress in Quebec City, and Dr. F. S. Minns described the school work against tuberculosis in Toronto, while a paper prepared by Dr. D. A. Craig was read by Dr. Hill on the organization in the city of London.

The afternoon session was given up to the discussion of different phases of the tuberculosis problem in the army. The subject was introduced by Dr. J. H. Elliott in a paper on "Tuberculosis in the Canadian Forces." While not minimizing the seriousness of the problem, he drew the conclusion that the prevalence of the disease was not higher than among the civilian population.

Dr. W. B. Kendall gave an encouraging paper on results of treatment of soldiers, and Dr. R. R. Byers described the use made of vocational training, and laid stress upon the better results in treatment where the men are kept properly occupied under medical direction.

In the absence of Lieut.-Colonel Thompson, his paper on what the Hospital Commission is doing for the tuberculous soldier was read by Capt. May. The papers of the afternoon made it very clear that the Canadian Association for the Prevention of Tuberculosis, through its members, is working hand in hand with the Military Hospitals Commission in combating the tuberculosis problem among our soldiers, and showed the need for some such national organization as the Military Hospitals Commission to carry on preventive measures among our youths after this war is over, as a military measure, that no future war should find us handicapped by such a serious tuberculosis problem among young men of military age.

At the evening session Dr. W. A. Evans, of Chicago, gave a most eloquent address that should be read in its entirety. He explained the United States method of examining recruits for tuberculosis and then brought out the fact that any great improvement in the tuberculosis problem could only be brought about by a country wide revolution, through a recognition of the situation by the people at large. He also pointed out that while soldiers are compelled to take treatment for tuberculosis

in both their own interest and that of the world at large, nothing has yet been done to regulate civilians in the same manner and that if progress were to be made, such a course would be necessary.

At the concluding session the following resolutions were brought in and accepted:

1. Urging the establishment of tuberculosis clinics in Canadian cities where none exist.
2. That the anti-tuberculosis movement be extended to the training and for the protection of the youth of Canada.
3. That the Department of Militia and Defence be urged to have all new recruits carefully examined by chest specialists before acceptance to the army.
4. Urging the pasteurization of all milk and cream used in the manufacture of butter and cheese, and that this measure be made compulsory.

Among the new officers elected are Mr. J. A. Machado, of Ottawa, as President, and Sir John M. Gibson, of Hamilton, as Vice-President. Hamilton was chosen as the next place of meeting.

THE FORTY-THIRD ANNUAL MEETING OF THE TORONTO HOSPITAL FOR INCURABLES

THE forty-third annual meeting of the Toronto Hospital for Incurables and the graduating exercises of the Training School for Nurses were held at the Hospital on Friday afternoon, October 26th.

It was good news to the directors and those intimately connected with the work at the Hospital for Incurables when President Ambrose Kent announced that the city was going to increase the per diem grant of sixty cents a patient. The discrimination between the allowance of the institution and that of \$1.25 to the General Hospital was adversely commented upon by several speakers and the promise of an increase was especially comforting in the face of a deficit of over \$9,000 shown on this year's balance sheet, almost entirely on account of increased maintenance charges.

Despite the deficit, however, there was not a despondent note in all the reports. While on the one hand the food bill was \$3,000 more than last year because of the high cost of living and the increased price of coal accounted for another \$3,700, these and other extra items of expenditure were partly met by increased donations and the most rigid economy that could be practised without impairing the efficiency of the management of the institution.

The hospital itself is neat and clean under the efficient control of Miss Cook, the superintendent, and Miss Grout, secretary-treasurer. It is not the dull place one would imagine the abode of the unfortunate inmates suffering from incurable maladies would be. There is surprising cheerfulness everywhere, the secret of it, as Mr. Kent explained, being the good relationship existing between the nurses and the patients. "The institution has all the advantages of an hospital, combined with the comforts of a home," declared Mr. Kent, "and within its walls is carried on a Christian-like work that merits the most generous support that the community can give."

To these sentiments Sir John Hendrie, Lieutenant-Governor; Rev. Newton Powell, J. K. Macdonald, John Firstbrook, Dr. Allen Davies and others, heartily subscribed, paying high tributes to the management of the hospital and recommending its claims upon the generosity of the public.

The report of Dr. F. C. Harrison on behalf of the medical board showed that on October 1, 1916, there were 222 patients in the hospital and during the year 102 admissions were registered. There were 74 deaths, seventeen patients left for various reasons, leaving 233 patients in the institution at present. In all 324 patients were cared for during the year. The report directed attention to the large number of cancer patients. "This disease is on the increase and the maintenance of such patients is a problem in itself," said Dr. Harrison. "The general health of the patients in the hospital is good and the absence of contagious disease speaks well for the sanitary and ventilation arrangements."

During the afternoon four graduate nurses were presented with their diplomas. A gold medal given by President Kent

for general proficiency and the highest standing in the final examination was won by Miss Anna M. Tookey, who also won a prize presented by Mrs. R. B. Hamilton for neatness of room and person. A silver medal, given by the Examining Board, for second place in the examination, was won by Miss Eva Le Quyer. The other graduates were Miss Wannamaker and Miss McLean.

ANNUAL MEETING OF THE AGED PEOPLE'S HOMES

THE year's history of three important institutions was concentrated into one annual meeting in Toronto on October 24th, when a large number of interested people gathered in the Aged Women's Home on Belmont Street to hear the reports of that institution, the Aged Men's Home and the Industrial Refuge. The President, Miss Caven, made a plea for a home in the country to which the girls of the Industrial Refuge could be taken, a group at a time, for a summer outing. Mr. J. B. Laidlaw occupied the chair. Mrs. R. C. Tibb, the secretary, gave a report which told most interesting things about the war-time activities of all three institutions.

FOLLOWING a settlement of the contest of the will of Mr. Brady, who died last February, leaving a large share of his \$3,000,000 estate to charity, plans have been announced for the James Buchanan Foundation of Urology, which is to be established in connection with the New York Hospital. The work of the Foundation will be carried on temporarily in the laboratories of the hospital, but the trustees plan to erect a new building in the near future, costing about \$500,000, in which there will be chemical, physical, pathological and bacteriological departments. The Foundation will be under the direction of Dr. Oswald S. Lowsley.

Canadian Hospitals

WOMEN'S COLLEGE HOSPITAL, TORONTO, ASK FOR GRANT

AN application for a grant of \$33,000 toward the building of the Women's College Hospital and Dispensary at 12 Rusholme Road, Toronto, was made on October 10th by a deputation of ladies to the Board of Control. The deputation said that this was the only hospital in Canada where women were attended in public wards by women physicians, that the hospital had been in operation since July, 1915, and that the extension-wing, now being built, was absolutely necessary, bringing the total number of beds up to thirty-three. The matter was referred to Dr. C. J. C. O. Hastings and Finance Commissioner Bradshaw.

BALFOUR SANATORIUM

BALFOUR Sanatorium, the former C.P.R. tourist hotel on Kootenay Lake, now operated by the Military Hospitals Commission for the care of soldiers affected by tuberculosis, is justifying its selection for that purpose. In the first four months of its operation, during which the number of patients never exceeded 73, the aggregate weight gain of the patients was between 1,300 and 1,400 pounds, according to the records kept by Captain B. H. Olson, the medical superintendent. Gain of weight, the superintendent explains, is one of the most conspicuous symptoms of improvement in the progress to recovery of a patient. The healthy out-door life centred half way up the mountain side is given as one reason for the splendid results being achieved. Golf, croquet, and bowling are among the principal recreations, while a cable car belonging to the institution renders access to the lake easy.

There are about a dozen motor launches at the hospital in which the boys take a great deal of pleasure. Seven launches

War Hospitals

GUELPH CONVALESCENT HOME

FIFTY or more returned soldiers reached the Guelph Military Convalescent Home from the London Military Hospital on October 19th last. The coming of these men meant the start of a new era at the old Ontario Reformatory, which is now a magnificent institution, fitted up in such a manner that returned soldiers may, through a period of convalescence and vocational training, prepare themselves to again enter civil life. Although the old Reformatory had a world-wide reputation as a modern building, to-day there is not a vestige remaining that would lead anyone to believe that it had once been used as a place of detention. Two wings have been added which have been erected on the standardized Military Hospital basis. Very shortly the building will accommodate the full quota of 850 men, for whom the Hospitals Commission is now making provision. Capt. Urie, who recently returned from Mesopotamia, has been appointed resident House Surgeon. Dr. H. O. Howitt, of Guelph, has also been appointed to the staff. Everyone of the officers who will be in charge of the Guelph Military Convalescent Hospital are veterans of the first contingent.

P.E.I. INSTITUTIONS ENLARGED BY M.H.C.

THE facilities in Prince Edward Island for the care of convalescent soldiers returned from overseas to the Military Hospitals Commission for treatment and re-education have been increased.

The Provincial Government House at Charlottetown, which was taken over for a convalescent home, has been made a 250-bed institution by the addition of a standard 150-bed wing.

The Sir Charles Dalton Sanatorium in North Wiltshire, in which returned men suffering from tuberculosis are treated, has been arranged so as to care for 75 men.

NEW HOSPITAL OPENED

THE Camphill Military Hospital has been opened at Halifax, with a 300-bed equipment. This will be increased to 600 when the other two wings are completed.

LIEUT. KENNEDY ASSUMES COMMAND OF FLEMING HOME

A CHANGE was recently made in the staff of Sir Sandford Fleming Convalescent Home, Ottawa. Lieut. S. A. Kennedy, who has been the officer commanding for a year past, has been given the post of assistant vocational secretary for C unit, Military Hospitals Commission command. He has been replaced in command of the home by Major J. A. MacPherson, who served overseas with the 38th Battalion, and returned from the front early this year.

COL. CASGRAIN IN CHARGE OF CANADIAN HOSPITAL IN FRANCE

WORD was received on October 17th, by Joseph P. Casgrain, assistant postmaster at Windsor, that his brother, Surgeon-Col. H. R. Casgrain, had been appointed to the command of No. 8 Canadian General Hospital in France.

Col. Casgrain left Windsor three years ago in charge of No. 3 Stationary Hospital. During the Dardanelles campaign his unit was located on Lemnos Island, in the Aegean Sea. After recovering from a serious illness, he was sent to England, and was given command of the convalescent hospital at Bushey Park.

CAPT. W. E. OGDEN, medical officer at Spadina Military Hospital, has been granted new stereoscopic X-ray illuminating boxes, which are used for the purpose of better interpreting chest and other internal conditions of the patients.

MAJ. SAMUEL H. MCCOY, C.A.M.C., of St. Catharines, Ont., has been recommended for the D.S.O.

MAJ. CHARLES SAINT PIERRE, C.A.M.C., is attached to the Laval Hospital, at Troyes, France.

LT.-COL. GEORGE BOURGEOIS, C.A.M.C., is on duty at the Saint Cloud Hospital. Lt.-Col. Bourgeois left Montreal in command of the Laval Military Hospital.

LT.-COL. T. C. BEDELL, C.A.M.C., is acting officer commanding the Canadian Convalescent Hospital at Epsom, during the absence on leave of Lt.-Col. Irving, C.A.M.C.

MAJ. J. G. JOHNSON is senior surgeon and Maj. R. N. Sutherland is senior medical officer to No. 1 Canadian Stationary Hospital at Salonika, under the command of Lt.-Col. E. J. Williams, C.A.M.C.

BOOK REVIEW

Orthopedic Surgery. By ROYAL WHITMAN, M.D., M.R.C.S., F.A.C.S. Fifth edition; revised and enlarged. There are 24 chapters and 906 pages, with 704 engravings. Lea & Febiger, Philadelphia and New York.

The subject matter is well arranged, well proportioned, well indexed and beautifully illustrated. On account of the war there is probably at the present moment more thought devoted to the advancement of orthopedic and plastic surgery than to any other department of the healing art. This new and up-to-date edition, by such an authority as Whitman, is just what the busy, progressive practitioner needs. The subject is presented objectively and very acceptably. The methods advised are given in detail, and are those that have stood the acid test of personal experience. This edition should be in the hands of all workers in this especial field; and every general surgeon would profit by perusing the volume.

STRIKING INNOVATION IN NURSES' TRAINING INTRODUCED IN NEW YORK

It will be interesting to note just what effect a recent innovation of the Mayor's Committee of Women on National Defence in New York will have on the training of nurses. For this committee is now urging young girls, recent graduates of private and high schools, to take up nursing as a profession, hoping in this way to fill the unusual demand and release graduate nurses for work in the thick of the European fray, leaving the less experienced at home. The committee is sending out letters to young women of New York city presenting to them the advantages and requirements of this profession, and referring them to various schools of good standing, where they may study.

The rules of these training schools until recently have required all nurses to reside under one roof, have kept them working long hours, and have adhered to a system of chaperonage which does not prevail in other occupations. The long hours of work and many restrictions upon their liberty doubtless have kept from this field many women who might be glad to enter it if the conditions were less difficult.

In recognition of this fact, a number of hospitals have revised their rules so as to make them conform more to the ideas of the modern college or school graduate. Bellevue Hospital heads the list by the establishment of a course for non-resident students, probably the first of its kind in the United States. The schedule for attendance in this course will be arranged on a basis of forty-eight hours' work a week. The first course will open December 1, 1917. No tuition will be charged, but non-residents must bear all their own expenses exclusive of uniforms and text-books.

The Presbyterian Hospital Training School for Nurses has admitted twenty-two more pupil nurses than usual for the courses opening this autumn. Fifty per cent. of the applicants for this course are college graduates. Some of these young women will live in houses loaned for the purpose by public-spirited citizens.

The Post Graduate Hospital has admitted twelve more students than in other years.

Saint Luke's Hospital expects to train twenty additional nurses. In order to make room for these students, it has been arranged that some of the graduate nurses will room outside the hospital, for which purpose an extra allowance is to be given them.

TORONTO NURSES HONORED

THE official *Gazette*, announcing decorations to Canadian nurses, includes the names of Nursing Sister Beatrice Blewett, of 180 Rushton Road, Toronto, and Miss Gertrude Muldrew, daughter of Mr. John Muldrew, of Toronto, who have been made Associate of the Royal Red Cross of the Second Class. Miss Blewett, who is a graduate of Nicholl's Hospital, Peterborough, has seen service at the Dardanelles and in France.

Miss Muldrew went overseas first with the University Hospital staff. For a time she nursed in France; in a British military hospital in Rouen.

When the University Hospital unit left for Saloniki, Miss Muldrew, with the other nurses of the staff, were recalled from France to see service in the east. For a time she was at Malta and Sulva Bay, Gallipoli. Later she returned to the hospital at Saloniki, where she served until she was taken seriously ill. Eventually she returned home to Toronto for a few months' convalescence. Early last spring she left again for England. Since then she has been engaged principally in organizing hospitals. She organized the Crowborough and the Liverpool Military Hospitals. At present she is having a much-needed rest in Scotland.

Miss Muldrew was a graduate of the Johns Hopkins Hospital in Baltimore. After completing her course, she was night superintendent, and later first assistant superintendent at Johns Hopkins. She left there to be superintendent of the Pittsburg General Hospital.

Miss Pauline Ivey (now Mrs. D. E. Robertson), another of the nurses honored with the Red Cross medal, has been serving overseas since the arrival of the first contingent. She is a London nurse and was formerly attached to a hospital at Le Tonquet.

THE FIELD OF FRANCE

A THRILLING account of the work of the Medical Corps and the Red Cross in the war zone, is that of Captain Julia Henshaw, in an address which she delivered a short time ago in Montreal under the auspices of the Daughters of the Empire.

Speaking from practical experience and knowledge of the work in the "Field of France," Mrs. Henshaw states that not even in the finest city hospitals are the men better cared for than in the hospitals right in the field. In her address she pictures the journey of the wounded Canadian from the time he limped or was carried back from the trenches, through the advance dressing stations, and by stretcher, ambulance and hospital train, to the marvellously equipped and manned hospitals, where he is nursed back to health, away from the awful roar of battle.

Mrs. Henshaw's comment on the use of tobacco is an important part of her address. "Don't think of cigarettes merely as a luxury, or even a comfort; they are an absolute necessity," she says, and in speaking of the Red Cross supplies sent forward to the advance dressing stations, she further states: "There are plenty of cases of even serious operations when the patient has nothing to ease the pain and shock of operation but a cigarette."

In thus recording her convictions as to the good which the cigarette does, Mrs. Henshaw confirms what has already been written on the subject. Under the title, "They Simply Have to Have It," in a recent issue of *Every Week*, Alex. McD. Stoddart writes: "Soldiers ask first for tobacco when they start out; and when wounded their first request is for the consolation that comes from the puff of a cigarette. The reason is obvious: with the soldier's system in a ceaseless state of tension from danger and excitement, tobacco becomes a real solace and joy, when he can find the time for this well-earned indulgence."

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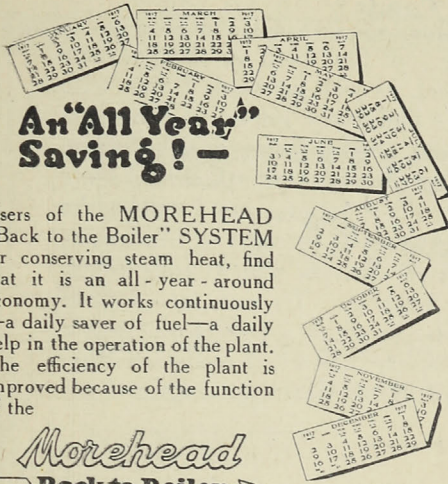
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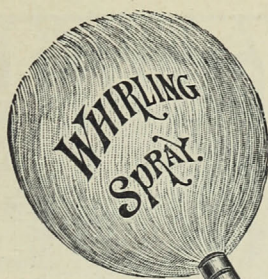
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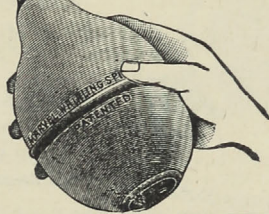
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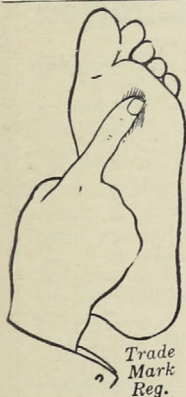
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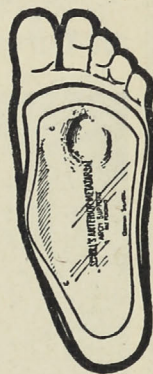
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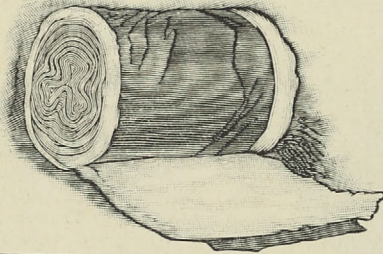
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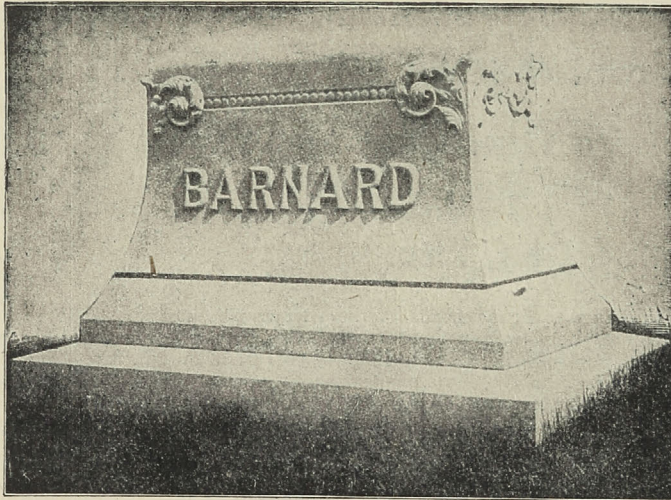
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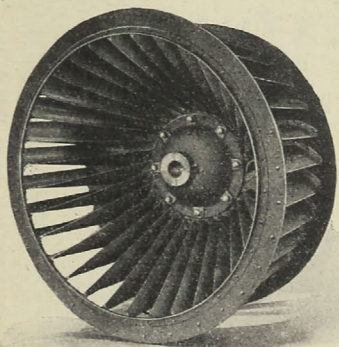
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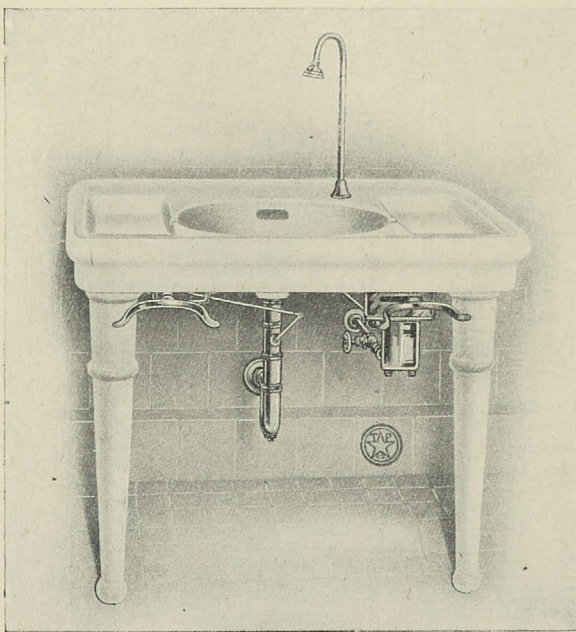
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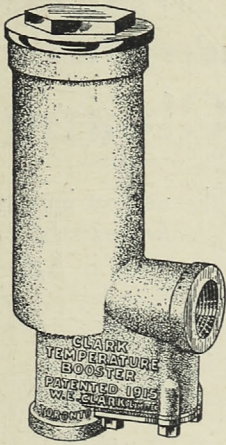


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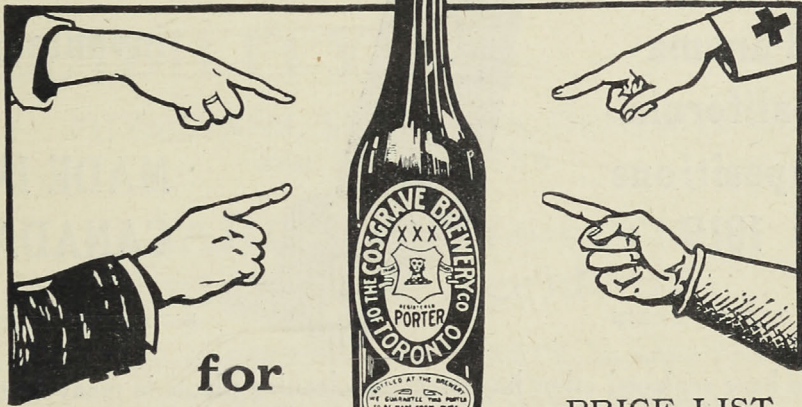
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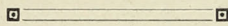
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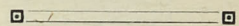
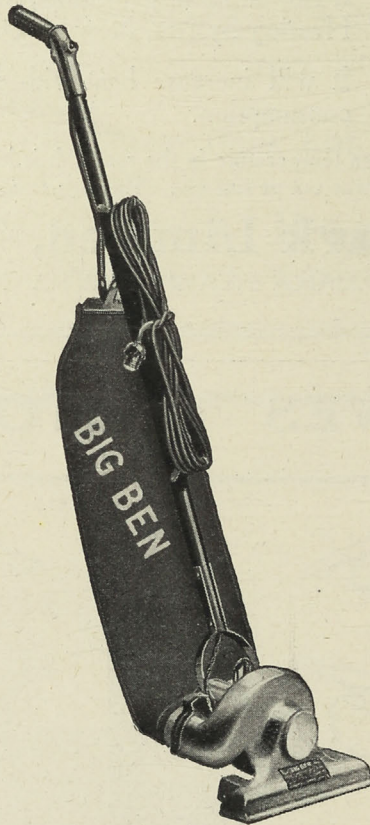
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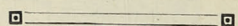
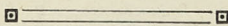


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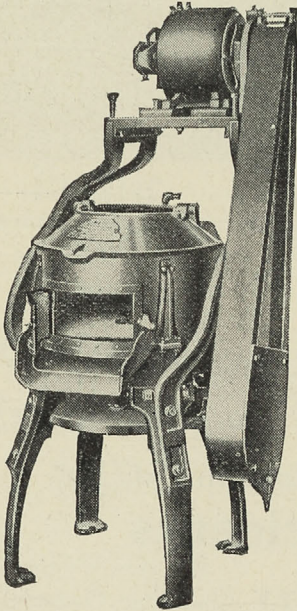
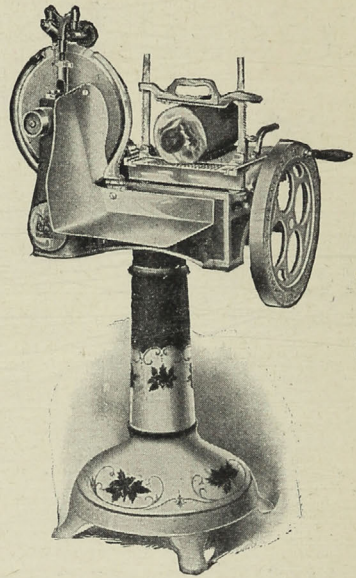
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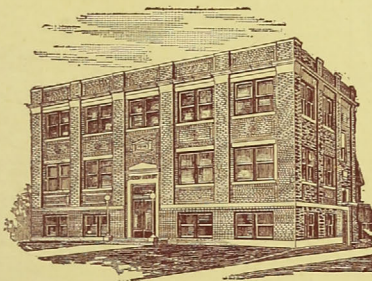
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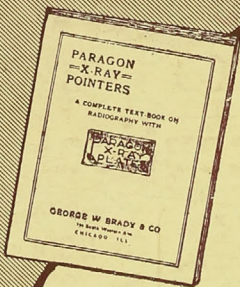


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