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# THE HOSPITAL WORLD

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No. 2

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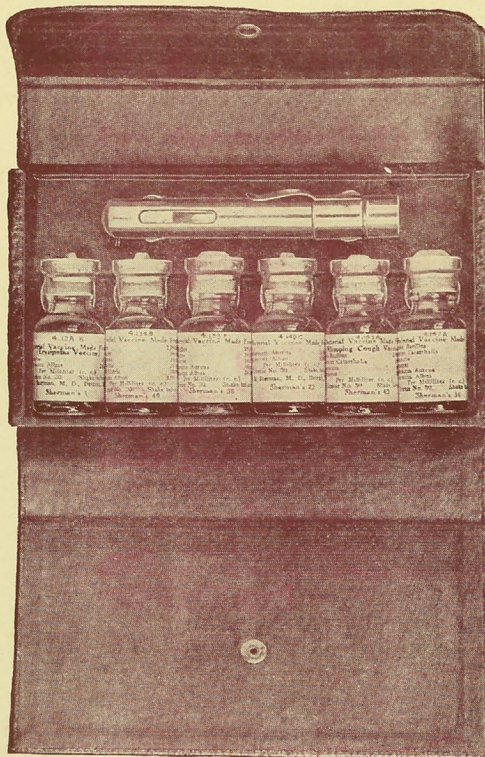
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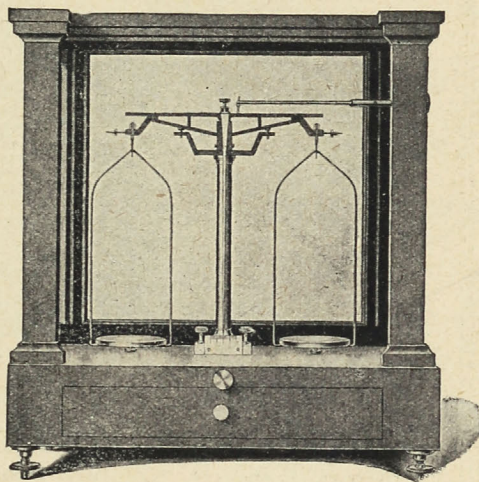
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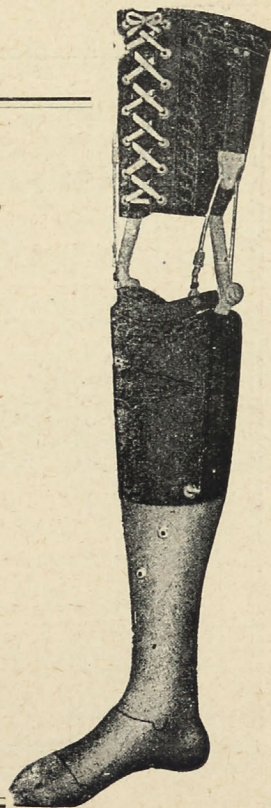
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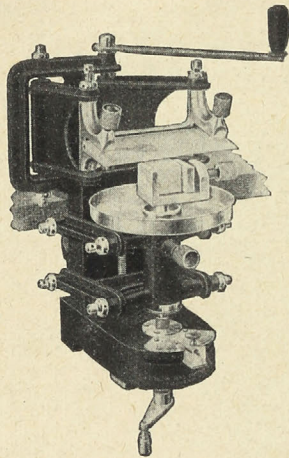


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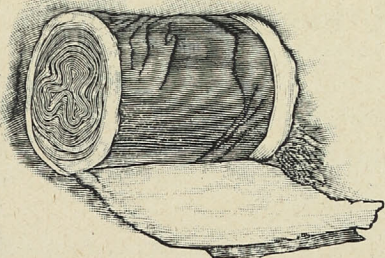
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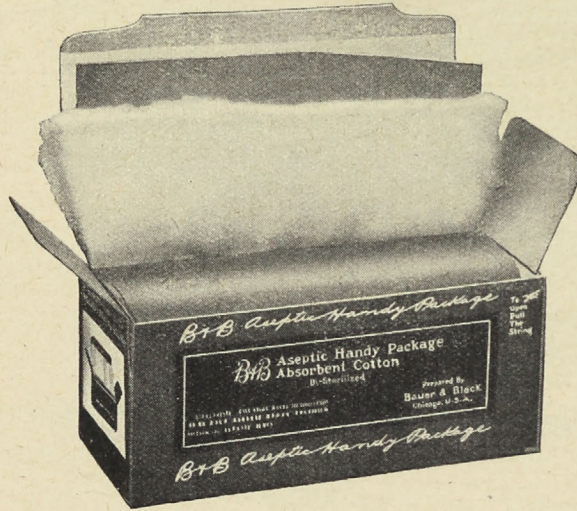
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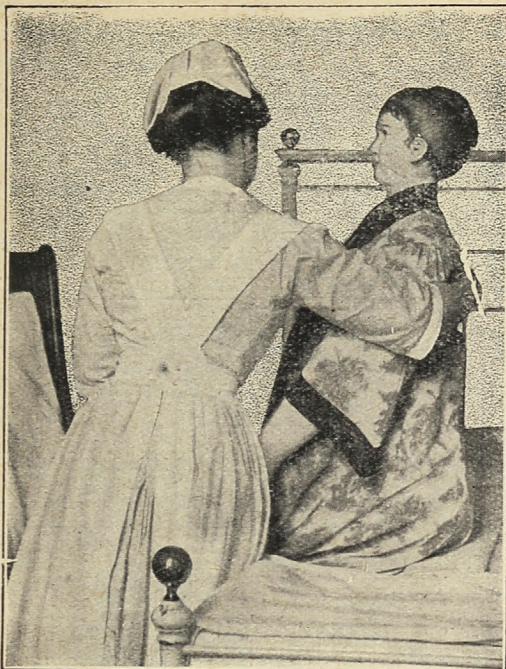
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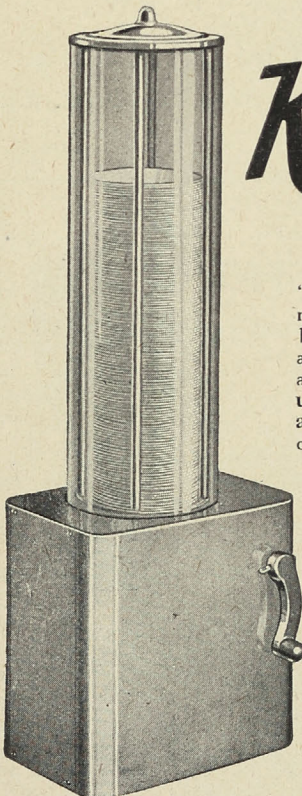
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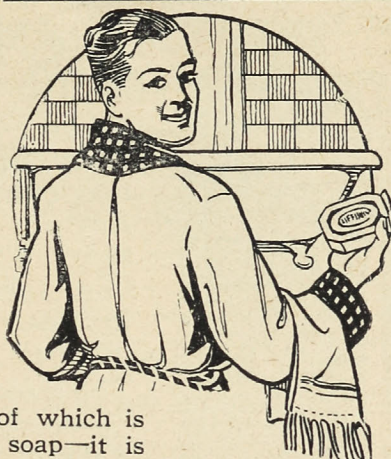
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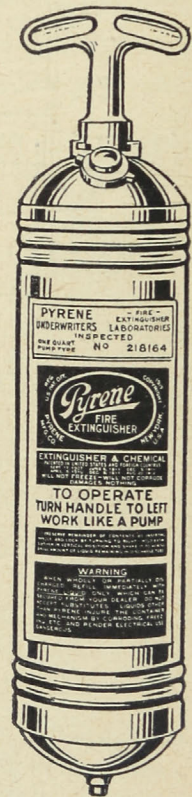
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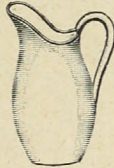
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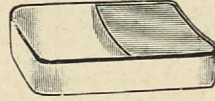
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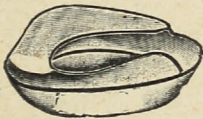
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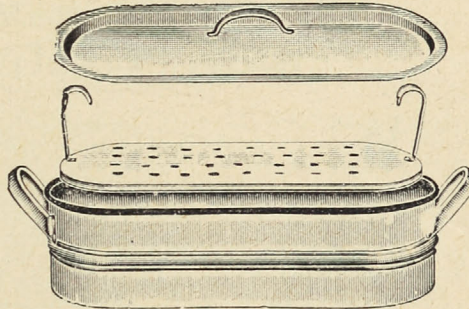
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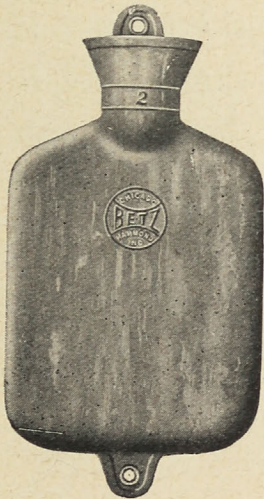
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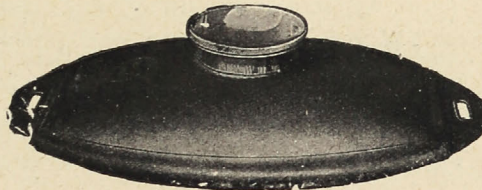
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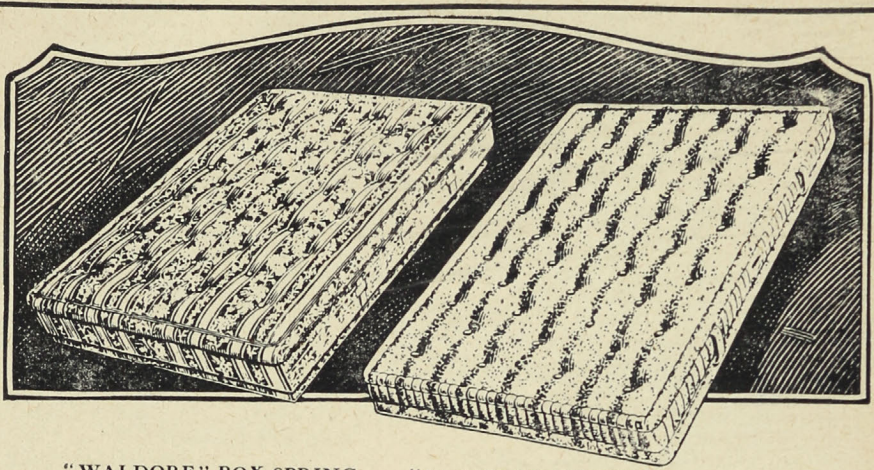
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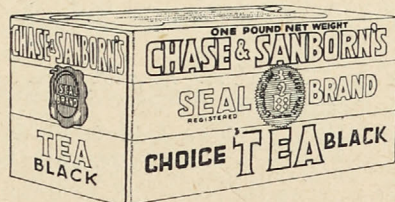
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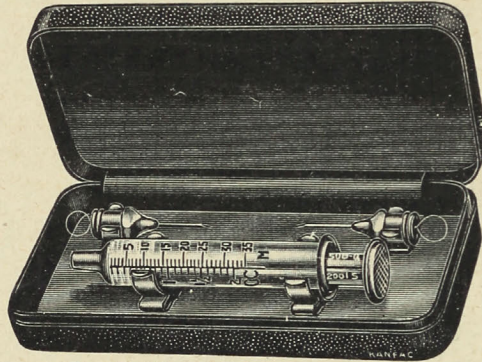
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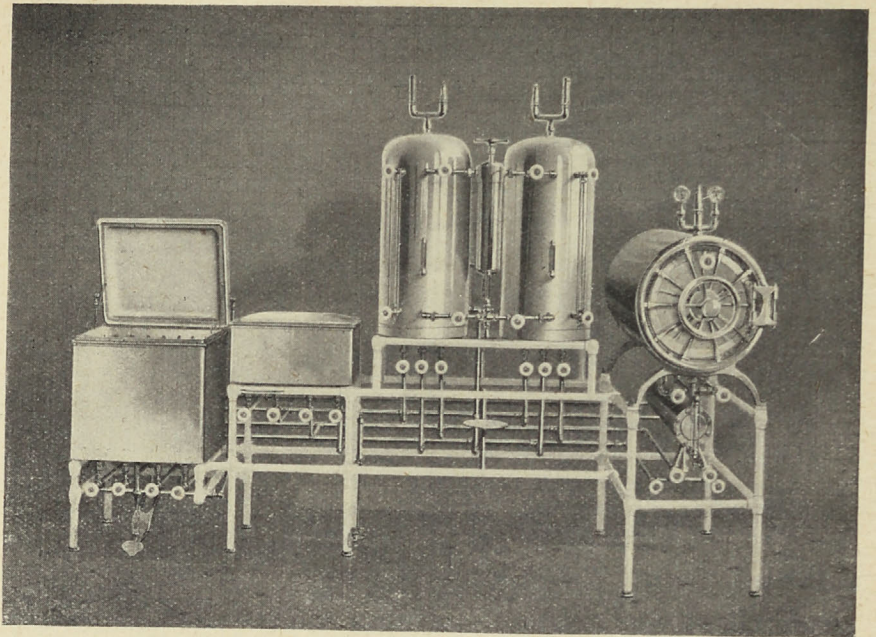
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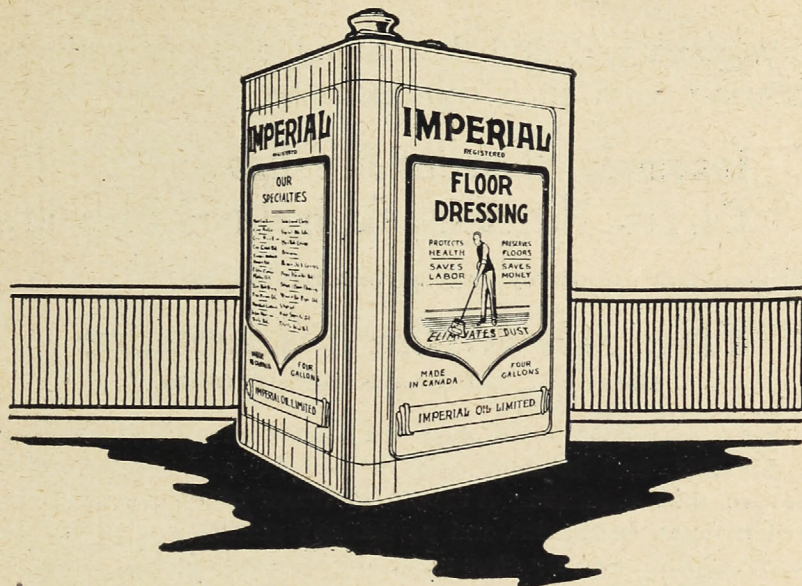
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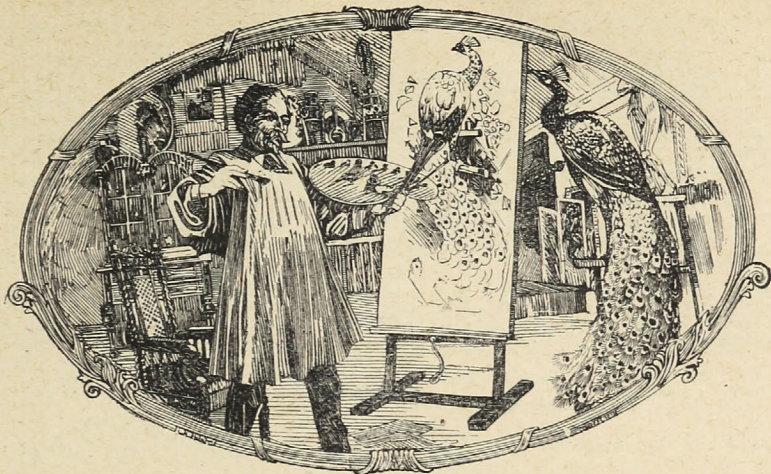
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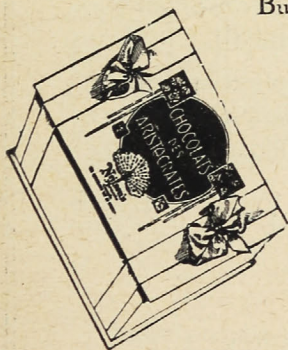
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# The Hospital World

TORONTO, CANADA

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

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Vol. XIX.

TORONTO, FEBRUARY, 1921

No. 2

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## Editorials

### THE COMMUNITY HOSPITAL

DR. VICTOR VAUGHAN, one of the leading American physicians, recommends health community centres with a hospital connected with each. To make this possible he would pass legislation permitting any county or section of a county to constitute itself a health centre and to build a community hospital. The control of such a hospital should be under local direction, but with State supervision, in order to see that the work of the hospital is kept up to the standard. There should be in such a hospital at least one bed for every district. The hospital should be built and equipped and the salaries of the permanent staff paid by taxation of the people. A part of the tax should fall on the State at large, while another portion should fall upon the people of the community concerned. The hospital should consist of several units: (1) A general hospital; (2) A tubercular

pavilion; (3) An infectious disease pavilion; (4) A laboratory section; (5) A home for nurses. The staff of the hospital should consist of (1) The commissioner of health of the community, who would also be director of the hospitals and laboratories; (2) A surgeon; (3) An internist; (4) A laboratory man; (5) A certain number of trained nurses.

A lying-in room should be provided in the hospital, and there should be X-ray facilities. Such a hospital and all its facilities would be at the service of the people and of the practitioners in a community. A physician having been engaged to take care of a case of labor could, if he and his patient preferred, have his patient go to the hospital a few days before labor and there, in an aseptic room, and under aseptic conditions, and with facilities for any emergency which might arise, could conduct his confinement case. If a case of scarlet fever develop in a man's practice it could be looked after in the home if such were feasible, or it might be treated in the infectious disease pavilion under the family doctor's care.

Should a doctor have a case of laceration of the muscles of the thigh, he could take the patient to the hospital, where he would have an aseptic room for operating and where the surgeon of the hospital might assist him.

Swabs from suspected throats might be sent to the laboratory of the health centre, as also sputum from suspected cases of tuberculosis, instead of sending them to the State Board of Health.

If the local physician had a patient with any disease who needed a nurse, one of the hospital nurses might be called upon. If the patient were able to pay the nurse such payment should be exacted.

If the local doctor wished an X-ray, this might be taken at the hospital.

The community hospital should be under the charge of a local board, who would assess patients for hospital care according to the ability of the patient to pay.

An up-to-date diagnostic hospital is needed in every community.

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#### CO-OPERATION IN BUYING

FIFTY hospitals and charitable institutions have for several years been buying through a central purchasing bureau. While many of these are in New York City and the New England States, the Grenfell Mission, Labrador, and the Hunan-Yale Hospital, Changsha, China, are members of the league. In a recent issue we recommended a single purchasing agent for all the Toronto Hospitals, which are now so heavily overdrawn at the banks. We think a purchasing agent or central purchasing office might do the buying for not only the Toronto Hospitals and charitable institutions, but for such organizations throughout Canada.

These institutions alluded to in the first paragraph call their joint venture a "Hospital Bureau of Standards and Supplies," and have as officers a

president, vice-president, a secretary-treasurer, and an executive committee of seven, six of their number being officers (usually superintendents) of the represented hospitals, the seventh being their purchasing agent. Two members of the executive retire in 1921, two in 1922, and three in 1923.

The bureau has 55 agreements for supplies in force. They find, as we suggested, that short term agreements show material advantages for dried fruits and canned goods. Bacterial counts and butter fat tests are made weekly—or oftener if necessary. Members of the bureau are kept posted as to prices and details, probable changes, deliveries and orders.

The agreements do not bind the members to buy, but it is the spirit of the organization that the selected suppliers shall be patronized. If the hospitals can do better elsewhere, the Bureau is notified, and after investigation, if a new agreement with a better source of supply can be closed, the former agreement may be cancelled.

If we remember aright this Bureau was established through the efforts of the American Hospital Association. Therefore we would suggest that the Canadian Hospital Association should be resuscitated, if for no other reason (there are many others—and good ones) than the formation of a Hospital Bureau of Standards and Supplies.

# The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

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

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## Original Contributions

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### BETTER HOSPITALS

(Continued from January issue.)

J. N. E. BROWN, M.B., TORONTO.

IF my thesis so far is proven or acceptable to you, the next question is, how are you going to find the facts in regard to what the hospital has done for its patients? There is only one way. *There must be a record of all that is done for the patients.* They may be entered either by name or number. There are other things that for managerial purposes the first office must know, as a matter of finance and organization, but these are not the points the college is aiming at. The medical profession wants to know what you as doctors and nurses have done of scientific value in an institution for the care of human health. It wants to know what the patient came in for; what the patient thought was the matter with him. That is the starting point. That can be found out at the office desk by someone. The next step is a purely scientific step—to find out what you think is the matter with him—what is really wrong. Modern medicine is very different now from what it was ten, twenty or thirty years ago. We have improved in medicine to-day. To know the subject now means a knowledge of a group of sciences hardly known fifty or sixty years ago. A few leading men knew some pathology, some bacteriology and some biological chemistry—very little of that. Mere gross anatomy was known from the earliest days. Medicine up to recent years has been a mere empirical symptomological science. To-day it is something very different. Years ago there was a lot of mystery about medicine—superstition of all kinds grew up because people didn't know what these fearful diseases came from. Hence, in the olden time, a look at the patient, feeling the pulse, examining the tongue, a close, experienced glance at his complexion, the color of the white of his eyes, might have been enough, and



scientific, too, as grounds for a diagnosis. Old Hippocrates, the Father of Medicine, has left records of his time which are specimens—wonders of scientific record. The young lady in the office may do almost what was done by that great Father of Medicine. What she learns to-day—this lay admittance clerk—if she has experience enough—is about all that was learned by those splendid old practitioners of fifty years ago. To-day medicine is a very different thing, as we all know. We know to-day that there is an inheritance or heredity involved in the conditions: that is not very modern in reality, but it has become a matter of scientific formulation in connection with the personal history. The history of the condition in which the patient finds himself or is found is noted. John B. Murphy used to say that eighty per cent. of the diagnosis lay in a carefully made history. Therefore, with this knowledge of what the history means, the man to-day who does not make a thorough examination and record of his case is not practising modern medicine, is not giving the patient what he has a right to, is not using the obvious and fairly easy but, at the same time, quite expert, means of really discovering what is the matter with the patient. If I went to your record room and found very few histories; if I were to find there that an operation had been performed with no history, no record of physical examination, no laboratory tests and no preparative diagnosis, what conclusion would be forced upon me? That the man who had that case had not, or didn't care to use, or didn't care to regard the recognized means—the only means to make an operation a safe procedure.

To-day in any institution only an emergency—a pressing emergency—is the only excuse for an operation to be performed without a careful history and a careful physical examination—all the laboratory tests indicated, including an X-ray and a carefully-thought-out preparative diagnosis. After all, what is an operation? It is a mechanical procedure by which a surgeon hopes to remove something that is causing pain and ill-health to the patient. Would any of us be satisfied with the treatment he got if he were told by the doctor there was need of operation if he knew that the doctor had formed his judgment without using all means to make that judgment as

sure as modern medicine can make it? We would all revile such treatment, and rightly resent it; because the day of trial surgery, the day of mere empirical surgery, is past. The conscience of the medical profession disapproves of this sort of thing, because so many helps to diagnosis are available. Such a thing is looked upon as absolutely unprofessional, not to use a stronger word about it. Therefore, the conclusion is that unless the case is an emergent one, or so baffling that after the most thorough investigation has been made the best that can be done is to say, we don't know what is the matter; we think there is something wrong, and if you don't object we will do an exploratory operation. Short of these two, the duty now resting on the medical profession, whether surgery or medical treatment is involved, is to see that all the means which have been discovered through the growth of the fundamental sciences involved—bacteriology, physiological chemistry, pathology, X-ray, are used to find out what is the matter with the patient before doing anything for him.

This hit and miss procedure, so unscientific, this guess-work, the shrouding and beclouding of what is wrong with the patient, the day of this sort of thing is pretty nearly gone; I may say it has absolutely gone. . . .

There is nothing so inspiring to me as a layman, as the open-minded, above-board procedure of the leading medical men of our continent. They either know, or they don't know. The biggest of them, too, are first to say we don't know. And the larger and the greater the man is, the more ready he is to say I don't know. Groups of men working together in an institution will give the best of their specialized thought in trying to ascertain what is the matter with a patient, and still be unable to come to a conclusion. They say possibly this or that is the matter, and express a willingness to do what they can, but confess to the patient that as far as their knowledge goes they have not been able to ascertain exactly what is wrong.

Then out of the deduction, that every patient has a right to this step by step diagnosis, the staff conferences concur in the request made by a group of men working in the hospital that every man, no matter in what capacity, be brave enough

scientifically and professionally to stand up with his fellow professional men and face the facts as he has wrought them out, either with his personal patient or the ward patient.

I have often been told, after saying what I have, by medical men, that it is too much to ask of a group of medical men. Two years ago I was told on several occasions that it could not be done: "You cannot get the medical profession in any locality to face their own failures and reveal their own ignorance." I do not know whether or not it was too hard then. I know now it is not too hard. I know groups of men all over the country doing that very thing. I know they are the most satisfactory medical professional men on the continent, just because they are doing that thing. I know they are growing more rapidly than those who are not doing it. The reputation of their hospital has spread all over the country. This plan has been carried out at the Mayo clinic for years. Some of you have been there and sat at the weekly Thursday meeting where the failures at diagnosis and failures at operation are brought before the staff. I've been there, and I hope some of you have. And this thing is being done in other places. Everywhere it has been done there is the same satisfactory feeling, a feeling that used not to exist prior to these confessions and conference. It simply comes from doing their full, plain, manly, professional duty. They investigate their own work. They are seeing whether their hospital is doing what it professes to do for its patients—giving them real, genuine, up-to-date, combined, co-operative service. That is what they are doing—plain, simple devotion. It means work. You see it means concentrated thought and study; it demands a keen responsible professional conscience, demands not only that in the individual, but in the group. It means that no inefficient man, ungentle, can live in the atmosphere of that kind of institution. It demands that the incapable man will either get out or grow and take the means to grow. It means that he will learn what he is supposed to know. It means the growth of men mentally, ethically, scientifically and even religiously; because there is a certain consecrated devotion involved in that kind of staff service to the patients. And this spirit affects every person in the institution—every one will feel his sense

of personal responsibility. The nurses rise and develop into a conscientious body, individually and collectively, with a seriousness that is most stimulating. It is not unheard of in the past that nurses' charts didn't mean much sometimes—that they were unreliable, that things put down on the charts were not always credible. Under the new spirit, it means, where in the past there was group carelessness, thoughtlessness, a more or less light attitude towards the routine functions by nurses, a spirit of ambition to give the patient one hundred per cent. service. To the patient everything counts. A false temperature record, false pulse, a failure to follow out the doctor's orders or to modify them without his knowledge, may be of serious consequence.

If you, as a group of men, face the facts of your past month, your whole record is brought up in case of death, in case of a prolonged illness, and every fact in that record is looked at from the viewpoint of its influence on the welfare of the patient, so that the staff realizes its individual and corporate obligation, its influence reaches out into the whole hospital, and every move, every function gets a significance that in the drifting hospital of the past couldn't be looked for, couldn't be expected. Fifteen, twenty and thirty years ago, the hospital was looked upon by the general public, by the medical profession, by nurses, by sisters, managers and superintendent, by trustees, almost without exception, as a clean, kindly, helpful boarding-house for the sick. That concept of a hospital is utterly gone in the minds of the leading men in the medical profession, to the nursing profession and to those in touch with the movement for standardization. The hospital is an absolutely changed institution; it has to-day an institutional conscience, which means that every person working in it is keenly alive to a sense of responsibility to every patient.

#### RECORDS.

The records are the centre of it all. Records are hard to keep. Records demand labor. Records require of the medical profession their best concentrated thought. Records mean nothing unless there is back of each record, and of every part

of it, the signature of a responsible, educated, scientific, medical man. That means that every medical man must either write, or correct and revise, or read and o.k. and finally sign his record. Every hospital owes a record to its patients. It is the abiding statement or written voucher to the patient of what has been done in the hospital for him. It may be of very serious legal consequence to him and to the hospital. That is a minor consideration, however. It is due the patient because the hospital is a complex institution. Many things are done for him. If he is alert and wise and particular about every service rendered him, as most people are, and becoming more and more so to-day, he demands it. If he as an alert exacting man has a right to demand it, then every patient has a right to such service, because his right is not founded on the fact that he is wealthy or has social position. The only safe basis on which any right to that kind can be placed is the fact that he is a human being, that he is a creature of God, that his life is his deepest and most fundamental gift. If any one of us has not a right to life we have no rights; and if we have a right to life we have a right to well-being of life, which is health, and of service to bring health back when lost. Out of that fundamental thought comes this right to that exact service fulfilled in the record. More than that, the medical and nursing professions and the managerial part of the hospital owe to the profession itself, owe to the great public which may become a patient at any time, a scientific statement upon which medicine may grow. Medical knowledge, to the extent of seventy per cent. of its mass, has grown out of the scientific records kept by leading men in the profession in Europe and America. Most of the articles written in the numerous medical journals are the reports of men who have kept careful, scientific records. What right has any group of men, anywhere to-day in civilized countries, to refuse to keep records? These are the repositories of scientific data out of which medicine may grow for the benefit of coming generations. It is inescapable. Medical men may say, what have we to do with it? We are busy practitioners. We have to take care of the patients. The next generation can take care of itself. Such an attitude is wrong, wholly unprofessional. It is the busy man, the clinical man, who makes the

records. The laboratory men are at work in the schools and hospitals. They will help. They may discover, they have discovered, many things, but the real growth of medicine as an art comes out of the clinical profession. It is the articles contributed by the clinical men to medical journals which have done most for the profession. When the text books come out the material is five or ten years behind. The knowledge from the laboratory workers reaches the medical profession through a process of slow trickling, but the clinical man who has been a keen observer, and who keeps careful records through a series of cases, comes out with an article which reaches the medical profession of the whole world in a short time. Because, be it said to the credit of the medical profession, they are the keenest readers of their own journals of any profession I know of.

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## CALGARY GENERAL HOSPITAL\*

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### OPERATING ROOM TECHNIQUE

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- 1st. The rooms are thoroughly cleaned each day.
- 2nd. Instruments are boiled ten minutes before and after operation.
- 3rd. Dressings are sterilized half an hour before operations.
- 4th. Sutures, such as silk Pagenstecher and silk worm gut, are boiled for one hour and stored in alcohol-beniodide 1-1000. Catgut tubes are boiled and stored ready for use in pure carbolic.
- 5th. Basins are boiled for ten minutes after each operation, dried, placed in heavy covers and sterilized in autoclave for half an hour before operation.
- 6th. Gloves are washed and boiled after each operation, dried, mended, wrapped in two covers and sterilized in autoclave.
- 7th. Scrubbing of hands. Nurses scrub their hands carefully for ten minutes, first using nail file and brush, then sterile gauze for the last part, as a rule using alcohol sixty

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\*Introduction to discussion at the monthly meeting of the Medical Staff, on December 9th, 1920.

per cent. or Harrington's solution as a disinfectant. Nurses are taught not to touch outer surface of gloves with bare hands when putting them on. The nurse is instructed how to keep her hands sterile during an operation by handling anything (that might be infected) with forceps.

#### OUTLINE OF TRAINING FOR THE NURSE IN THE OPERATING ROOM.

1st. Instruction in preparation and handling of sterile supplies and equipment.

2nd. Preparation and care of patient during the administration of anesthetic.

3rd. Later allowed to take minor cases such as tonsils, curettage, cystoscopy, varicose veins, varicocele, and later herniotomy, appendectomy, if she is considered capable of taking major operations, if not, she is allowed to scrub up with another nurse and take sponges under supervision of graduate nurse.

Visitors to O.R. are gowned and wear a cap.

Doctors scrub under running water and place previous used soap in Lysol solution.

In most large hospitals there are internes who take instruments, and the nurse is only required to take sponges and sutures. In many major cases a graduate nurse is overtaxed when she is asked to take instruments, sponges and sutures, especially is this true in an open hospital.

Our policy is to give selective training as far as possible and give O.R. training in the intermediate year.

We have ordered special towel clips.

I would suggest that we have separate wash-up room and dressing-room for the surgeons.

We at present have one of the graduate nurses scrub up for selected major operations.

We feel that our surgeons could do no better than adopt the technique and follow the ritual laid down by Dr. Moynihan in *The British Journal of Surgery*, a short outline of which I shall give you.

One of our graduate nurses, who has recently had post-

graduate work at the University of Minnesota Hospital, states that they always have an interne scrubbed to take instruments and the nurses only attend sutures and sponges. The pupils scrub up and they do not always have a graduate nurse scrubbed up.

Dr. L. S. Mackid, in discussing the subject, spoke as follows:—

I am glad to hear Dr. Fisher state that he is going to introduce selective training for nurses. From the operation-room point, I think this is the only method to be adopted. The introduction of graduate nurses does not mean always efficiency. Just because she is a graduate nurse does not show that she is a surgical nurse. The mere holding of a diploma is no guarantee that she is the one to fill the bill. She has to be tried out first to prove her ability. But from the nurses in the training school you see those who have the inclination and the real desire to become surgical nurses and who show by their ability that they are adapted to that kind of nursing, then give that girl every opportunity to develop along that line. She is a safeguard on your operating room technique because it is her alma mater of nursing and she is loyal to her school. But the nurse who is not interested in O.R. work is a real menace to your room. She doesn't want to know that work because she doesn't like it, but her curriculum says so much time in O.R., so to fill the curriculum requirements you endanger your O.R. technique by harboring a danger. The development by selective training is going to show that a nurse from your school turned out as a surgical nurse has had special advantages offered her because she was inclined mostly that way, so that she can be more dependable in the operating room than the average graduate nurse.

For the general technique of the O.R., I would say this: Team work is absolutely essential from the supervisor down to the duty nurse, doctor and assistant. The nurse supervisor is responsible for everything in the room. The scrub nurse for the instruments, sutures and draping. The assistant scrub nurse for gauze. The duty nurse should keep supplies up and a clear deck around the sterilized area. The doctor for the operative end. No one is more responsible than the other.



## Selected Article

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### THE SMALL HOSPITAL OR SANATORIUM

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S. W. STAADS, M.D., SIOUX CITY, IOWA.

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THE Editor's request for articles on the subject of hospitals and similar institutions ought to bring forth a goodly number of responses, because the subject is timely and, by a lively discussion, we all can learn something. Since my ideal had long been a small institution where I could have my operative cases cared for as I would wish to be treated were I the patient, I started our Hillside Sanitarium, in June, 1915.

A large frame building was bought, thoroughly remodeled and fully equipped with operating room, baths and all necessary electrical apparatus to enable us to give our operative cases those great advantages, during convalescence, that a well equipped sanitarium can offer. I engaged a suitable nurse as superintendent and started the Hillside Sanitarium Training School with two pupil nurses. Soon, I had all beds occupied. It was hard work at first to teach both superintendent and nurses what they should know about sanitarium treatments and, at the same time, take care of my patients and supervise the entire household. But since I always have enjoyed hard work along the lines of my profession, I did not mind the work, strenuous as it often was, for the splendid results obtained provided a pleasing compensation for my efforts. Soon, more pupil nurses were accepted and my professional friends assisted me splendidly in lecturing to the class. Still, I could not accept patients from other physicians, as the available room was just sufficient to accommodate my own cases.

After two years, we had grown to such degree that we needed more room and, since we had sufficient ground, we proceeded to erect a fireproof building which, in addition to the first one, gives us room for thirty-eight patients. As a rule, we have all

beds occupied. If labor and material prices were not so excessive, we could now start a large addition to our new building. As it is, that must be postponed.

#### OPERATING BY ARTIFICIAL LIGHT.

There are a few things that experience has taught us, and which I should like to mention in the hope that it may be of use to other physicians. Our operating room is very plain, but amply large enough for the purpose. It has plenty of light and and the so-called "X-ray Light" makes night operating a pleasure. Night operations are done with all the window shades pulled down, even over the skylight, so that all the illuminating rays concentrate on the field of the operation. Electricity furnishes our light and drives our motors, but, in case the electric current should fail us, we have a gas jet in the operating room for the attachment of a portable mantle lamp. This, I believe, is an important provision in case of emergencies.

#### THE STERILIZER.

Our sterilizing is done in the hospital sterilizer made by the Northwestern Iron and Steel Works at Eau Claire, Wis., gas being used for generating steam, as our small plant furnishes only low-pressure steam for the vapor-heating of our buildings. In connection with this, I wish to say that all sterilizing ought to be done with a control tablet as manufactured by A. W. Diack, Detroit, Mich., for it insures perfect control of efficient sterilizing. A small room next to our sterilizing room is intended for the operators and contains also the Nitrous-Oxide apparatus. This form of anesthesia is my absolute choice of all and we are very fortunate in having a specialist in this line, in our city, who is a master in his art. The greater expense is but a small item when the greater comfort of our operative patients is considered.

#### MANY CONVENIENCES.

Our halls and stairways are covered with heavy battleship linoleum which is extremely durable and absolutely deadens all

sound. All base coves in our fireproof building are rounded at the floor and corners to prevent dust from gathering there. In rooms for the operative cases, we have ceiling fans. These add so much to the comfort of the patient, in the summer, that I should advise their installation in all institutions for the sick. Patients who are up and around can find shady porches, but not so the bed-patients. Of course every room has its call bell, but, in addition, there is a socket for attaching electrical apparatus such as vibrator, electric heating pads, high-frequency apparatus, light-treatments and others of the kind. I have found all these things to add greatly to the comfort of the patient and to assist wonderfully in the speedy recovery after operations. But we find this little equipment of great value also for non-operative bed patients, for we are thus assisted in giving many other forms of treatment. Let me say, by the way, that three-foot beds are the best and that high-grade casters are an economy.

I advise that all hospitals and sanitariums have one so-called strong room where patients who are at least temporarily mentally aberrated can be placed for safety, and, sometimes, for extensive treatment, for which a sanitarium is wonderfully equipped. The strong room, of course, has everything removed that might endanger the patient himself or others, and all the windows and doors must be heavily guarded with strong iron grills which can be placed in windows and doors very nicely from the inside so that no patient, no matter how strong he is, could possibly pull them off. When the room is not used for a mental case, the gratings can easily be removed and no vestige is left of the former strong room.

#### CARE OF CHRONIC CASES.

Our Sanitarium proper takes care of a large number of chronic cases and the results obtained by the combined treatments are often marvelous. While my specialty is surgery and my therapeutic classification that of a Homeopath, still, I have found, in my twenty-six years of experience, so many other things that will aid in the cure of the sick, that I feel it my solemn duty to employ them all, regardless of pathy or ism.

With the thought that others might wish that I briefly mention some of them, I should like to say to any doctor who contemplates building his own institution: Learn all you can about nature cure and drugless forms of treatment and employ them and you will greatly increase your usefulness to your patients. The electric-light bath followed by tub-shampoo and cooling needle-spray and then by full body massage will do wonders in starting the patient's elimination. Have your nurses, male and female, learn all of these things and the proper application of static electricity, the sinusoidal currents (my experience shows that the money placed in the Universalmode, made by McIntosh Battery & Optical Co., Chicago, is well invested), light therapy (I prefer the Sterling Lamp of Sterling Therapeutic Lamp Co., 546 Garfield Avenue, Chicago), high frequency currents (buy from Victor Electric Corporation, Chicago, one of their larger machines), electric sitz baths, vibrating chair, etc. You cannot do all the work, but your nurses will, thus giving you time for your more important work. It is my opinion that only the experienced physician should apply galvanic currents to the sick, for only he can properly handle this scientific variety of the electric modalities. Think what you please of the Oxyoline apparatus made by the Ozone Company of America, Milwaukee; but I use two of them with great satisfaction and would not be without them. Doctor Roemer's Tension Table (Physician's Supply Co., Waukegan, Ill.) is undoubtedly a fine addition to our armamentarium and soon will find favor with any physician who uses it. The Burdick Cabinet Co., 100 Atlantic Avenue, Milton, Wis., makes very fine cabinets and lamps. Of course, the Frank S. Betz Co., of Hammond, Ind., also supplies all of these things.

#### KITCHEN AND DINING ROOM.

The kitchen of a well arranged institution, even if it is small, is of paramount importance, and a large salary paid to a good cook and her assistants always is a good investment. That all food should be the best that money can buy, goes without saying. All labor-saving devices, such as bread cutters, butter cutters, electric dishwashers and many others, soon pay for themselves.

In this connection, I wish to recommend the new compartment plates, especially for bed-patients. They look well, wear well, save dish-washing labor and, since they are of heavy china, keep themselves and the foods warm for a long time.

The dining room is very important and, personally, I think that tables for six are the most practical. We have a nurse preside at each table, and it is her duty to see to it that the patients get the prescribed food; also, to keep up a pleasant conversation during meal time. [This means, of course, to steer clear of the ever-present topic, viz., illness and methods of treatment. It is so injurious to the patients that, often, we have wished it were possible to muzzle them.—Ed.] Our nurses and out-of-bed patients eat their meals at noon and evening at the same time in the dining room. This may be criticized, but it is my choice for our condition.

#### LAUNDRY, CLEANING, LIGHTING.

The question is still open, whether the institution saves money by having its own laundry or by engaging a downtown laundry. Personally, I am in favor of the former practice. A good-sized rotary washing machine, extractor, hot mangle, all driven by electricity, and several electric irons are to be recommended.

A vacuum system built into the house is, of course, ideal, but a good substitute is afforded by an electric vacuum cleaner or sweeper. The initial cost is moderate and the result fine.

Where electric lights are used, it pays to have the "Dim-a-Light" attached to every one; it is a comfort to the patient and makes for effective economy.

#### THE TRAINING SCHOOL.

The training school, of course, endeavors to fulfil the demands of the State Board, and, as previously stated, colleagues assist us splendidly in our lecture work. We consider it a great advantage to use the Chase Doll for the teaching of the probationers, the skeleton, Frohse Charts, Anatomical models, Betz's large new Smith's Manikin, microscopic slides, and so

forth, for the general studies of the nurses. One thing we always impress upon their minds, and which we think has been of great advantage is: Keep smiling, work hard and treat your patient with the kindness and consideration that you would wish, were you the patient. For more than twenty years I have trained nurses and lectured to them, and I am firmly convinced that often the best high school graduate makes a poorer nurse than a grade school graduate with love for her work. In a great measure, nurses are born, not made.

Slamming of doors must be overcome by education of the nurses and by having on each door one of the smaller Yale or Corbin door checks, which close the door noiselessly, and you are spared the often useless task of educating nurses and patients. It pays to overcome these useless and (especially of nights) nerve-racking noises.

#### SOME OTHER HELPS.

Auto-Hemic Therapy (Dr. L. D. Rogers, 546 Surf Street, Chicago) and Auto-Therapy (Dr. Chas. Duncan, 2826 Broadway, New York) are my staunch friends without which I would not care to practise. The same applies to the Hensel Nutritive-Salt Therapy (Hillside Health Food Co., Sioux City, Iowa), one of the really good things we got from Germany and a stand-by in chronic diseases. Radium-Therapy has seldom disappointed me and, while expensive, has proven worth all the money paid for it.

But, above all therapeutic measures, I prize Homeopathy. Men who claim to have tried Homeopathy properly and then forsaken this art must be so small in number and so diminutive in intellect that it would take a strong magnifying lens to see them.

We find that it is a good investment to give the out-of-bed patients the advantages of our parlors, where they have their visits, their games, a good library, magazines and daily papers, Victrola music, electric fountain, moving pictures (we use the De Vry Portable Projector and lease films weekly, both from Atlas Educational Film Co., 63 E. Adams Street, Chicago), canary birds, gold fishes and the like. Placards on the wall

say: Have a good time, but do not discuss politics, religion, or your troubles. Tell the latter to your doctor or nurse only.

Last, but not least, I recommend that you carry insurance against damages from fire, tornado, employers' liability, malpractice, etc., and that you lessen your work by having an efficient private secretary keep all your books and to take care of your correspondence, using the dictaphone.

It is true I have written a much longer article than I had intended, but I thought that while writing it would be best to give full information, also as to the sources of supplies, than to have loss of time by inviting avoidable correspondence.—  
*Journal of Clinical Medicine.*

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### ALCOHOL FOR HOSPITALS

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WE are glad to note that the Canadian Department of Inland Revenue recently issued orders with regard to the sale of alcohol to hospitals. As our readers are well aware, the hospitals throughout the Province of Ontario particularly, have been up against it of recent years as to the procuring of alcohol for medicinal purposes, and THE HOSPITAL WORLD takes a small share of the credit for the recent order issued at Ottawa. The order is as follows:

“Spirits may be removed (from distilleries) for use in public hospitals upon payment of the excise duty and excise tax collectable thereon for the manufacture of linaments, tinctures, or similar medicinal preparations, or for bathing patients, upon the receipt by the distiller of an affidavit made in each case by the superintendent of the hospital, to the effect that said spirits will be employed solely and entirely for the purposes indicated, and that no portion thereof will be diverted to any other use.”

## Items

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### GRACE HOSPITAL ASKS CITY TO HELP WIPE OFF DEFICIT

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A LETTER from E. R. Wood, chairman of the Board of Governors of Grace Hospital, enclosing a statement in support of an application for a grant towards the deficit of the hospital was read to the Board of Control, Toronto, on December 8th.

The matter was referred to the M.O.H. and the Finance Commissioner for report.

The letter and statement, which show the increase in prices since last year, follow:

“On behalf of the Board of Governors of Grace Hospital, I beg to make application for a grant towards the deficit which the enclosed statement shows in the maintenance account of the hospital. A reference to the statement will show that the deficit in our operating accounts for the year ended September 30th, 1920, amounts to \$19,607.66. In common with other hospitals, the rates for private and semi-private patients, and other charges in connection with the hospital, have been increased during the year. As a result, the total income of the institution for the year shows a considerable gain over the preceding twelve months, but not sufficient to keep pace with the greatly increased cost of operation. In the circumstances, therefore, it is the sincere hope of our board that this application for a grant of \$19,607.66 will meet with your favorable consideration.

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### MONEY FOR HOSPITAL

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THE Stamford Township Council will submit a by-law to raise \$10,000 by debentures, to be given as a grant to the Niagara Falls Hospital. There is no hospital in the township and large additions are being made to the local hospital to which the grant will be applied.



### GREY NUNS WANT HOSPITAL

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It is rumored that the Grey Nuns are contemplating the purchase of the Ontario Hospital at Penetanguishene, with a view to using it as a convent. The Grey Nuns, with their mother house in Montreal, were large stockholders in the Toronto Railway Company. If the building is sold by the Ontario Government, the purchase price thus may be paid by money provided by the citizens of Toronto.

Hon. F. C. Biggs, Minister of Public Works, denies that there have been any negotiations for the sale of the Penetanguishene Hospital to the Grey Nuns. He admitted patients were being transmitted to other hospitals.

Hon. H. C. Nixon, Provincial Secretary, says that the patients who are now inmates of the hospital are not being transferred to another hospital.

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### ORANGE ORPHANS' HOME

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BUILDING operations for the new home to be built at Stop 51, Yonge Street, by the New Loyal True Blue and Orange Orphanage will begin next spring. Up to November 30th the Orphanage had \$47,036.60 in the bank and \$35,000 in Victory Bonds.

The land was purchased for \$15,500, which makes a total of \$97,536.60 collected, and leaving \$82,036.60 for the building. A promise of \$21,000 more will mean that \$103,036.60 will be available when building operations begin.

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### ISOLATION HOSPITAL BURNS

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THE Infectious Diseases Hospital on Signal Hill, St. John's, Newfoundland, was destroyed by fire on December 18th. A nursing staff and six patients were in the building when the alarm was given, but all escaped without injury.

### NURSE NOT NEGLIGENT

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MAGISTRATE WATT, on December 8th, honorably discharged Miss Catherine McEacheran, the nurse at the Homewood Sanitarium, who was charged with negligence in the death by scalding of a patient.

In giving judgment, the magistrate declared: "I cannot find that Miss McEacheran was negligent in any way. Her instructions were to stay by her patient unless in an emergency. The emergency clearly arose when a patient called out for help, and Miss McEacheran, true to her instructions, and her obvious duty, went to the assistance of the patient.

"Unfortunately, with the perversity with which things sometimes happen, the mechanism controlling the temperature of the water in the bath failed, the water became too hot, and Mrs. Lepfosky died.

"I cannot find that she was scalded to death, for she made no outcry. That, however, is outside of my province in the case, but for her death I cannot find that Miss McEacheran was in any way to blame, and she will be honorably discharged."

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### ASKS FOR GRANT

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THE Board of Control, Toronto, on December 8th, heard a deputation, headed by S. Johnston, K.C., asking that the city grant \$90,000 towards the maintenance of the Hospital for Sick Children. Mr. Johnston declared that the costs of maintenance have risen from \$171,000 in 1916, to \$359,000 in 1920, and that there is a bank overdraft of \$145,000 now, for which the directors are personally responsible.

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A NEW motor ambulance has been donated to the Kitchener and Waterloo Hospital by the Graduate Nurses' Association. It is one of the most modern of its kind in the Province.

### NOTICE OF EXTENSION OF PARTNERSHIP

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TEN years ago, realizing the increasing demand for well designed medical and institutional buildings, I decided to confine my practice, already tending in that direction, to that branch of architecture exclusively. The consequent increase in volume of work and in the extended area of territory covered made it advisable in 1912, in order to care for my Canadian practice, to form a partnership with Mr. Frederick C. Lee, of Toronto, and an office was opened in that city under the firm name of Stevens & Lee. The success of that office and the additional architectural service I have been able to render my clients from this Canadian partnership has caused my decision to make Mr. Lee's services available to my clients on this side of the border and, in the future, to carry on my practice, in United States as well as in Canada, under the firm name of Stevens & Lee. While Mr. Lee, as well as myself, will be available at all times for consultations both in the States and in Canada, Mr. Lee will as heretofore be located at the Canadian office.

EDWARD F. STEVENS.

Boston, January 1, 1921.

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### FREEPORT SANITARIUM OPENS

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THE Freeport Sanitarium, at Kitchener, for tubercular cases, opened on December 13th with a registration of eight patients. Three of the patients have been transferred from Gravenhurst and five are residents of the county. Dr. R. Proctor is physician-in-chief. He held that position when the institution was under the direction of the Military Hospitals Commission.

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### INSANE ASYLUM BURNS

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ACCORDING to the lay press, the Insane Asylum at St. Peters, C.B., was destroyed by fire on December 22nd. There were about thirty patients in the building at the time, but no casualties.

### AMALGAMATION OF THE MONTREAL GENERAL AND WESTERN HOSPITALS

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AFTER negotiations, lasting over a period of one year, between the Boards of Management of the Western Hospital and the Montreal General Hospital, of Montreal, it has been decided to amalgamate these two hospitals, and at the coming session of the Quebec Legislature, application is being made for a new charter, under which this amalgamation may be consummated.

It is the intention of the combined Boards to build on the present grounds of the Western Hospital a Private Patients' Pavilion of from 250 to 300 rooms, which will be open to any recognized physician or surgeon of good standing in the community, who is willing to meet the minimum standard requirements of the American College of Surgeons; also emergency wards for male and female patients, and a large out-patient department to take care of that end of the city.

The present Montreal General Hospital will be completed and occupied only by public patients. It is expected that this amalgamation will enable the Governing Boards to administer the hospitals more efficiently, cut down expenses, and offer to the sick of Montreal, rich and poor alike, better service and, in addition, offer better teaching facilities for the University of McGill.

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### SUGGESTIONS AS TO REMOVAL OF ONTARIO HOSPITAL, HAMILTON

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ALD. THOMAS MCQUESTEN, at the meeting on December 14th, of the Hamilton City Council, gave notice of motion that he would urge the Council at an early date to petition the Ontario Government to effect the gradual removal of the Ontario Hospital, located on the Mountain at the head of Queen Street. The Alderman contended that the institution should be removed to a site more remote from the city.

### CLAUSE IN CITY'S BILL FOR THE HOSPITAL BY-LAW

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THE City Council of Kitchener, at its inaugural meeting, was requested by a delegation representing the Kitchener & Waterloo Hospital Board, to include a clause in the proposed private bill to be introduced at this session of the Legislature to validate the by-law to raise \$37,000 for the hospital, which was defeated on account of an insufficient vote. Hon. H. C. Nixon, Provincial Secretary, has recommended that this action be adopted, and has pledged his support.

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### THE NEW WHITBY MEMORIAL HOSPITAL

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WORKMEN commenced last month to clear the site for the new Whitby Memorial Hospital which is to be erected here. The hospital will be situated on the Perry Castle Block.

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### OBJECT TO PROPOSED REGULATIONS FOR NURSES

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DOCTORS and nurses from Western Ontario waited on Provincial Secretary Nixon on December 2nd, and asked that the proposed regulations for the regulation of nurses be amended. There was discrimination against the smaller outside hospitals. The new "order" was being put through by big centres.

Judge Fisher, of Orangeville, told the Minister that, if the regulations were carried out in their present form, they would shut down the hospital at Orangeville. Dr. Groves, of Fergus, spoke in a similar strain and stated that the smaller town hospitals simply could not afford to live up to the regulations in their present form.

The Minister promised to give the matter his consideration.

## Book Reviews

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*An Introduction to Bacteriology for Nurses.* By HARRY W. CAREY, M.D., Assistant Bacteriologist, Bender Hygienic Laboratory, Albany, N.Y. Second edition, revised. Philadelphia: The F. A. Davis Company, publishers. English depot: Stanley Phillips, London. 1920. Price \$1.25 net.

This little volume presents most of the salient points in elementary bacteriology in a simple, non-technical form suitable to the needs of the average nurse. It seems to the reviewer, however, that, for nurses, more attention should be paid to such subjects as asepsis, antiseptics, sterilization (including disinfection), methods of contagion, routes of infection, bacteriology of food, milk and water, and less to some of the rarer forms of bacteria. The classification of bacteria into (1) pyogenic, (2) intestinal, (3) those causing acute infections, (4) those causing chronic infections, is hardly satisfactory since practically all those in group (1) could be reasonably included in group (3).

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*Practical Physics for Nurses.* By MINNIE GOODNOW, R.N., formerly Directress of Nurses, Milwaukee County Hospital; formerly Superintendent of the Woman's Hospital, Denver; and of the Bronson Hospital, Kalamazoo. With 100 illustrations. W. B. Saunders Company. 1919. Philadelphia and London. Cloth, \$1.75 net. The J. F. Hartz Co., Ltd., Toronto, Canadian agents.

It is extremely difficult to treat such a vast subject as physical science in a concise and practical way and at the same time avoid obscurity of meaning. The subject is well dealt with in this little book. It contains all the essentials of the science that a nurse should know, and by practically applying each principle to some phase of nursing practice, assists memory in retaining the facts. It is very readable and practical and should be of great benefit to the nursing profession.

*The Ophthalmic Nurse.* By G. GRIFFITH LEWIS, M.D., Oculist to Grouse-Irving Hospital, Syracuse, N.Y. 12mo of 176 pages, with 102 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, \$1.50 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

This little book should be a valuable addition to the Nurses' and Training School libraries. The anatomy, physiology and hygiene of the eye are briefly discussed in the early chapters. Then follow four chapters devoted to ophthalmic nursing. The last two chapters should prove very useful from a reference point of view, as they constitute a veritable encyclopedia of ophthalmic drugs, instruments, diseases and operations.

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*Outline of Internal Medicine,* for the use of nurses and junior medical students. By CLIFFORD BAILEY FARR, A.M., M.D., Professor of Gastro-Enterology, Graduate School of Medicine, and Associate in Medicine, Medical Department, University of Pennsylvania. Third and revised edition, illustrated with seventy engravings and six plates. Lea & Febiger, publishers, Philadelphia and New York. 1920.

This book most admirably answers the purpose for which it was written. For the nurse in training or for the graduate nurse, it will be found to be a most useful book of reference, and to those who lecture to nurses' training schools it will be found useful for the suggestions that are in it. The difficulty in writing such a book must always lie in deciding what should be omitted and what should be included. The author has used good judgment in this case, and there is very little fault to find. It would seem that functional nervous systems have not been sufficiently stressed. For instance, no mention is made of worry as a cause for insomnia or vertigo. In the section on arterial sclerosis the difference between arterial sclerosis secondary to high blood pressure and primary arterial sclerosis is not made sufficiently clear. No mention is made

of the various test meals for testing kidney function, although the phenolsulphonalphthalein test is described. It is doubtful if many authors at present would go so far as this one in recommending cold bath for typhoid. The tendency of the last ten years, certainly in this locality at least, is to use the tepid rather than the cold bath. These are minor defects, and the author is to be congratulated on his satisfactory little volume.

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*An Epitome of Hydrotherapy, for Physicians, Architects and Nurses.* By SIMON BARUCH, M.D., LL.D., Consulting Physician to Knickerbocker and Montefiori Hospitals, Consulting Hydrotherapist to Bellevue Hospital, New York City, formerly Professor of Hydrotherapy, College of Physicians and Surgeons, Columbia University. Illustrated. Philadelphia and London. 1920. W. B. Saunders Company. Cloth, \$2.00 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

This is a brief description and a practical review of the principles and methods of hydrotherapy. The author is not unknown in medical writings, his text-book on the Principles and Practice of Hydrotherapy, in 1898, which was republished in London, Paris, and Berlin, and other works, speak for the value of this volume. Every part of the question of bathing has been thoroughly gone into, from the simple, every-day use of the bath to all those forms of hydrotherapy which are used in the present day. There is also a full description of the different apparatus used in the application of hydrotherapy and a detailed description of how this agent is used and what results may be accomplished from its use in a very great number of diseased conditions. It is a book that will be read with interest, as it contains much that is not found in any other text-book, and which is of great value to the medical practitioner.



### THEIR DEPARTURE DEEPLY REGRETTED

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ON December first the medical practitioners of the city met at Belleville Hospital and presented Miss Green, Superintendent, and Miss Morrison, Assistant Superintendent, with club bags on their retirement from the hospital. In an address the doctors expressed their regret at the departure of these ladies, to whom the hospital had owed so much. The Alumnae Association of the hospital, composed of graduate nurses, presented Miss Green with a beautiful pair of opera glasses, and Miss Morrison with a gold wrist watch, and referred to the loss the institution would sustain in their departure. The nurses in training presented the Superintendent with a small desk clock, and Miss Morrison with a silver mesh purse.

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### DEPARTMENT OF HEALTH DESIRES DECLARATION

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THE Federal Department of Health some weeks ago mailed to all physicians, veterinary surgeons, dentists and druggists in Canada, form No. 6, on which to make the declaration as provided under the Act, showing that they are engaged in the sale or distribution of narcotics. Very heavy penalties are provided under the Act for neglecting or refusing to furnish the declaration in question: a fine of not less than \$200.00 and costs, and not more than \$1,000.00 and costs, or to a term of imprisonment of one year, or to both fine and imprisonment, being the penalties specified for non-compliance with the regulations. As a number of physicians, veterinary surgeons, dentists and druggists have not so far sent in the required declaration, the Department has advised the editor that unless this declaration is received within a reasonable period, the law will be enforced and penalties levied upon all delinquents. It should be noted that all physicians who obtain narcotics in any quantity to administer directly to their patients, are con-

sidered to be engaged in the distribution of these drugs: likewise all dentists and veterinary surgeons who obtain supplies of these drugs for use in connection with their practice, are considered to be engaged in the distribution of narcotics, and it is, therefore, necessary for them to make the declaration as required under the Act as amended at the last session of Parliament.

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### GALT MATERNITY HOSPITAL

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At a special meeting of the City Council of Galt, on December 7th, a by-law to go to the electors on January 1st, to raise \$55,000 for an addition to the Maternity Hospital, was given its first and second readings. W. B. Powell has been elected President of the Hospital Trust for this year; W. H. Lutz, Secretary since the formation of the Trust, thirty-two years ago, has been re-elected, and P. J. Wright is Treasurer.

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### NURSE CAVELL

*"One Who Met a Martyr's Fate."*

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#### MEMORIAL UNVEILED BY QUEEN ALEXANDRA.

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QUEEN ALEXANDRA, the life-long friend of the nursing profession, unveiled at St. Martin's Place, Trafalgar Square, in presence of a large Anglo-Belgian assembly, a statue of Edith Cavell, the nurse who was a victim of German brutality. Very appropriately the statue was draped for the ceremony with British and Belgian flags, presented by Queen Alexandra and the Queen of the Belgians respectively, and these flags, with a memorial flag sent by the Queen of the Belgians, will find a permanent place in the London Hospital, the institution in which Nurse Cavell received her professional training.

Queen Alexandra drove to the Square from Marlborough House, and was received by Viscount Burnham, Chairman of

the Memorial Committee, who made a series of presentations, including that of Mr. J. Hall Richardson, to whose energetic and efficient secretarial work the memorial movement, organized by the *Daily Telegraph*, owed its success in very large measure.

“ A LABOR OF LOVE.”

These preliminaries over, Viscount Burnham invited Her Majesty to unveil the memorial, addressing her as follows:—

“ The Committee of the Cavell Memorial wish me to tender our humble duty to Your Majesty, and to thank you for the great honor that Your Majesty has done us in consenting to unveil the statue which has been executed by Sir George Frampton, to use his own words, as a ‘ labor of love.’ The monument has been erected out of a fund subscribed by readers of the *Daily Telegraph*. Subscriptions came from every class of the community, mostly in small sums—and a large number of those who sent us money were men on active service—through collections made on board His Majesty’s ships, and in regimental messes and institutions. The interest was not confined to these islands, and many sent us money from across the Channel in honor of her whom the French describe as the ‘ Joan of Arc of England.’ The Westminster City Council, within a week of the opening of the fund, offered this magnificent site, and the First Commissioner of Works, then Lord Harcourt, promptly gave his consent on behalf of the Crown. It was on this ideal site that the Gordon statue stood for a time before it was removed to Khartoum. The original estimates have been largely exceeded, owing to the rise in price of labor and material during the war, and this ceremony has been delayed because Sir George Frampton could not for a long time obtain the splendid block of Carrara marble which he wanted. The monument of grey granite stands forty feet high, and weighs 175 tons. On the four panels are the words, ‘ Humanity,’ ‘ Sacrifice,’ ‘ Devotion,’ and ‘ Fortitude.’ On the back is the British Lion trampling on a serpent, symbolical of envy, spite, malice and treachery, and above it are the words ‘ Faithful Unto Death.’” The statue of white marble, in itself the emblem of purity, shows Nurse Cavell

standing erect in her nurse's uniform. On the vase is the simple inscription:—

EDITH CAVELL.

BRUSSELS.

*Dawn, October 12, 1915.*

“ May I add that we think we could commemorate in no nobler fashion the heroic memory of this plain nurse from the London Hospital who showed the shining qualities of womanhood and citizenship in her life and by her death, to the lasting glory of her profession and her country. We have also to thank Your Majesty for presenting the Union Jack, which is entwined with the Belgian Flag, presented by Her Majesty the Queen of the Belgians, and brought here by the Belgian delegation from the Ecole Edith Cavell of Brussels. The two flags are draped together over the statue of Nurse Cavell in token of the common admiration and the common sacrifice of our two allied and friendly nations. We cannot here and now be unmindful that His late Majesty King Edward VII was the foremost champion of the European freedom and civilization for which Edith Cavell gave her life. To-day we enshrine her memory.”

“ COURAGE AND RESIGNATION RARELY EXCELLED.”

Queen Alexandra replied in the following terms:—

“ I sincerely thank the Mayor and Council of the City of Westminster for the welcome they have given me this morning, and you, Lord Burnham, as Chairman of the Cavell Memorial Committee, for your kind words and touching references to my beloved husband King Edward. It gives me the greatest pleasure to unveil this statue, and to have the opportunity of expressing my admiration and respect for the memory of that good and brave lady Nurse Edith Cavell. I hear with interest from Lord Burnham of the wonderful response which has been made to the appeal issued by the *Daily Telegraph*, and that all classes of the community have so generously subscribed to the monument. This beautiful statue—the work of our distin-

guished sculptor Sir George Frampton—will stand for all time as a memorial of one who met a martyr's fate with calm courage and resignation which has rarely been excelled, and we recall the beautiful words which, when death was very near, Miss Cavell wrote to a friend:—

‘Nothing matters when one comes to the last hour but a clear conscience before God. I wish you to know that I was neither afraid nor unhappy, but quite ready to give my life for England.’

“The countless thousands who will pass this spot in our time and in future generations will think with sorrow of her cruel death, with pride of her splendid fortitude, and with affection of her unselfish and womanly character. The example of Miss Edith Cavell's life will be always before us, and her name will remain honored and revered throughout the Empire. I am particularly glad to welcome the Belgian delegation to-day, and to join with the Queen of the Belgians in presenting our National Flags upon this occasion. The blending of them together is symbolical of the friendship and alliance which exists and, please God, will always exist between our countries. Once more I thank you, with my assurances that it has been a privilege and pleasure to me to perform this ceremony to-day.”

#### IMPRESSIVE CEREMONY.

The scene at the unveiling ceremony was a remarkable and impressive one. Sightseers thronged the whole neighborhood of the statue. On every side of it, save only where a carriage-way was kept open for Queen Alexandra, there was a sea of faces, all strained earnestly towards the veiled statue, and on the fringes of the great crowd house roofs, windows, and other points of vantage were fully occupied. In the reserved enclosure about the base of the statue were a number of representative people, including Mr. Burdett Coutts, member for the Abbey Division of Westminster; Mrs. Asquith, Mr. Gilbert (new Chairman of the L.C.C.), the Dean of Westminster, the Lord Mayor and Sheriffs of London, the Bishop of London, the Belgian Ambassador, Sir Alfred Mond, and Viscount Knutsford (Chairman of the London Hospital.)

Among those in the immediate neighborhood of the enclosure were nurses from all the London hospitals and from the Ecole Cavell at Brussels. A guard of honor of the Coldstream Guards was posted on one side of the statue. Drummers and buglers occupied a position on the southern side of the plinth, and the band of the Coldstream Guards was in position on the opposite side.

Queen Alexandra, who was accompanied by Princess Victoria and was attended by several members of her suite, including Earl Howes, the Hon. Charlotte Knollys, General Sir Dighton Probyn, V.C., and Colonel Sir Henry Streatfeild, was received with ringing cheers and with a Royal salute.

After the address and reply, the Bishop of London stood on the plinth immediately beneath the figure of Nurse Cavell, and offered a short dedicatory prayer.

#### THE STATUE UNVEILED.

Queen Alexandra, at the invitation of Viscount Burnham, drew the central rope holding the veiling flags in position. Meanwhile Miss Monk (Matron of the London Hospital) and Miss Smith (Matron-in-Chief of Army Nurses) assisted Her Majesty by pulling on supplementary cords.

When Sir George Frampton's work was fully disclosed to view there was a period of tense silence, broken by the band in the rear, which commenced to play a verse of "Abide with me." The multitude sang to their accompaniment, but it was at best only a feeble performance, and the last words ended in something very like a sob. It was noticed that many of those in the huge assemblage, particularly the women, were moved to tears by the pathos and significance of the occasion. Following the hymn came the sounding of the "Last Post" by the buglers, and then, after an impressive roll of drums, *Reveille* also was sounded, and so ended the notable ceremony. A further Royal salute was given, and the National Anthem was once again played as Queen Alexandra drove back to Marlborough House amid the renewed cheers of the people.

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## TRAINING SCHOOL REGULATION AND NURSE REGISTRATION

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WE have received a copy of regulations suggested for training schools for nurses and registration of nurses. Graduates of registered training schools resident and practising in Ontario, twenty-one, and of good character, having passed the Board of Examiners (hereinafter referred to) may use the title R. N. Fee \$5.00. Applications for registration will have to be made to the Council of Nurse Education. Examinations will be held twice yearly, of which notice will be given. The council shall appoint two nurses in each district as examiners. The fees go to the Department of the Provincial Secretary; this department will pay the examiners. Former graduates of approved training schools will escape exams. Nurses in training of approved schools will be admitted on passing their own school finals and payment of fee. Registered nurses of other provinces or states need not be examined to get in. Nurses from provinces or states which have no register, graduates of approved schools, if practising one year, are allowed in—within two years after the coming into force of the Act; as may also non-registered nurses graduated from a registered school in a province or state in which registration obtains; if in practice a year, a certificate is given. There is an annual fee of \$1.00.

The Nurse Education Council shall be composed of the inspector of hospitals, three physicians and five teaching nurses.

### INSPECTOR OF TRAINING SCHOOLS.

(a) There shall also be appointed an inspector of training schools for nurses, the appointee to be a nurse who may be recommended by, but not a member of, the Council of Nurse Education. This officer shall be appointed by, and be attached to, the Department of the Provincial Secretary, and shall be paid a suitable salary in addition to travelling expenses.

(b) The inspector of training schools, in conjunction with the Council of Nurse Education, shall draw up regulations for



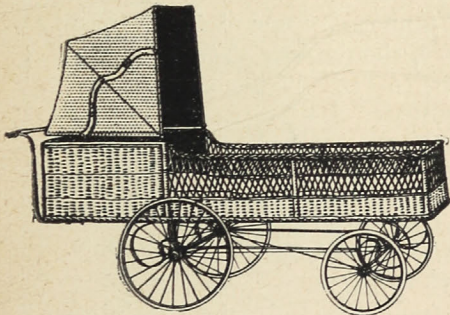
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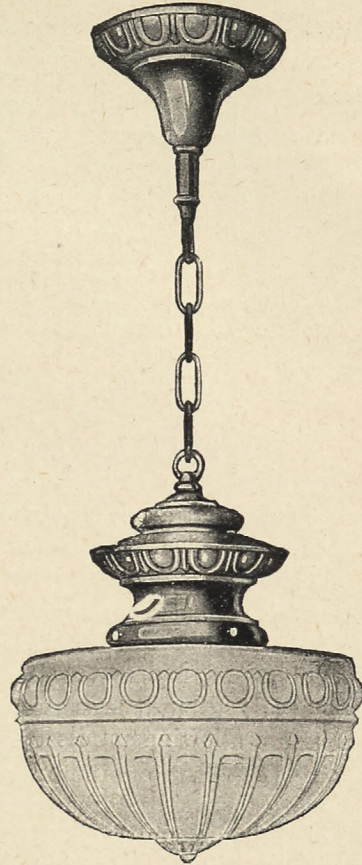


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the conduct of training schools for nurses in the Province, subject to the approval of the Lieutenant-Governor-in-Council, and shall keep a register of such schools as meet the minimum requirements, which register shall at all times be open for inspection by members of the council.

Such registered training schools for nurses shall maintain a standard as to facilities and curriculum not lower than that set forth in the following:—

THE FOLLOWING GENERAL RECOMMENDATIONS ARE MADE.

(a) That at least one year High School or its equivalent be required for standard of admission.

(b) That a probationary term of not less than three months be maintained, and that probationers be admitted if possible in classes at regular intervals.

(c) That a preliminary course of study, of not less than three months' duration be given to each class, such course to include practical demonstrations of general nursing methods.

(d) That at least two weeks of preliminary course be given before allowing pupils to assume any nursing responsibility.

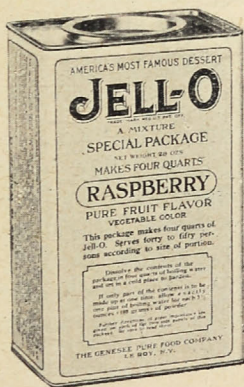
(e) That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. All time lost by illness of pupils should be made up at the end of the course.

(f) That all hospitals which cannot give one of the courses hereinafter outlined in its entirety, should seek affiliation with other hospitals in the subject not covered by the class of patients under treatment.

(g) That a vacation of at least two weeks per year be allowed all pupils.

(h) That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as superintendent of nurses.

(i) That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the



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minimum course, or arrange affiliation with other hospitals that will provide full equivalents.

(j) That training schools should not be maintained in any hospitals without at least two paid resident instructors being provided for the teaching of nurses, one of whom must be principal of the training school, and the other day assistant. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number of qualified graduates should be considered the absolute minimum, irrespective of the size of the school.

(k) The superintendent of nurses must be a registered nurse or be eligible for registration.

These regulations shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family of the sick person, nor to any person nursing the sick for hire, who does not in any way assume or pretend to be a registered nurse.

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### The Coming Census

CANADA is preparing to take a census, in 1921, of the dwellers within the nation's borders—a task which was last undertaken in 1911. It is suggested that among the questions to be asked there might be included an inquiry as to the smoking proclivities of the people. Certainly there has been a remarkable increase during the past ten years in the use of tobacco by citizens of the Dominion, with a decided preference for the cigarette as the favored form of smoke.

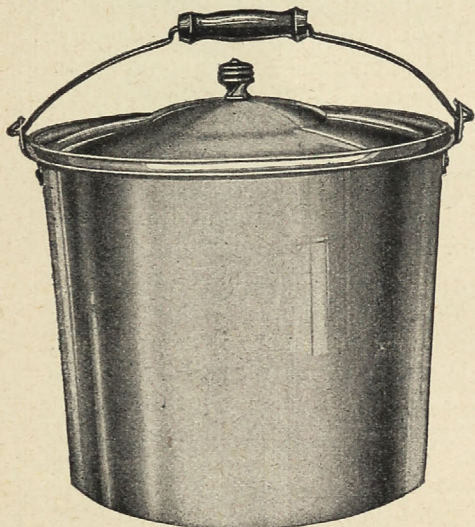
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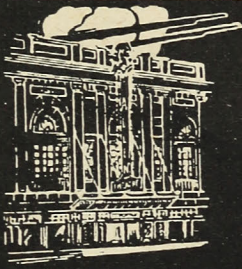
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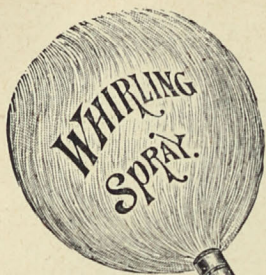
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"THE LANCET"

The Durham Duplex Razor Safety, therefore, admits of that satisfactory diagonal sweeping stroke across the face, which leaves a perfectly smooth surface. The beard yields readily before its movement. It shaves, and does not in the least degree scrape. The keen edges last a long time. The moment its advantages are learned the razor becomes a favorite. The razor we examined and submitted to careful practical trial.

"THE BRITISH MEDICAL JOURNAL"

The Durham Duplex Razor Safety is well guarded so that an accidental cut seems almost impossible, while to many who have been in the habit of shaving themselves for years it will present the advantage that it can be used in the way to which they are accustomed in rounding corners and negotiating wrinkles.



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**Important Notice:** Beware of other vaccines said to be detoxicated. All vaccines sent out by us have been detoxicated personally by the actual discoverer of the process.

**Leading Venereal Experts in London, Edinburgh, Brussels, etc.,** unanimately agree that our detoxicated gonococcal vaccine is greatly superior to any other hitherto produced, and that this discovery marks an important advance in vaccine therapy. (See *Practitioner*, Jan., 1920, etc.)

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| <p><b>1—Influenza and Pneumonia.</b></p> <p><b>2—Common Colds and Catarrhs,</b><br/><i>e.g.</i> Coryza and Bronchitis, etc</p> <p><b>3—Gonococcus Infections,</b><br/>(A) Pure Gonococcal Vaccine for acute Gonorrhœal Rheumatism and Epididymitis. (B) Gonococcus + Secondary Organisms, for Gleet, Prostatitis and other chronic Gonorrhœal Infections.</p> <p><b>4—Staphylococcus Infections,</b><br/><i>e.g.</i> Acne, Furunculosis, Boils, Abscesses, Osteomyelitis, etc.</p> | <p><b>5—Streptococcus Infections.</b><br/>Abscesses, Septicæmia, Puerperal Fever, Erysipelas, Rheumatism and Arthritic affections, Pyorrhœa and Tonsillitis, etc.</p> <p><b>6—Bacillus Coli Infections,</b><br/><i>e.g.</i> Cystitis, Pyelitis and Bacilluria, Colitis, etc.</p> <p><b>7—Tuberculosis.</b><br/>Limited quantities of Detoxicated Tubercle Bacillus are now available.</p> <p><b>8—Cerebro-Spinal Meningitis.</b></p> |
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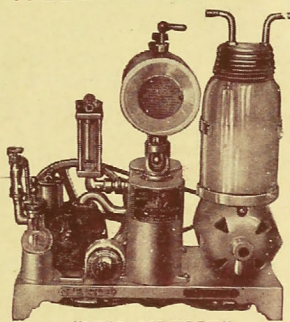
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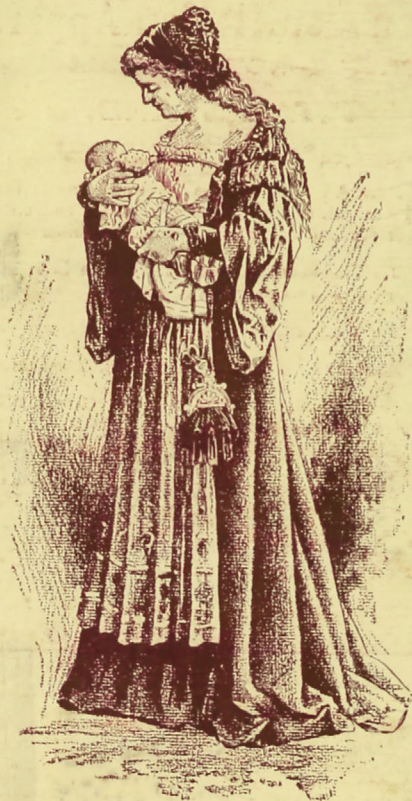
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