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# THE HOSPITAL WORLD

Vol. XX Toronto, July, 1921 No. 1

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## EDITORIALS



## ORIGINAL CONTRIBUTION



## SELECTED ARTICLES

# The Hospital World

TORONTO, CANADA

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

Vol. XX. TORONTO, JULY, 1921 No. 1


## Editorials

### HOSPITAL DAY

As a means of attracting attention to hospitals, their work, and their needs, the first Hospital Day in America was celebrated on May 12th.

The press of the continent did a great deal in the way of free publicity for the movement, and deserves the warm thanks of all hospital authorities for the generous notices given.

Hospitals were in full dress for the occasion. Apart from the advertising aspect of the project, the fact that "all hands" "got busy" cheerfully, put on their "best bib and tucker," makes for the good of the hospital and its staff; just in the same way a man feels all the better for his bath and dress suit for dinner.

Some visitors have very sharp eyes: besides noting all the glamor and tinsel of the decorations, the

spotlessness of the operating theatre and the bed-clothing, some of them were curious enough, no doubt, to peer into the sink room, the laundry, the appliance room and the scullery; possibly examined the top of the porcelain lamp shades, the window ledges, or the cupboard tops. Were these likewise spotless? We hope so—everywhere.

The churches were kind in making announcements of the day. Quite right they should; for the hospital has largely taken over that branch of work of the early church—the healing of the sick.

The visitation to the hospitals stimulated interest in nursing. Young aspirants for this beautiful calling got a glimpse of the nurses and of what they are called upon to do,—a superficial glimpse, of course, but possibly enough to stimulate in them a desire to "train." They may become disillusionized after accepting, but, like all other callings, the road to success is steep and rough; but it has its abundant recompenses.

This Hospital Day will doubtless become a regular day of the year, along with Christmas Day, Arbor Day, Mother's Day, etc.

The committee having charge of this continent-wide movement and to whom much credit is due, were:—

Lewis A. Sexton, M.D., chairman, superintendent, Hartford Hospital, Hartford, Conn.

Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago.

P. W. Behrens, superintendent, Toledo Hospital, Toledo, Ohio.

Pliny O. Clark, superintendent, Presbyterian Hospital of Colorado, Denver.

M. T. MacEachern, M.D., C.M., general superintendent, Vancouver General Hospital, Vancouver, B.C.

Norman R. Martin, superintendent, Los Angeles County Hospital, Los Angeles, California.

C. W. Munger, M.D., superintendent, Columbia Hospital, Milwaukee, Wis.

George O'Hanlon, M.D., superintendent, Bellevue Hospital, New York.

J. E. Sampson, M.D., superintendent, Greater Community Hospital, Creston, Ia.

Mary C. Wheeler, R.N., superintendent, Illinois Training School for Nurses, Chicago.

Matthew O. Foley, managing editor of *Hospital Management*, is executive secretary, with offices at 537 South Dearborn street.

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## HOSPITALS AND HISTORY TAKING

A REPORT in the lay press from Victoria, B.C., states that amendments to the Medical Act aimed at checking up loose and incompetent doctors and protecting the public generally in the quality of medical attention it receives were introduced in the legislature Friday, by M. B. Jackson, K.C., as follows:

Every medical practitioner shall keep a permanent record of all diagnoses made by him and of the material facts upon which the same were made and of all treatment administered and in all cases of fatal termination of illness, while under treatment by a medical practitioner, a full, true, and correct copy of such records shall be forthwith filed with the secretary of the provincial board of health.

Under this provision records of the diagnosis and treatment of each patient can be investigated at any time. Mr. Jackson explained that examination of these records will show to what degree the doctor is competent and it will also show up all mistakes of which the public is now kept in ignorance.

This seems a strong step for a purely lay body to take, but in the interest of the public we believe it to be a wise one. All so-called standard hospitals are required to keep histories of their patients; and we think all doctors should keep at least brief summaries of their cases; and this is all the B.C. Act calls for.

This note-taking should be done voluntarily. Many men are doing so now, but they are in the minority. This subject ought to be discussed at our Medical Association meeting and standard history forms drawn up for use.

# The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

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# Original Contribution

## WHO IS WHO ON THE HOSPITAL STAFF

JOHN HUNTER, M.B., TORONTO (LATE OF LOS ANGELES).

THE attributes of "Who is Who" in social, political, industrial, and commercial life are quite clearly defined. The "social climber" has "made the grade" and reached the "society column" in the press. The political "Who is Who" must have something to his credit, either in the way of constructive legislation, of skill in leadership, or in a commanding personality. The industrial and commercial "princes" must have great "plants," and bulging bank accounts. These signs of success or of greatness are so distinctive that the names of these "fortune favored" ones appear almost automatically in the columns of "Who is Who" in national life.

The attributes of "Who is Who" on the hospital staff are also quite distinctive. These, broadly speaking, may be found in some one of three types. 1st, The moral, cultured, ethical man, inspired by high ideals, and who loves both his fellow-beings and his work. This type of "Who is Who" can be found on every hospital staff, but "oh, the pity of it," for are we not told that no hospital staff is composed exclusively of such men. 2nd, The skilful, competent, aggressive men, who, for the sake of enhancing their reputation, or acquiring riches, practise deception in medical cases, or do unnecessary operations in surgical ones. This class makes itself particularly obnoxious by adding to its other sins that of "fee-splitting." 3rd, The uncultured, unscientific, unclean, who, only too often at the sacrifice of life, or of the prolonged disability of their victims, use their position on the hospital staff to acquire a higher professional standing than they could otherwise obtain. The methods used in selecting a hospital staff are responsible for the two latter types. An appeal to his political party, lodge, or "cult" secures an appointment.

The question of "Who is Who" on the hospital staff was the title of a paper read on December 4th at a session of the Southern Surgical Association, held at Pasadena (California), that earthly paradise, where nature and climate offer to the possessors of unlimited wealth a free license to exploit their tastes, pride, and ambition. *En passant*, we were taken through the exquisitely beautiful "Busch Gartens," the name of which may make many a reader's "teeth water," as he recalls the joy experienced in quenching his thirst with a certain famous beverage. The writer of the paper, after his description of the types already referred to, set himself the task of suggesting some reforms. He called special attention to the so-called "close hospital staff." This distinctive brand was to be secured by very careful "hand-picking." A few reputable physicians and surgeons get together, "frame up a list," and hand it to the Board of Governors. All the medical and surgical work to be placed under the supervision of this staff. This proposition was discussed by representative men from all the larger cities west of the Mississippi, and from our own North-west. Many thought that such a staff might be a very desirable one, but now claimed to have had an opportunity of belonging to such an ideal staff. All seemed to feel that the "ideal hospital staff was still a post-millennial proposition. Many suggestions were offered *re* mitigating the menace to hospital work by the unscrupulous and incompetent members of the staff. First, compel all to present their legal qualifications, file reports *re* diagnosis, treatment, results, etc. The discussion ended in the conclusion that there are insuperable difficulties in the way of "framing up" an ideal hospital staff, and that we are forced to fall back on the scriptural injunction, viz., "Allow the tares to grow up with the wheat," and leave the inexorable justice of time to eliminate the unworthy, and to bury these and their unrighteous deeds in well-merited oblivion, while "old Father Time" gathers into his "garner," and sacredly preserves the works of such as a Lister, or an Osler, in libraries and in traditions to enrich and ennoble the lives of on-coming generations.

Pessimism is never a pleasing feature in any discussion, for after all, the work of a hospital staff is neither better nor

worse than that of other organizations—religious, civic or political, and is it not true that there was a degenerate amongst the twelve apostles, although the selection was made by the Great Physician Himself? Splendid work has been, and is being done in all our hospitals. An inestimable amount of suffering has been relieved, and the science and the art of medicine raised to a very high position. The ideal staff, if ever evolved, will be the product of good heredity, of homes where the Christian virtues are inculcated by precept, example, love, and authority, and where hard, honest toil has not been supplanted by the effeminate indulgence riches can provide; of efficient schools, colleges, and universities, for a liberal education should be an essential "passport" into medicine. Finally the hospital staff should be recruits from standardized medical colleges, which provide post-graduate courses where, after a number of years spent in general practice, or in hospital work, an applicant could obtain the rank of a specialist, and later that of a professor which would qualify him for a position on the ideal staff and to be a genuine "Who is Who" in medicine.

# Selected Articles

## PRACTICAL APPLICATION OF METHODS OF STANDARDIZATION TO THE HOSPITAL*

By George Gray Ward, Jr., M.D., F.A.C.S., New York.
Chief Surgeon, Woman's Hospital in the State of New York, and Professor of Gynecology, Cornell University Medical College.

It is a healthy sign that there has recently been an awakening of the medical profession and of those interested in hospital economics to the fact that in general our hospitals have not been properly fulfilling their functions in so far as efficiency and conservation of energy are concerned. One of the most important pieces of constructive work that has yet been undertaken by the American College of Surgeons, perhaps its most important work, has been its systematic effort to improve the existing conditions in our hospitals. For lack of a better name this work has been called hospital standardization. In 1913 the regents of the American College of Surgeons first announced their purpose of taking measures to bring about hospital standardization, and in October, 1917, the first conference of the International and State Committees on Standards was held in Chicago for the purpose of organizing the movement. At that conference the chief points brought out were:

That the proper care of the patient was held as the test of efficiency in the standardization programme; that the hospital is primarily for the patient, for his convalescence and complete recovery from illness; that there was a great need of closer co-operation between hospital staffs and hospital trustees, and that it was necessary to establish a strong administrative authority in order to accomplish results. They appointed a committee to make a survey of the hospitals of the country and to establish a minimum standard of efficiency as a basis for standardization. At the recent meeting of the college in New York city, one

* Read by invitation before the Baltimore City Medical Society, December 5th, 1919.

day of the programme was devoted to this subject, and the results of this survey and the progress made were presented. The interest displayed and the appreciation of the work accomplished were most gratifying to those concerned, and the meeting will undoubtedly act as a stimulus to the profession to improve hospital efficiency.

The programme of hospital standardization of the American College of Surgeons is a broad one. According to their bulletin it advocates no hospital pattern as the perfect pattern. It assumes no authority to gauge perfection. It assembles facts and endeavors to relate these facts to the character of service received by patients in hospitals. It aims to set free the processes of growth and to facilitate them; to bring actual hospital conditions as they exist to-day before trustees as well as the medical profession and all who have to do with hospitals, in order that they may appreciate the great need for improvement. It is the duty of the profession to educate the trustees as to their responsibilities, and when we can show them that efficiency in the hospital, just as efficiency in the factory, is an economic problem they will become interested. The statement that every cured and satisfied patient leaving the hospital is an asset, and every unimproved or dissatisfied patient a liability is just as true in the medical world as its counterpart is in the business world.

All hospitals in a broad sense are public institutions and as such are accountable to the public for the character of the work they do. Hospital trustees stand in the same relation to a hospital as trustees do to a trust fund, and the men who accept positions on the governing board of a hospital should realize that they accept a public trust and they should demand and see that they get efficient results for the money they expend. Hospital governors, as a rule, do not give the same intensive study to their hospital problems that they do to their individual business. They are interested principally in the balance sheet and do not concern themselves as to whether the results of the treatment the patients receive are what they should be. They presume that they are, but they do not know the actual facts.

The trustees are primarily responsible for the kind of care

and treatment that the patient receives, and they should not lose sight of the fact that the hospital which most successfully fulfills its function is the one which is conducted with the primary ideal of procuring for the patient the best professional care and not from the business viewpoint of financial surplus. It should not be forgotten that the character of the medical staff determines the product of the hospital and that the trustees determine the type of the staff.

There are three cardinal functions of the hospital. The first and foremost is the care and the cure of the patient. The second is educational, teaching nurses, students, interns, and the medical profession. The third is contribution to knowledge by scientific research. In order to produce a maximum of efficiency in the functions of the hospital, it is necessary for us to study the methods of systematization and standardization as employed by the efficiency engineer in the business and industrial world. The fundamental idea in efficiency is avoidance of waste. A hospital should perform its functions with a minimum waste of time, material, money and opportunity. The basic principle in the organization of any large plant, whether industrial or a hospital, is its unification with a central control in order that there may be a complete co-ordination of all departments with proper team work of the staff. This necessitates a permanent directing head with the necessary powers to insure a proper development of system and standardization. Only in this way can questions of authority and prerogative be eliminated.

It is obvious that in order to promote efficiency, the actual results accomplished by each surgeon or physician in the care and treatment of the cases placed in his charge must be made public and available for study, thus the absolute necessity of a production sheet for the hospital as for the industrial plant. This necessitates that there shall be a staff organization with stated meetings at which a careful study and analysis of the work accomplished by each department shall be made, and that reports should be presented to the trustees in order that they may know what sort of product their hospital is producing, and whether they are getting an adequate return for the funds which they are expending in the interest of its benefactors and the public.

The time is not far distant when the trustees of a hospital will not be able to ask for public support without giving assurance to the people of the community that the product of that hospital is what it should be.

In order to establish such a basis of knowledge of the hospital product, the College of Surgeons has established a minimum standard so that the trustees may be in the position to say that their hospital is complying with the requirements considered necessary by the College of Surgeons, and that they have the facts, not surmises, as to the clinical successes and failures in the hospital on which they rest their claim for support. It is as follows:

1. That physicians and surgeons privileged to practise in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is open or closed; nor need it affect the various existing types of staff organization.

2. That membership upon the staff be restricted to physicians and surgeons who are: a, competent in their respective fields, and, b, worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules specifically provide; a, That staff meetings be held at least once each month (in large hospitals the departments may choose to meet separately); b, that the staff review and analyze at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery, and obstetrics; the clinical records of patients (free and pay), to be the basis for such review and analysis.

4. That accurate and complete case records be written for all patients and filed in an accessible manner in the hospital, a complete case record being one, except in an emergency, which includes the personal history; the clinical examination with clinical, pathological and x-ray findings when indicated; the working diagnosis, the treatment, medical and surgical; the

medical progress; the condition on discharge, with final diagnosis, and in case of death, the autopsy findings when they are available.

5. That clinical laboratory facilities be available for study, diagnosis, and treatment of patients, these facilities to include at least chemical, bacteriological, serological, histological, radiographic and fluoroscopic service in charge of trained technicians.

This minimum standard is beyond all question essential to high class service to the sick and injured in our hospitals. And I may add that I believe that this standard should also require that the staff of the hopital shall recognize as a duty their obligation to contribute to knowledge by scientific research in order that their institution may fulfil its important educational function with resultant benefit to the community. Every hospital, whether connected with a medical school or not, has this duty to perform, as it is a mine containing hidden treasures of scientific fact awaiting discovery by the patient investigator. The obligation to humanity is obvious.

The problems of hospital standardization for the large or the small hospital, for the general or the special hospital are the same, although the details of application must necessarily be different. In the small or special hospital the details should be more simple and less complicated than in the large general hospital. In large hospitals the various departments may choose to meet separately. In most general hospitals it would appear wise that there should be a separate director or chief for the surgical and medical divisions of the service and possibly also of the special departments. My experience in this problem of standardization has been confined to a special hospital.

With your indulgence I shall give you some of the details of my work of re-organization, as I feel that by so doing I can best show you how I have attempted to apply the principles of hospital standardization in the Woman's Hospital.

In January, 1918, the Board of Governors of the Woman's Hospital, in the State of New York, appreciating the importance of this movement of hospital standardization, provided for a reorganization of the service. To accomplish this end, they declared for a system of unification with a chief surgeon with

ample powers, in order that there should be a standardization and simplification of procedure throughout the hospital in all departments with a centralization of responsibility. In February, 1918, the speaker took charge as chief surgeon and immediately undertook the re-organization which is now in effect. The hospital has over 250 beds, one-fourth of which are reserved for obstetrical cases. The former organization was a multiple one, there being five gynecological services and one obstetrical, and at one time there were as many as six gynecological services, the head of each being practically independent and having the power of nominating his assistants in the hospital and outpatient department. Naturally, the staff was much too large for the size of the service, every member of which had his own ideas in the pre-operative and post-operative care of his patients, and the nurses were attempting the impossible in endeavoring to carry out without error the many different sets of standing orders on file in the wards.

The administrative control of the service rested with the surgical board, which consisted of ten members, each with one vote. No organized teaching was done in the hospital. An analysis of the old order of organization showed that the hospital could not carry out its functions with a maximum of efficiency and a minimum waste on account of a divided authority, too large a staff, a multiplicity of independent services, failure properly to study end results, and lack of the stimulus of teaching. The re-organization has been planned to endeavor to fulfil the three cardinal functions of the hospital previously mentioned.

The present organization consists of but one service which is continuous and under the control of the chief surgeon. This service is subdivided into the gynecological, obstetrical and outpatient departments, and the special departments of pathology, urology, gastroenterology and radiotherapy. An historical department under an historian who has charge of the records, and the followup and social service systems completes the organization. The attending staff now consists of the chief and four attending surgeons on duty, one of whom is the obstetric surgeon, and five junior attending surgeons. Each of the special

departments has a head with the necessary assistants. The entire staff is subordinate to the chief surgeon who has the power of making all nominations in all departments. He has the assignment of all clinical material as he thinks best and he may use the same for teaching purposes.

The gynecological department has 106 ward beds and is divided into four divisions, each under the care of the chief and three attending surgeons. A junior attending surgeon is detailed for work in each division. All gynecological patients who enter the wards of the hospital from the out-patient department, or by reference, are assigned to the divisions in rotation for diagnostic study, and a report of the provisional diagnosis must be sent to the chief's office as soon as possible and not later than forty-eight hours. The cases are then reassigned to the staff for operation or treatment in accordance with their particular interest if deemed advisable.

The obstetrical department has twenty-five ward beds and is under the care of the obstetrical member of the staff with a junior attending surgeon to assist. The out-patient department is under the supervision of one of the junior attending surgeons, who is responsible to the chief for the proper conduct of the department. There are six clinics, each having two sessions a week, so that there is a morning and afternoon clinic each day. The chiefs of each clinic, who have the title of adjunct assistant surgeon, have the necessary assistants. During the summer months when the junior attending staff act as attending surgeons, these adjunct assistants come into the hospital as acting junior attendings, and thus have an opportunity to develop and show their worth in the operating rooms and in the wards. The special departments of urology, gastroenterology, and radiotherapy, each hold two clinics a week, during which they make the necessary studies of the cases referred from the wards or the out-patient department.

The house staff has been re-organized to conform to the new conditions and to provide a well balanced service, insuring each intern work in every department. There is a paid resident gynecologist who is in charge of the entire intern staff and who is held responsible for their discipline and work. He is in

charge of all private patients and assists with these cases. The obstetrical service is also in care of a paid resident. The service of the paid residents is indeterminate and may continue as long as their work is satisfactory. The intern staff proper comprises two divisions, each consisting of a house surgeon with a senior and junior assistant. Their service is for one year and they serve in each position for four months. Each junior assistant serves two months in the obstetrical department, as we believe a man will be better prepared for gynecological work if he has special obstetrical training. The two divisions exchange services every two months so that each intern is given the opportunity to work with all the attending staff.

One or the requirements that has been instituted is that a thorough, careful, and complete pre-operative study must be made of every patient. In order to allow this, the average stay of a patient in the wards before operation is from three to four days. In addition to the history and complete physical examination, a blood examination (including a Wassermann test), blood pressure, smears, and urine analysis must be made and recorded, and if indicated, the patient must be referred to the special clinics for further study. Consultations must be held when necessary, and the consulting staff is expected to be an active and not an honorary one.

The attending surgeons have two operative clinics each during the week and they have two operating rooms at their disposal. Each attending surgeon has a followup clinic every week, which he must attend in person. Codman's end result card is used and a stenographer is in attendance. Uniform rules for the revisits and for the duration of observation of the various types of cases are in force.

A staff conference is held once a week throughout nine months of the year, at which the entire hospital staff is expected to attend. These conferences last about one hour and the medical public is welcome. The order of procedure is as follows:

Presentation by the pathologists of the pathological material of interest which has been obtained during the week; the gross and microscopical specimens are demonstrated and brief talks on the pathology are given.

The casualties of the service are next called for. Each attending surgeon must report any deaths, infections, or complications occurring during the week in patients under his care, and an endeavor is made to locate the cause. The details as shown by the case histories, and the testimony of those concerned are carefully analyzed in order that it may be determined as far as possible, whether the fault lay with the doctor, the patient, the disease, or the hospital organization or equipment.

A report on the analysis of the followup clinic of one of the attending surgeons is next made. Each of the four attendings have such a clinic once a week which they must attend in person, and once in four weeks they are required to make an analysis of the results of the cases they have seen since their previous report. This analysis must show the total number of cases seen in the clinic and the number of those which have been previously reported. The remainder which are to be reported are classified according to the results as successful, partially successful, and failures. The acid test for the determination of the results is whether the patient has been relieved of the symptom for which she sought relief, and not whether the operative result is satisfactory to the surgeon. The successful cases are disregarded, while partially successful cases and failures must be analyzed in detail and the reason given for the classification. A free discussion is encouraged in order that the operating surgeon may have every opportunity to defend his position. Cases that may have been previously reported as successful which may later become partially successful or failures, must be subsequently reported again with their revised classification.

Next a report of some case of special interest is made by one of the attending surgeons in turn; thus an opportunity is given to present case histories or to show patients which have had successful results. Frequently a case presenting difficulties in diagnosis or treatment is shown and the advice of the conference is sought. Once each month the junior attending surgeons are required in turn to give a brief summary of the recent gynecological and obstetrical literature, or to give a

report on any hospital or operative clinic they may visit. Problems relating to technic, operating rooms, sterilizing rooms, wards, and other hospital matters are brought forward for general discussion when necessary, in order that the various points of view may be obtained. A stenographer is present during the conference who makes a complete stenographic report of the proceedings, which are kept on file in the office of the chief surgeon for further study.

During the last six months' period the data taken from the clinical records of the gynecological department and brought before the staff for review as disclosed in the monthly followup analyses which are required of each attending, showed that a total of 1,166 cases were reported. Five hundred and thirty-two of these had been previously presented to the conference and classified. Of the remaining 634 cases, four were nonoperative, and twenty-four were patients treated by radium for malignancy and undetermined as to the result, leaving 606 operative cases. Four hundred and eighty-seven of these were classified as successful in relieving the patients of symptoms for which relief was sought, ninety-seven as partially successful, and twenty-two as failures. Therefore, the percentage in our operative cases were as follows: Successful, eighty and one-third per cent.; partially successful, sixteen per cent.; failures, three and two-thirds per cent.

In a period of nine months, in 1,388 operations in both clean and pus cases, sixty-three had infections in the operative wounds. In other words, we obtained ninety-five and a half per cent. of primary union in the healing of wounds in all cases. The mortality for all cases in 1918 was one and nine-tenths per cent., and in 1919 the same. As an example of the effect of the re-organization on the followup clinic the percentage of returns has increased over 100 per cent.

I think I may say that it is the unanimous opinion of the staff that these conferences are of inestimable value and profit to all concerned and there can be no question that they have produced a marked effect in improving the pre-operative and post-operative study of our patients, with the inevitable benefit to them. No man on the staff can afford to have careless work

shown up in the strong light of the publicity and criticism of such conferences, and no man can object to a system which applies with equal force to every operator in the hospital. The interest in the meetings by the staff is very great.

I wish to call attention to a wrong impression that I fear prevails in some quarters, judging from remarks I have heard, as to the real meaning and object of these staff conferences. I am quite sure that some of our confreres have the idea that they are but still another form of the usual medical society meeting for the purpose of promoting good fellowship and of having a pleasurable discussion of medical problems. Instead, it is a duty that is an essential part of the service of the hospital and a serious accounting of one's responsibilities, and is very often much more like the confessional than a social gathering. This does not mean that the social side and the promotion of good fellowship should be ignored, but that the conferences are just as vital a part of the hospital duties as is the auditing of the treasurer's accounts.

All the staff, both seniors and juniors in every department, are expected to make some study as a contribution to the literature during the year. If any particular type of case is desired by any of the staff for the purpose of clinical research, all that is necessary is for him to state his desire and object and such cases will be assigned to him in quantity sufficient for his purpose, but he must present his results for publication in the *Annual Surgical Report of the Hospital* which is made up of these scientific contributions. To facilitate this important work we have established a library in the hospital with the latest editions of the standard textbooks and the periodicals on gynecology and obstetrics, through the generosity of the Board of Governors, and they have also provided the services of a medical artist.

The surgical report for 1918, recently published, contains twenty monographs contributed by the staff, and three theses by undergraduate fourth year students of the Cornell University Medical College as part of their work at the hospital. Among the clinical research problems studied during the year from the hospital records published in this report, are studies on

uterine curettage, ectopic gestation, uterine fibroids, salpingectomy, post-operative urinary retention, the relation of appendicitis to annexal disease, and post-operative vomiting.

One of the most difficult problems of the nursing department of a hospital with a large attending staff, is the proper carrying out of the numerous and varied pre-operative and post-operative standing orders. These orders, which are kept on file in the wards, are usually compiled without any thought as to whether they conflict with the meal hours or other essential schedule routine ward work. Their multiplicity and variance are so confusing as to greatly increase the chance of error, and with the constant rotation of pupil nurses can never be satisfactorily enforced. The ideal plan is to have but one set of standardized orders which are as simple as is consistent with common sense, and which are adjusted to the time schedule of the ward routine. One set of orders means a saving of time and energy for the nurses and interns and reduces the chance of error to a minimum, with resulting benefit to the patients and economy to the hospital. They also greatly facilitate teaching. We have compiled and put in practice in the gynecological wards such a set of standardized orders, and after a thorough trial they have proved most satisfactory. We have also prepared a set of orders for use in the recovery ward. Simplicity and clearness were the objects aimed at in their compilation, and the judgment of the head nurses in charge of the wards was the guide as to their practicability in the endeavor to make them as fool proof as possible. The technic of the operating rooms has also been standardized.

While the work of re-organization has been an arduous and difficult one, I appreciate that my task has been made possible by the fact that I have been given full administrative control. I do not believe that it would have been possible otherwise. Therein lies the reason why the problem is simpler for the special or small hospital. The large general hospital, on account of the numerous departments and the consequently large staff, has a more difficult task in working out the details. Whatever the class of hospital I consider a directing head with ample authority is a *sine qua non,* at least for each department.

In my opinion, the trustees, if they are satisfied with their staff, should ask them to select one of their number who shall have such authority for a sufficient period of time to accomplish results, and if they cannot agree, or their selection does not prove satisfactory, the trustees themselves should make the selection of a directing head from among the staff, or elsewhere, in order that they may fulfil their obligations.

We know that the successful effort of the Carnegie Foundation to raise the standard of medical education in our schools and colleges was by means of publicity. Publicity is necessary to accomplish equally successful results in hospital standardization.

As soon as the trustees of our hospitals and the public at large appreciate that at present they have no accurate knowledge of the character of the work being done, and that they cannot have such knowledge unless a systematic study of end results is carried out on the lines followed in large industrial plants where the production sheet shows facts, not suppositions, they will demand such a public accounting, and if it falls short of what they have a right to expect of the hospital and its staff, they will insist upon the necessary re-organization to make that institution efficient.—*New York Medical Journal.*

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## THE TIME OF MY LIFE

By Old Timer.

I've just had the time of my life.

It was an unexpected time, crowded with unanticipated incidents, chiefly because they had an original setting under unplanned circumstances.

Therefore, this ten-day part of my life span, which is here set down in print, constituted the time of the aforesaid life—up to now.

To put the whole yarn in a paragraph, so that you'll not need to read any further, my wife and I started out for a bit of a

holiday, two hundred miles from home, and found ourselves at and in a modern Sanitarium instead of a quiet-hotel-with-all-the-comforts-of-home—as advertised!

Instead of a hostelry with bright-buttoned bell-hops, jaunty maidservants, obsequious attendants, after-dinner dances, meals set to music and a procession of motorists wildly swinging around the half-circle approach to the pillared front door; instead of all these, we landed at a sulphur-springy, bath-chairy and dietary institution where as fairly well people, we had really no business to be.

But we stuck it out and so had the time of our happy unified lives. Each asked the other, almost in the same breath, as we discovered the real nature of our rendezvous: "Are you game?" and game we both were.

Here follow, in natural sequence, some of the details; some, mark you; all would fill a Sunday supplement or flow over into your advertising space.

Hustled off the through express at the little way-station that halts its mad rush as a matter of courtesy, the motor-bus swallowed us up and whisked us townward with a speed out of all keeping with the somnolence of the village. The first object to be sorted out and fixed by the eye, after negotiating the first turn in the road, was a cemetery!

"That's a cheerful introduction!" 'cutely remarked my game partner. Evidently this health-resort burg is not like the English sea-side town which is so healthy that you have to leave the parish in order to die! "Look the other way," was my wise suggestion. I'm strong on the ostrich-like philosophy of turning a Nelsonian blind eye on any disconcerting sight. Looking the other way, what do you think we saw in the farther distance, but another colony of the departed, the white shafts gleaming brightly from a hilltop. The only possible inference was the age-long one that Death is always with us, despite mineral waters, electric baths and body massages. They may be present postponers, but they are not ultimate preventers.

Next: a series of signs, at street intersections—"Hospital zone." "Drive slowly and quietly." "No parking of cars here." Next to this a procession of wheel chairs, holding

muffled figures, and another procession of foot passengers lining up at a bubbling tap for a drink of ill-smelling and iller-tasting water.

Assignment to Room 426 followed. Chasing the porter-guide down a long corridor, I hardly took in the significance of the variety of placards, chiefly admonishing quiet. The door next to ours bore a card: "No admission except by permission of head nurse."

We are now in our room, in the proper order of happenings. The male of the race did what he always does in a new hotel room—threw himself down on the bed, travel-tired, and also to test the springs, while wife apportioned certain wearing apparel to certain hooks and holders. Thus I must have dozed off for I failed to hear a rap on the door, and the entrance of a little lady who slipped a temperature tube under my tongue. Looking up in surprise, my coadjutor carried one too!

"New patients?" softly spoke the demure nurse. "Patients!" I tried to explode, but stuttered instead, fearing to bite the fragile tube into glass mince-meat, as you do when your dentist, thrusting his hand, his infernal machine and his looking glass into your mouth, coolly asks a fool question.

The looks exchanged between the loving man-and-wife couple were strikingly though quietly eloquent. When speech was possible, I gurgled "Are you still game?" which she was.

Every hour of the day brought new developments and experiences. I first sorted out the head-nurse from the rank-and-file ones, and they from their juniors, and they from the private nurses. The woods—I mean the wards—were full of them, going about as noiselessly as the reputed Indian on a forest trail.

I've always found nurses interesting as studies in skirted humanity; in fact, I deliberately made up to some samples, from purely selfish reasons. For example, it resulted in securing a mid-afternoon cup of cocoa, and another (from the night staff) as a night-cap. My winning ways did the trick.

Later on, the lady of the combination being called home, I was left helpless and alone for a few days—except for the kindly ministrations of the white-capped sisters. I made such pro-

gress as to be permitted to smash all the displayed regulations by "resting" in the head nurse's office at 10 p.m. while she brewed the cocoa on the little electric heater.

During this same period of single lonesomeness, I tried out an experiment with the nurse who took the daily temperature of her "patient." No sooner had my spouse left on the 5.20 than one of my suspender buttons ceased to suspend. When Nurse came in, I remarked—note the tactful approach to the subject—"What would happen if I were to ask you-to-sew-on-a-button?" A temporary scare came over me at the unusualness and audacity of the request, indeed I was not sure if it were quite proper! But Nurse, equal to the occasion, as their training demands, replied "Ask me, and see."

Now I regard that as 'cute too. So I asked—and in a few moments saw her ladyship, in blue uniform and white cap and apron, seated in *my* rocking chair, in my room, sewing and smiling and chatting too, quite in a mothering fashion. It is remarkable how sewing, in a rocking chair, creates a homey atmosphere that in turn lends to nice, homey, old-fashioned talk. It was marred for only a brief moment by recalling a scene in the movies a night or two before. Supposing—supposing—she (the wife), were to return unexpectedly and rushing in—as often happens in the movie world of reality—see her man chatting to a nurse while she (the nurse) sewed on one of His suspender buttons! For the love of peace, drop the curtain on such an imaginative hap, or mishap.

But I'm ahead of my story on a proper time-table basis. Pushing the hour hand back some twenty-four, we—husband and wife now, I mean,—were taken in hand by the authorities. Our respective life histories were relentlessly set down on paper in reply to 346 questions. It beat any insurance examination ever held. The whole condition of me and my family was laid bare, making an awful record of toothaches, lumbago, milkmaid's knees and torpid livers. I came out of it feeling like the patent medicine almanac we swore by in the old homestead days. This process was what might be colloquially termed, the once over—and *once* is enough for guest or patient!

Then ensued a series of prescribed treatments. In this I ran my own show, with my own staff of doctors, nurses, mas-

seuses and electricians. What my loving partner went through at the same time, but under separate conditions, I must leave her to tell and that she avers she never will. Man-like, I'm willing to tell everything.

Now behold this hotel guest, as he thought he was, done over every lawful day as a patient. The fun part of our holiday outing was becoming increasingly gay. I had enough distilled lightning pumped, needled, brushed and drilled into me to run a motor or light a mansion. I had daily salt and pepper rubs, or was it salt only? I'm fully qualified as salt-cured, and therefore warranted to keep—fresh.

Then they developed an extraordinary curiosity about my blood and I was led into an inner cubicle from which one couldn't escape, where nurse No. 68 ran gentle little needles into my finger tips, producing lovely globes of bright red fluid which was analyzed and scrutinized, weighed and measured, put under a microscope and mayhap at the off-end of a telescope for aught I know. Finally the flow from a freshly-tapped vein was directed into a phial, to be preserved, I take it, in the Sanitarium laboratory, as a fine specimen of the real life-giving liquid.

Not content with this performance, some highly-colored fluid was injected into my arm, with the same kind of a subtly penetrating needle, until I began to feel as full of holes as the colander Mother used in the old farm kitchen, and was mortally afraid of catching cold from the draughts through these apertures.

The fun of my life? Can't you now realize the truth of the heading? But the half has not been told and never will, with the present shortage of paper and the high cost of printing.

There were the baths yet to come. The chap who locked me in a cabinet, with a hundred incandescent lights revealing every joint and bone and nail in my human framework, was alone worth the week's bill. He had every loquacious barber on the continent beaten for ready speech, caustic comments and final rulings on religion, politics, commerce and the village notables. He was no respecter of persons, in truth how can any one respect a person who, clothed only in a white sheet, is shut in a highly illuminated tub with only his head showing, and that

head swathed in a wet towel? Now I leave it to you, editor, proofreader, or other reader, would you impress your fellow beings under such circumstances? I never saw anything so funny in my humorous life as a row of us " patients," exhibited with heads only and with the enormous bodies indicated by the bulky cabinets. While viewing my towel-encased compatriots, I was seized with a queer fancy,—what a striking sight it would be if the cabinets were on rollers and we all went spinning down Main Street!

After being cooked to a turn, we were in turn helped out of the superheated, electrical chairs and led to the room-of-the-marble-slab hard by, where a shampoo was extended from the head, where it usually centres, to every point of the body compass, followed by the essence of Nirvana—what the poets call the *dolce far niente* of a luxurious existence, a pipe-dream of relaxed lassitude, as we cooled off in the " morgue " as my next couch neighbor termed the enclosure.

The application of electricity, as a matter of fact, occupied a large part of one's time-table. The way a gentle but elderly sister played checkers in the locality of my spine, with an electrically-charged glass bulb, made me feel as if I were a lightning rod. But the most dramatic experience of all was in the X-ray room where, again, a clever daughter of Eve handled the dangerously high voltage machinery as an experienced horseman controls a team that wants to run away. It was an uncanny chamber, with its hissing, sputtering wires, its suffusion of deafening sound and its spooky green light.

Then to be stood up to the harnessed monster creates a feeling suggestive of a martyr at a stake, though, perhaps, under lower temperature conditions. Casting my eyes downward in the strange half-light of the lethal chamber, my eyes were fascinated with the sight of a bald head, belonging to a doctor, who was calmly watching my wheels go round. The green light suffused his scholarly dome and touched the upper tips of his twin ears with ghostly mistiness, but the knowledge that he was seeing both into and through my upper works created a profound impression—of mysticism and helplessness. Surely this was the climax of a hotel's attention to a " guest," as I still tried to persuade myself I was.

I was offered "hot air treatment." Was it a compliment or a criticism? Was it here that some of our national and local spellbinders secured their supply, as motorists store up on gasoline? I also had a chance to experiment with Galvanization: either Interrupted or Continuous. There are times when one would like the privilege of interrupting certain continuous treatments.

Released from these experiences, one always had his fellow-sojourners to fall back upon and to converse with. What fun it is to talk of one's internal machinery and compare notes thereon. It is an endless source of conversation. It reminded me of a tourist trip out Colorado way and of registering at a hotel which proved to be a "one-lunger" hostelry. For years, thereafter, I felt sure the white plague had seized upon me as a victim, as imagination rioted on the suspicion and my home doctor refused to diagnose anything of the kind. Yet I shiver still over the memory of the unfortunates whose sole theme of talk was their poor surviving lung.

So here, one becomes infatuated with the game of swapping experiences as to one's aches, pains, feelings and suspicions. There was an infinite variety of complications; real and imaginary; physical and mental; but when a poor emaciated brother, trying to smile cheerfully, asked—

"When do you have your operation?" this particular guest-patient fled. The game was up; the week-of-his-life was clearly ended, and, with a final glimpse of the tower of the Institution and of the cemeteries twain, he used up his return ticket on the homeward journey, saying to himself,—"Blessed be health."—*Saturday Night.*

# COMMERCIAL DEPARTMENT

## Dix-Make Uniforms

When a firm sets out with a determination to produce the very best article of its kind, and surrounds itself with a capable, carefully trained organization, the result is an article of such superior merit as to win a wide recognition.

To such types of concerns belongs the Henry A. Dix & Sons Company of New York. Its product—Dix-Make uniforms for nurses—has a remarkably large demand and a loyal following among the better dressed nurses both in the States and in Canada. It was this brand which was selected by the U.S. Government as the officially recognized make during the war. Dix-Make uniforms are still the officially prescribed garments in the U.S. Government Schools of Nursing. Strictly reliable in every sense, made with great care and precision and cut along smart, easy-fitting lines, they are considered the very nicest uniforms it is possible to buy in ready for wear garments. The company is pleased at all times to mail an attractive illustrated booklet and list of appointed Dix dealers.

## The "White Line"

Several new items of hospital equipment have recently been placed upon the market by the Scanlan-Morris Company, Madison, Wis., manufacturers of the "White Line." Chief among these items is a combination blanket warmer and salt solution cabinet, electrically heated. The cabinet consists of two sections; the upper section designed for the storing and heating of salt solutions in flasks, and for keeping the solution at the temperature desired for immediate or for emergency use; the lower section, fitted with brackets over which blankets can be folded. The "Speedway" is a new "White Line" instrument and dressing cabinet designed for the Speedway Hospital of Chicago, for use in secondary operating rooms, examining and dressing rooms. The upper section of the cabinet contains four broad shelves for instruments; the centre section is composed of two drawers for sundries; and the lower section con-

sists of a roomy compartment for dressings, towels, etc. The cabinet is set on short legs, making a total height of 67 inches, and each section readily accessible. Another new piece of equipment which is creating considerable favorable comment among hospital workers is the "White Line" Maternity Bed. With this bed, which is also an operating table, all positions necessary for delivery and for operative work—full length horizontal, short delivery position, operative genecic position, Trendelenberg—are quickly and easily secured. In building "White Line" hospital furniture and sterilizing apparatus, it is the aim of the manufacturers to build into this equipment all the quality possible. High-grade materials and careful workmanship are combined in the "White Line" to make a distinctive product, and one destined to give satisfactory service under strenuous hospital conditions. Among Canadian hospitals now using "White Line" equipment are: The Toronto General Hospital, Toronto; Royal Victoria Hospital, Montreal; St. Martha's Hospital, Antigonish, N.S.; Ottawa General Hospital, Ottawa; Queen Alexandra Sanitarium, London, Ont.

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No hereditary tendency; *subconscious convulsive attacks,* before and after the menstrual periods. *Hystero-epilepsy.* Treatment by Gelineau's Dragees during twelve months. Entire disappearance of the convulsions.

Z. P. Male, aged 43. Asylum patient, certified for psychosis epileptica.

Daily convulsive seizures frequently following closely one upon another until producing a comatose condition. Large doses of bromide during many years without benefit. Great mental debility. Treatment by progressive doses of Gelineau's Dragees; considerable diminution of the convulsive seizures.

No aggravation of the dementia.

Gelineau's Dragees are obtainable in Canada from Messrs. Rougier Freres, 63 Notre Dame Street E., Montreal.

## Chewing Tobacco Aids Thinking

It may be reckoned as a favorable sign that the new President of the United States is a devotee of tobacco in many forms, for besides being a smoker, President Harding finds enjoyment in chewing tobacco. Although Ex-President Wilson is not a user himself, he agrees with Harding to the extent of recognizing the advantage of chewing tobacco in helping men to think. It was Woodrow Wilson who said: "A Western Senator often is more useful than his Eastern colleague, because sometimes he chews Virginia leaf."

## Pure Confectionery

As physicians know, patients convalescing from what may be a prolonged illness, particularly in fever cases where the temperature has been high and thirst a more or less prominent symptom, appreciate very much a moderate amount of candy, not only to take away the taste of their medicine, but as a means of removing the fur from the tongue. It is of the highest importance that such persons be given only the purest and the best of confectionery. If their friends in purchasing will just bear in mind the name "Neilson's," they can rest assured that they are getting the finest obtainable, such candies having a definite "food value" and most refreshing to young and old whether in sickness or in health.

## The Color of Cocoa

One of the interesting things about cocoa is its color, and it is one test for purity that the housekeeper can easily apply by purchasing a can of Baker's Breakfast Cocoa and noting carefully its rich, red brown color. This is the natural color of high grade cocoa beans unchanged by the action of chemicals. When cocoa has been subjected to the chemical or so-called "Dutch" process it takes on a much darker color, sometimes nearly black.

In the manufacture of Baker's Cocoa no chemicals are used; after being carefully selected and roasted the cocoa beans are ground exceedingly fine and a portion of the oil or cocoa butter is taken out by hydraulic pressure.

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## A Scientific Accomplishment

Remarkable advances have been made in the study of blood-clotting and hemorrhage during recent years. Not only have we learned much of a practical nature concerning the "mechanism" of blood coagulation, but we have also discovered means to control even inaccessible bleeding when, as is often the case, it fails to cease spontaneously, due to defective coagulability of the blood. The blood is kept in a fluid state in the vessels by the presence therein of antithrombin. Should the proportion of antithrombin be unduly increased and a hemorrhage occur, the blood would fail to clot. The absence or insufficiency of prothrombin or kinase, which perform an important part in the process of coagulation, would have a similar effect. Hence in the treatment of uncontrollable hemorrhage the physician needs an agent that can be depended upon to meet both of these conditions. Such a substance is Hemostatic Serum, P. D. & Co., a comparatively recent addition to the list of highly scientific remedies that have been elaborated by experts in physiologic chemistry. Hemostatic Serum neutralizes antithrombin and supplies prothrombin and kinase. Its effect is truly remarkable in the treatment of capillary hemorrhage, hemorrhage of the new-born, pulmonary hemorrhage, persistent epistaxis, bleeding from gastric and intestinal ulcers, hemorrhage following surgical operations upon the tonsils, the bones or the viscera, and so on. It is administered hypodermically or intravenously in doses of 2 to 5 cc, and the dose may be repeated at intervals of two to six hours.

### "The Bloodless Phlebotomist"

In the Comedy Relief section of the May issue of "The Bloodless Phlebotomist," a delightful satire entitled "Too Late Now," by James Montague, gives a mirthful view of gland transplantation vs. euthanasia at sixty. This is only one of several worth-while features of this publication. J. Petrie Hoyle, M.D., the first American physician to serve in Flanders during the World War, contributes a very interesting article on war injuries, and the article on "Treatment of Inflammation of the Fallopian Tubes," by Dr. J. Sidney Eason, Coldwater, is well worth reading.

If you have not received this little journal a request to The Denver Chemical Mfg. Co., New York City, will bring, without expense to you, the May number, as well as future issues.

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### Jell-O

Both in the States and in Canada the Institutional size package of Jell-O, making one gallon of jelly, is meeting with ready acceptance for its convenience and for the high standard of quality that has always characterized the Domestic size package. There seems to be almost no diet requirement where the gelatine jelly may not be used. It may be a part of a liquid diet, a semi-solid diet or a convalescent diet. It is cool without being frozen, solid without being hard. It appeals to the eye as well as to the taste, and it furnishes easily assimilated nutriment in the way of sugar and protein, these two elements forming 80 per cent. and 16 per cent. of the powder respectively.

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### Aluminum Cooking Utensils

It should be noted by the Purchasing Agents of our various Hospitals that the "Ideal" Aluminum Products, Limited, are successors to the Louis McLain Co., Limited, who, for some time, have had their head office and factory at 2466-2480 Dundas Street West, Toronto. This firm are the manufacturers of a full line of Aluminum Cooking Utensils, which are so suitable for use in Institutions, and we would suggest that they be written, asking for a copy of their Catalogue and Price List.


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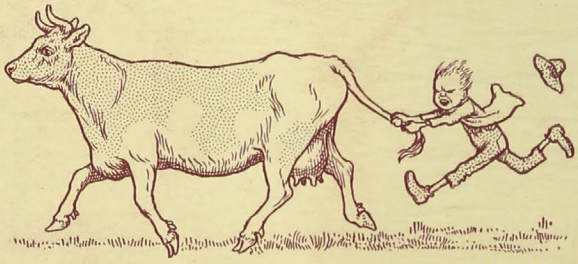

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