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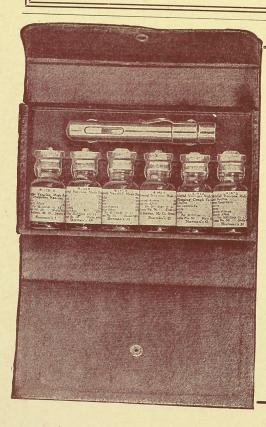
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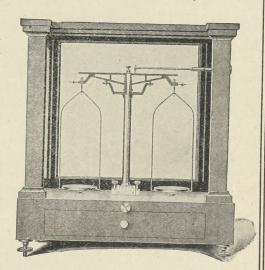
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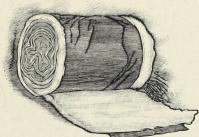
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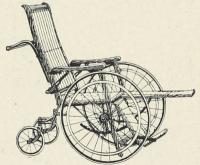
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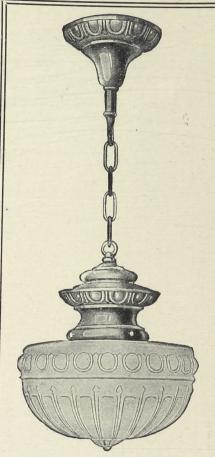
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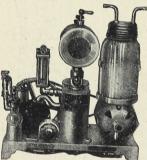
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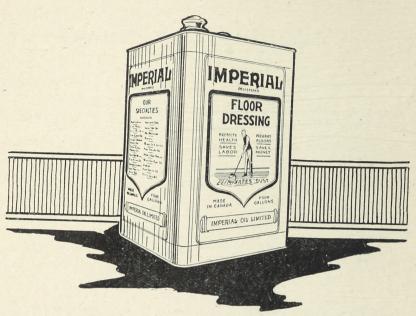
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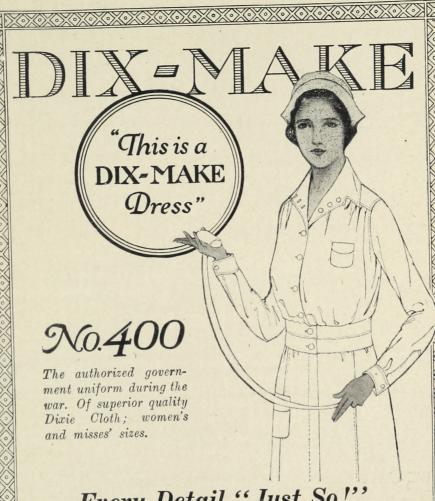
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TORONTO, CANADA

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

Vol. XIX.

TORONTO, MAY, 1921

No. 5

### **Editorials**

## THE DISTRICT HOSPITAL AND MEDICAL HEALTH CENTRE

THE District Hospital and Medical Health Centre now has the centre of the stage. Throughout the United States (and we hope Canada will follow, or better, lead) there is a movement on foot to provide hospitals for every district—one, two or more municipalities. Saskatchewan has already such a plan legislated for (in so far as the hospital end of the project is concerned), and has some forty or fifty hospitals already running, and as many more under way.

In the United States it is proposed to have a medical and surgical building with an obstetric department; a contagious building, and a tubercular building. Of course there must be laboratory and X-ray facilities. An internist will be responsible for all work done on the medical side and a surgical

H.W.-2

chief for that of the surgical. Any reputable physician may bring his confinement case in and look after it.

It is contemplated that there shall be a nursing staff. One of the prominent men who endorses the scheme suggests that all nurses be graduates. As to having a training school, the number of patients to be accommodated—whether sufficient to allow of a practical training to the nurses—would decide that point.

As a health centre an additional building would probably be required. In it the activities of visiting nurses, baby welfare, venereal workers and the like could be carried on. In the United States there is talk of connecting up with the State Department of Education.

The Health Centres Bill in New York State, according to Dr. E. L. Hunt, in the New York State Journal of Medicine, stipulates that—

The Board of Supervisors of any county could establish a health centre, which would serve the whole or part of the county. The plan was optional. The details were as follows: The erection of hospitals, the formation of clinics for outpatients, clinical, bacteriological, X-ray and chemical laboratories; the establishment of public health nursing service, and headquarters for all other public health, medical, nursing, and welfare agencies of the district; co-operation with the State Department of Education in securing proper medical supervision and medical inspection for school children; periodical medical examination of such inhabitants of the district as desired it.

The location, site, plans, and initial fixed equipment of the centre would be subject to the approval of the State Commissioner of Health. The Board of Supervisors, when they had decided to establish such a health district, would have certain powers which would be to purchase or lease real property, to enter into contrcts, to cause to be assessed, levied, and collected such sums as they might deem necessary, to accept and hold in trust for the county any grant or devise of land, and to appoint a Board of Managers of the Health Centre, which should consist of eight members, including the Commissioner, the President of the Board of Health, and of the other members at least one woman and two duly licensed physicians.

Their powers would be: to appoint a Superintendent, to fix the salaries of the Superintendent, to exercise general management and control of the said health centre, grounds, buildings, offices, attendants, physicians, employees and inmates thereof; to make such rules and regulations as advised by the Medical Board as being necessary for the study of the nature and cause of death in cases terminating fatally; to make rules and regulations regulating the fees to be charged for all medical and surgical services, to fix the salaries of attending physicians, and to make rules and regulations for the carrying into effect the purposes of such health centres; to erect all additional buildings; to employ within the limits of its appropriation public health nurses; to appoint a Medical Board; and to appoint and employ, after consultation with the Medical Board, all members of the medical, surgical and laboratory staff of the Health Centre.

The Superintendent of the Health Centre would be the executive officer subject to the Board of Managers, and to the approval of the State Commissioner of Health. His duties would be to equip the Health Centre, to have general supervision, to appoint any other employees, to cause proper accounts to be kept, to receive, subject to the rules and regulations, into the Health Centre, any person in the health district who might be in need of medical or surgical care, irrespective of whether such person could pay for the care. He would also cause to be made such inquiry as he might deem necessary as to the ability of each patient to pay for his care and treatment.

The bill stated that any physician attending any patient prior to such patient's admission to the hospital or the Health Centre should be allowed, if the patient so desired, to continue such treatment while the patient remained in the hospital.

In the cities the bill provided that the Mayor appoint the members of the Board of Managers of such Health Centre, and that the Board of Health of such city, if there should be one, should be appointed as now or hereafter provided by law.

The State, through the Legislature, should provide the following aid: For the construction and equipment of hospitals, one-half of the cost thereof; a grant of seventy-five cents per day for each free patient maintained in any hospital operated as a part of such Health Centre; a grant for the establishment of each out-patient clinic; a grant towards the ordinary current expenditures for free treatment; a grant of one-half of the actual cost of maintenance of the laboratory or laboratories of health centres not in excess of \$3,000 per annum for each laboratory, and of \$1,500 toward the initial installation.

The work of all health centres, including the hospitals, clinics, laboratories and so forth, should be inspected and standardized by the State Department of Health, and all the state grants herein provided for should be paid only on the written approval of the State Commissioner of Health, after inspection of such centre. Provision should be made by the State Commissioner of Health for occasional or periodical consultations and clinics at the health centres by specialists in medicine and surgery.

Persons able to pay in whole or in part for such services would be charged a reasonable sum therefor, and the sum so received would be paid into the treasury of the Health Centre. It was not intended that this arrangement should in any way affect the private relation which might exist between the patient and his own physician who might bring him to the Health Centre.

This is as short a summary of the Health Centre Bill of 1920 as I can make in eight minutes. This measure is dead and not now before the Legislature. We have been given to understand, however, that a measure similar in principle but

differing in detail will probably be presented to the Legislature

at the coming session.

There are many arguments in favor of this measure, and there are many arguments against it. It seems to me that there are three big questions which at once present themselves and which ought to be decided by you: (1) Will this legislation affect the community favorably or adversely? (2) Will this legislation affect the medical profession favorably or adversely? (3) Assuming that the two conflict, what is your duty as a medical man?

#### HOSPITALS FOR INSANE IN CHINA

A NATION-WIDE search for a man who is greatly needed, but who may not exist, is announced by the Presbyterian Board of Foreign Missions, 156 Fifth Avenue, New York City. "We must have him," and "There isn't any such man," representatives say, almost in the same breath. Wanted—A Doctor! That seems simple, but the Foreign Board's specifications have so narrowed the field that up to date not a solitary candidate has been found. The doctor must be under 35. He must have a knowledge of psychiatry, or be willing to learn at once the rudiments of that science of mental diseases. Such a man is greatly needed in the medical missionary work of the Presbyterian Church for a special task in China.

Twenty-three years ago, for the first time in the long history of China, a hospital for insane was opened in that land by John G. Kerr, M.D., LL.D., in Canton, where many years earlier foreign medical

work had had its very beginning. More than 40 years of his life had already been spent by Dr. Kerr in the ministry of healing as a medical missionary connected with the Presbyterian Church, North. Being 73 years of age when he took up this new work he was obliged after three years to lay it down. this time was long enough to see the enterprise which he had long wished to inaugurate a growing institu-Its reason for existence was to extend an asylum and treatment to Chinese insane, and to give to the recovered patients and their visiting friends as well as to the helpers and neighbors, by word and by life, an opportunity to hear and see the Christian gospel of salvation and service. The hospital has now a population of more than 100, and it would have been much larger had land and buildings been available for all for whom admission has been sought.

With the exception of Mrs. Kerr, in charge of the evangelistic work, and two American physicians, the staff and helpers are all Chinese. Another American physician is needed. Few are offering their services for foreign mission work and few have made psychiatry or mental diseases their specialty. Thus far, no man with all the proper qualifications has been found to answer the call. The Presbyterian Board asks, is there not some physician in Canada with a desire to help give the gospel to the people of China, a physician having a knowledge of psychiatry, and who is not above 35 years of age. who will volunteer for this service? If this call

reaches some Christian physician even without a knowledge of psychiatry, but willing to spend a year or two in special preparation for practice among the insane, the Presbyterian Board will be glad to get in touch with him. It is not at all necessary that he be a Presbyterian.

#### ARE HOSPITALS SAFE FROM FIRE?

Are Hospitals Really Safe From Fire?—Many people indeed will tell us that there is no danger of fire in the modern hospital. An indisputable answer to this question is the fact that in 1920 there was a loss of \$215,753 from fire in the hospitals of Ontario. We sometimes fail to appreciate the seriousness of the situation, simply because good fortune has shielded us from the intimate touch of the fire scourge.

Should Hospitals be Absolutely Safe from Fire?
—Every thinking person will find an answer in the undeniable silent appeal of thousands of helpless patients, including aged and children, whose lives cannot be measured in money and who require the greatest security from alarm or panic in their fight for a renewal of life.

Is the fire equipment adequate, and is it inspected and tested at regular intervals by a responsible person? Have you a well trained organized department to operate the equipment if the necessity arises? Remember that the equipment in such an in-

stitution should be of the very highest possible standard, and also bear in mind that unless you have an organized fire department under a capable, responsible head, your equipment will probably prove of little use in the excitement of the critical hour. To assist the fire-fighters by preventing the spread of fire, particular attention should be paid to the construction of the building. By means of fire walls and fire doors, vertical divisions should be made to avoid the horizontal spread of fire and to permit of the rapid and convenient removal of patients to safety on the same floor. Stairways, elevator shafts, linen chutes, and dumb waiters should be enclosed in fire-proof walls and provided with automatic closing fire doors to prevent fire from travelling from floor to floor. Such a construction would limit the spread of smoke and so prevent fear and panic among the patients. Could you carry patients down your fire escapes, even when not threatened by fire? Enclosed fire-proof stairways should be previded of suitable construction and dimensions for the removal of patients on stretchers if such a step became necessary.

Above all, Prevent Fire.—Avoid all accumulation of waste paper, packing material and other refuse. System and Order mean Safety.

# The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

#### Inronto. Canada

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

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## Original Contribution

#### THE ARCTIC HOSPITAL\*

By Hudson Stuck, D.D., F.R.G.S.

Archdeacon of the Yukon; Author of "Voyages on the Yukon,"
"Ten Thousand Miles with a Dog-Sled," etc.

I WISH very heartily that I were not at liberty to use the title set at the head of this paper; that I were compelled to say "An Arctic Hospital" instead of "The Arctic Hospital"; but so far as I know (and I think I know all the way) there is not on the American continent north of the arctic circle any institution for the care of the sick save St. Stephen's Hospital at Fort Yukon. So far as America is concerned it is "The Arctic Hospital."

There is an unfinished building at the village of Kotzebue, on the sound of that name, intended for a hospital, but no physician and no nurse. There is a physician at Point Barrow, the most northerly point of Alaska, 500 miles north of Kotzebue, but he has no place in which to take care of his sick and no nurse. I went his rounds with him one day last winter and saw a number of patients who should have been in a hospital, and I am glad to learn that there is a probability that this sore need will be supplied next summer by the Presbyterian Church, which maintains the mission and the physician there. There is, I am told, sometimes a physician at the Northwest Mounted Police post at Herschel Island, on the Canadian arctic coast, 400 or 500 miles to the east of Point Barrow, but there was none last winter, nor had been since the war began, and there is no building on the island for the care of the sick.

To-day St. Stephen's Hospital at Fort Yukon is the only place where medical and nursing care may be had in all the "arctic sixth" of North America.

The Yukon River, pursuing a remarkable course through the very midst of the great peninsula of Alaska, reaches its most northerly point at Fort Yukon, a mile or two within the

<sup>\*</sup>Courtesy of "Scribner's," New York.

arctic circle, and immediately thereafter makes the great bend by which its hitherto main northwesterly direction is changed to a main southwesterly direction for the 1,200 miles it has yet to flow to Bering Sea. At this point it receives, from the northeast, its important tributary, the Porcupine, with 500 miles of navigable length, and a little lower down the Chandalár comes in from the northwest. Many other streams, each with its complement of native inhabitants, join with the Yukon or with one of these large tributaries in this neighborhood, so that Fort Yukon has long been a centre for mission and for trading purposes, and may be described as the native metropolis of these parts—of the great central basin of the interior known as the "Yukon Flats."

On the Yukon River itself, 350 miles up-stream from Fort Yukon, is Dawson, the capital of the Yukon Territory, with a hospital; and 350 miles down-stream is Fort Gibbon, with its post surgeon and hospital; but the former is in Canada and will not receive Alaskan Indians, and the latter is a military hospital and will not receive Indians at all.

St. Stephen's Hospital is primarily a part of a plan to provide medical care for the natives of interior Alaska, long neglected in this respect by the Government of the United States, and owes its establishment to the efforts of Bishop Rowe and his clergy, and its support to the missionary society of the Episcopal Church.

Ever since the Territory came under American rule the medical needs of the natives have been urged upon the Government. The reports of the earliest governors of Alaska beg for prompt consideration of the matter; the report of the last governor returns energetically to the charge. Says Governor Strong (Report of 1917): "Without medical relief all other plans for the natives are necessarily futile. While the service now rendered in the few places mentioned is efficient and valuable, the total results are meagre when compared with the total native population."

The recent reading of a long file of governors' reports and educational reports and special agents' reports leads to a question whether the government printers are not those chiefly benefited by the preparation and publication of such documents. For all the effect produced by them they might as well have been corked up in bottles and year by year cast solemnly into the sea; they would have had as much influence in the bellies of sharks and whales as in their respective pigeomholes at Washington. Thirty years ago the same needs were urged, the same glaring faults and incongruities of administration were pointed out, the same suggestions for improvement were made, "most earnestly and respectfully," as appear in the reports to-day.

The few places referred to by Governor Strong where medical aid to the natives is furnished by the Government are mostly on the coasts; for the whole of the interior a makeshift hospital at Nulato is the only government provision, unless the supplying of some drugs and bandages and liniments to school-teachers without any medical training be counted; and Nulato is upwards of 500 miles from Fort Yukon. What has been gained from Congress for the care of the natives has been gained by the ceaseless importunities of the Bureau of Education. Last year the bureau succeeded in securing an appropriation of \$50,000, instead of the \$25,000 previously appropriated for medical relief, but the present appropriation would have to be multiplied a number of times to enable the bureau to cope with the conditions.

So the hospital at Fort Yukon, which itself cost \$25,000, and has a maximum accommodation of twenty beds, is part of a plan to supply the deficiencies of the Government. It receives and cares for sick or injured natives regardless of any consideration except the needs of the individual case; it even sends for them and brings them in by a dog team in the winter and a launch in the summer, if there be no other ready means of their coming. It does not care whether they be Alaskan or Canadian Indians (an often impossible distinction amongst people some of whom shift their residence back and forth across the international boundary as freely as they did before that line was drawn). If they be in need of medical attention, they are welcome to the best we can give, without any charge whatever.

But while primarily a native hospital, it does not refuse white patients—how could it when there is nowhere else to go? It reserves a room for them, and in the three years in which it has been in operation has received a number from far and near. The first patient of any kind, before the hospital was really open, was an old-timer of the Yukon who had frozen both his feet severely, a case that called for long detention and much tedious, careful surgery. The second white patient that I recall was a very striking case, a woman whose head was nearly cut off by falling against a revolving saw; fortunately, despite the fearful lacerations of her neck, the great blood-vessels were not severed, and, to the astonishment of everyone, she recovered. I shall never forget the ghastly sight as she was borne to the hospital on a door; she looked as Mary Queen of Scots might have looked had the executioner fumbled his blow and a reprieve arrived before another could be given—her gray hair all dabbled in her blood. Early last spring an explorer, suffering from complications following a long siege of typhoid fever, was hauled 400 miles or so by dog-sled from the arctic coast, and when he was entirely recovered he told me that he believed he would have died had he not come here, though I think his restoration to health was due as much to the long journey in the open air as to the treatment at the hospital. Last summer a woman, taken suddenly ill on a steamboat, was brought ashore on a stretcher, and the captain said: "Thank God for this hospital; I thought she would have died on my boat."

Nine-tenths of the work done by the hospital is, however, native work; and just as soon as one begins to talk about native hospital work, tuberculosis thrusts up its ugly head, above all accidents, above all diseases whatever, for it is the scourge of Alaska, just as it is the scourge of our great cities. Of the ninety deaths recorded since our resident physician, Doctor Grafton Burke, came to Fort Yukon, forty-six are set down as due to tuberculosis in some form or other, with suspicion of the same in other cases, so that we may say that there are more deaths from tuberculosis than from all other causes put to-

gether.

Whether or not this disease were known before the white man came to the country seems uncertain, physicians with experience amongst the natives, and even the oldest natives themselves, holding contrary opinions; but it is certain that if the disease be indigenous, its ravages have greatly increased since 'the white man's coming; for which there is sufficient explanation in the change of habits which intercourse with the whites has brought about.

Tuberculosis in the arctic regions is fostered and is checked by the same causes that foster or check it elsewhere; and a people of wandering tent-dwellers changed by the introduction of edge-tools into a people of more stationary log-cabin dwellers, a people of fur-wearers changed by the constantly increasing market for pelts, and the introduction of manufactured clothing into a people, in the main, of cotton-wearers, present as favorable conditions for the growth and dissemination of this disease as do those who have migrated from the sunny vineyards of Sicily to the slums of New York.

Resumption of the primitive Indian conditions of life, however desirable it might be from an exclusively hygienic point of view, is out of the question; the influences against it are entirely too strong. The remedy must be sought in improving the new conditions rather than in a return to the old. That improvement goes on, slowly but surely; the cabins become more commodious and better ventilated; personal habits more cleanly; the rules of health more generally known and observed. If there be any way in which such improvement may come other than slowly and gradually, those who are working for the Yukon Indians have not discovered it. It is only in theory, I think, that such things are done out of hand.

Meanwhile the hospital performs a function of very great value to the upbuilding of the general health in receiving cases of incipient tuberculosis and subjecting them to a régime of recuperation such as cannot be carried out save in an institution of this sort. Children who give early warning of pulmonary lesion, children with broken-down and suppurating neckglands—that common and offensive evidence amongst Indians of tuberculous invasion—improve often into perfect health; and there are already a number whose lives have thus been saved. One of our two wards is set aside for such cases, and at the

present writing has five children in it.

There are great and special difficulties in conducting a hospital in the arctic regions. It is, of course, well understood by those read in geography, though not yet, I think, in gen-

eral, that the extremes of the world's cold are to be found in continental interiors, such as Alaska and Siberia, and not in the marine climates of the shores of the most northerly lands. A greater degree of cold is recorded every winter at Fort Yukon than any that Admiral Peary encountered on his journey to the North Pole. The lowest temperature I can find in the account of that journey is —59 F., while at Fort Yukon a temperature of —68 is not uncommon, and I have myself recorded a temperature of —72 in the Yukon Flats. Temperatures fluctuating between —50 and —60 sometimes last for weeks at a time. A plus temperature in December or January is a very rare thing, and is sometimes entirely lacking in the months of November and February also.

The difficulty, obvious enough, of the proper steady heating of a large building under such climatic conditions, with wood as the only fuel, is not the greatest one; the water supply is more onerous and painful. Hospitals require much water, and the supply cannot be stinted without detriment. Moreover, this hospital is lit by an acetylene-gas plant, which in the dead of winter consumes 250 gallons a week. Where every drop of water must be obtained by breaking open afresh a hole in the river ice (which attains a thickness of from four to six feet during the winter), dipping it out into a tank on a sled drawn by dogs, hauling it up a steep bank, and to the hospital door, and then carrying it in buckets to the various receptacles throughout the building, the provision of this prime necessary becomes the heaviest daily task in the conduct of the institution, and has no counterpart at all in hospitals "outside."

So onerous and painful did it become that almost any expense that could be compassed seemed justified in an attempt to remove it, doubtful of success though the attempt might be.

At first we tried for a well. With a prospecting boiler and steam-points we sank 130 feet through frozen sand and gravel without any success. That is, I think, the deepest hole ever sunk in the Yukon Flats (which is not a mining region), though elsewhere in Alaska holes have been sunk more than 300 feet without getting through the frozen ground, and since we struck no "thawed streak," and therefore no water, it seemed useless going any farther. Then we tried another plan.

From a level in this shaft below the lowest water in the river we drove a tunnel, by the same means, right out to the river, tapping its bed, a distance of 170 feet. The first tunnel was too small and froze up; so we thawed it out with the steam-points and enlarged it. Now we have plenty of water in our shaft, and since it has stood nearly through one winter without freezing up, we begin to be reasonably sure of its permanence. But, strange to say, though the free connection of the water in our shaft with its source of supply is proved by its rising and falling as the river rises and falls, the water is so heavily impregnated with alkaline salts as to be of little general use.

One would hardly believe that the soft, excellent water of the river could be so changed in character by passing through a short tunnel, and one can only suppose a layer of some very soluble mineral salts to lie along its walls or under the bed of

the river.

So the dog-sled, with its galvanized-iron tank, still goes down to the river and brings up water from beneath the ice for cooking and drinking and laundry, and there seems little prospect that our winter supply of potable water can be secured in any other way, though the tunnel may scour out and its water improve in course of time. The well is worth what it has cost, for bathing and scrubbing and acetylene water, but it is a great disappointment that it falls so far short of the relief it was expected to provide.

Fairly well equipped in a general way though St. Stephen's Hospital is, further provision must be made if it is to work most efficiently for its tuberculous patients. The treatment by fresh air and sunshine which yields such good results elsewhere is equally valuable here, but again the climate interposes special difficulties. In the summer there is continuous sunshine, but there is also such a plague of mosquitoes and flies that much of the time it is impossible to expose any part of the body outdoors without nets and veils; in the spring and fall there are many bright days, but they are commonly attended by a keen wind that equally forbids exposure.

What is needed is a "solarium," a chamber of glass sashes, completely screened from insects, in which advantage may be taken of all the sun of the year; in which children may be

exposed naked to its germ-destroying and invigorating rays. Such an addition would be of great help in the most hopeful part of our medical work, the abortion of incipient consumption and the restoration of invaded glands. In these last-mentioned cases it is sometimes wonderful to see the contracting and closing of open neck sores, the gradual overspreading of the places with new, healthy flesh and skin, under no other treatment than prolonged exposure to direct sunshine.

The cementing of the basement, now merely an excavation in the earth, so that it may be utilized for laundry purposes, is also much needed, proper hospital economy in these parts demanding that all possible activities be gathered under the one roof. And the problem of drainage is only temporarily solved by a cesspool which it is very difficult to keep open in winter.

As it stands, however, St. Stephen's Hospital has already brought new hope to those who are laboring for the survival of the Yukon Indians, and now that the cessation of the war will allow the staffing with physicians and nurses of the sister institution already built and equipped at Tanana, 350 miles farther down the river, that has awaited its staff these three years past, we shall attack the problem of disease amongst the natives of the middle river with some prospect of coping with it.

Here is an immense country, inhabited from immemorial times by a vigorous, self-supporting native people; a country that is never likely me judice, so far as much the greater part of its whole area is concerned, to have any other inhabitants. There is no doubt that it once supported a much larger population than it does to-day, and there is no doubt that it could support to-day a much larger Indian population than it does. It is still a fine Indian country and it shows no sign of even a tendency to become anything else. If any notion has been entertained of white men pressing upon the Indian lands of Alaska as they pressed upon the Indian lands of our Western States, let it be dismissed at once as utterly without foundation.

Of late years there has been much extravagant stuff written about Alaska. Fifty years ago the country was laughed at as "Seward's Folly," and a general impression obtained that it was a land of permanent ice and snow. Now it is glowingly

H.W.-3

described as "the world's treasure-house of mineral wealth and agricultural possibility;" and there is as much truth in the one extreme as in the other. The favorite term for its mineral wealth to-day is "incalculable," and I have no quarrel with the term; where there are no figures there can be no calculation, and, save as regards gold, the mineral resources of the interior are virtually unknown. Its swamps and scrubby woodlands and tundra are spoken of as "millions of acres waiting for the plough," and I do not take exception to that phrase either; they are undeniably waiting.

Setting aside the mineral wealth, which is doubtless great (though probably entirely non-existent in the region of the Yukon Flats), the agricultural possibilities of the interior are in reality very slight compared with its vast area, and those who are really familiar with the interior know that its main resources are never likely to be other than they are now—fur and game and fish. But fur and game and fish are precisely

the resources that make a fine Indian country.

Is there any sense in permitting a country to be deprived of the only inhabitants it is ever likely to have? In all the wide region north of the Yukon, and in much else of its interior area, a prolonged winter of rigorous, inclement weather, an intractable soil, forbid to any sober eye the settlement of the country with farms and ranches, forbid its occupation by white men unless they are willing to live as Indians live, to become, economically Indians. Speaking broadly, all the white men who live north of the Yukon, save a handful here and there engaged in the temporary occupation of placer-gold mining, are married to Indian women; and the number is very small.

I can see no economic threat to the survival of the natives of the interior unless the iniquity of salmon canneries be permitted at the mouth of the Yukon, for the fish that annually come up this great river constitute the staff of life of man and of man's indispensable servant, the dog. In the course of generations it might be possible that our icthyophagous, carnivorous Indians could be trained to live upon turnips, as the fish-canners and their friends so considerately suggest they should do; but I have grave doubts about the dog. And certainly to-day to intercept and capture the migrating salmon will bring starvation to man and beast, just as surely as intercepting and

capturing the railway trains that carry flour to New York would bring starvation to the metropolis.

Last summer a beginning was made; a cannery was permitted at Andreafsky, just above the junction of most of the delta mouths, and almost all the king salmon caught here in the Yukon Flats bore marks of the nets from which they had managed to escape a thousand miles away. Another season the nets will be stouter or of finer mesh, and should this wicked thing still be tolerated, despite all our protests, a race of self-supporting and inoffensive people, scattered over some hundreds of thousands of square miles, will be sacrificed.

I was struck last summer by the spectacle of our Indian people contributing to the relief of the starving Armenians, themselves dismayed at the meagre catch of net-marked salmon, and at the threat of starvation which those net-marks told them

plainly enough hung over their own heads.

The only other threat to the survival of the race, now that intoxicating liquor is excluded from the Territory, is the threat of disease—of the white man's diseases, smallpox and diphtheria, and measles, and now influenza—and, above all, tuberculosis. The influenza epidemic has not yet reached the interior, thank God, but we are not without apprehension of what next summer's navigation may bring. The tuberculosis threat we believe we can avert; and are actively engaged in that aversion, and desire only more power to our hands along the lines we are pursuing. Already we have reason to believe that the corner is turned.

I may, perhaps, hardly call our Indians a "bold peasantry," and certainly they are not "their country's pride;" their country is quite indifferent to them; their country will spend \$50,000,000 on a railway, but cuts down every year the modest sums asked by the Bureau of Education for their medical care. Such as they are, however, a docile, gentle, industrious, intelligent, and, along their own lines, enterprising folk, I am convinced that "once destroyed" their place "can never be supplied;" and surely an inhabited wilderness is better worth any country's while than an uninhabited one. Goldsmith's hackneyed lines apply just as cogently to the Alaskan Indians to-day as they did to his Munster crofters of nearly two centuries ago.—Scribners' Magazine.

#### Hospital Items

# MOWAT HOSPITAL FURTHER LEASED TO GOVERNMENT

Ar a meeting of the Kingston Health Association on February 10th, the Sir Oliver Mowat Memorial Hospital for tubercular patients was leased to the Dominion Government for a further term of two years, and thereafter the lease will be made year by year, as required. This hospital has been used by the Government during the past five years for returned soldiers, and is at present operated under the direction of the D.S.C.R. There are now 125 patients being cared for in the institution, and the Government has expended \$200,000 in extensions and equipment.

#### WILL SUBMIT BY-LAW FOR HOSPITAL BONDS

The submission of a by-law providing for the issuance of \$125,000 in debentures toward the erection of the proposed Elgin Memorial Hospital was authorized by the City Council of St. Thomas, at a special meeting on January 17th, provision being made that all returned soldiers who are residents of St. Thomas or Elgin County at the time of enlistment be given free treatment, care and maintenance in the institution as long as they require it. A deputation from the Memorial Hospital Committee waited on the County Council at its inaugural meeting the following week and petitioned for a grant from the County.

#### HOSPITAL'S BIG DEFICIT

At the ninety-sixth annual meeting of the Montreal General Hospital on February 15th, the deficit for 1920 was shown to be \$84,000, and "I cannot hope it will be less for 1921," the Superintendent stated. It was shown that out of 5,810 patients admitted to the hospital during 1920, total deaths were 415.

#### TO INSPECT D.S.C.R. HOSPITALS

The Honorary Superintendent of Soldiers' Comforts for Canada, Mrs. Arthur VanKoughnet, left recently for the Maritime Provinces and Quebec, to inspect and confer with the officers and medical directors commanding the D. S. C. R. hospitals. Mrs. VanKoughnet's visit to the hospitals in Nova Scotia, New Brunswick and Quebec is at the request of the Department at Ottawa, and shortly after her return she will visit the D. S. C. R. hospitals in the Western Provinces, as well as British Columbia. Soldiers' Comforts has enlarged its sphere of work, adding several branches which have been most successful.

#### CONSIDER NURSES' HOME

The Board of Health of Toronto held a special meeting in Dr. Hastings' office on March 22nd to consider the site of the new Nurses' Home for the Isolation Hospital. Part of the plans have been completed and the department is anxious that the work should proceed immediately. The proposed site is on the jail grounds adjacent to the governor's residence. The Building will be situated back from the corner of Gerrard Street and Broadview Avenue.

It is expected that 150 nurses can be housed in the new building. The transfer of the nurses to the new building will release more space for the treatment of patients. At present the hospital is greatly overcrowded. Only patients from rooming houses and other places where quarantine conditions cannot be placed are taken in. The estimated cost of the building is \$300,000.

## SITES ARE PROPOSED FOR WHITBY HOSPITAL

Dr. McKay, Inspector of Prisons, Hospitals and Asylums, and Mr. James Govan, Chief Architect in the Provincial Secretary's Department, on February 28th inspected the two sites proposed for the new Ontario County Memorial Hospital, at Whitby. At a meeting of the Hospital Board they advised, if a new hospital were built, its capacity, at the least, should be twenty-five beds. It would cost from \$2,000 to \$6,000 per bed to erect a suitable building, they stated.

If the house of the late Dr. Warren were used as a hospital it could be renovated and equipped at a cost of about, \$20,000, to accommodate ten beds. The average cost of running a hospital in Ontario was \$2.99 per patient per day, Dr.

McKay stated.

#### NEW HOSPITAL WING FOR INDIAN PATIENTS

Work on the Indian wing of the Lady Minto Hospital at Cochrane, Ont., is progressing rapidly. The building is required for the use of the increasing number of Indian patients being treated at the hospital. Some of the patients have come from the shores of James Bay, four coming from Moose Factory last year. The Department of Indian Affairs at Ottawa has contributed nearly \$5,000 toward the cost of the new addition.

#### FIRE AT ORCHARD HOUSE

To presence of mind on the part of Superintendent Dr. W. M. English and other officials of the Ontario Hospital for the Insane, Hamilton, is attributed the rescue of 161 female inmates from fire, which, on February 23rd, gutted the women's wing of the Orchard House, one of the three largest buildings of the hospital, doing damage estimated at \$50,000 or \$60,000.

Energetic action by the staff and prompt response by the city fire department and by near-by citizens, resulted in confining the flames to the two upper floors of the women's wing. Stout fire walls separated this wing from the remainder of the building which would otherwise probably have been entirely destroyed. Comparatively little disorder was created by the

blaze, and all the inmates of the burned building have been accommodated in the main building.

Cause of the fire is still unknown. The flames broke out first in an unoccupied attic room. They were discovered, apparently about the same time, by plumbers working on a lower floor, and by an inmate in one of the other buildings. The alarm was promptly given, both by 'phone to the city fire department, and by the blowing of the hospital's siren, which resounded throughout the whole city.

Work of conducting the inmates of the burning building to safety was at once undertaken by Dr. English and other officials, and carried out with remarkably little disorder. Only one woman, bed-ridden, objected to being removed, and she was carried out by two attendants.

Work of the firemen was beset with obstacles. The road up the mountain-side was in an exceedingly slippery condition, and a high wind had aided in spreading the flames by the time the fire fighters arrived. Fragments of slate, cracked from the roof by the heat, fell in torrents, and flying sparks threatened other buildings near-by. In view of the hazardous conditions which obtained, it is considered fortunate that there were only two accidents recorded: Fireman William Blackwood was overcome by the dense smoke, while Robert Hardstone, assistant gardener, fell twenty feet from a low roof to the ground, sustaining nothing more than a severe shaking-up. Dr. English himself was drenched with water, but continued to lead the rescue work.

Residents of the district responded readily, and lent their aid in salvaging furniture from the building, with the result that only a few iron beds in one of the dormitories were destroyed. The inmates also joined readily in the work of salvage. By half-past one the flames were under control.

Several inmates of the institution took advantage of the outbreak to attempt escape and two succeeded in finding their way down the hillside to the city, where they were taken in charge on John Street, and returned to the hospital. One woman, lightly clad and without shoes or stockings, was found wandering in the snow in the hospital grounds, and was given

prompt medical attention to counteract the effects of shock and

exposure.

W. W. Dunlop, Inspector of Asylums and Prisons for Ontario, arrived on the scene early, accompanied by Mr. A. E. Semple, of the Provincial Secretary's Department, and Fire Inspector William Crawford, and Messrs. A. J. Rattray and E. M. Allen, of the Public Works Department.

Officials were at a loss to account for the fire, and were rather inclined to set it down to spontaneous combustion. The attic room where it originated was unoccupied and was not even used for storage purposes. The conduit system of electric wiring, it is said, precluded any possibility of defective wires.

The Orchard House is a brick structure, four storeys in height, and one of the oldest of the hospital buildings. It is located to the south of the other buildings, and was in the direct line of the high wind which blew all day. Fire Chief Ten-Eyck gave high praise to the work of the firemen and staff of the hospital.

Female inmates of the Orchard House have all been accommodated in the main building. The male inmates, who were temporarily removed from their quarters, were able to return before night, their wing being untouched by the flames. Until further accommodation is provided, it will be necessary to send all fresh female cases to the Toronto hospital. Male patients will be admitted as usual.

There have been three previous fires at the asylum. The first occurred on October 31st, 1886; the second on August 1st, 1911, when nine lives were lost; and the last on April 23rd, 1916, when the other wing of the Orchard House was burned. Fire Chief TenEyck and Assistant Chief James, who led the firemen at the recent blaze, were both on hand at the first fire, thirty-five years ago.

#### NEW NURSES' HOME OPENED'AT KITCHENER

The new Nurses' Home, erected and equipped at a cost of between \$90,000 and \$100,000 by the late Jacob Kauffman and his family, was formally presented to the Kitchener-Waterloo Board of Trustees on April 1st, in the presence of a large number of civic representatives and friends of the institution.

#### NURSES' TRAINING SCHOOL AT BRUSSELS TO BE MEMORIAL TO EDITH CAVELL

ESTABLISHMENT of a Nurses' Training School at the Medical School, University of Brussels, in memory of Edith Cavell and Mme. Depage, who was active in Belgian Red Cross work during the war, and who lost her life on the *Lusitania*, will result from a gift of 43,000,000 francs for new buildings and endowments of the Medical School of the University of Brussels, announced by the Rockefeller Foundation on March 22nd.

The contribution by the Foundation follows a visit to the United States of members of the medical faculty. The Charities Board of Brussels and the University of Brussels, together with the Rockefeller Foundation, plan the expenditure of

100,000,000 francs in new buildings and equipment.

#### GRADUATE NURSES' ASSOCIATION

Addressing the Graduate Nurses' Association on April 1st, his Honor, Lieutenant-Governor Lionel H. Clarke, spoke of the large number of nurses engaged in the Province of Ontario, although he was informed that the supply did not nearly meet the demand. It would be a serious mistake to allow any obstacle to stand in the way of securing a sufficient number of nurses to meet the requirements of every separate community within the province. He spoke with some intimate knowledge of the hospital training given to nurses, and of the skill necessary in the various branches in which they exercised their profession.

He touched upon the increased opportunities now offered in the Public Service Department, and in this respect commended the co-operation that was being advanced by the Red Cross Society, the Public Health Department of the province and many of the municipal authorities. The Public Health Department of the average city had now become one of its most important service agencies, second in importance to no other branch. The Victorian Order of Nurses, his Honor said, was doing most excellent work and reaching classes where the need of such assistance as they were able to give was very much felt.

The Lieutenant-Governor emphasized the importance of a high standard of ethics within the profession, and held that public service of such a character as ought to merit public confidence was rarely denied public appreciation.

Other short addresses were given by Rev. Dr. Renison, Dr. J. Edgar Davey, Mrs. Henry Carpenter, Miss Fairley, President of the C.N.A.E.

A round-table discussion on university courses for nurses occupied the major part of the afternoon session. Mrs. George O'Brien, President of the Hamilton General Hospital Alumnae, conducted the discussion. Delegates spoke both for and against such courses, although it was admitted that the advantages of such courses were being more fully recognized, as was attested to by the general development such instruction was undergoing in Canadian universities. Miss Margaret McDiarmid, Supervisor of the course for public health nurses, Western University, London, read an interesting paper on the encouraging progress this branch of study was making. Such courses from the standpoint of the student were explained by Miss Blackstock, Toronto, and Miss Fraser, Western University, London.

Miss Jean I. Gunn, Superintendent of Nurses, General Hospital, Toronto, emphasized the necessity for nurses taking such courses, and felt that universities should look on these as a very important part of their curricula.

Miss Cameron opened the discussion on whether it is better for a nurse to specialize or to generalize.

The delegates and visiting members were entertained at afternoon tea by St. Joseph's Alumnae.

At the morning's session Dr. Middleton, of Toronto, stated that out of 60,000 babies born last year in Ontario, 1,000 died before reaching the age of one year. He urged greater public health endeavor. The public were ignorant of health laws, and there was a lamentable shortage of nurses in the North country. Tuberculosis was the cause of many deaths.

Miss Jamieson, President, gave a paper on the "School Health Plan for Ontario." She announced that a survey of all rural schools in Ontario would be attempted.

Miss Maddock, nurse in the McClary factory, London, gave a talk on "Industrial Nursing."

The Association decided to ask the Canadian Red Cross to undertake the enrolment of nurses for emergencies.

Dr. Holbrook, Medical Superintendent of the Mountain Sanitarium, said 90 per cent. of the children in rural schools were defective, and 85 per cent. of all children in the province had one or more defects.

The nurses were entertained at dinner by the Hamilton Medical Association.

Dr. J. K. McGregor, a surgeon who addressed the convention on "Pain," said he believed in Christian Science to the extent that it was helpful to patients who were so highly developed mentally that they were able to make mind predominate over matter. Faith and religion were both able to reduce pain, but their influences were only temporary. He said there were many kinds of pain—imaginary, hysterical, superficial and actual, and all presented their problems.

Foreigners, because they were unable to understand our language and methods, suffered more acutely than Canadian-born. They could not be reassured, and fear caused pain.

More injury was caused by pain than by surgical operations, and in spite of all objections to the use of drugs their worth was quite apparent. When a nurse could decide between actual and hysterical pain she had attained a high degree of efficiency.

The Association will continue its Advisory Committee to work with the Red Cross. An educational memorial was decided upon in honor of the nurses who sacrificed their lives during the great war; a scholarship will be established.

The following new directors were appointed: Miss Hanna, Hamilton; Miss Bilger, Kitchener; Miss McArthur, Owen Sound; Miss Jamieson, Toronto; Miss Boyes, Hamilton, and Mrs. Anderson, Ottawa.

## NEW NURSES' HOME, CITY HOSPITAL, HAMILTON

Their views still antipodal respecting the merits of single and double bedrooms, no settlement was reached by the members of the Board of Control of Hamilton and the Board of Hospital Governors when plans for the new Nurses' Home were discussed from almost every angle again on March 18th. The only decision made was to have the architect call for tenders for a home having single rooms. In this way it is felt that the cost of the building can be determined. The basement may or may not be finished.

Many letters from hospital experts, eminent physicians and lady superintendents of hospitals were produced by Dr. Langrill to show how desirable it is that each nurse have a room to herself. He added that nurses were rightfully discriminating these days in demanding that they be accommodated with single rooms. Moreover, if a hospital wished to turn out nurses who would be a credit to it, single rooms were highly essential.

T. H. Pratt, Chairman of the Board of Hospital Governors, echoed these sentiments. He would never consent to nurses being placed two in a room, and to emphasize his point, mentioned that 40 Hamilton girls had signed up with a Buffalo hospital to commence their duties early in April. These young women, no doubt, he thought, would prefer to train in Hamilton, but conditions offered them in Buffalo were much more attractive. To begin with, they would work only eight hours a day, would receive \$20 per month, and, most important of all, would each have a room.

Mr. Pratt said Hamilton would very soon have to establish the eight-hour day for nurses, and to do this a modern Nurses'

Home with single rooms was necessary.

Mayor Coppley insisted that the building would have to be erected for \$200,000, as \$69,000 had already been spent in acquiring the site, while \$30,000 more would be needed for furnishings. His Worship held that when the ratepayers voted for an expenditure of \$300,000 they took it for granted that that sum would purchase the site, meet the construction costs and furnishings as well. His Worship felt that by having two

floors of the home constructed with double rooms, and two others with single rooms, the expenditure for erection would be kept down to \$200,000. In fact, it had to be, that was all, otherwise he would not consent to any more money being spent on the home.

"Well, I just want to say," rejoined Mr. Pratt, "that I will never consent to any double rooms. We have got to provide decent accommodation for our nurses, otherwise we might just as well close up the hospital. We have developed that hospital from a mere house of refuge to a modern institution, and we are not going to take the retrogressive step you want us to take, Mr. Mayor, when you suggest double rooms. That is ancient. We are aiming to keep abreast of modern requirements."

Tenders, it is expected, will be in at an early date, when the actual cost of the building will be known. Mayor Coppley, however, made it clear that unless a home could be built for \$200,000 he would oppose single rooms and other costly appointments.

#### RECEPTION HOSPITAL TO BE BUILT AT ONCE

Toronto's long-delayed reception hospital for observation of cases of supposed mental instability is to materialize at last. It is nearly two years since the Ontario Government refused to permit continued use of unsuitable premises in Trinity Park. The city will now have a modern building located near Toronto University and will be freed from the present reproach of sending to the common jail citizens whose only "crime" is an unbalanced mentality.

The announcement was made on March 23rd as the result of a final conference between Sir William Meredith, representing the university, and Ald. Burgess and Solicitor F. A. Eddis, representing the city. As a result of the good offices of these gentlemen, a building costing, with equipment, \$400,000, can be erected almost at once. The agreement will be ratified by city council at its next meeting. As soon as this is done, the university will commence to tear down the building now located on the site, so that the city can proceed with erection

of the hospital. The agreement reached is practically as follows:—

The university contributes a site on Surrey place at Grosvenor Street, back of Queen's Hall. In order that suitable surroundings may be guaranteed, it is agreed that adjoining buildings will not be extended farther towards this site than at present. The city does not get a deed in fee of the site, but an equitable estate; that is, the university holds it in trust for the city as long as it is used for hospital purposes.

On this site a reception hospital, on a plan approved by the Government, is to be erected and equipped at the expense of the city. It is to be staffed by the Government after consultation with the university authorities, and is to be main-

tained at the cost of the Government.

The university, in return for the site, is to have facilities

in the building for psychiatric clinics.

The hospital will accommodate sixty patients. It is understood that in the cases of city order patients, a per diem allowance will be paid by the city, as is done in connection with other hospitals. The amount of this has not been settled. Otherwise, the city's only cost will be the initial capital expenditure.

While the agreement has yet to be ratified by the university governors, it is understood that this will be done as a matter of course. The building now on the site is known as the "Old Walker Home."

The American Pocket Medical Dictionary. Eleventh edition. Revised and enlarged by W. A. Newman Dorland, A.M., M.D., member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association. Philadelphia and London: W. B. Saunders Company. 1919.

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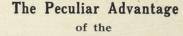
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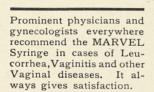


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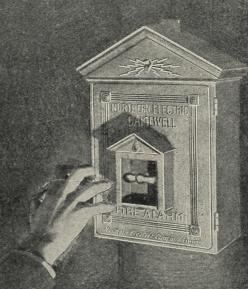
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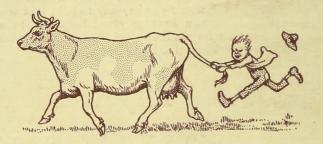
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