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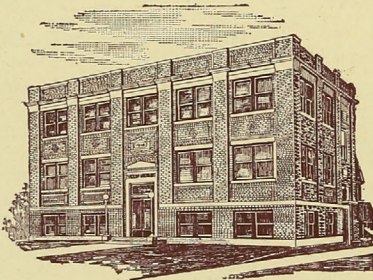
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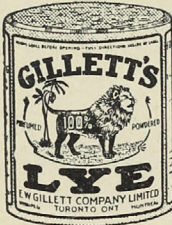
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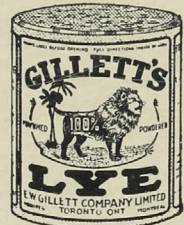
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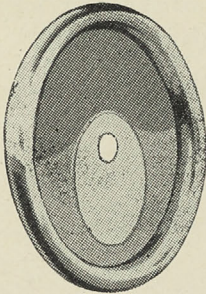
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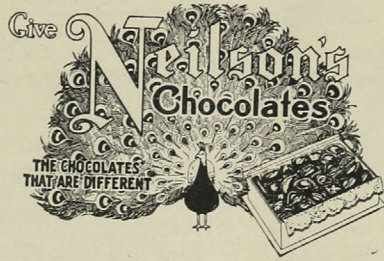
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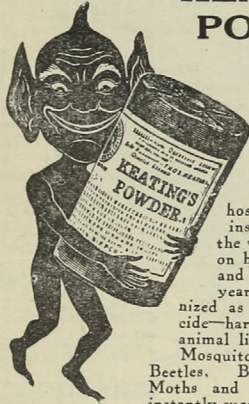
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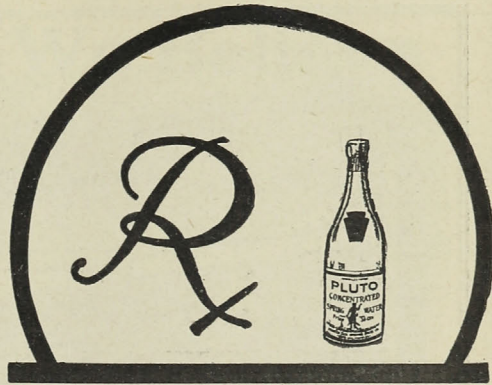
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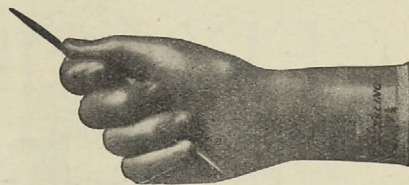
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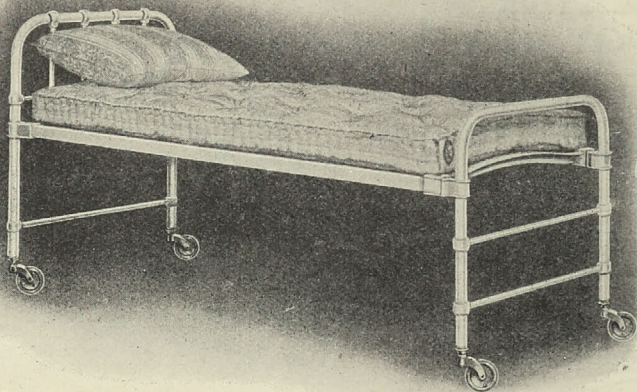
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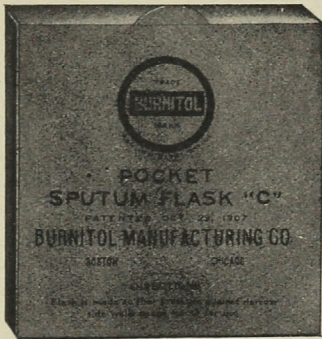
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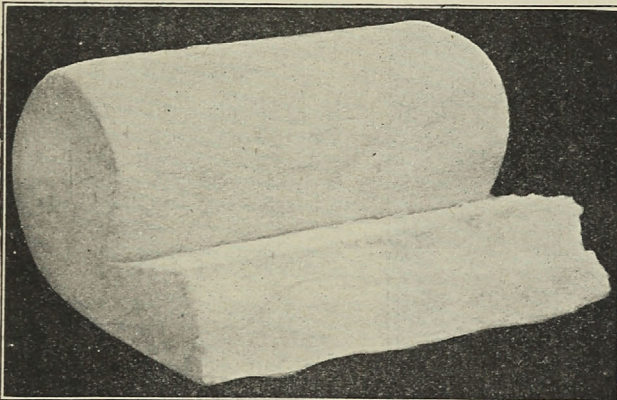
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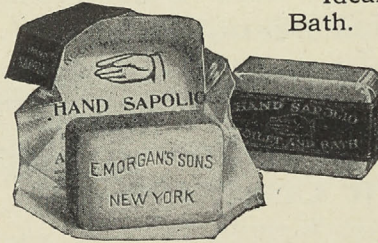
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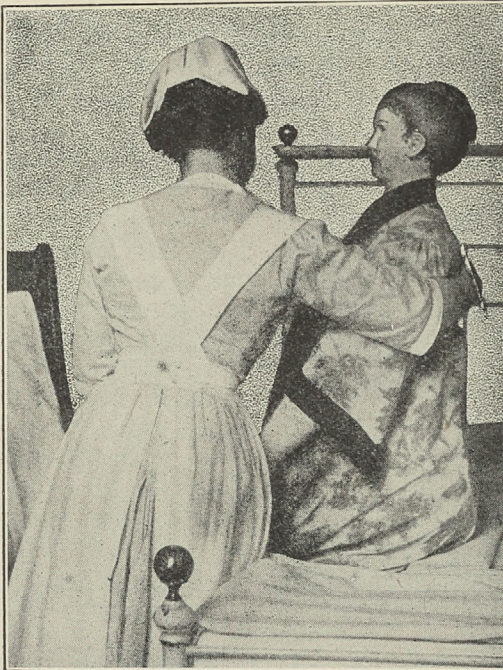
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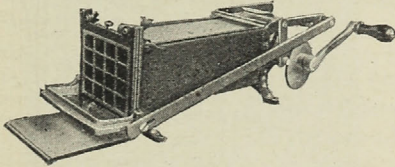


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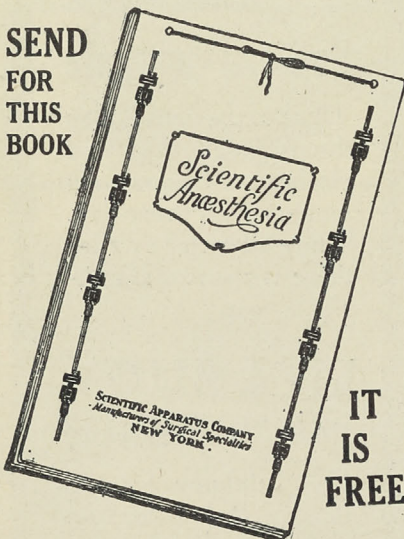
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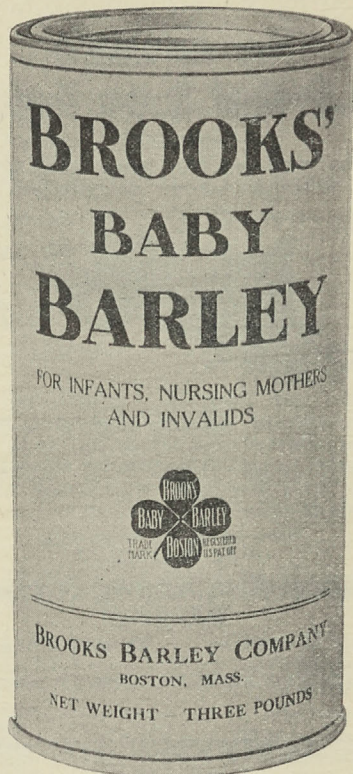
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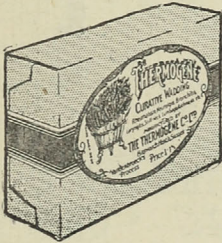
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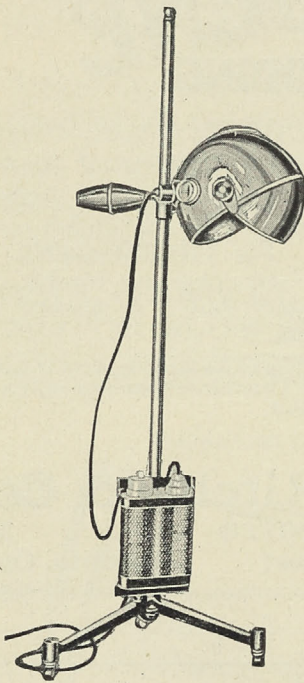
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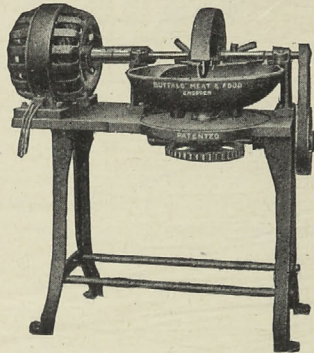
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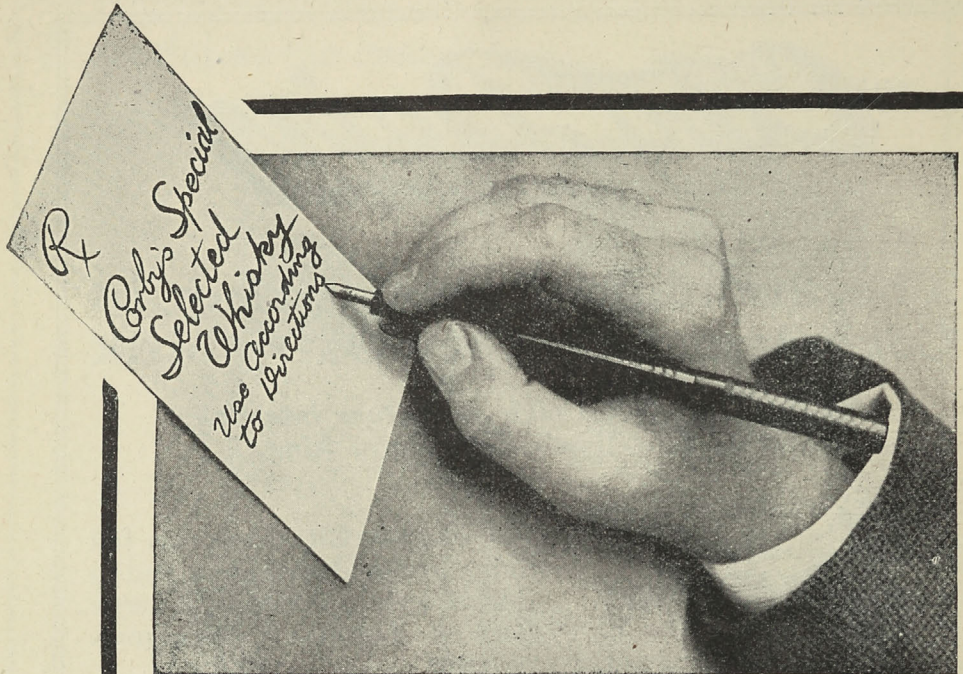
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Vol. XIV.

TORONTO, OCTOBER, 1918

No. 4

Editorial

THE PATIENTS' VIEW

READERS of Hospital, Nursing and Medical Journals get pretty well "fed up" on articles giving views of doctors and nurses about patients and their ills; and

H.W.—2

seldom have the opportunity of getting the story from the patients' standpoint. It is, therefore, with particular pleasure we are courteously allowed to produce the following refreshing letter of a young lady patient written from a well-known sanatorium to her aunt. It is needless, perhaps, to say, that the writer, in penning it, never dreamed that it would be published:

Dearest Auntie and Uncle:

Here I am spending my last day at the sanatorium—the laziest specimen that a lazy place has yet produced. I came here on the supposition that a person had but to spend a week at this miraculous place, when lo! he went forth a changed man. But it was a delusion. When I go home, I shall have to have a rest from the restfulness of sanatorium life. Hereupon I recount my experiences for the benefit of you two “stay-at-homes.”

My first experience was being ushered into the awed stillness of the head doctor's room. There I waited in fear and trembling while the white-capped attendant went in to impress the doctor—behind closed doors—the importance of the personage he was about to interview. He came forth! I looked over to see if he were a suitable person to be my father confessor, then my heart stopped a beat, and while outwardly I calmly looked him over, inwardly my joints crackled and I found time to wonder how I had ever dared to think my little affairs worthy of the consideration of so great and learned a man. A

few skilful questions with even more skilful answers—soon put him in possession of my history, and I paused, breathless, awaiting his decision. But, alas! that is not the method of treatment of poor culprits they employ here. Time for reflection of past sins is given them, also for anticipation of the penance they must perform; and then they are handed over to the tender mercies of another doctor. This time the examination is even more rigid. One makes, as it were, a clean breast of everything. Perhaps it was that I fell into the hands of a mere human being—kindly doctor—or, perhaps it was that he took pity on the poor, abject person before him—but for whatever reason, his judgment was tinged with mercy—I was merely to be beaten, drowned, and burned twice daily. Whether it is that I have the proverbial nine cat lives, strange as it may seem, I yet live to tell the tale. Indeed, I am eager, even anxious, to relate the story of “How One May Go Into a Sanatorium and Come Out Alive.” My masseuse expressed real regret that her “art” had not had the usual effect on me, while tears from the eyes of the attendant, salted my salt rub to more than its usual degree. But, auntie and uncle, there is real badness in the heart of the person who gives me leucodescent treatment. Three times per week she cheerfully burns me and then tries to patch the matter up by rubbing on a little alcohol and powder. You wouldn’t leave me to such abuse if you were here, would you?

Apart from such minor incidents I manage to have a good time. It is a never-ending theme of reflection for me as to how everyone goes round smiling, never cross, and always ready to give a helping hand. If I am to carry "Inertia" away with me, then may I also take the lessons "they" try so hard to impress upon one here.

This morning, since starting this letter, I have been to church. It was such a beautiful sermon, on the "Victorious Life"—"I in Christ and He in me." More and more as I watch the people of to-day, it is impressed upon me that that is the only thing truly worth while.

I have written you of the frivolous side of sanatorium life, but I am looking forward to enlarging upon the happy experiences of the last three weeks to you in the near future.

Canadian Hospitals

QUEEN ALEXANDRA SANATORIUM, BYRON

THE magnificent provision Canada is making for her returned disabled soldiers is splendidly illustrated in Queen Alexandra Sanatorium at Byron, five miles west of London, where new extensions to the plant were officially opened by the Duke of Devonshire.

The ceremony marked the first visit of the Duke to London since his appointment to the post of Governor-General of Canada, and was accorded a whole-hearted reception by the people. Notwithstanding the fact that he requested that his coming be attended by informal arrangements, large crowds greeted him. The vice-regal party, after luncheon at Hedley, the residence of Sir Adam Beck, proceeded by motor over a five-mile route to the Sanatorium at Byron. There he found the splendid 275-bed institution on a little plateau, overlooking the Thames, which runs close beside the sanatorium farm. Just beyond is Springbank, London's magnificent waterworks park, while from this vantage point spreads out in a landscape of rare beauty, a restful, rolling panorama.

Seven years ago Sir Adam Beck recognized the need for such an institution through which to attack the ravages of the white plague in the vicinity of his home city. The London Health Association was organized to undertake the work and after a short campaign carried on through Western Ontario, a fund of sufficient size to permit a commencement was raised.

The sanatorium farm, a beautiful fruitful stretch of 165 acres, was purchased, and the first pavilions and hospital were erected. The then Governor-General, Earl Grey, officiated at the opening and the work commenced.

Further light was shed upon the needs of the community and from time to time the scope of the activities of the London Health Association has been enlarged. A year or more

ago a children's preventorium was added, and there school boys and girls in whom the disease had been discovered by school nurses, are freed from the clutches of the plague. Meanwhile their education continues under the supervision of London Board of Education, in fresh air class-rooms.

But the return of soldiers attacked by consumption while on active service proved the greatest problem yet brought before the Health Association. The accommodation of the sanatorium buildings was over-taxed. A temporary tented colony was erected, but warning came that more men were returning to Canada.

To meet the need the Health Association sought the cooperation of the patriotic societies of all of Western Ontario, and overnight a response of the most generous character was received. Meanwhile, Sir Adam conferred with the provincial government and the Military Hospitals Commission. The result to-day is what is claimed to be the finest and best equipped institution of the kind operated under the direction of the Military Hospitals Commission in Canada.

Inspection of the "plant" at the official opening of the new extensions caused the Duke of Devonshire to speak in the most laudatory terms of the Queen Alexandra Sanatorium, and to express the hope that such measures would within fifty years stamp out the disease in Canada.

The new reception hospital, provided primarily for the soldiers, is a magnificent building. Designed for perfection of ventilation, it is equipped in a manner that surpasses other hospitals of the kind, not alone in Canada, but on the American continent. It has its pathological laboratory, its X-ray branch, its dental clinic, and an operating room.

But in the kitchen is found what interests visitors most—an electrical plant that is a marvel of advanced science. The perishable food is kept in huge cabinets maintained below freezing point by electricity. Electricity, too, cooks all meals and keeps food warm until served in specially designed warming cabinets. The dishes are washed in electric washing machines, and sterilized and dried by electricity.

Every operation of the kitchen is done electrically. Labor-saving appliances have been furnished on the most generous

scale. No ice is used. Neither is fuel needed. Hydro does both jobs.

Electricity, in fact, is applied in a manner at Byron that gives scope to Sir Adam's hydro notions. The farm is so highly electrified that it attracts farmers' delegations from all parts of the country. Recently a party came 800 miles to look the plant over. At home, they said, no one would believe that such things could be done.

Electricity milks the cows, operates the fodder choppers, fills the silos, "bucks" wood, runs the incubators, lights stables and chicken coops, boils David Harums and bran mashes for the splendid herd; electricity, too, operates the laundry, boils the water, sterilizes the clothes, runs mangles, and irons and furnishes heat and power. Without electricity, Byron sanatorium would, indeed, be a very different institution.

Now hydro is being applied in the new vocational training and recreation building. There six class rooms have been fitted up and all sorts of wood and iron working machinery have been installed. On the second floor of that building is an auditorium with a seating capacity of 350, and a magnificent gymnasium.

A new nurses' home has, too, been provided. There are twenty private rooms for the ladies of the staff, and another auditorium for their amusement.

Originally the investment at Byron was \$180,000. To-day—well, the amount has been multiplied. But there is no "plaster" on the establishment, and as each extension is made it is paid for in cash. Thus a great work is being carried on to a noble and successful end, and no financial burdens are being left for the inheritance of those who will manage Byron Sanatorium in years to come.

NURSES in Manitoba, Alberta, Saskatchewan and Ontario are authorized by law to affix the letters R.N. after their name, providing they have been trained and graduated from an authorized hospital, and have passed the examinations deemed necessary by the Council which passed the Act.

NEW CENTRAL ONTARIO HOSPITAL ASSOCIATION

At a meeting of representatives from the Hospital Boards of Oshawa, Bowmanville, Port Hope, Belleville, held in the County Council Chamber at Cobourg, a hospital association was organized, one of the objects being to put all the hospitals in this district on an equal basis so far as charges, salaries, etc., are concerned. A resolution was carried that an organization be formed to be known as the Central Ontario Hospital Association. It was also decided to ask Lindsay and Peterborough to join the Association. Mr. J. D. Hayden, President of the Cobourg Hospital Board, was unanimously elected President of the new organization, and Dr. Henry, of Oshawa, was elected secretary. The representatives of the different hospital boards present told how their organizations carried on the work. A visit was made to the Cobourg Hospital after the meeting, where tea was served by the Superintendent, Miss Walsh, and a social hour spent.

THE new Canadian Hospital at Joinville le Pont has now been completed. A gift from the Canadian people through the Canadian Red Cross, it has been planned and equipped with everything that medical science demands, and will be administered by Canadian doctors of tried experience. It will be in command of Colonel G. E. Beauchamp, of Montreal, a chevalier of the Legion d'Honneur, assisted by Lt.-Col. J. P. Decarie, chief physician, and Lt.-Col. Z. Rheaume, chief surgical officer. The new hospital contains five hundred and twenty beds, but the capacity can be further extended under canvas if the demands of the wounded require it. It is situated in a healthy and picturesque spot, on the beautiful Plateau de Gravelle, within the environs of Paris.

Six nurses have been appointed to the nursing staff of the Department of Health, Toronto. They are Miss Grace MacIntosh, Mrs. Mary McConnell, Miss E. Long, Miss E. Anderson, Miss I. McLeod, and Miss Blanche McLeod.

DONATIONS to the Calgary Hospitals were trebled the second year after the city began to elect fifty per cent. of the hospital trustees, and again trebled the third year. The financial reports of the Hospital Board show that donations of \$317 were received in 1914, \$1,035.35 in 1915, and \$3,480 in 1916. This is an encouraging indication that there is no falling off in the popularity of hospitals as a result of increased public control.

TENDERS are being called for alterations and additions to the power plant at the Provincial Tuberculosis Sanatorium, Fort Qu'Appelle. The improvements are expected to cost about \$25,000, and will include extra water mains, extra electrical equipment, which include a new boiler, two steam engines, pole lines and a new system of water lines for fire protection.

A FEW weeks ago word was received at Chatham, Ont., of the death in California of Miss Belle Johnston, who was the first superintendent of the Public General Hospital at Chatham, and who held that position for some years, moving to California about ten years ago.

DR. C. R. DICKSON, of Toronto, who recently vacated his Bloor Street residence, has received the appointment of General Secretary to the Canadian National Institute for the Blind. The Canadian National Institute was recently incorporated for the purpose of advancing the interests of the blind throughout the Dominion by the establishment of industrial training and work shops, home teaching and after-care of the adult blind. It is understood that propaganda will be set on foot for the prevention of blindness and to create an interest in the care and preservation of sight generally.

War Hospitals

KINGSTON'S FIRST HOSPITAL TRAIN

KINGSTON'S first hospital special left on August 29th, at noon, introducing the new system of despatching invalid soldiers to their homes, instead of the old system of keeping them in the hospital they were placed in on returning from overseas until they were able to travel home alone.

This new phase is a direct result of the taking over of the convalescent homes and sanatoria by the Invalided Soldiers' Commission.

On the first train there were twelve patients from the Mowat Hospital, thirteen from Queen's Hospital and eight from the Cobourg Hospital. The train was in charge of Capt. Dr. McKay of the Mowat Hospital and Sister Leitch, also from the latter institution, who will be assisted by thirteen orderlies. Every possible arrangement has been made for comfort. Twelve of the party were cot cases. There was the ward car, a standard Pullman and tourist coach, and the train went via Toronto. Stops were made at Winnipeg, Regina, Calgary and Vancouver.

CANADIAN hospital accommodation in London, Eng., was recently extended by the acquisition of Hotel Petrograd, North Audley Street. This hotel is situated in the fashionable west-end of London, is a modern building, and well suited for hospital requirements.

CAPT. D. E. STANTON WISHART, C.A.M.C., has been gazetted to the staff of No. 4 Canadian General Hospital, Basingstoke, after completing three years with the R.A.M.C. in the near East.

Society Proceedings

No. 1 CANADIAN GENERAL HOSPITAL CLINICAL SOCIETY

MEETING JANUARY 3rd, 1918.

PRESENT the following officers: Colonel Simpson, President; Lieut.-Col. Gunn, Majors Gwyn and Harrison; Captains MacDermot, Baragar, Beech, Connolly, Forsyth, Fraser, Kenny, Lauchland, Logie, Mackay, McMurrich, Moffatt, More, Wade; three visitors.

Specimens from Autopsy. Presented by Captain Baragar.

1. A larynx and trachea showing a large amount of yellowish white membrane, desquamating in places, and extending from the tip of the epiglottis to the bifurcation of the trachea. Underneath, the mucous membrane is seen to be rather deeply injected. The membrane is only fairly adherent.

The specimen is from a surgical case. The patient complained of his throat for several days before death by sepsis. Strangely enough a culture from the wound a few days before death showed an organism resembling bacillus diphtheriæ, attained by Neisser method, though a culture from the membrane itself was negative for this organism, and showed only streptococci and staphylococci.

2. Liver from a case with the following history: Patient wounded on November 27th, and died on December 28th. There were severe infected wounds, and left leg was amputated. At post mortem a septic infarct was found at the base of the left lung, and the lung was covered with exudate. It is well seen in the specimen shown. In the epigastrium was found a very small healed wound, which never had caused trouble. This was found to pass through the insertion of the left rectus muscle and enter the liver. The wound in the liver was well closed by

organized exudate, but on stripping this off, pus welled out, and a septic track about six inches long was found in the right lobe. It contained about one ounce of pus and a small metallic F. B. was lodged at the end of the track. This was all very well shown in the specimen.

Eye Case. Type of Iritis. Demonstrated by Captain Fraser.

Captain Fraser stated that the case was particularly interesting because it was so characteristic. There was a history of the man having had gonorrhoea sixteen years ago, and he has had six relapses since. He now has slight pale discharges in the morning. His present attack of eye trouble began about three weeks ago. The eye became very red, and it has gradually increased in severity to its present condition. The man had rheumatism while at the front, and a year ago fell on his knee, which swelled up in consequence. He was sent to hospital, and remained there some weeks. He now has occasional attacks of synovitis. Colonel Simpson spoke briefly, and asked what features were present which had resulted in the case being determined as one of gonorrhoeal iritis; and if there was any difference between the iritis seen in this case and that of a rheumatic condition.

Captain Fraser, in reply, stated that while in London, he had been brought into contact with a series of such cases, and his experience left no doubt as to the character of the present case. It had been found that an exudate in the anterior chamber, like the case before us, is not common. Paracentesis had determined the presence of fluid; seventy per cent, of the cases had gonorrhoea. In no case in which there was exudate in the anterior chamber were we unable to demonstrate gonococcus or gonorrhoeal history. There was no exudate in tuberculosis, and usually nodules could be seen at the periphery of the iris. There was also likely to be some corneal affection.

In reply to a question by Colonel Gunn as to treatment, Captain Fraser stated that if the patient does as well as expected, there will be a great change in a week's time. The exudate will disappear. Atropine was being given now in large doses.

Case of Skin Disease. Lupus? Demonstrated by Captain Kenny.

Captain Kenny drew attention to the violet-colored groundwork, with masses in various parts. These are nodular and characteristic. The history of the case dates back to 1902, and has been continuous since that time. There is a doubt as to whether it is a case of lupus. The report of the skin removed from the case would be given at the next meeting.

Captain Kenny instanced an interesting case which had passed through No. 24 General Hospital. Excision had been made at the C. C. S., and there was growth when the patient was admitted. He also had periostitis. Excised portions from periosteum and from scalp resulted in report from pathologist that it was tuberculous.

Major Gwyn discussed the case.

Captain Moffat asked what the nature of the discharge was, and if actinomycosis had been found. The nodules and the length of time in which it had been going on prompted this question.

Case of Malignant Disease of Stomach or Small Intestine.
Demonstrated by Captain Baragar.

Captain Baragar gave an outline of the history of this case. Patient was admitted on December 23rd, 1917. He had been attached to the anti-aircraft section. On admission he complained of weakness, pain in the back, in the neck, and across the shoulders; loss of weight. Note made at the C. C. S. to the same effect. He had entered the latter in a collapsed condition, and required immediate treatment. The first trouble noticed was eight years ago, when pain developed; after that, vomiting, which came on at intervals of about a month. The attacks gradually increased, but the patient felt fairly well in between times. The vomiting usually occurred after meals. The next symptom was loss of appetite, and for the last year this has continued. He has had a tendency to constipation; has passed blood by the bowel, and after a dose of salts it was quite red. Notes made at C. C. S. said that the same color was in the vomit. When he came into the hospital, the first thing

noticed was the paleness of skin and mucous membrane, great weakness and loss of flesh. Lungs were negative. Heart showed slight murmur at the apex. A test breakfast was given, and the stomach pumped about one and a half hours later. It seemed normal except for some mucus, and contained .35 per cent. of hydrochloric acid. A second breakfast given and stomach pumped about three-quarters of an hour later, showed a small amount of mucus. Yesterday morning the stomach was inflated. The position as shown is normal, and well up in the epigastrium. Dilation caused no particular discomfort. The stomach was washed out, and almost a quart of water put in. Urine was negative; stool reacted strongly for blood. Blood examination showed: Hemoglobin, 20 per cent.; R. B. C., 1,550,000; W. B. C., 7,600. Not very much change in the differential. Another blood count showed a slight increase in the number of reds. Hemoglobin about 25 per cent. Patient is now feeling very well.

Major Gwyn, in discussing the case, said that it was one that presented some distinctly unusual features. The most striking thing was the man's extreme degree of anemia, and it is undoubtedly a secondary anemia of a very marked degree. The history of the case is very suggestive of cancer or a chronic ulcer. The absence of pain or presence of hydrochloric acid should not influence one in arriving at diagnosis. At one time, since the patient's stay here, he had a very distinct mass which could be felt. The disappearance of the mass is the commonest possible feature in gastric-neoplasms. He had very little doubt that there is a mass of some sort situated in the stomach, but the point is whether that is a carcinoma or whether it is a mass of scar tissue lying in the stomach wall. It is not an uncommon thing in the old scarring ulcer cases to have a very distinctly palpable mass; a mass which might give all the suggestions of carcinoma. Nothing was found in the examination of the glands. The glandular condition is always interesting, and no case of neoplasm of the stomach or abdomen had been completely examined unless the supraclavicular glands had been looked into.

Case of Chronic Pneumonia following Lobar-Pneumonia.
Demonstrated by Captain Baragar.

The patient was admitted on December 10th, complaining of pain in the right side of chest, shortness of breath, weakness, some cough, and slight expectoration.

The onset had been on November 23rd or 24th, with shortness of breath and pain in the side. The C. C. S. notes on November 27th report a dry friction on the right side, solid lung around the right nipple, tubular breathing over right lung, and later the whole lung became solid. The patient ran a continuous temperature to 102° and 103° until the 30th. This subsided by lysis, reaching normal in about eight days' time. He had had an attack of pleurisy when nine years of age, and an attack of jaundice some years ago, but had otherwise been fairly healthy. On admission to this hospital he was visibly dyspneic, weak, and somewhat emaciated. On examination, the right side of his chest was found to be much shrunken, and showed marked diminution of expansion, and impairment of resonance, the note being almost flat posteriorly, at the apex in front, and in the axilla. The area from midway between the nipple and the anterior axillary fold to the sternum, and the base in front is more resonant, but the vocal fremitus is increased over that side. On auscultation, the normal vesicular murmur was almost absent throughout. There is amphoric breathing at the apex of the axilla. At the base there were a few crepitations, and also in the axilla. The left lung showed some loss of resonance at the apex, and a few crepitations. The apex beat is little, if at all, displaced. The blood count is not far from normal. White blood cells, 9,800; red blood cells, 4,800,000; hemoglobin, 80 per cent. The differential count shows a slight rise in the lymphocytes, 41 per cent. The urine shows a trace of albumen. The X-ray is very interesting, bearing out the clinical findings very well, showing, as it does, a narrowing of the chest on the right side, a high diaphragm, and a markedly increased density of the right lung, especially at the apex and the outer half. Weakness is now rapidly decreasing, and the symptoms have practically cleared up.

Captain Moffat, in discussing the case, said that the history as given suggested rather forcibly one of two things; either that the case was one of delayed resolution, or there has been some previous tubercular trouble. Lacking further history, there seems to be delayed resolution of pneumonia. Such cases are quite common. The chart is rather suggestive, it having taken ten days to reach normal. The X-ray picture on the other hand rather points to the fact of some previous lung trouble, as also would the fact that there is a collapse; that there is still considerable consolidation towards the wall; and that the man is evidently below par.

Major Gwyn discussed the points brought out by Captain Moffat. The most striking feature of the man as first seen, was the apparently rapid contraction of the chest.

MEETING JANUARY 10TH, 1918.

Present the following officers: Colonel Simpson, President; Lt.-Col. Gunn; Majors Gwyn, Harrison, Ower, Ruttan, MacDermot; Captains Baragar, Bunn, Forsyth, Fraser, Howes, Inglis, Kenny, Lauchland, Logie, MacKay, McAskill, Moffatt, Swan, Wade, Wark, and a number of visitors, including Sir John Rose Bradford, consulting physician, Etaples.

Programme.

Case No. 1. Pathological Specimens. Lungs from case of acute purulent bronchitis. Demonstrated by Major Ower.

Captain McAskill gave an outline of the case from which the specimens were taken.

Case No. 2. Case presenting symptom-complex of Banti's disease. Demonstrated by Captain Logie.

The family history as read showed nothing of importance. In the physical examination it was noticed that the mucous membrane was of a pale color, and the skin dirty white. The patient was running a slight intermittent fever. The pharynx was unusually clear. There was definite swelling of the abdomen in the left upper half, the notch of which can be felt, and there is a prominent boss towards the epigastrium. No heart murmur. Analysis of the urine shows well marked

nephritis; examination of blood showed well marked secondary anemia. Red blood cells, 3,200,000; white blood cells about 5,000; hemoglobin 60 per cent. Differential count normal.

A second examination made to-day, together with urinalysis, confirms the condition found in the first examination. Wassermann test was positive, but there was no history to suggest a venereal condition.

Sir John Rose Bradford, in discussing the case, stated that he thought, from the information given by Captain Logie, that probably it was one of Banti's disease. The blood was typical of the disorder. A point brought out in the course of Sir John's remarks was, that there is a small group of cases seen in France resembling distantly this patient, accompanied by enlargement of the spleen, profound illness lasting several months, and in many cases followed by complete return to health, and disappearance of the splenic tumor. Superficially the cases approached one of the stages of what is known as Banti's disease.

Case No. 3. Surgical Cases. Major Harrison, Captain Lauchland.

(a) Captain Lauchland presented a case of osteomyelitis (chronic), showing bony changes by X-ray. Patient was quite able to walk.

(b) Major Harrison stated that his purpose in presenting his cases, was with a view to bringing to notice the subject of I. C. T.'s, and of showing that it is a matter of greater interest than is generally shown. He mentioned that there is a wastage of man power caused by the way in which cases were usually treated, which permits of men being kept in hospital for some time; whereas if better attention and treatment were given, the patients would be enabled to return to the line in a much shorter time.

Major Harrison named six different kinds of these cases. Colonel Simpson, Colonel Gunn, Major Gwyn and Captain Kenny discussed the cases.

An interesting case of atrophy and spastic condition of the leg presenting difficulties in diagnosis, was presented for diagnosis by Captain Richmond.

The meeting then closed.

BRITISH MINISTRY OF HEALTH

At the recent meeting of the British Hospitals Association the above subject was discussed.

Lord Knutsford said he thought it might be helpful if he were to tell the meeting what was the proposal which the Government had practically undertaken to incorporate into a Bill to provide for a Ministry of Health. A Local Government Committee had made a report to the Minister of Reconstruction, and the lines were suggested on which the Bill should be drawn. The scheme included a provision for all Boards of Guardians to be abolished, and all the rate-paid work which those bodies did, their work for the sick poor (including lunatics), handed over to the County Councils or Borough Councils. The voluntary hospitals were not referred to: they were left as at present. The voluntary hospitals would be asked to enter into contractual arrangements with the Public Health Authority. Where the Borough or County Council could not provide out of the rates what a patient wanted, they would enter into contracts with voluntary hospitals to supply them, a practice at present carried out in regard to cases of ringworm, adenoids, aural disease, and eye troubles. However proud any of those present might be of the voluntary hospitals, they could not contend that they were really meeting the needs of the nation, but people were treated in them when they got serious illnesses. They were not following up that treatment into the patients' homes: there was not the needed continuity of treatment. And the cost of what the hospitals did fell on the few, not on the many; moreover, the revenue of hospitals was always too fitful. Neither would the hospitals meet the needs of the nation in the future, but they would be able to supply what the ratepayers never would supply. The real need for voluntary hospitals would thus be clearly seen: they had invention, they had initiation, ability, and willingness to lavish money on a new invention which gave promise of benefit. If, for instance, someone were to discover a new lamp for the treatment of lupus, it would at once be adopted by a voluntary hospital and tried. But one would not be able to get

people elected by the ratepayers to try anything new: they would feel themselves bound by statute, and by the demand that no experimentation should be carried out with ratepayers' money. Even if voluntary hospitals were to be taken over by the State, someone would soon start a special hospital for something or other, and it would be followed by others. As a matter of fact, there would never be an end of voluntary effort. He felt sure there would be no attempt, in the new Bill, to interfere with voluntary hospitals. He hoped, therefore, there would be no pig-headed opposition to a Bill which was going to try to adequately treat the health of the whole nation: let this Association give the Government in this matter all the loyal assistance it could, by its skill, its knowledge, and its inventions. If, in return for hospitals entering into contracts with County Councils, a certain amount of representation was asked for, do not let them be frightened and regard it as State control. Had any of his hearers found that interference meant control? He had never done so: he was only too thankful when people would interfere if they thought they could do the work better than one could do it one's self—and that was quite easy. Therefore he urged the representatives of voluntary hospitals to welcome this Bill, and to do all they could to help it forward.

THE CARE OF THE TUBERCULOUS

A CONFERENCE of medical superintendents of sanatoria, caring for tuberculous soldiers in Canada, was held under the auspices of the Invalided Soldiers' Commission at the King Edward Hotel, Toronto, as one feature of the Canadian Medical Week which brought over a thousand representatives of the medical profession together at Toronto and Hamilton for the week of May 27th to June 1st.

Lieut.-Col. F. McKelvey Bell, Director of Medical Services of the Invalided Soldiers' Commission, presided and superintendents of nearly every sanatorium where the Invalided Soldiers' Commission has its patients were in attendance.

Other members of the staff of the Commission were present to advise the medical officers in regard to the new conditions which came into effect with the changes in procedure which followed the creation of the Department of Soldiers' Civil Re-Establishment.

The day's discussion was taken up almost entirely with the problems arising from the circumstance of the Commission's patients being changed from military to civil status. Lieut.-Col. Bell explained fully the method of organization which had been adopted, and Major Arthur, D.S.O., the Commission's Commandant, outlined the system of discipline and the functions of the commandant's staff in the sanatoria. After much discussion the superintendents passed a resolution that the arrangements as outlined by the Commandant of the Invalided Soldiers' Commission for dealing with discipline, records, pay and allowances, clothing issues, as regards men discharged to the Invalided Soldiers' Commission for treatment in sanatoria of this Department, were endorsed by this conference.

Prior to the passing of this resolution the question of the incorrigible was that around which most of the discussion waged.

CINCINNATI GENERAL HOSPITAL

THE Cincinnati General Hospital, one of the finest institutions on the Continent (thanks to the indefatigable efforts of Dr. Christian Holmes), has closely affiliated with the Cincinnati University. A splendid medical school has been built on the hospital grounds, the expenses of which will be fathered by the University. The Hospital will be supported by the city. Through a Board of Commissioners the management of both institutions will be elevated above the plane of party politics. The citizens of Cincinnati—some of them—grumble about the cost of their big hospital, but they are getting something to be proud of for their money.

Selected Articles

AN OFFICIAL HOSPITAL CREED

THE managing officer of the Kankakee State Hospital, Dr. Eugene Cohn, has adopted an official institutional creed for the guidance of employees.

This creed, a copy of which is presented to each employee on entering the service, has attracted much notice. It has been published in *Modern Hospital*, and the Manhattan State Hospital in New York City, the largest hospital for insane in this country, recently wrote for permission to adopt it as the creed of that institution.

The creed is original and very much out of the ordinary, and as such is worthy of publicity. It can not help having a good influence on the new employee, because it presents the seriousness of his new work in striking and gripping style.

This creed reads as follows:

OUR INSTITUTION CREED.

When you became an employee of the Kankakee State Hospital, you became a member of our official family. We feel that our family is respectable, loyal, and efficient, and we trust that you will be likewise. We consider you as such in every way unless you are proven otherwise. We have confidence in you and expect that you will be worthy.

The management of this institution will be fair to you, therefore be fair to it.

Our institution is like a great machine, made up of many parts. We are each of us one of the parts. Just as a machine is not apt to run smoothly when any of its parts are out of commission, just so our institution's efficiency is apt to suffer when any of its employees fall below the proper standard.

We believe that the best guide for the proper performance of our duty is our conscience. An employee whose conscience cannot be appealed to is not worth having.

Our positions constitute a real trust imposed by the people of the State, and we should prove by the quality of our service that we are worthy of such trust.

We should not do, either within or without the institution, anything which may cast a reflection upon the good name of our official family. The misconduct, carelessness, and mistakes of any one of us are apt to reflect unfavorably on all.

We strictly believe in temperance. We believe that drunkenness on the part of an employee at any time or any place is a serious offence, and will not be tolerated under any circumstances. A drunken man is irresponsible and untrustworthy.

Our patients are the unfortunate brothers and sisters, husbands and wives, sons and daughters of our fellow citizens of Illinois, and are just as dear to their kin as our own are to each of us. Therefore, never mistreat a patient either by word or deed. Unkind words often hurt more than blows. It is just as easy to use kindly words as unkindly ones. To our unfortunate charges kind words mean a great deal. There can be nothing more wicked than deliberately adding more pain to the life of any one who is helpless and has already sufficient sorrows. Treat them as you would like to be treated yourself under like conditions.

We are entrusted with the taxpayers' money and we have no right to waste any part of it. The most careful economy, consistent with efficiency, must be observed in every department. If anything, we should watch over the property of the State even more carefully than we would over our own.

There are many ways in which we can assist in saving money. Hundreds of dollars' worth of wearing apparel, furniture, and other things too numerous to mention are destroyed each year by patients, which might have been prevented by the watchful care of the employee. All departments, but especially our mechanical divisions, should be in every way careful that no new material is used when old material might do as well.

Let us be fair to our official superiors and to our fellow-employees. Do not be a "knocker," be a "booster." Whenever we "knock" the institution that furnishes us our bread and butter we "knock" ourselves, because we are part of that institution.

Let us speak kindly of all. Our institution is not big enough to hold the slanderer or the gossiper. Whoever tries by malicious means to injure another will find no place here. It is expected, however, and demanded, that all matters of importance reflecting upon the good of the service and substantiated by proper proof be reported to the authorities.

The managing officer of this institution is your friend, but is not willing to purchase the friendship of any one by being a "good fellow," if by so doing he has to neglect his own duty in the protection of the interests of the State. The only "pull" that holds good is faithful and efficient service.

When you play, play hard. When you work, don't play at all. There are hours set aside for both.

Honesty is always the best policy. We have no more right to unlawfully take things from the State than from a private individual. In case of distress or need in the family, appeal to the managing officer and he may possibly find means of assistance. Do not sacrifice self-respect for the sake of ill-gotten gains.

Proper discipline is essential in order to produce good results. We must be obedient to the requests of our official superiors. We must be like soldiers in carrying out orders. When we think injustice has been done we have the right to appeal, but we should appeal only after obeying.

In an institution of this kind cleanliness is surely next to godliness. Nothing is clean enough that can be made cleaner. We cannot tolerate, either inside or outside of wards and buildings, anything which is not sanitary. Uncleanliness means disease and we must prevent disease.

If we observe all these suggestions we will get along nicely and give satisfaction to the service. We then will be good citizens, as well as good employees, and a credit to our State.—
The Institution Quarterly.

HOME OR HOSPITAL TREATMENT

UNDER existing conditions probably only ten per cent. of the sick receive treatment in hospitals. The advantages of hospital treatment are not to be denied providing one is fortunate enough to be accommodated in a modern, thoroughly equipped, up-to-date hospital. The opportunities for receiving medical and nursing care by night and by day as well as having available the benefits of laboratory facilities and special appliances, must appeal to every one. Brannan, *New York Medical Journal*, January 5, 1918, calls attention to the benefits accruing from hospital treatment in medical, surgical and maternity cases because of the special facilities afforded. The distinct advantages of hospital treatment are thoughtfully enumerated but the only striking argument in favor of home treatment that he presents is the sentimental question which arises from the inborn love of home. As a result he makes an especial appeal that patients should be treated with kindness and consideration so that they may feel that the hospital is their home for the time being.

A large measure of Dr. Brannan's appeal for hospital treatment is based upon experience with large municipal hospitals devoted to the care of the sick poor. For such, the hospital possesses more advantages than the home, although it is doubtful if better results cannot be secured in the treatment of children at home than in a large, well-disciplined institution where the affections are never so prominently displayed as to interfere with the coldness of scientific medicine. The number of hospitals fully prepared to give adequate medical and surgical service is not exceedingly large and the shortcomings of the average hospitals are not known to the profession.

For the poor, hospitals provide everything that may be required, including frequent consultations at minimum cost, or gratis. What is to be said with reference to hospital treatment for the great middle class who are willing to and desirous of paying for all that they receive? The cost of private rooms, the additional charges for nursing, the special fees for laboratory and X-ray work, the added expenditure for consultations,

too often make hospital treatment at times a greater health liability than a health asset for the family. The ward is not a substitute for the home when the patient is a self-respecting, cultured individual who desires a home atmosphere. The high cost of private rooms and the accessories involved in the care of those actually ill place a financial burden upon the family which in turn may result in lowering the health standards of those who hitherto have been perfectly well. Home nursing, under intelligent supervision, will be productive of equally favorable results in a large proportion of illnesses, particularly if a visiting nurse can attend to the patient daily.

Hospital infections and cross infections must be recognized; carelessness and inattention, as well as unintentional neglect are not uncommon, despite every effort to prevent such unfortunate conditions. Beds, for the sufferers from chronic diseases, are lacking in number. Contagious diseases are hospitalized in the interest of the public rather than out of consideration for the individual victim.

Home hospitals and private hospitals indicate that the possibilities of treatment outside of highly organized institutions are most excellent, providing, of course, that unsuspected complications, demanding special treatment or apparatus, do not arise.

It is difficult to establish a single line of action that will apply to all medical and surgical conditions. If a thorough hospital system were available, combining medical science with social understandings, and awake to public and family needs; if there were a broad plan of organization involving convalescent homes, special institutions for particular types of patients; if there were developed philanthropic attachments to palliate financial and social difficulties, hospital treatment would appear to be worthy of becoming universal and possibly mandatory. But this is a practical age and there are not facts enough to warrant the above hypothesis.

Home treatment for years must play an important part in restoring and conserving the afflicted masses. It becomes, therefore, of more than passing interest to develop means for teaching nursing in the home, for spreading knowledge of the care of the sick, and for increasing the nursing resources of

communities. The visiting nurse is a growing factor in bridging over the gap between home treatment and hospital treatment.

The need for such an agency was never greater than at the present time when our modern hospitals are being partially disorganized because of military necessities or are being prepared for transference to the national government for distinctly national work. In all probability, if the war continues for a long period of time, hospital facilities for the civilian population will be greatly reduced and the vaunted advantages of such hospitals necessarily will require the best available substitute. This will probably be found in the expansion of district nursing in the home combined with a freer use of the diagnostic equipment to be found in well-organized dispensaries.

Hospital treatment and home treatment are both necessary but most essential of all is the combination of the two in a systematic linking up of home and hospital treatment through social service nurses and visiting nurses understanding the science of hospital nursing and the art of home making.—*American Medicine.*

THE WAR AND ITS EFFECT ON HOSPITAL CONSTRUCTION

For several years the Illinois State charity service has been advocating one story construction for buildings to house the mentally sick. Many such buildings have been erected at the various State hospitals and good results have been had in each case. So good indeed have been the results that one story buildings may be said to be established policy in this State.

It is interesting in this connection to note that the war has forced upon the builders of general hospitals the idea of the one story structure.

The *Hospital World*, a Canadian publication, has an editorial on this subject. It recalls the fact that during and after the Napoleonic wars, one story barrack construction for hospitals was regarded as the only satisfactory plan. Later.

however, the builders began to go skyward. The present war has brought them back to the ground.

The editorial is so interesting we take the liberty of publishing it in full as follows:

The Napoleonic wars and the Crimean war gave the first great impetus to modern hospital construction.

Out of them grew the simply and quickly constructed, one-storied segregated barrack pavilion with the simplest form of heating and lighting; natural ventilation; a central kitchen; a simple, natural method of refuse disposal and provision for the nursing and medical staffs.

Out of these the modern hospitals were evolved. But what happened. Alas, too often the spread out pavilions in the open country—where the air was pure, the sunlight abundant, the environment still (except for the therapeutic notes of singing thrush and lowing kine and soughing pine)—were transmuted into ugly block buildings in crowded, metropolitan centres, where the clangour and jangle and racket of vehicles of all descriptions break discordantly on the hearing; where the atmosphere is laden with dust containing microbes and spores of all varieties, and the superheated air from the pavements, in midsummer, envelop the hospital, rendering it an oven, where elaborate apparatus have been installed for the purpose of purifying the air, warming it or cooling it, pumping it to the patient and sucking it away from him by machinery.

Now, it seems, another war is necessary to teach us where hospitals should be built, how to construct them, how equip and how manage them. Again, after the lapse of years, we have the one-storeyed pavilions, built in the country—a sort of back-to-nature movement. It is hoped this great exemplification of hospital building will not be lost sight of by people in civil life who are contemplating the construction of a place for the healing of the sick.—*The Institution Quarterly.*

Personals

CAPT. JOHN NELSON HUMPHREY, R.A.M.C., a well-known young Toronto doctor, has been awarded the Military Cross and bar, according to word received by his aunt, Mrs. William Elliott, of Toronto.

As bearer officer in the left sector he repeatedly led his men up to the front line under heavy shell fire. When the normal line of evacuation was broken he carried out a reconnaissance in full view of the enemy and established a new means of communication, himself assisting to remove a tree lying across a road which was being heavily shelled.

By his courage and resource, Capt. Humphrey contributed largely to the rapid evacuation of the wounded. He undoubtedly saved many lives.

Capt. Humphrey is a son of Thos. Humphrey, of Tara, Ont. He is a graduate of Toronto University, and was house surgeon in the Toronto General Hospital, also head doctor in the Wellesley Hospital prior to his enlistment three years ago last April. Capt. Humphrey has seen service in Saloniki, Malta, Egypt, France, and Port Said, where he had complete charge of a hospital. He returned home on three weeks' leave some months ago, but since his return he has been on the Italian front.

THE following appointments and changes in staff were announced recently at military headquarters: Capt. Thomas Morrison, C.A.M.C., A.D.M.S., Niagara Camp, promoted to rank of Major; Lt. Arthur Joseph Moody, C.A.M.C., Niagara Camp, promoted to the rank of Captain.

MAJ. GOODWILL, who has been officer in command of Cobourg Military Hospital, has been, we understand, transferred to St. John, N.B., as D.A.D.M.S. of Military District No. 5.

DR. WRIGHT, of Kingston General Hospital, has been appointed Superintendent of the Regina General Hospital, succeeding Dr. Dakin.

Book Reviews

The Hospital as a Social Agent in the Community. By LUCY C. CATLIN, R.N., Director of Social Service Work and Executive Director of the Out-Patient Department of Youngstown Hospital, Ohio. Philadelphia and London: W. B. Saunders Company. 1918. Cloth, \$1.25 net. Canadian Agents: The J. F. Hartz Co., Limited, Toronto.

The author considers social service but the scientific development of what was formerly called charity work, and makes her book a guide for social workers in the new field of hospital work in the smaller cities. A practical feature consists in the presentation of various forms used in the hospital with which the author is connected.

Thyroid and Thymus. By ANDRE CROTTI, M.D., F.A.C.S., LL.D., formerly Professor of Clinical Surgery and Associate Professor of Anatomy at Ohio State University College of Medicine; Member of the American Medical Association, Ohio State Medical Association, Columbus Academy of Medicine, Society for the Study of Internal Secretions; Surgeon to Grant and Children's Hospitals, Columbus, Ohio. With 96 illustrations and 33 plates in colors. Philadelphia and New York: Lea & Febiger.

Dr. Crotti's volume is easily the most extensive work on Thyroid Disease that has as yet reached our reviewer's desk. It is indeed a credit also to the well-known publishing house, Lea & Febiger, of Philadelphia, who have spared no expense to turn out a book that would be worthy of their establishment. We do not hesitate to say that, as a sample of the printer's art, it will not be excelled in many years to come. Dr. Crotti now gives the profession the result of nearly twenty years of his experience with goitre cases, commencing with special study at Lausanne, Switzerland, and later for many

years in the United States. Many physicians do not realize the great importance of a proper understanding of hypothyroidism, hyperthyroidism and cretinism, and how thyroid disease in its several aspects can cause enormous loss to a community, and is therefore worthy of the most patient and careful study. Dr. Crotti has divided his very extensive work into fifty or more chapters and goes in detail into the Diseases of the Thyroid, The Physiology, Pathology, Inflammations, Clinical Symptoms and Diagnosis, Intrathoracic Goitre, Malignant Goitres, Congenital Athyroidism, Cardiovascular, Ocular, Muscular, Nervous and Mental Symptoms of Thyroid Disease, Digestive, Genital, Respiratory, Sensory and Cutaneous Disturbances, as also The Etiology and Treatment of Graves Disease—in fact, the entire subject from both the medical and surgical aspects is gone into most carefully. We suggest that the readers of THE JOURNAL wherever possible purchase a copy, even if they have to cut down on their 'baccy.

The Essentials of Materia Medica and Therapeutics for Nurses. By JOHN FOOTE, M.D., Assistant Professor of Therapeutics and Materia Medica, Georgetown University School of Medicine, etc. Third edition, revised, enlarged and reset. Philadelphia and London: J. B. Lippincott Company.

Dr. Foote stresses rightly only a limited number of drugs—the most important, for which he is to be commended. The work contains the usual “dope”: Definitions, Dosage, Methods of Administering Drugs, Preparation of Antiseptic and Other Solutions, a description of how medicines act, Poisons and Antidotes, and some of the newer formulae. At the end of each chapter there is a list of questions which ought to be helpful for nurses in training preparatory to examinations or quizzes. The reviewer's copy had the cover on upside down, and on page four the quantities are omitted in the prescription near the top of the page. The sensible, and simple, method of preparing a hypodermic is praiseworthy and is an index of the practical character of the work.

The Treatment of War Wounds. By W. W. KEEN, M.D., LL.D., Emeritus Professor of Surgery, Jefferson Medical College, Philadelphia. Second edition, reset. Philadelphia and London: W. B. Saunders Company. 1918. Cloth, \$2.00 net. Sole Canadian Agents: The J. F. Hartz Company, Limited.

This book describes the various infectious and new wound antiseptics, Carrel-Dakin solution, Dichloramin-T, Bipp, calling attention to their disadvantages. Methods of (1) Transporting the Wounded, (2) Dealing with Fractures, (3) Wounds of the Head and Joints, are described, and some interesting letters from surgeons at the Front are given—all of which will be helpful to medical men preparing to go overseas, as well as to men in civil practice.

Infant Feeding. By CLIFFORD G. GRULEE, A.M., M.D., Assistant Professor of Pediatrics at Rush Medical College; Attending Pediatrician to Presbyterian Hospital, Chicago. Third edition, thoroughly revised. Illustrated. Philadelphia and London: W. B. Saunders Company. 1917. The J. F. Hartz Co., Limited, Toronto, sole Canadian agents.

The general practitioner, as well as the pediatrician, will find this a useful addition to his library. The writer of this review would call special attention to the illuminating chapters on dyspepsia, decomposition, intoxication, symptoms and their causes. He has read them with great interest, and would heartily commend the work throughout.

The American Hospital of the Twentieth Century. By EDWARD F. STEVENS, New York. Architectural Publishing Co., 1918.

Mr. Stevens has in this new volume given to the hospital world a report of what he has seen done in hospital construction during the last two decades. He has given plans of several of the leading hospitals in Europe and America, as well as

those of numerous smaller hospitals he has planned. Chapters are devoted to special departments—maternity, pediatric, contagious, psychopathic, etc. Extensive plans of recently constructed war hospitals are also shown. Discussion is had of sites, the administrative department and the various ward units, and are gone into quite fully, as well as the matter of equipment. The author has travelled much, observing closely, noting carefully and reproducing faithfully. We predict a wide distribution of this latest contribution to American hospital literature.

Memoranda on Army General Hospital Administration. By various authors. Edited by P. MITCHELL, M.D.Aberd., Lieut.-Colonel R.A.M.C. (T.F.), Officer Commanding No. 43 General Hospital. London: Baillière, Tindall and Cox, 8 Henrietta Street, Covent Garden. 1917.

This is an opportune book and ought to be found very useful to our cis-Atlantic army hospital men; as Dr. Mitchell and his collaborators from their experiences in Great Britain and France have learned so much in a practical way with reference to hospital construction, equipment, personnel and management. Our civil hospital administrators and surgeons will also find this an interesting and instructive book. There are chapters on the Medical Division, the Surgical Division, Camp Sanitation, Nursing, Records, Dietary. The author points out how much Britain lost by not having a proper co-ordination of civil and hospital demands. But these lessons through sacrifice will not soon be forgotten.

MAJOR ERNEST H. YOUNG, C.A.M.C., who recently returned from France, left Kingston on August 9th to take command of the Ontario Military Hospital at Cobourg.

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Pneumonia at the Front

DR. L. MORREL, Ambulance 6, XI, Sector 80, has been using Antiphlogistine at the Front for the past several years, and states that he has found it an unrivaled preparation in treating cases of pleuro-pneumonia.


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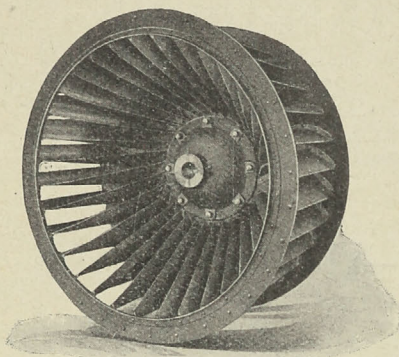
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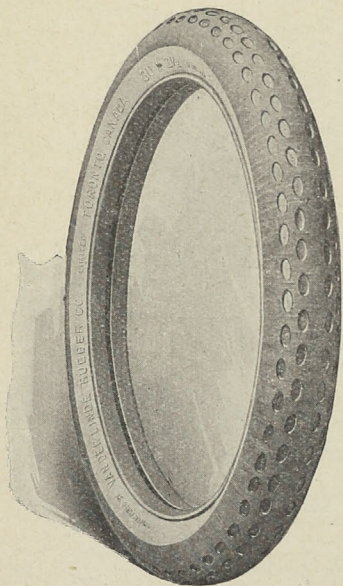
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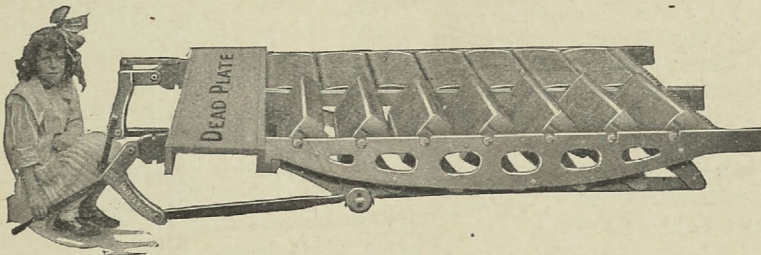
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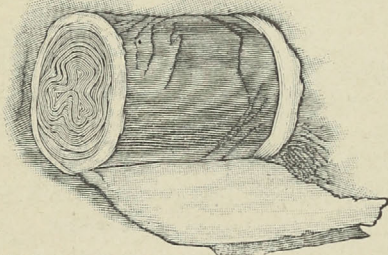
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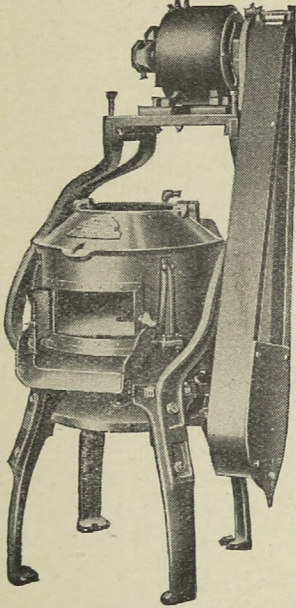
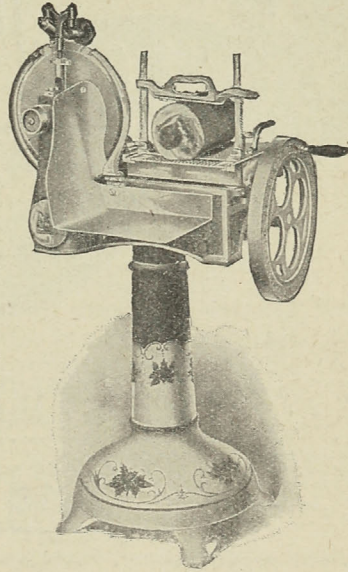
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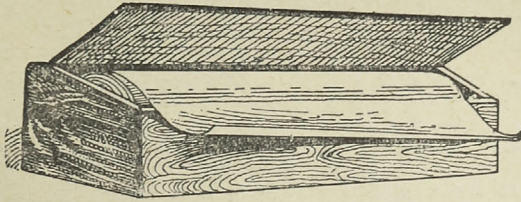
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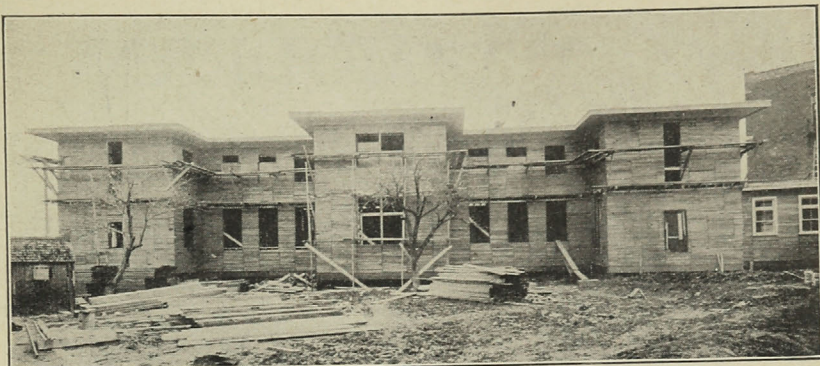
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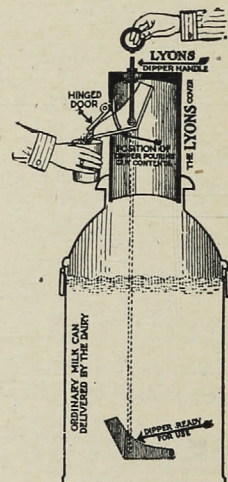
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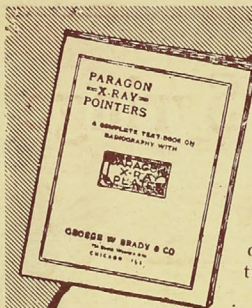
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