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# THE HOSPITAL WORLD

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No. 3

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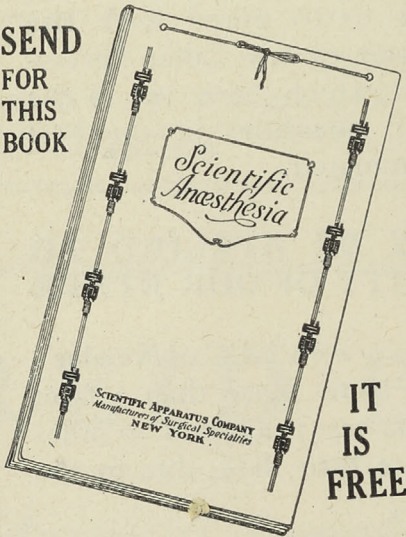
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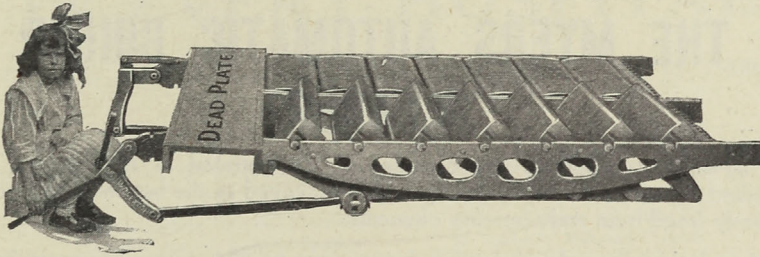
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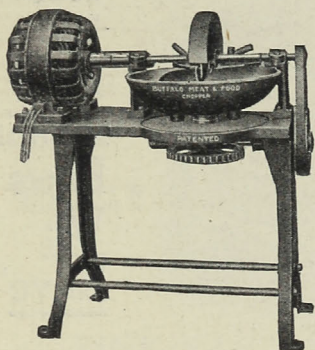
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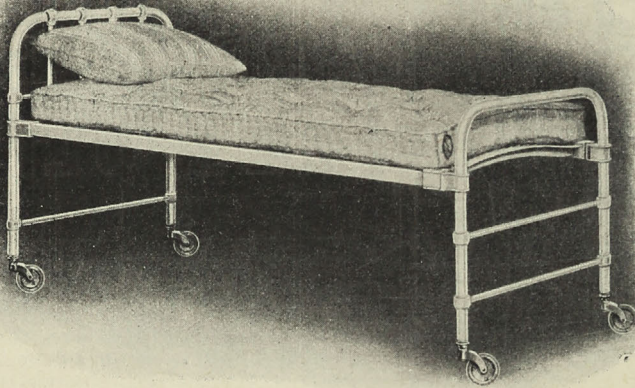
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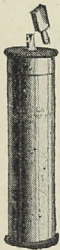
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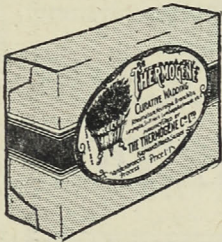
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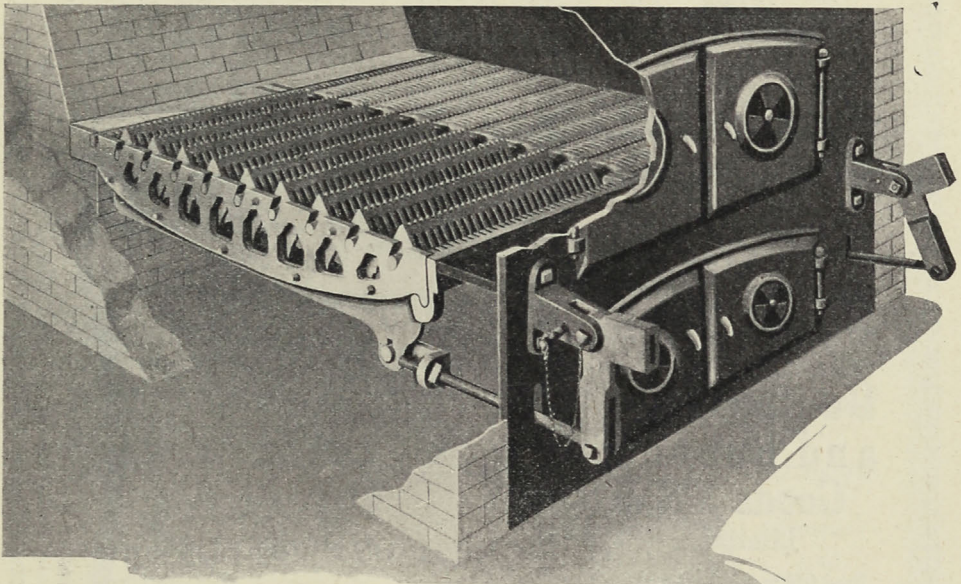
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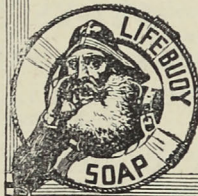


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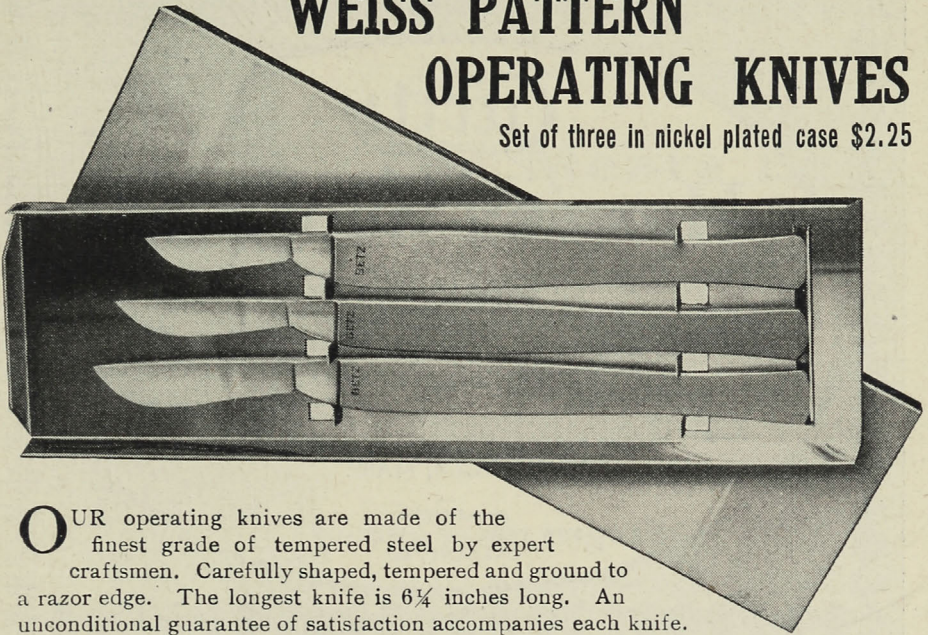
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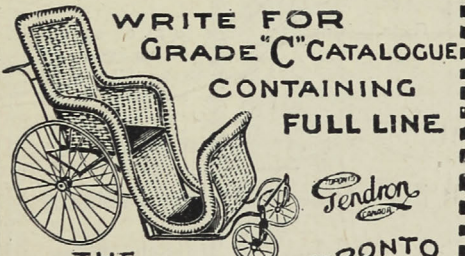
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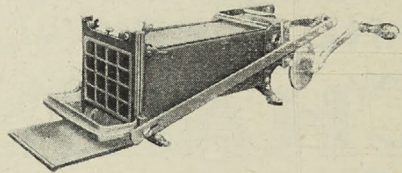
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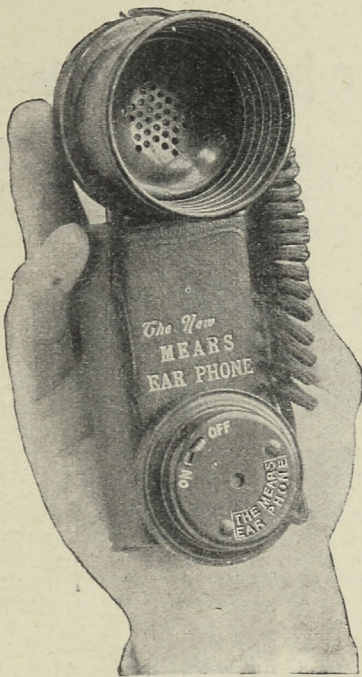
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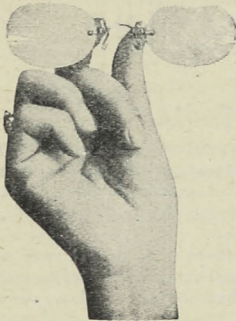
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JOHN N. E. BROWN, M.B. (Tor.), Ex-Sec'y American and Canadian Hospital Associations. Former Supt. Toronto General and Detroit General Hospitals.

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto Ont. Consultant, Toronto Hospital for Incurables.

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P. H. BRYCE, M.D., Chief Medical Officer, Dept. of The Interior, Ottawa.

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## Editorials

### VENEREAL DISEASE

DR. A. S. WARTHIN, Professor of Pathology, Ann Arbor, Michigan, writes on this subject in *Public Health*, the official organ of the Michigan State

Board of Health. Doctor Warthin has given over one thousand lectures on sex hygiene in Michigan alone. This campaign has had a marked effect on lessening the prevalence of venereal disease at Camp Custer in that state. This happy condition of affairs does not exist in many other camps where soldiers are drilling; nor in Detroit, "in which there exists a centre of prostitution not equalled in any other American city to-day."

In all previous wars—with two exceptions—prostitution was winked at, hordes of prostitutes accompanying the armies. Napoleon made them a portion of his baggage. All armies have been similarly supplied, except the army of Cromwell and that of Japan in the Manchurian campaign. The allied armies, it is stated, have had during the first two years of the war three times as many men disabled from venereal disease as from wounds. London and Paris swarm with prostitutes—twelve deep in Leicester Square. The smaller towns of France are filled with women who have lost everything . . . they add to the dangerous ranks of prostitution. Syphilis constituted ten per cent. of the patients treated at the French clinics before the war; at the end of two and one-half years' fighting it constituted thirty-three and one-half per cent.!

While the soldiers in the trenches are kept from women, it is not so when they are off duty and on furlough. The British Army, up to April 23, 1917, had 71,000 cases of gonorrhoea, 21,000 cases of syphilis, and 6,000 cases of soft chancre! In the Canadian

Army, up to March 31, 1917, there were 18,335 cases of venereal disease. Several of the Canadian camps visited showed ninety per cent. of the returning soldiers infected with syphilis—two-thirds of one division infected with syphilis before it had been six months in England! Two Australian regiments completely incapacitated by venereal disease before reaching the trenches!

“What a paradox it is,” exclaims Doctor Warthin, “that syphilis, a disease more dangerous as to communicability than leprosy, as great if not a greater menace to public health than typhoid or smallpox, should still be a disease out of control of health boards. For the syphilitic there is no enforced quarantine, no placarding of infected houses, no required treatment, no reporting of cases, no protection of the innocent!”

Reports of Boards of Health were misleading. In Michigan, in 1915, 204 deaths were ascribed to syphilis and 7 to gonorrhoea! But there were 86 due to locomotor ataxia, 272 to paresis (syphilis); 2,549 deaths were caused by apoplexy—all regarded as syphilitic if occurring before old age. There were 48 cases of brain softening, 585 of paralysis and 205 of disease of the spinal cord—probably twenty-five per cent. due to syphilis; 4,855 deaths occurred from organic heart disease, twenty-five per cent. of which were probably the result of syphilis. There were 276 deaths from angina pectoris and 734 from arteriosclerosis and aneurysm; and syphilis is the most common cause of these. There were 1,540 cases of pre-

mature birth and 2,287 deaths from congenital debility—mostly due to the same disease; between five and six thousand deaths yearly in Michigan from this awful scourge—three times as many as die from tuberculosis. In 1915 there were 562,000 deaths in Great Britain, 60,000 of which were attributable to syphilis!

Michigan now makes syphilis a notifiable disease, and is taking active steps to combat the ravages of the plague.

Our own Province of Saskatchewan recently enacted similar legislation and it is expected that ere long Ontario will do likewise.

Are our Dominion, our Province, our city and town authorities alive to the menace?

## Original Contributions

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### A GERMAN HOSPITAL AS INFLUENCED BY THE EUROPEAN WAR \*

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BY P. WEINSTOCK, OF STETTIN.

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“Necessity! Oh, sixth of our senses strong;  
At once relief when all went wrong.  
Necessity! with lightning’s speed solution wrought,  
When all of them stood still in fruitless thought.”

THE mobilization of Germany on August 1st, 1914, has had such peculiar influences on all her business and civic affairs, especially on her hospitals, that the fact appears important enough to the author to give the public interested in such matters a short review of changes and developments exacted by the stringent conditions of this war. These conditions, of course, have been encountered and were met in a similar manner in all German institutions caring for the sick or disabled. Commerce and industries were confronted by new and baffling problems as soon as this gigantic war broke loose. However, in a very short time and with surprisingly clever and efficient methods these apparently insurmountable problems were solved, to the astonishment of almost the rest of the world. In compliance with these undreamt of war conditions the hospitals of the land—not only the larger, but the smaller, as well as private institutions—have dedicated a more or less large percentage of their room as beds for the care of the wounded soldiers.

In this war large armies confronted each other, armies of a magnitude never before heard of in the world’s history, armies which even the most daring conception had failed to estimate.

The German military authorities in wise preparedness had made what in time of peace appeared to be very efficient ar-

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\*Translated by R. H. Baumart, from “Zeitschrift Für Krankenstalten.”

rangements for any kind of a war, to take care of the wounded. However, after it started, to have a declaration of war from all parts of the globe, after Germany found itself confronted by a world of enemies, its authorities were only too glad to avail themselves of the far-reaching willingness of the hospitals of the land to supply beds and medical attention for wounded soldiers. It was well understood that nowhere could the wounded be given more efficient attention, nor a more thorough convalescence to fit them for renewed field service, than in these modern hospitals, equipped as they are with complete operating rooms, X-ray apparatus, hydrotherapeutic department, etc. It may be found interesting to observe how these well organized hospital systems were affected by the war and the part they took then and are still taking.

The City Hospital of Stettin has a normal capacity of 836 beds, an institution for the treatment of all maladies which afflict human kind, caring for men, women and children, no matter how afflicted, providing for typhus, diphtheria, scarlet fever and similar infectious diseases.

It is normally filled to 75 per cent. capacity—an average of 627 patients.

The average beds occupied during the calendar year of 1915 was 711; the highest figure 824. The number included 290 army officers, 1,694 non-commissioned officers and privates. Besides these patients the institution had to lodge and board the usually required number of physicians, apothecaries and chemists, as well as over 100 nurses and a personnel of general help of over 100 required to keep the hospital system in a smooth running condition.

While a modern hospital may well be compared to a small city, it is much harder to cater to the needs of its inhabitants, partly on account of marked differences of personnel as well as patients; but mainly to do justice to the new science of dietetics to which attention must be given.

One of the essential assets of an efficient hospital management is not only its ability to feed the host of the hungry and thirsty, according to their needs, but to maintain a culinary department trained to take care at all times of the variegated demands of the patients, which must be satisfied before a thought



can be given to the material work of the doctors, nurses, and the little army of other hospital attendants. It hardly requires to be mentioned that there can be no rest nor recreation for the hospital personnel before the patients have received conscientious attention.

If the regular economical maintenance of such a multitude is not an easy task under ordinary conditions of peace, how much more difficult must this work be found in time of war, a war already sapping the resources of the involved nations for years, with no end in sight; a war horrible when considered in the light of the most inhuman efforts made to exterminate the Teutonic race by starvation. All these anticipated difficulties could not prevent the hospital management in conjunction with the municipal authorities from placing at the disposal of the general staff of the army as many beds as possible without injuring the necessary normal demands made on the institution by the city's civilian population.

At first 150 beds were dedicated to the army service. However, it soon became evident that this number was far too small to satisfy the steady growing needs for hospital accommodation. All of our available reserve paraphernalia had to be pressed into service, and wherever suitable floor space permitted extra beds were placed, by the aid of which it was made possible to care for as many as 364 military patients at a time.

The military authorities laid much stress upon the necessity of an adequate preparation for the prevention of all infectious diseases, and for this purpose no better facilities or accommodation can be found than those offered by a modern, up-to-date hospital. In this field also efficient work was done by the proper care of any cases of cholera, dysentery, typhus, etc.

The offer to furnish a whole hospital floor, with a normal capacity of forty beds, for the exclusive use of sick or wounded commissioned officers was gladly accepted.

A special contract between the hospital and the military authorities was made, covering all questions regarding cost, as well as the economical management of this part of the service, the procuring of extra physicians, nurses, and other special requirements.

It was not long before the first wounded arrived, who at

once were placed in the rooms prepared for them. Doctors and nurses had their hands full. At this time but few of the further special purpose assistants were engaged. Here it might also be noted that the majority of the regular hospital force, physicians, graduates, most of our male and even many of our female nurses, as well as a large part of the rest of the male employees, were called to arms soon after the mobilization of our army.

Our superintendent of the department of out-patients was made physician-in-general of our reserve army corps, and his assistant placed in charge of this department during the term of the war. The constant call to arms of reserves affected more and more the efficiency of our old trained hospital corps. Nearly all of the office employees were called out, as well as most of our force of skilled and unskilled labor, and as soon as a new man was engaged and half way trained, then he had to follow the call of the Fatherland, for the defence of the very existence of his country. The constant employing and training people for some position was now a part of our regular routine.

During this time the average of usual civil hospital patronage had reduced greatly. All who did not of necessity require hospital attendance, male or female, left the institution. Since then the patronage from this source has again slowly increased, but up to this date it ranges far behind the general average. This fact only made it possible to keep up our efficiency, and to the very present we yet have to hear of the first complaint of non or insufficient attention.

The fact that we boasted of having on our staff one lady assistant physician was of great help to us during this time of general mobilization.

The post-mortem department was almost out of commission for quite a while. Only when our pathologist was recalled to take charge of this office for the local garrison did this part of our public service resume a half-way ordinary aspect.

The service of the polyclinic was discontinued altogether.

The order of the government to take care also of wounded Russians led to an unbearable situation. The impossibility of necessary intercourse, in the absence of interpreters, increased this considerably. However, it was soon appreciated by the proper authorities: special hospitals for the wounded, foreign

captives were established, and our Russians most seriously wounded, were transferred to these places where their wants could be attended to under conditions more natural and familiar to them.

More difficulties were encountered in the execution of government restrictions, regarding the creation and management of special quarantine stations in military hospitals. The cause of these stringent precautions we found in the new scientific discovery that certain fevers are carried and spread by common lice. Heretofore, all wounded and sick soldiers, as well as officers, when arrived from the front, were at once placed in the wards prepared for them. However, the new quarantine regulation required that every new arrival from the front, internally diseased, as well as wounded, should be placed under a quarantine of twenty-three days' duration. Only after the expiration of this time could the patient be transferred to the regular hospital ward. As a matter of course, the new patient's complete wardrobe was subjected to a strenuous cleaning and sterilization process, and, needless to say, no lice would then be in evidence. After so treated the man and his belongings were admitted to the regular wards. While these regulations are not looked upon with much favor, the results are all that was expected of them.

In no military or civic hospital has there appeared so far what could be termed an epidemic of any kind of contagious disease.

The government necessarily reserved the right to control to some extent the management of the hospital, at least so far as the military wards were concerned, and in many ways could this new influence be felt in all the many phases of hospital routine.

The city furnished without charge, according to our contract, a certain number of beds and attendants as far as possible. As compensation for board and other special expenses the hospital was allowed the following rates:

For officers in the outer-division, 6 marks (about \$1.50) per day. For officers in the inner-division, 5 marks per day. For non-commissioned officers and privates in the outer-division,  $3\frac{1}{4}$  marks per day; in the inner-division, 3 marks per day.

The days of arrival and of dismissal are counted as a full day each.

The relations between the city and the government authorities were further regulated by the following paragraph:

“Rooms in the hospital used for military patients remain under the economical management of the institution, including furniture and other hospital paraphernalia.”

The hospital also furnished a special room to be used by the military representative as an office wherein to pursue his manifold duties, such as the writing of all official correspondence, the paying off of officers and privates, etc., etc. The position of door-keeper was augmented by an army sergeant, who assisted in keeping close control of all in and out-going traffic. A quarter-master was given a suitable room and placed in charge of all military uniforms and other wearing apparel of the army clientele.

Generally there prevailed splendid harmony between the military and civil patients, although the soldiers enjoyed considerably more liberty than is usual under strict hospital regulations. Especially the restrictions governing smoking were rescinded as far as possible. This was brought about, to a large extent, by the many gifts of smoking material forwarded by friends and relatives of the soldiers.

Agreeable variation from the so-dreaded uneventful monotony was afforded by inside musical entertainments, which were highly appreciated.

No doubt occasion will present itself after the close of the war to give full credit to this innovation of hospital life by both military and civil authorities. Indeed, so far, our experiences have been nothing but beneficial.

It is not the intention of this article to describe in detail the difficulties encountered in keeping up a somewhat uniform system of routine, especially in the culinary department, on account of reduced importations, traffic disturbances, and inability to obtain all kinds of help. Shortage, sometimes of this and again of that staple food, and, at times, the total absence of such, all of which required a constant change of pre-existing schedules. A fact not to be denied, no matter whether at home or abroad, between belligerents or neutrals, is that the cases of

insubordination and small offences against the regulations were few and at once proportionately punished by the proper military authority.

The best antidote for lonesomeness and the prevalent depression during convalescence of wounded as well as medical patients, was found in wholesome occupation carefully adjusted and applied, according to results gained by extensive observation in this direction. Further diversion was secured by attendance at concerts and theatrical performances, conditions permitting.

The results of the war have overthrown all conventional and accepted conditions, and are causing no end of anxiety to find practical means of allowing for the occasional adaptation of these constantly changing conditions.

At first it was our endeavor to follow, as far as possible, the old regime of hospital management, to substitute missing articles of nutriment by food best suited for the purpose; to use more meat—which at first was plentiful—when bread became scarce; to serve eggs and cheese when milk was not easily obtainable, etc. However, this principle could not be adhered to for any length of time.

A special meeting of representatives of military and civil authorities, in which all department heads of the hospital participated, was called. Here it was resolved to meet prevailing conditions in every way possible, by reducing considerably the stock of provisions generally kept on hand and for minimizing all general necessities to the utmost.

In connection herewith, the new war laws controlling bulk, price and consumption of all kinds were rescinded by the city magistrate so far as the hospital was concerned, and the management thereof authorized to provide for the institution according to its best judgment, along, if possible, of course, the lines adopted by the country at large.

It was also found advisable to give freedom of action to the hospital purchasing agent when the contracting firms admitted their inability to continue delivering of goods at prices agreed upon under normal conditions; neither could completed contracts be renewed. The only control remaining in force was that providing for meats and all kinds of eatables classed in the cate-

gory, conditional, of course, on the changeability of market values.

It was now possible for the management to make proper and timely provision for hospital needs by using every available source of supply and taking judicious advantage of all market conditions. In case of necessity even the emergency storage of war food supplies was drawn upon at times to prevent any suffering on the part of the patients.

Now we were enabled to reduce the meat rations, under the old regime always figured at the maximum of calories, suiting the condition of the respective patients, of course, never without the permit of the physician in charge. Furthermore, the whole medical staff of its own free will has cut the total of the bill of fare below the average as prescribed by state and hospital regulation; and when it was necessary for the government to announce that on certain days of the week a meat and fat free diet must be adhered to, this was accepted by all concerned without the slightest complaint whatever.

Introducing these more or less stringent innovations, benevolent consideration had to be taken, according to the individual condition of the patient.

Most of the wounded placed under our care arrived with an appetite, apparently unappeasable, and besides the unceasing efforts of our physicians, much credit for the rapid recovery and the speedy return of our soldiers to the service, is due to the power of recuperation in our vigorous and unsullied youth.

Special and extra rations were constantly in demand on our culinary department for these patients, and they were never disappointed.

The order of the medical staff demanding examination of all daily rations furnished for all classes of wounded and infirm has proven again and again that the elements of nutriment as to caloric and albuminous contents were abundant and necessary.

The introduction of bread cards which necessitated extreme curbing of the bread ration was not popular at first. Cessation of complaint on this account did not stop until we were allowed to increase the daily ration to 400 grammes. By this concession most of our military patients were benefited. The fact brought out forcibly was that the majority seemed to consider the so-

called mid-day meal of little value, especially if it consisted, not of potatoes and meat, but of potatoes and vegetables cooked together; they would prefer to still the appetite with bread alone. Much easier to abolish whenever possible was the so-called white, or wheat, bread, and substitute this with sandwiches of black bread (Pumpernickel); which is healthier and also more nourishing.

For the benefit of the country our large kitchen department with energy always tried to comply with the general necessity of using the utmost economy in the disposition of staple articles of nutriment without causing actual suffering.

"Carefully consider all suggestions" is the motto of the institution; and "try all that is worthy the effort." This refers to advice offered constantly from highly professional as well as private sources.

Of course, many receipts of so-called war foods, no matter how much lauded by their authors, proved hopelessly impracticable. It is still impossible for even the most daring inventor to extract nourishing food from sawdust or water.

Even with the new invention of gaining part of the nitrogen from the air it is still impossible to make practical use of this discovery, owing to the expense of manufacture. Nevertheless the time will come, and may come sooner than expected, when the new dry yeast will take a prominent place in the economy of our hospitals.

Owing to the richness of the milk furnished, it was found possible to do without cream, which before had found extensive use in our generous hospital menus. Consequently the centrifugal machine was discontinued.

But not alone in the disbursement of the element of food was economy required; other necessities, as rubber goods, bed and bathroom linens, soap and many other articles were likewise involved. We have and still take extreme pride in the fact of being able to show our cousins across the channel that in spite of the absence of regular food stuff importations, we find ample supplies for the sufficient nourishment of the whole nation, granting, of course, that gluttony cannot be tolerated, and we succeeded.

The use of rubber gloves was considerably diminished. Rub-

ber cushions were substituted by such made of millet shooks. The daily demand for house linen was carefully checked, and, where possible, restricted. Soap rations for general cleaning purposes were reduced, and in the laundry supplemented by wash powder.

In short, every department and every person showed an honest and ardent desire to help along the good cause.

In times of peace it was the ideal of large communities to have not only the most efficient hospitals, but to maintain them at all times as paragons of perfection. The time of war has not changed this zealousness; it has only changed the viewpoint to conform to new conditions, and is striving to maintain the utmost efficiency with all possible economy within limits set and strictly upheld by our medical advisers.

Of every person, from the physician-general down to the lowest chambermaid, it is strenuously required that they shall be governed by these regulations controlling the food and other items above mentioned; and results are carefully checked. Whoever is familiar with the numerous ramifications of large hospitals will know what intelligent economy applied in the right place means.

While it is necessary, of course, to supply the real sick with all the general food and special dishes according to indicated conditions, there is a large number of patients whose ailments are so light that they can forego some of these special luxuries, and like the physicians and all attendants, be satisfied with a scientific menu. Such a war as this, as mighty and powerful as it is horrible, demands sacrifices not only of the combatant, but also the non-combatant of the involved nations. What can be the significance of here and there sacrificing the usual dessert of daily cookies when other things infinitely more important must be attended to!

German hospitals, we are sure, will lead in this direction, and will do much to uphold the reputation of German diligence, German thoroughness, and German economy.

That necessity is the best teacher has been proven again and again in this war. The many experiences we accumulate will prove of lasting value and will be carried over as regular practices in the coming reign of peace.



## Canadian Hospitals

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THE presence of mind of the night staff of the Kitchener-Waterloo Hospital and the quick response of the Kitchener Fire Department probably saved that institution from total destruction by fire early on the morning of January 21st. The blaze was discovered in the Clinic Room on the first floor and, after notifying the night firemen, Miss Walker sent in the alarm to the city. The thirty patients were at once removed by the nursing staff and a few volunteers to the Nurses' Home in safety. The fire brigades of Kitchener and Waterloo soon got the flames under control, though they had shot up to the third storey. With the assistance of a score of men from the Dominion Tire Co. and the Kaufman Rubber Co., the patients were removed back to the wards in the old wing of the hospital by noon. Fortunately the blaze was kept confined to the new wing, completed three years ago. Though the damage is estimated at \$3,000, the loss is covered by insurance.

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THE recent action of the Board of Governors of Vancouver General Hospital in placing overdue accounts in the hands of a solicitor for collection has resulted in a substantial increase in the hospital revenue. At the regular monthly meeting, held in November, it was stated that the receipts for the previous month had amounted to \$44,814, and that the expenses had been \$41,824.

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SIR JOSEPH FLAVELLE was re-elected Chairman of the Toronto General Hospital Board at the annual meeting of the trustees. Mr. P. C. Larkin was re-elected Vice-Chairman, Mr. Mark H. Irish was elected Chairman of the Property Committee, and Mr. W. E. Rundle Chairman of the Finance Committee. At present there are 646 patients in the hospital. This is the largest number attended on any one day since the new hospital was built.

## War Hospitals

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### CANADIAN CONVALESCENT HOME AT DIEPPE

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BY MISS LOUIE CHADWICK, TORONTO.

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HAVING just returned from France, where I have been a member of the house staff of the Canadian Convalescent Home in Dieppe, for the last two years, I have been asked to tell you something about our Home there, and the splendid work it is doing.

The Home is a voluntary Red Cross unit, working under the supervision of the Senior Medical Officer of the district, and we have always been rather proud of the fact that we had the only Convalescent Home for Officers, maintained and managed by private persons, in the war zone. In fact up to the present time we were the only one there. The Mitchelham Home, which has been open for the winter months, in the South of France, has now been moved to Dieppe also, but it, although I believe chiefly supported by private subscription, is more an army establishment than ours, and is under the direct control of a resident Royal Army Medical Corps Officer. Then there is a rest camp for officers near the front, where they are sent for a week or so, if in need of a rest, or suffering from any slight injury which is not sufficiently serious to require them to be sent to hospital. But that is entirely an Army Camp without nurses or women workers of any sort.

Dieppe is a very pretty town on the sea coast, and an excellent place for a convalescent home, on account of the splendid air and good water supply. I believe the water there is supposed to be the purest of almost any in France. Then, too, we are in a central position to connect with the numerous hospitals which surround us in all directions.

Our patients are sent to us from these hospitals, and they are allowed to stay any length of time up to a month. They are all convalescent officers who, it is supposed, will be well

enough within that time to return to duty at the front. We act as a sort of stepping stone between the hospital and the trenches. Men who have been in hospital suffering from wounds or sickness, are naturally weak and unfit for some time, and unable to be sent directly back to the line, and once they are able to be out of bed, and walk about, the atmosphere of a hospital becomes very irksome, and all our patients have told us what a wonderful relief and pleasure it is, to be somewhere amid cheerful surroundings, and in a house which we have always tried to make as much of a home for them as possible. One patient we had not long ago spent most of his time admiring the grate fires, and trying all the chairs and lounges in turn, and just exclaiming over and over again, "Oh! the absolute comfort of it." And many of them have gone into rapture over the fact of sleeping in a real bed again, with sheets and an eiderdown quilt.

When you consider what these men have gone through for months, it is not difficult to understand how they enjoy just being comfortable. And especially our own Canadian men, who are so far from their homes, and have no chance of getting there when sick, or even on leave. And also men from the other parts of the British Empire, for our Home is essentially an Imperial one, and I believe we have had patients from every quarter of the globe that is under the British flag.

The Home, which is kept up entirely by voluntary subscriptions from people here in Canada, is managed and worked in France by a staff of eight women—a matron, secretary, four girls on the house staff, a trained nurse, and a masseuse, which, except in the case of the two latter, who receive small nominal salaries, is entirely voluntary service.

Our matron, Mrs. Christopher Robinson, is in full charge, under the medical officer, and supervises the entire management of the internal affairs of the Home. The secretary, Miss Tate, attends to all the business in connection with it. She registers the patients when they arrive, makes out and sees to the signing of the billet and ration papers, keeps the accounts, makes out the reports which are sent to Canada regularly, and the reports which have to be sent to the Red Cross headquarters at stated intervals, acts as postmistress, as well as attending to the very

large correspondence, which is necessary in connection with the management of the Home.

The nurse, Miss Murphy, of course, has charge of all the medical part. She interviews the medical officer on his daily visits, does the nursing of the patients, oversees their diet, and looks after their health generally.

Miss Galt also works under the M.O., who hands over to her any of the patients needing massage, and many a stiffened arm or lame foot has been limbered up by her efforts.

Miss Burnham has charge of the linen and laundry, and all household supplies, manages the orderlies, and helps with the housework on the first floor, where there are the largest number of bedrooms, and which is in charge of Miss Hudspeth, who has all the arranging and keeping in order of the rooms occupied by the officers on that floor. Miss Gaviller does the housekeeping, manages the maids and is in charge of the second floor, where she is helped with the work by Miss Galt. The ground floor was my department.

Our maids are French, a cook, scullery maid, two women who spend their time polishing floors, washing windows, cleaning brass, etc., and Georgina, the waitress, who has been with us since the Home opened, and takes a keen motherly interest in the patients. The orderlies are detailed from the base headquarters to act as servants for the officers. We are allowed one orderly for each five patients. These are all men who have done their part up at the front, and been through hospital, and are declared unfit for further active service by the medical board, and marked for light base duties.

All the other work in the house is done by the girls on the house staff—the lighter part of the sweeping, dusting, making the beds, and generally keeping the place in order. So you can imagine it keeps them all very busy in a large household like that. And there is always one on duty downstairs to answer the door and telephone. The girls also have charge of the afternoon teas, which they make and serve themselves. These teas are always rather pleasant, informal affairs. We have one table in the drawing-room, which is presided over by the matron, and another in the hall, which is looked after by the girl on duty for the day. This is a regular recreation hour for everybody,

as the girls on the staff put in an appearance, and have tea with the patients. Of course, all other meals are taken strictly apart, the staff being kept very much in the background, in a little mess room of their own. The one exception to this rule has been Christmas day, which we celebrated by a large combined dinner, the staff discarding their uniforms and becoming ordinary civilians.

The girls are also expected to appear in the evening, and do what they can to entertain and amuse the patients; to play ping-pong, take a hand at cards, or play for them to sing, which is what they seem to enjoy most. It is strange to see fifteen or twenty of these men, ranging in age from eighteen to fifty, who have just come down from the terrible fighting at the front, crowding round the piano, singing choruses at the top of their voices, usually out of tune, and thoroughly enjoying themselves.

Another source of pleasure this spring has been the vegetable garden. This is a very pretty plot of ground which has been lent to us by Baron de Gunsburg. It is on the slope of a hill, and surrounded by trees and hedges. The upper half is in grass, with one good-sized bed for flowers, and a shed which we have turned into a summer house, with the assistance of some of the patients, who were inspired to paint it a vivid green. It has been finished since I left, and I hear that it is quite an artistic piece of work. The lower half of the ground is ploughed up and planted with vegetables of all sorts, and if they do well, the Home ought to be well supplied next winter. The planting and work there was nearly all done by our patients, who would organize work parties among the more fit ones, and go up there, with any kind of implement that would dig, and plant seeds in the most reckless manner in any spot they took a fancy to. However, Miss Burnham kept a careful eye on the proceedings, and prevented them from putting beans and cress in the same spot as cabbages. The work parties were very much enjoyed, and filled in many an afternoon for the officers, which otherwise would have been wearisome. They are all so tired of the rules and restrictions necessary in the army and hospitals, that it is the greatest relief to them to be allowed to do anything in an ordinary way like this, which is what they might be doing at home.

Now the weather has got warm the golf and tennis club will be the chief place for our officers to spend their time, and they have always enjoyed the sea bathing.

Of course, all these pleasures are only possible to the patients who have been with us some time, and who are almost well again, the new arrivals never feeling up to exertion of any sort. If you could see them when they arrive from the hospitals, looking gaunt and pale, and perhaps limping, you would feel, as we do, that it is impossible to do too much for these men, to make them well and happy again. And then the wonderful change that gradually develops during the few weeks of their stay amid the peace and quiet of the Home. They seem to turn from depressed, nerve-racked, homesick men, into ones that are cheerful, physically fit, and full of courage, ready to go back again to the front, and continue their brave and splendid work there, where they know they are so much needed. And when the time comes for them to leave, and the matron and staff go to the door to wish them God speed, it is the most pathetic thing to see the brave attempts they make to keep up, and witness their efforts to thank us for the little bit of comfort, and home life we have been able to give them. They know so well the horrors they are going back to, perhaps never to return.

In a great many cases the patients have arrived with no kit or belongings of any sort, except the clothes which they have on, and these are often not their own, but sometimes ordinary soldiers' uniforms, supplied to them at the hospital, or things they have borrowed from a friend. When they are picked up wounded on the field, and taken to hospital, they are often in such a terrible state that it is necessary to burn all their things, and their kits, which had been left at the billets, go astray when sent after them, on account of the difficulties of transport, and the many moves involved in following them from field hospital to Casualty Clearing Station, and then to the base. Or perhaps a shell has found the place where these things were stored and they have ceased to exist.

One of Miss Burnham's many duties is to make a searching enquiry into the state of their wardrobes, and supply all deficiencies if possible, from a tooth brush to a change of underwear, out of her stock of stores. These stores have been largely

given to us by the many kind friends of the Home and the Canadian Red Cross Society, who, through their agent in France, Major Blaylock, have always been most generous in sending us supplies. Many a case of clothing and comforts for the officers, and jam and tinned vegetables for their use, have been sent to us through his efforts.

In connection with the Canadian Red Cross, I should like to say that on my way home, when talking to one of the officials of the Society, who has a great deal to do with the supplies, I was asked to tell the people in Canada, whenever I had a chance, to keep up their efforts and continue to send all the necessities possible. People here seem to have got tired of the war, and are not working as energetically as they did at first. But our soldiers at the front have no chance to stop work, just because they are tired of it, and it is just as hard now as it was at the beginning for a man to make a twenty mile march with socks full of holes, or not have a dry pair to put on when he comes out of the trenches soaking wet and covered with mud.

To return to the needs of our own Home in Dieppe, I think the demand in this way is chiefly for woollen underwear, khaki shirts, handkerchiefs and socks. And the small household needs chiefly consist in tray cloths, table napkins, towels and dish towels. And, of course, there is always the need of money to meet the large expenditure for rent, coal, food, and the numerous items necessary for keeping up a large establishment of this sort.

Perhaps some slight description of the house itself would interest the committee. From the front garden, which is rather small, but where we have found room for a swing hammock, a garden bench and some chairs, the entrance leads to a central hall, on either side of which are the drawing-room and dining-room. This hall joins another large square one, which opens on the court at the back, and off which there is a good-sized cloak-room, and from which the staircase mounts to the floors above. It is practically a second sitting-room, as we have in it a writing-desk, a large lounge and armchairs. There is also another writing table on the landing of the staircase.

On the first floor there are three large bedrooms, containing fourteen beds, and two small single rooms. The front one,

which is a very nice little room with hot and cold water supply, is generally reserved for the senior officer in the house, and is known as the Colonel's Room; the small back one usually seems to be occupied by a padre, there being a vague idea in everyone's mind that a clergyman ought to be treated with a certain amount of respect and given a room to himself if possible. On this floor and on the one above there are large bathrooms, which are a source of unending joy to the patients, the accommodation in this way in the trenches not being of the best.

The second floor contains a sitting-room which is a favorite spot for those patients who prefer peace and quiet to the noise of the gramophone and piano, which may be heard almost continuously downstairs, two large bedrooms, accommodating nine patients, and one single room at the back which Miss Murphy uses for any patient she considers would be better in a room by himself.

The bedrooms are all bright, cheery rooms with many windows and are very prettily papered; the chintz hangings, bed covers and quilts have been bought to be in keeping with the general color scheme of each room, so that the effect is very homelike and attractive.

The part of the house occupied by the staff is entirely separate from the main portion, being really intended as the servants' quarters of the house; the women we have working for us, however, all sleep at their own homes in the town, only coming to us during the day. The staff mess-room is on the ground floor, and there are separate halls and staircase which connect with the rooms above, so it is never necessary for the members of the staff to be in the patients' part of the house except in discharge of their various duties. The rooms for the girls are up on the third floor, where there is a long narrow hall, usually known as Ploegsteert, with little rooms opening off it. These rooms are in varying degrees of comfort, from Miss Galt's, which is considered the show one, on account of having a fireplace in it, to mine which was called the dug-out, because of its sloping roof and brick floor. Personally, I thought it the best room up there, on account of the amount of sun that poured in through the window.

The windows of the front rooms open on to the flat roof of



the main part of the house, which the girls have adopted as a roof garden of their own. It overlooks the Plage—a large open park stretching down to the sea, where everything of importance in Dieppe takes place—and makes a splendid grandstand for viewing the numerous events that occur there. Many a gathering has met up there to watch a military review, or the decoration of the French soldiers. These decorations are most interesting. The men who are to receive rewards for their gallant action in the field are drawn up in line in the centre, with numbers of their comrades and detachments from the various battalions stationed in Dieppe forming a square round them. They often include splendid-looking officers, soldiers from the hospitals maimed and ill, some of the black French colonial troops, and perhaps a small boy who is there to receive the medal in the winning of which his father has lost his life.

Before I close I should like to say a word about the wonderful way in which Mrs. Robinson and the girls on the staff have worked together, and the excellent good-fellowship that has always existed among them. Each girl is put in absolute control of her own department, and is entirely responsible for the good management of the same. She reports to Mrs. Robinson any changes or alterations she considers would improve matters, and if approved by her, they are brought up at the next staff meeting, so that all the girls have a chance to agree. In the case of any discussion the question has always been decided by a majority vote. In this way the girls on the staff have always been made to feel that the Home is theirs personally, and that they have a voice in the management of it, which to my mind has had a great deal to do with the good feeling that has always been evident among us, and has done away with any petty jealousies that might have arisen over trivial points, which would tend to mar the complete good working of the Home.

The rules which govern the conduct of the patients and members of the staff are still, with very few alterations, the same that were formulated by Mrs. Douglas and Colonel Foster, the medical officer in charge at the time, when the Home was first opened in August, 1915. They are very few in number, as it has been thought that a lot of petty restrictions only become

irksome, so the tendency is to pay no attention to them. But the rules there are must always be very strictly obeyed.

The Canadian Home at Dieppe is, as I think you know, very well thought of by all the military authorities in France, and is considered by them a very useful Red Cross unit. As one of the officers in command of the lines of communication said of us—he considered the Home a necessary adjunct to the army. And I believe it will become more so than ever now, as the hospital area in France is being enlarged and fewer patients taken to England, on account of the determination of the enemy to endeavor to sink hospital ships.

I hope the Canadian Convalescent Home will be kept up as long as there is a convalescent patient in France who needs care and nursing. It was with great regret that I found it necessary to return to Canada, instead of being able to remain there and help to continue the work until the end of the war.

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Two more graduates of the University of Toronto have just been added to what is one of the most famous women's colleges in India. A college founded by women for women students who are taught by a staff composed entirely of women is an adequate description of the Women's Christian Medical College, Ludhiana, India. The University of Toronto has already been well represented on the staff, but this week the staff was augmented by two more graduates. The additions are Dr. Susan Fotheringham, M.B., '11, and Dr. Annabel McKeown, M.B., '13. Doctor Fotheringham is to have charge of the obstetrics, and Doctor McKeown of the work in pediatrics and ophthalmology.

The other Toronto graduates who are stationed there are Dr. May Roberts; Dr. Margaret Wallace, the vice-principal, graduated from Trinity in 1898, and Dr. Hilda Smith, who is an M.B. of '15, is pathologist and bacteriologist of the college and hospital. There are also two women doctors from the United States and four from England on the staff.

## A NEW HOSPITAL FOR INVALIDED SOLDIERS

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THE Military Hospitals Commission has bought the National Cash Register Company's factory near the corner of Dupont and Christie Streets at a sum of approximately \$450,000, for use as an active treatment hospital for the invalided soldiers of Toronto.

The property consists of about seven acres of land on which modern buildings have been erected with eighty per cent. window space.

Mr. S. A. Armstrong, Director of the Military Hospitals Commission, stated that the property was recently inspected by the Board of Consultants of the militia and found very suitable for hospital purposes.

"The buildings, as they are at present constituted, will accommodate about four hundred patients, but plans are being prepared for the erection of two storeys, which will give an ultimate total accommodation of between eight and nine hundred beds. There is also sufficient land to enable the Commission to erect large additional temporary accommodation, which, with the present permanent structure, will be more than sufficient to provide for the hospital requirements of the city."

"In acquiring this property," said Mr. Armstrong, "the Commission has made a radical departure from its usual policy, as it has, up to the present, refused to buy land.

"In the case of the National Cash Register property, however, it was found on careful examination that the buildings and site were so superior that the Commission felt that on the expiration of the war the entire premises could be sold, if need be, for more than has been paid, which would make the cost to the country for hospital accommodation practically negligible."

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HIS EXCELLENCY THE DUKE OF DEVONSHIRE, for the first time since his appointment to the post of Governor-General of Canada, visited London on January 21st, and officiated at the opening of the new extensions for Byron Sanitarium, in which returned tuberculous soldiers are to be treated. The new extensions to the sanitarium include a magnificent reception hospital

that is said to be the most modern in design and equipment on this continent. Its particular pride is in its electrical system, everything, even to the refrigerators and cooking appliances, in the kitchens being electrically operated. The Military Hospitals Commission and the Provincial Government have provided a vocational training and recreation building containing six class rooms with wood and iron-working machinery, and above a gymnasium and auditorium with a seating capacity of 350. There is also a new nurses' home, with twenty private rooms and an auditorium also, in which entertainment may be provided for the staff.

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A MILITARY hospital of six hundred beds is in course of construction at Ste. Anne de Bellevue, Que., on property adjacent to Macdonald College, which will make it possible to take advantage of the excellent facilities for vocational training offered by the College. Ste. Anne de Bellevue is beautifully situated on the Ottawa River, within easy distance of Montreal. The new institution will consist of a central administration building with four two-storey wings, each containing one hundred and fifty beds. Every facility for the treatment of special cases will be provided, such as electric apparatus, continuous baths, whirlpool baths, vapor baths, etc., and appliances will be installed for corrective exercises in the treatment of cases of functional or mental impairment. The intention is to make the Drummond Street Military Hospital, Montreal, a centre for the observation of special cases and to transfer patients as they become convalescent to Ste. Anne.

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NEWS of the appointment of several graduates of the University of Toronto who are serving with the C.A.M.C. to positions in Canadian hospitals was recently received. Capt. A. Grant Fleming, M.B., 1907, and D.P.H. of 1914, has been attached to the Canadian Hospital at Taplow. Capt. R. M. James, M.B., of 1916, has been transferred from Taplow to Buxton. Capt. Harold D. Ball, M.B., of 1911, has been transferred to Taplow from the Moore Barrack Hospital. Capt. Farquharson, M.B., of 1916, who went over as a lieutenant, is now attached to the Taplow Hospital as a pathologist.

AMONG the original members of the staff of the 2nd Canadian Stationary Hospital at Letouquet who have recently been decorated with the 1914 Star is Lt.-Col. R. S. Pentecost, of 407 Huron Street, Toronto, who commands the 14th Canadian Field Ambulance. He went overseas as major and was afterwards attached to the 5th Ambulance Corps. He was recalled to take command of the 14th and was promoted to his present rank.

Maj. H. C. S. Elliott, another member of the same unit to be honored, resided when in Toronto at 92 St. George Street. He comes from Cobourg, Ont.

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THE Moose Jaw Military Hospital was officially opened by the Duke of Devonshire early in December. On that occasion Capt. Armstrong, who is in command of the hospital, was presented by His Excellency with the Croix de Guerre with bar, a decoration which was awarded to Capt. Armstrong for special services and conspicuous gallantry in France.

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THE following officers are to be employed at the Convalescent Homes in this district: Capt. Thomas H. D. Stormy, A.M.C., Lt. John E. L. Keyes, and Lt. Frank W. Overhold, A.M.C. Authority has also been granted for the employment of Capt. Gordon A. McLarty, A.M.C., in connection with the Medical Board of this district.

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A FIRE which broke out in the laundry shaft in the west wing of Spadina Military Hospital, Toronto, on the evening of January 24th occasioned considerable anxiety among the military patients, but served at the same time to show the value of fire-drill in such an institution, as the patients, under the direction of the officers, had the flames under control before the fire brigade arrived. The damage was but trifling.

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At eleven o'clock on February 6th, in front of the Parliament Buildings, Toronto, the Governor-General presented the Military Cross to Major D. M. Mathieson, of the Spadina Military Convalescent Hospital.

NURSING SISTER MARY ORAM, formerly of the 4th General Hospital, University of Toronto, will be employed in connection with convalescent homes in this district. Capt. Charles A. H. Raymond, C.A.M.C., will be employed in connection with the Vocational Training Branch of the M.H.C.C.

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DR. AGNES WALKER, of Toronto, has been placed in charge of the Surgical Department, First General Hospital, Birmingham, England. She is the wife of Dr. Frank Walker, now a prisoner of war in Germany. Both Dr. Agnes Walker and her husband are graduates of Toronto University.

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LT. THOS. C. ROUTLEY has been transferred from the R.A.M.C. with which he served overseas, and has been attached to the Standing Medical Board of Toronto District. He is an M.D. of the University of Toronto, 1915, and enlisted with the C.A.M.C., going to England with No. 2 Stationary Hospital. He transferred to the R.A.M.C. in November, 1915, with the rank of Lieutenant, and was on the staffs of Eastbourne and Salisbury Hospitals, being promoted to be Captain in the fall of 1916.

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CAPT. WILLIAM BERNARD McDERMOTT, M.D., of 1912, University of Toronto, who was in Russia with the Anglo-Russian Hospital, under Lady Muriel Paget, which has now disbanded, is back in England. His home is in Comber, but he was practising at Lang, Sask., when he enlisted.

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LT. GORDON M. DALE, another graduate of the University of Toronto, has been appointed to the staff of the Base Hospital. His home is in St. Thomas. He has seen service as a medical officer with an Imperial army rifle corps. He was mentioned in despatches in December last.

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MAJ. (DR.) SAMUEL McCOY, of Toronto, was recently appointed commandant at the Yarrow Hospital, Broadstairs, England.

MAJ. W. G. O. DOWSLEY, an M.B. of the University of Toronto, 1899, is now in England with the 3rd Canadian Command Depot at Seaforth. Maj. Dowsley went overseas as captain in the C.A.M.C. in 1914 and has been serving in France ever since.

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COL. G. D. FARMER has been appointed commandant of the Canadian General Hospital, replacing Col. E. C. Hart. Col. Farmer is an Ancaster, Ont., man and a graduate of the University of Toronto.

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LT.-COL. LEBEL, C.A.M.C., recently returned to Quebec on leave. Lt.-Col. LeBel went overseas with the First Contingent, and has been in command of No. 8 Canadian General Hospital at St. Cloud, Paris, since June, 1916.

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COL. L. C. HARRIS, C.A.M.C., of Moncton, N.B., was recently mentioned in despatches by General Haig. Col. Harris is now in command of a two-thousand-bed hospital at Whitby, England.

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MAJ. G. ROYCE, of Toronto, is appointed commandant of the Canadian Hospital at Bromley, Kent, replacing Lt.-Col. J. Spier, of Westmount.

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COL. W. WEBSTER has been appointed to command the Canadian Convalescent Hospital at Uxbridge.

## Book Reviews

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*Examination of the Urine and Other Clinical Side-room Methods* (late Husband's). Revised and enlarged by ANDREW FERGUS HEWAT, M.B., Ch.B., M.R.C.P. Edin. Sixth edition, illustrated. Edinburgh: E. & S. Livingstone, 17 Teviot Place. 1917.

This little pocket edition gives the essential points in the chemical examination of urine, blood, sputum, pus, gastric contents, and the feces. The author acknowledges assistance from the more pretentious and voluminous works of Emerson, Morris, Mann, and Gulland and Goodall. Certainly a handy and useful book for students.

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*The Book of Home Nursing.* A practical guide for the treatment of sickness in the home. By FRANCES CAMPBELL. New York: E. P. Dutton & Company, 681 Fifth Avenue. 1917.

Mrs. Campbell has written a little book which will delight everyone who reads it. The general practitioner ought to read it, as it will inform him on many points of which he obtained no practical experience during his student days or his term as an interne. The trained nurse will profit by it, because it contains a good many points not emphasized in the average training school; and the "practical" or partially trained nurse will find in it exactly what she ought to know. Every woman who may be called upon to help out when sickness comes in the family will be greatly profited by owning a copy of this book. Simple methods of improvising what one finds at home in an average household to make the patient comfortable is the keynote. The meals, the bath, the local applications, the apparatus necessary to meet varying conditions, are clearly and concisely discussed, described, and often illustrated. To know how to make a home-made bedpan, ice-cap, lamp shape, knee-rest, cradle, is a valuable asset to any woman who is called upon to wait upon the sick. We have not seen any book which deals with these practi-



cal aspects of home nursing so well as does this of Mrs. Campbell. We confess to not being able to clearly understand her description of the home-made bedpan, but the photographs elucidate her attempted word picture.

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*The Treatment of Gonorrhoea and its Complications in Men and Women.* By WILLIAM J. ROBINSON, M.D. Second edition. 1917. The Critic and Guide Company, 12 Mt. Morris Park, West; New York.

This book is designated for general practitioners, and the writer of this review has read it with genuine interest, considering it a most helpful work. A fac-simile of a congratulatory letter from the discoverer of the gonococcus, Albert Neisser, adorns the first page. Dr. Robinson reports a case in which a cure was not effected for three years and two months! The author, in a simple, straightforward style, tells how to handle this rather unpleasant disease, with its complications and sequela—the apparatus needed,—names and strengths of the medications, and full directions regarding the management of the cases. He discusses the abortive treatment and also preventive measures. This last point is *apropos* of the present discussion of prophylaxes among our soldiers. We bespeak a wide sale of the book.

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### ERRATUM

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IN our January issue, page 26, reviewing Dr. J. C. Wallin's book on "Subnormality," the first sentence should read: "Doctor Wallin teaches that we must make it impossible" (not *possible*) "for persons to breed who suffer from transmissible defects."

### A NATIONAL NECESSITY

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THE restrictions which are now being placed upon the people of Great Britain in regard to their food supplies and ways of living indicate the great sacrifices which they are being called upon to make in the present crisis. Even tobacco is being attacked in certain quarters as an unnecessary luxury, and there are individuals and societies who would have its use prohibited during the war and after.

Opponents of the use of tobacco are, however, receiving no support from the authorities, and this is all the more significant at a time when sugar and many other articles are being restricted. "Tobacco is a necessity, not a luxury," declares Lord Rhondda, the British Food Controller, in a statement published in London. "We must have tobacco," he says. "I believe that its loss would be a national misfortune. It means much, both to the manual laborer and to him who works with his brain. I hold that the deprivation of it would work great discomfort."

This pronouncement in favor of tobacco is important, for Lord Rhondda is a great authority, and is well known in Canada, which he has visited several times. He recently announced that the British people would be put to severe tests this year as regards food regulations, and has thoroughly investigated the vital question of what the people must have and what they can do without. He has very properly decided that tobacco belongs to the first class. It is interesting to note that he advocates its use not only from the standpoint of comfort, but also as a means of economy, for he says, "Men would eat a great deal more if they did not have tobacco."

Commenting on Lord Rhondda's statement, the *Montreal Gazette* remarks that for the soldier on war service tobacco is a veritable blessing. "All armies smoke all the tobacco they can get in whatever shape or form," says the *Gazette*. "Short food rations are forgotten in the smoke, which induces comfort under the most depressing conditions of weather or combat." To this comment it should be added that the people who stay at home need tobacco too. The cigarette is invaluable to soldier and civilian.

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### **Porter's Food**

THIS is a pure, nutritious, health-giving food, originated in 1888, at Wigston, Leicester, England. Medical men will find it of considerable therapeutic value in the treatment of infants suffering from marasmus. For children and invalids, two tablespoonfuls of the food should be mixed to the thickness of smooth cream with cold milk, put into a saucepan, adding about half a pint of milk and water and stirring until brought to a boil, when it is ready for use. It may be sweetened or flavored to taste. Invalids will recover their strength very rapidly when put upon Porter's Food. Porter's Food also makes an excellent custard when made with one tablespoonful of food, one pint of milk and one egg. The food should be mixed with a little milk to a smooth cream, beat up the egg and add to it; then add the milk, put into a saucepan and stir until brought to a boil. Porter's Food may be also used to advantage for thickening gravies and soups, and will also be found of great benefit by people suffering from nervous dyspepsia.

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### **Scholl's Anterior Metatarsal Arch Support**

THIS appliance is peculiarly shaped to fit the heads of the metatarsals, having a wide bearing point and dome-like curvatures between the first and fifth metatarsals. The plate is nearly full length from a point  $\frac{3}{8}$  inch back of the metatarso-phalangeal articulation, extending back to the heel. This arch supports both the anterior-transverse and longitudinal arches, and should not be confused with supports made solely for longitudinal arch trouble.

The use of this device will be found by physicians and surgeons to materially relieve metatarsalgia, as also that exceedingly painful cramping experienced by the patient who has a weak arch through the ball of the foot. This arch will also do away with those callosities which many people suffer from. Scholl's device once used by the patient would not be done without, on account of the prompt relief it affords.

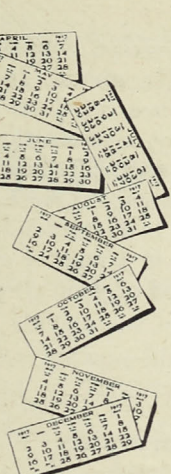
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### **The Connell Gas Oxygen Apparatus**

THE Scientific Apparatus Co., of New York, are the manufacturers of Surgical Specialties, among them being the Connell Gas Oxygen Apparatus and Anesthetometer for ether vapor anesthesia. It must be very gratifying to the firm to find that the United States Government have selected their machine for use in the United States army. Before the Government and the American Red Cross placed their orders, a number of these machines were subjected to a series of tests. The reports on these tests were made by some of the best authorities on anesthesia with the above result. The manufacturers have recently issued a booklet, "Scientific Anesthesia," containing a good deal of reading matter with descriptions of their various machines, including the War Special Model of the Connell Gas Oxygen Apparatus. A copy of this booklet will be supplied to any physician or surgeon requesting it.

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### **Thermogene Curative Wadding**

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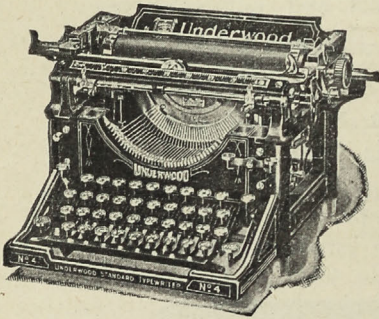
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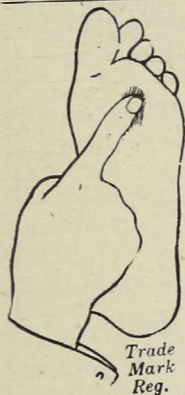
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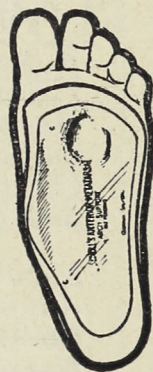
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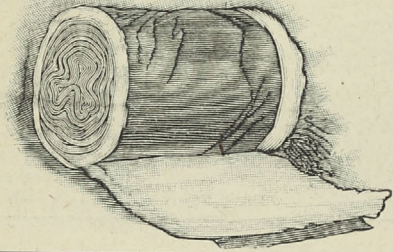
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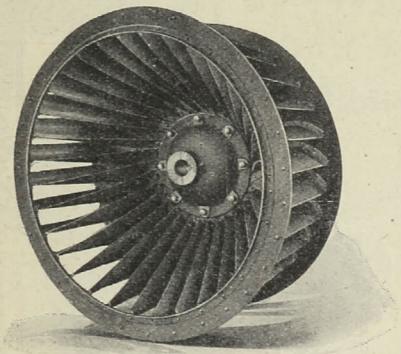
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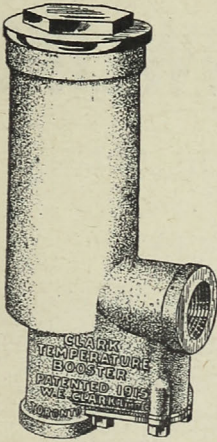
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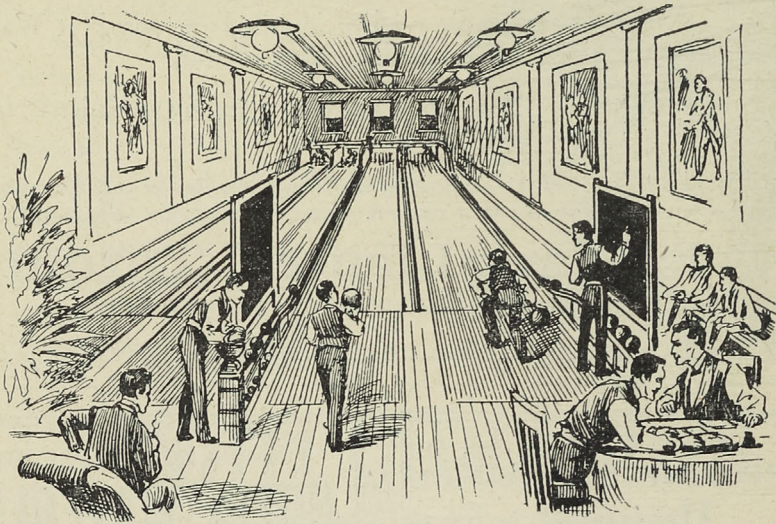
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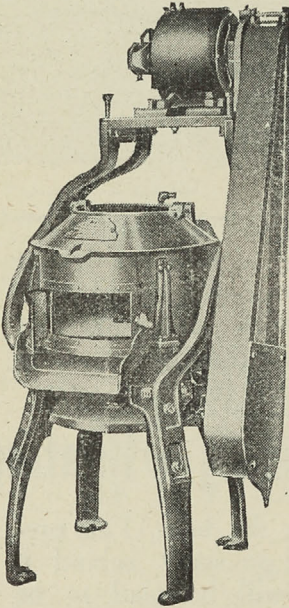
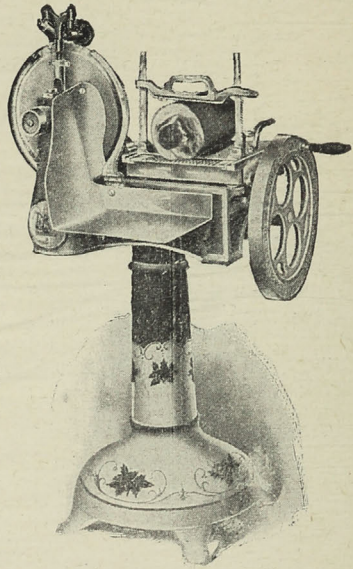
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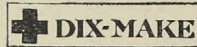
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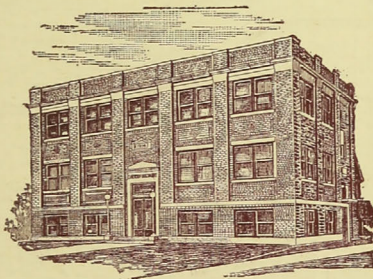
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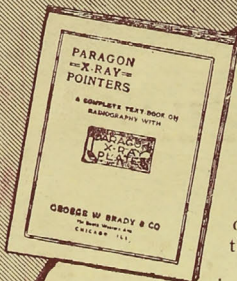
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