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THE HOSPITAL WORLD

Vol. XXIV Toronto, July, 1923 No. 1

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EDITORIAL

ORIGINAL CONTRIBUTION

BRAN'S BULK

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the original BRAN – *ready to eat*

The Hospital World

TORONTO, CANADA

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

Vol. XXIV TORONTO, JULY, 1923 No. 1

Editorial

Growth of Nursing

Training schools (says the *Boston Manuscript*) are beginning to celebrate their 50th anniversaries. In 1880 there were fifteen training schools in the United States; ten years later thirty-five. The first conference of graduate nurses was held in 1893 at the Chicago World's Fair. The American Society of Superintendents of Training Schools for Nurses (a big mouthful of words) was here organized. At this time, however, there was an alumnae association of the nurses of Bellevue Hospital, New York. (It may be interesting to know that the veteran, Miss M. A. Snively, of Toronto, is an alumna of Bellevue).

Other alumnae associations were formed, and in 1897 the Associated Alumnae of the United States and Canada was formed—the first national organization of nurses doing all types of work.

Reviewing the growth of nursing organizations, in the *Health Journal of the Massachusetts Tuberculosis League*, Carrie Hall, R. N., says:

"From 1890 till 1900 training schools multiplied rapidly to meet the needs of the hospitals, and as usual in such development, they were without standards, and with courses more and more diversified. It was evident that something must be done to safeguard both the public and the nurse in matters of time and money.

"Under the principles of States rights it was necessary to secure the passage of a registration law in each State, for the reason that the general Government has no jurisdiction in such a matter. Physicians must get a separate registration for each State in which they wish to practise and the same is true of nurses. An R. N. from Massachusetts may have no value at all in another State. In order to secure registration laws in the different States the nurses in the States began forming State associations and as early as 1901 such an association was formed in New York, and the law secured the following year. Massachusetts had its nurses' association in 1903, but could not move the legislature to enact its law until 1910.

"There were now a considerable number of State organizations and naturally these wished to participate in national affairs, and did this by joining the Associated Alumnae. The name of the latter became a misnomer so that in 1912 steps

were taken to reorganize and it became the American Nurses' Association, and later membership was fixed to be through membership in a State association. This is to-day the great national body of nurses.

"In the meantime the Superintendent's Society had kept on with its work in educational methods, and in 1912 was reorganized and became the National League of Nursing Education, having eligible to membership all those participating in the education of the nurse. It had established a standard curriculum and was instrumental in the organization of the department of nursing and health at the Teachers' College of Columbia University.

"The youngest of the country-wide associations is the National Organization for Public Health Nursing, its membership being chiefly of those employed in public health, accepting members who are not nurses if connected with visiting or other nurse societies.

"Three national associations, educators of nurses, nurses themselves and public health nurses and their related officials exist in the country, two of them with State associations that are federated in them, and the third, the N. O. P. H. N., being at the present moment engaged in establishing State associations of public health nurses. The three national organizations have headquarters at 370 Seventh Avenue, New York City, where they are

in contact with one another and with the other national health agencies that have there been brought together by the National Health Council."

An Old Hospital

An interesting sketch of the Boston Dispensary which claims to be the third oldest in America, appeared in the recent issue of the *Boston Transcript.*

The institution, which had its beginnings in 1796, under modest and primitive conditions, has kept pace with modern medical progress. It is only within recent years that hospital record-keeping has reached an efficient stage, but the early records of the Dispensary are sufficient to show many interesting facts connected with early days and ways, and make very good reading.

The Dispensary began with one doctor; it has now one hundred and seventy-five, with a large force of assistants as social workers and nurses. The records of the Board of Managers show some of the best-known names in New England history, while the physicians have been of equally well-known families, who have served the institution from generation to generation.

An interesting treasure in the archives is a letter of application from Oliver Wendell Holmes, which reads as follows:

To the Secretary of the Boston Dispensary.

Sir—As a vacancy has occurred in the medical department of the Dispensary, I request to be considered a candidate for the vacant office. For recommendations, I refer you to three letters from Drs. Warren, Bigelow and Hayward.

Yours respectfully,
O. W. Holmes.

The application was received on Jan. 13, 1837.

Dr. John C. Warren, who is referred to by Dr. Holmes, says of the latter: "I would with confidence recommend him as possessed of that practical skill, as well as amiableness of character, which are required in the office of dispensary physician."

The Dr. Bigelow mentioned was Dr. Jacob Bigelow.

The letter brings the golden-humored author in close touch with the profession he honored.

Dispensary administrators had their vicissitudes with patients of a century ago as they have to-day.

The Dispensary in the early days had a "vintner," whose duty it was to dispense wine, just as the apothecary dispensed medicines. But in 1806 the managers felt constrained to issue this order: "The quantity of wine allowed in future to patients . . . shall not exceed two quarts during the whole of their sickness, and that to be sherry only." There is a tradition also that a mixture of cod-liver oil and whiskey, prescribed for certain patients, was discontinued because the patients were in the habit of allowing the oil and whiskey to separate and then drinking the whiskey through a straw.

The sign of the Boston Dispensary from earliest days has been the Good Samaritan, and this sign—a quaint device originally costing seven dollars—has been retained down to the present. To-day the Dispensary is a large and up-to-date hospital with all modern departments.

Officious Nurses

The old family physician has sometimes difficulty in keeping pace with certain of the modernly-trained nurses, when occasionally they are inflicted upon him. An instance: One of our seniors in the profession was recently called to see a twelve-year-old girl whom he had attended successfully for several years past. She was suffering from a bad throat non-diphtheritic—probably a streptococcic infection. A nurse, trained in a certain children's hospital, was called in by the mother of the child. Following a severe two weeks' acute sickness, the child's convalescence set in. The physician had almost ceased his visits, when one day he was called up by the patient's father to say that the girl was anemic and not convalescing as rapidly as they thought she ought and they wished a children's specialist brought in. To this, of course, the family physician agreed and with a probably equal alacrity the children's specialist, trained in the same hospital as the nurse, took on the case to put in the finishing touches.

The family physician hereafter will be loath to employ or work with nurses of this sort; and wonders what sort of ethical training is given in this super-hospital.

In Dire Straits

The writer of this article is in receipt of the following communication from the Honorary Secretary of the Jervis Street Hospital (established 1718), Dublin, Ireland:

March, 1923

Dear Sir:

The Dublin Sweep has been organized to enable this institution, which is wholly dependent on voluntary contributions, to carry on its good work.

We take the liberty of enclosing a book of twelve tickets, and trust that if unable to dispose of them personally you will hand them to one of your friends who may be in a position to do so.

We are making a special appeal to all professional men in the knowledge of the generous contributions made by them in the past to the cause of charity.

The seller of this book is entitled to take two complimentary tickets, forwarding counterfoils with remittance of ten dollars to us.

Faithfully yours,

P. J. COONEY,
Hon. Secretary.

The recipient of the book has "passed the buck" to a confrère who, though very fond of horses, will also pass it.

It seems unfortunate that any hospital board has to resort to this questionable and uncertain method of raising funds.

The day is passing when the few will consent to give money voluntarily to care for the many. The self-respecting poor do not propose much longer to pauperize themselves by accepting charity. More and more in the old land we note the voluntary principle losing ground in respect to hospital support. Appeals are being made for State aid and charges for maintenance are now beginning to be made in some of the oldest and most conservative hospitals.

Practical Nurses

In the Missouri legislature was recently passed a bill, providing that registered nurses should have one year of high school preliminary education and two years of hospital training. The bill gives practical nurses recognition by allowing them to use the title "Practical Nurse," or "P. N."

This action is in line with the movement for the classification of nurses. Broadly speaking, we think the time will come when there will be three classes of nurses: the highly trained, specialized nurse, who will have a special title, the fully trained graduate nurse, and the so-called practical nurse.

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Original Contribution

THE HOSPITAL AS A WHOLE—A LECTURE ON PROGRESS FOR SENIOR STUDENTS

JOHN N. E. BROWN, M.D., FORMERLY SUPERINTENDENT OF THE HENRY FORD HOSPITAL, DETROIT, AND OF THE TORONTO GENERAL HOSPITAL.

Fifty years ago there were 140 hospitals in America; today there are over 7,000. In those days patients dreaded to enter a hospital on account of the frightful mortality resulting from sepsis—erysipelas, gangrene and other deadly infections. Now, thanks to the introduction of the principles of antisepsis, asepsis, trained nurses and improved operating-room technique, hospitals are eagerly sought by people of all classes.

HOSPITAL SUPPORT[1]

Civil hospitals, generally speaking, are supported by voluntary contributions from charitably disposed persons, by state or municipality funds (or both) and from charges made to patients. There is a distinct trend toward supporting public hospitals, other than sectarian, by general taxation, as exemplified by many hospitals in the cities of the United States. The Canadian provinces of Alberta and Saskatchewan have enacted legislation which provides for hospital support in this way. In Great Britain the voluntary principle has, until recently, prevailed (except in respect to the Poor Law Infirmaries) but many of these hospitals are now beginning to charge patients and are making an effort to secure assistance from the public exchequer. On the Continent, the majority of hospitals are maintained by public tax. (Study the last yearly report issued by your hospital to determine the source of the hospital's funds and the way in which these are budgeted).

Hospital Sites

As to the best site for a hospital, there is a decided division of opinion among those who have given thought to the question. On the Continent the pavilion type is seen most often. This consists of many buildings of one, two, or even three stories spread over many acres of land beautifully parked. This type flourished as the result of wars, being modelled after the military hospitals. As a result of the discovery of bacteria and infection, it was found to be an advantage to segregate, in these separate units, patients suffering from various sorts of diseases, thus minimizing the danger from cross infection.

In American cities, the multi-storied single building seems to be preferred. This brings the administrative, medical, nursing and domestic services into a closer relationship and makes for the economizing of time and money. These institutions are, as a rule, centrally located. The first type on the other hand are situated in the suburbs, removed from the noise, bustle, dust and smoke of the city, in open spaces covered with flowers, grass and trees, with access to plenty of sunlight, fresh air and quietude. From the standpoint of the patient there should be no difference of opinion as to which is the better place for him to seek for recovery.

Construction Materials

More and more it is becoming the custom to build hospitals of fire-proof material, ferro-concrete being largely used. Care is taken in planning to see that there is room for expansion and growth. A certain amount of flexibility is desirable since changes in interior arrangement are often made as the needs increase and knowledge advances. In some of the newer hospitals solid plaster partitions, such as gypsite, are supplanting hollow tile. These are more easily torn down in case it is decided to enlarge wards or service rooms.

Interior Features

In the newer hospitals care has been taken to avoid angles, ledges or projections of trim from the walls, as these favor the accumulation of dirt and dust. Baseboards, wainscots, door-jambs, window frames are built flush with the walls and

doors made perfectly plain. Movable furniture is being replaced by built-in cabinets for the same reason. In these may be kept dressings, blankets, solutions, instruments, utensils, medicines, fire hose and the like. Angles at floors and ceilings and between walls are covered to facilitate cleaning. Large window-panes are also desirable. Fire stairways should be built inside, being a part of the construction. The outside iron fire escape is out of date.

Floors of the hard type—terrazzo, or tile—are desirable for service rooms, kitchens, laundries, sink rooms, laboratories and the like; floors of the soft type—composition flooring, rubber or battle-ship linoleum are more suitable for wards. Hard-wood floors still find favor with some authorities, particularly in private wards. When well polished and covered with suitable rugs, these give a home-like touch, which patients value.

Public wards are considerably smaller than formerly. In several of the newest hospitals in the United States, separate rooms are provided for each patient. Large wards should run north and south, thus receiving both morning and afternoon sunlight through their side windows. Windows should be double-hung to permit of the freest possible ventilation and ease of cleaning. Supplemental ventilation may be supplied through outside transoms. Inside transoms are being omitted in the newer constructions. Vitiated air from kitchens, service rooms, laundry and laboratories may be withdrawn by means of an exhaust fan.

Heating

For hospital purposes the heating system should be separate from the ventilating. In very few hospitals have they been found to work well combined. Most of the mechanical systems in America have fallen into disuse. The favorite system of heating is by means of hot water. Certain hospitals are trying out oil as fuel. Small wards should be provided where nephritics and diabetes may be kept particularly warm. Rooms for pneumonia and all tuberculous affections should be provided with cool, fresh air, while patients with certain bronchial and laryngeal affection should be placed in rooms in which the air is moist.

Out-of-Door Treatment.

Generous provision is required for treating convalescents and bed-patients with anemia, tuberculosis, pneumonia and the like in the out-of-doors. This is best secured by building fire-proof verandahs off the wards. One of the big New York hospitals has as much out-door room as in-door. A visitor will see as many patients on the verandah of a ward as he will see in the ward. The balconies should be ten or twelve feet in width to allow for the movement of beds and give working space to nurses. Portions should be made closable to protect patients who are out all the time, from inclement weather.

Plumbing

Many hospitals fall short on plumbing fixtures. The Riggs Hospital, Copenhagen, has lavatory basins right in the interior of the ward. This enables doctors, nurses and attendants very easily to wash their hands after attendance on each patient, thus minimizing the danger of cross infection and at the same time protecting themselves. (The private wing of Mt. Sinai Hospital, New York, and the rooms in the New Fifth Avenue Hospital, New York, contain complete plumbing fixtures and the implements needed in medical and nursing procedures). The methods of the operating room may well be copied in the medical wards. Local provision should be made for the sterilization of instruments and utensils. As a rule, more baths, closets and lavatories are needed for patients, nurses and personnel, not forgetting provision for visitors. An occasional new hospital has a toilet set connected with each private ward, in imitation of many of the newer hotels.

Basements

As time goes on dark basements are being utilized for heating apparatus, pipage and storage only. No hospital doctor, nurse or employee should be compelled to do his day's work underground. There is plenty of room on top; it is not difficult to make space above ground for all hospital services, if a little study is given to the planning. A few weeks ago a clerk who worked in the basement of one of the Toronto city institutions was sent to a tuberculosis sanitarium. Those

who planned to put the X-ray department in which she worked in the basement did not foresee this tragedy.

Provision for Special Cases

Provision should be made for the care of incipient mental cases, patients in temporary delirium or other psychoses. If the hospital constituency is large enough special rooms, wards or pavilions should be constructed for them.

The obstetrical department should be well walled off from other parts of the hospital. All but the smallest special hospitals should take care of children. In short, a general hospital should refuse no type of patient. With this in view, the great British hospital expert, the late Sir Henry Burdett, prophesied the coming of the hospital city. We dare say he had this dream after visiting such wonderful hospitals as the Virchow in Berlin, and the Eppendorf in Hamburg. In these hospitals every possible type of illness is looked after. What an advantage to the patients, not to speak of the great benefit that such diversified experience offers to medical students and nurses! In these large continental institutions, one even sees special buildings for typhus and plague[2].

A suite of rooms should be provided in all general hospitals for the accommodation of cases of infection, such as diphtheria, scarlet fever, and the like, which some time break out. Many of the newer American institutions have special receiving departments in which all public ward patients are held for a few days to make sure that they have not brought in any infections with them.

Laboratories

Nowadays much thought is given to laboratories. Those for chemical, bacteriological, serological and research work may be grouped. If they are placed centrally, it is a great convenience to clinicians. These should be supplied with all the necessary apparatus. The rooms should be light, airy and sanitary.

In the larger hospitals, provision is made for carrying on a certain amount of routine work in the small laboratories connected with each service. Where teaching is done, these laboratories form a prominent feature of each division.

Out-Patient Service.

Many hospitals suffer from insufficient space in which to carry on satisfactory out-patient work. Waiting rooms for patients should be spacious, light and well ventilated. The various services, medical, pediatric, orthopedic, surgical and others should be conveniently grouped around the general waiting room especially for initial visits. Subsequently it is often desirable to prevent cross infections and promote speed to provide separate entrances. Records, however, should be centrally kept and managed to maintain an inter-knowledge of departments. Separate dressing and examining rooms are desirable as well as lavatory and toilet accommodations. Office space should also be planned for social service workers. Some of the old country hospitals serve a light refreshment to any patients desiring it. It is recommended that the oldest and best clinicians serve this class of the public as it is here the beginnings of disease are to be noted, which are often overlooked by the tyro.

Equipment

Dumb waiters are being thrown into the discard in many quarters. Their place is being taken by service elevators ample enough to carry beds, warmed food, carriages and supplies of all sorts from one floor to another. In the Fifth Avenue Hospital, which maintains a central dressing station in the basement, "sterile" and "dirty" carriers are provided.

A laudable effort is being made to standardize certain sorts of equipment, such as plumbing fixtures, lighting fixtures, hardware, furniture, and the like. If this could be thoroughly effected, it would make for economy of time and money, and ease of administration.

Nurses' Homes

In the ideal nurses' home, each nurse is provided with a separate room with running water in it. Special rooms are provided for demonstrations, lectures, libraries, recreation, study. Teaching rooms should be fully equipped with running water, gas, and the proper working materials. It should not be necessary to assemble the usual equipment for each class. Some go so far as to provide roof gardens and swimming pools.

Of great convenience is the petty laundry and petty kitchen. Special thought should be given to securing for nurses who work at night and sleep during the day, apartments that are beyond the reach of noise. A full-length mirror located in the lobby of each story was noted by the writer in a Boston nurses' home. At a glance, going or coming, the nurse was thus able to detect anything awry in her attire.

Hospital Standardization

Great credit is due to the American College of Surgeons and other medical and hospital organizations for their interest in standardization. The regular staff meetings for the review of cases have done much for the patients, the staff, and the nurses. These conferences have resulted in fuller, better kept, safer and more easily available records. Also arising from the staff meetings have come the introduction of adequate laboratories, and competent laboratory workers and instructors who have been of untold help to the clinical workers. These efforts toward standardization have served to strengthen clinical methods of teaching, which in turn have provided greater opportunities for study on the part of nurses.

Consultations are becoming more frequent; autopsies are being more often performed, and in every hospital which has seriously taken up the work of standardization, there has been created a better *esprit de corps*. Although the idea has been effective only over a very recent period, one notices greater care in the study of cases and surer diagnoses. Surgeons are more cautious, more careful in their technique, with the result that there are fewer complications and unhappy endings. Internal medicine specialists are pointing and perfecting their work with greater accuracy. Father Moulinier says that during the past three years in Catholic hospitals alone, some thirty to forty thousand unnecessary operations have been prevented, fifteen to twenty-five thousand incompetent operations spared patients, and an equal number of criminal operations barred.

Cost Accounting

Every hospital should have an up-to-date accounting system, in order that the administrator, trustee board and anyone interested may secure a monthly and annual statement on

a revenue-expense basis. To know at the end of each month how much per day, per patient, each main item in the hospital expense category is costing in the medical, surgical, obstetrical, nursing and domestic departments, affords the superintendent much satisfaction. Such knowledge enables him or her to put a hand on the leak or on the head of the department who is extravagant in the use of any of the supplies.

Staff Appointments

Whether hospitals are open or closed the military system of appointment is to be commended. One man, and one only, should be held responsible for the work of each of the chief services—medical, surgical, obstetrical, laboratory, etc. These chiefs, with the superintendent, may well form a medical advisory board to whom the trustees may refer all general medical matters, and from whom the trustees may receive recommendations as to requirements of the staff. Such advisory boards may recommend associates, juniors and internes for appointment.

These points mark the milestones in hospital progress. As seniors with a back-ground of experience in all the departments of the hospital, you are now in a position to look upon it as a whole. Think back over the incidents of your educational training. Look at your hospital with new eyes.—The Nurse.

Reference Notes

[1]As senior, nurses should have an appreciation of the problems of financing. This knowledge will help them to understand the natural conflict which arises between the interest of those serving the sick and those conducting a nursing school for students. Because gifts which are donated to care for patients cannot in honesty be diverted to the education of pupils, we sometimes find the anomaly of a beautifully equipped hospital which provides no facilities for the teaching of students and few teachers. Perhaps the hospital's finances are so tied up that the student's time which should be spent in study or the care of patients is utilized day after day for the cleaning of corridors, counting of linen, etc. The solution is a separate budget for hospital and training school.

[2]The 1921 recommendation made by the American Hospital Association—that venereal and tuberculosis patients be cared for in general hospitals—demonstrates the newer attitude. If nurses, physicians and hospital attendants preserve perfect technique, the future holds many departures.

Selected Articles

THE PSEUDO-MEDICAL CULTS SOME PROBLEMS CONFRONTING THE MEDICAL PROFESSION

Malford W. Thewlis, New York City

The question of the various new healing professions, which have sprung up during the past decade and thrive on treating disease without being properly equipped to cope with it, has brought before physicians a problem that is not easy to solve. Each of these bodies is conducting an organized campaign against the medical profession and asserts that physicians are unnecessary, the majority claiming that "spinal adjustment" will cure all ailments. They advertise boldly, the chiropractors even broadcasting radio messages, heralding their cures.

The physician is obliged to face the question because many of his patients are also subjects of these "paths," especially those belonging to the idle classes. Recently, a woman presented herself at a clinic for an X-ray examination. She said that she could not afford to pay for it and the social service began an investigation, finding that she really was unable to pay. She was X-rayed and a diagnosis of Pott's disease was made. She then explained to the physician why she could not pay for the X-ray. She had been to a chiropractor who had removed the "clicks" from her spine and, after having spent seven hundred dollars, she finally concluded that she was not better. Then she went to a regular physician. Like most of those patients who had been plundered by quacks, she was too ashamed to appear in court against the chiropractor. Had it been a physician who had maltreated her in any way, she would have lost no time in bringing legal action.

It is the duty of every physician to use his influence in order to overcome these meddlers with the sick. If every physician would take time to seriously explain to ten patients,

who are not subjects of these schools, why they are unsafe, approximately 1,500,000 people would be reached in this manner.

Irregulars Have Produced No Scientific Work.

In going back over the remarkable works performed by our profession, we always think of Jenner, Lister, Koch, Ehrlich, Metchnikoff, Widal, and others too numerous to mention, who have devoted their lives to science. We cannot but think of the sacrifices they have made to advance medicine. Can any Christian Scientist, osteopath, chiropractor, or "healer" of any kind name a single man who has done serious scientific work? The answer is obvious. Such men have nothing to offer except certain theories, which, they claim, will make possible the cure of all kinds of diseases. Have they any standards of education? Is a college degree (or any preliminary education) required before a student is allowed to enter such schools? Many of these very men who are preying upon the public were machinists or department-store clerks before they decided to get into a field which offered more inducements from a financial standpoint, besides giving them the title "doctor." This latter title is becoming like that in vogue in Kentucky, where anyone who has not committed murder is entitled to the name of "colonel."

The graduates of these schools have no knowledge of human anatomy or physiology, and their success depends upon having patients who have little knowledge of the human system. Everyone should know that the vertebrae cannot get out of place and that this mystifying "cracking and snapping" of the spine, which they dwell upon, can be produced by almost any human being. Read this advertisement of a chiropractor: "Chiropractic is the only science that adjusts the cause of diseases. When a chiropractor gives proper adjustments, he can obtain ninety-five per cent. good results. But, with two or three clicks on the spine and improper adjustments, satisfactory results cannot be expected."

This piece of printing is an insult to average intelligence. In the first place, how can the spine get out of adjustment? In the second place, what can a "click" be? Grammar-school pupils should be taught the elements of physiology more

thoroughly, so that they will not become victims of quacks in later life.

Love of the Mysterious and Unusual

Love of mystery prevails and there is no nation in the world where health is exploited for commercial purposes as much as it is in our own country. Coué takes America by storm; yet, I venture to say that, in five years, his name will be forgotten. A few idle women will no doubt enjoy him. The mysteries of the subconscious mind have become the mind-stuff of the "educated" to-day and are served up at dinners and teas. Couéism may be summed up in one slangy phrase "kidding yourself along." Undoubtedly, Coué has received several donations from those who might object to a fee of five dollars from a regular physician and probably keep the latter waiting a year for it.

One of the latest fads for health seekers among the idle classes is that of standing on one's head for several minutes in order to "change the circulation." Society women are very enthusiastic about this method. Some time ago, the fad was stretching by means of an apparatus which many had installed in their homes. As with most of these treatments, there is usually a substitute for mental or physical exercise.

The "natural bone-setter" has been another menace. In the state of Rhode Island, there was a family of bone-setters who, for years, made a great deal of money playing with fractures. The last of them could neither read nor write, knew nothing of anatomy, yet he had a large practice. He denounced X-rays. His "remarkable" results were investigated and subsequent X-rays proved that, in half of his cases, the bones were not broken at all. His method of procedure was to take a man who had a severe sprain of the ankle, for example, and announce that it was a bad fracture. He pulled on the joint and the patient suffered agony while he "set" the bone. Then he applied his bandage, removing it every three or four days for five weeks, applying "angle-worm ointment," finally permitting the patient to walk. Naturally, the result was good, owing to the fact that there was nothing but a sprain in the beginning.

The Cause of the Situation.

While physicians are endeavoring to prevent these people from practising medicine, by framing laws against them, let us reflect a moment on the actual cause of the situation. The propaganda against the family doctor resulting in the alleged disappearance of our old friend who came to us in all circumstances, the wave of therapeutic nihilism, which has swept the profession, naturally created another kind of practitioner to replace him. "Medicine has changed in the past fifty years, but human nature has not" (Nascher). Why cannot patients be served better than they were fifty years ago with all the scientific advancements? Too many physicians have been preaching that drugs were of no value, that they could practise medicine with ten remedies, and expanding other theories which have taken confidence away from the medical profession. I find that many people actually dread to go to a physician and prefer to seek relief from other sources. Why does this dread exist? I am told that to see a physician often means passing from one specialist to another, with an ultimate expenditure of money that is beyond most patients' means, besides the inconvenience involved. Any physician who takes time to talk with his patients soon discovers this and, since the war, medical fees have become too high and the laboratory has added another expense to the patient.

The nihilism in therapeutics referred to above does not work out when physicians themselves are ill. A few years ago, in a military camp, several medical officers were discussing the fact that drugs were of no value; they had little confidence in them and were willing to treat pneumonia without medication. (Trousseau said the same thing, but added that he had never dared to try it). An epidemic of influenza came and several of these very physicians were ill and were sent to the hospital; every one of them complained that he was given no medicines and one actually cried when the mail did not bring a special prescription which he had ordered!

Place yourself in the position of a patient. Consult a physician who gives you no hope, who treats you as a disease and not as an individual, who tells you to go home and take a "rest cure" without medicines, and wonder if this thera-

peutic nihilism appeals to you. The average physician, upon graduation, has been taught that about one drug was necessary for all diseases; that was hexamethylenamine. What will become of our therapeutics now that this has been shown to be of little value?

Patients Want Encouragement

One of the first things a patient requires is: encouragement and hope. The average physician to-day is hypocritical. The patient wants medicine, which, he hopes, will relieve him. He will probably consult various physicians in the attempt at getting relief. He always finds the osteopath and chiropractor ready to promise him a cure. To a great extent, these various men are the direct result of our therapeutic nihilism. Most of the ailments now treated by them were formerly treated by the family physician, who was always ready to help. Perhaps he did not always treat his patients quite according to the latest methods, but he treated his sick people and benefited the sick souls.

Robert Bartholow said, in 1876, in an address before the medical and surgical faculty of Maryland: "He who despises his art, can never become a great artist. Good practitioners are always found to be men entertaining the greatest confidence in the powers of medicines." Jacobi wrote, in 1908: "Medicine is more than a pure science. It is a science in the service of mankind. We live in the era of therapy; therapy in politics, social and individual life."

Jacobi pleaded for years for therapeutic optimism. He died before the cycle of nihilism had run its course. But, optimism will come back. Modern medicine has practically taught us that drugs were of no value; yet, there are many valuable remedies which were used successfully by Trousseau, Watson, Clark, Flint, Ringer, Jacobi, Beverley Robinson, and many others, which remedies have never been heard of by the younger practitioners. In science, there should be no missing links, the works of our old masters should be combined with the present.

While the real surgeon has our entire confidence in his work, the "occasional" surgeon is usually a menace to hu-

manity. He mixes surgery with general practice, easily carrying streptococci from the infected throat to his surgical patient. Let surgery be done by surgeons who do nothing else. There is hardly any condition a patient consults an "occasional" surgeon for, which, in the latter's opinion, does not require surgical interference. It is the "occasional" surgeon who performs unnecessary operations, removing innocent appendices and preying upon wombs for tippings and warpings. To him, a stomach-ache is always due to an "injected" appendix.

The fear of this "occasional" surgeon, the therapeutic nihilism of the physician, the increased cost of medical examinations, the fact of being forced to pass through the hands of several physicians before the diagnosis of a simple ailment is made, these are some of the things that induce patients to go to practitioners of the various cults, where the procedure is more simple, apparently less expensive and where some encouragement is always given. The more specialized medicine becomes, the greater will the practice of these "paths" become.

What the Cults Accomplish.

We are told by some patients that they were cured of certain ailments by osteopaths and chiropractors, and actually some of them were relieved by these men. What do they do? A rich woman, for example, plentifully supplied with adipose tissue, finds herself suffering from "stomach trouble." Her diet is rather complicated, she loves and lives to eat, hates to exercise, she motors daily, but never walks; she has "autoitis." If a physician should advise her to walk every day, to take some setting-up exercises, she would improve rapidly; but she does not care to exert herself and goes to an osteopath. He manipulates her back, massages the woman and gives her a better circulation. Her neck is straightened, her chest thrown back, her abdomen in, and, all in all, she obtains, for five dollars, the result which could be hers if she would exercise herself.

These "paths" have been known to treat diphtheria without antitoxin, much to the regret of the family; they also manipulate spines which are affected with Pott's disease and

backaches due to cancer of the sigmoid. Recently, one "adjusted" the spine of a patient who was passing a kidney stone, but a physician was later called to administer morphine.

The Remedy

How shall this problem be solved? First, we should do everything in our power to have legislation enacted against the unqualified practitioners. Physicians are notoriously lax in medical politics. They do not realize the great harm that is being done to medicine by these unprincipled men who are commercializing medicine.

Physicians should increase their own efficiency, to enable them to do better work, thereby making the "paths" unnecessary. The work of Sir James Mackenzie, at St. Andrew's Institute, Fife, has shown that the family physician is in a peculiar position that enables him to be the most useful of all practitioners. He sees the patient at the beginning of his illness, he knows all of the family history and is better able to judge his condition than anyone. Let the physician who says that he can practise medicine without drugs pass on, for he is senile. Let the family doctor come back with renewed energy, equipped with post-graduate teachings in diagnosis, X-ray, blood examinations, laboratory tests, electrical diagnosis instruments and with scientific electric apparatus for treatment. Let him be so well educated that he knows his own limitations, and he will send patients to specialists because he knows why he is sending them. Men of this kind will increase their own practice and, at the same time, send more patients to specialists, since they know better how to handle these particular "cases."

There is a large field for the general practitioner who is able to do the right kind of work. The first examination of the patient by the efficient general practitioner will be thorough and include an examination of the whole body, an inventory, as it were, of every organ by means of physical examination, laboratory tests and X-ray. Let the fee always be within reason and give the patient no cause for criticism. Patients are always willing to pay well for services which are well and faithfully given, provided results are gained. The more efficient these examinations are, the less unnecessary

and the more necessary surgery; less ruthless extractions of teeth (this wholesale extraction of teeth upon physicians' advice, without relieving the diseased conditions, has turned a multitude of people against them); less groping from one group of doctors to another. If patients can get satisfactory results from their physicians, they will not seek outside help.

Therapeutics should be taught more and more and the works of the older physicians should not be overlooked. The writings of Trousseau and our great Jacobi are replete in therapeutic suggestions. Many modern books have been copied from Ringer's Therapeutics. French physicians have great faith in therapeutics and we find no unqualified practitioners in France. Perhaps it is because the French people are better educated in medical matters than our lay people. In France, the newspapers print only the proceedings of the Academy of Medicine, and the other academies, while in America we are always served with some freakish ideas, which have no foundations. We are told that the poison of the Gila monster (Heloderma) is a useful remedy for locomotor ataxia, or some other fraud of this kind.

Physiology should be taught to better advantage in our schools. It is pathetic to hear a seemingly educated woman say that she has a pain in her liver on the left side, to find that she does not have the slightest idea where the gall-blader is.

In this day of highly-specialized medicine, physicians are the victims to a certain extent. In certain chiropractic schools, which teach every weapon against the medical profession, students are warned not to attack some of our medical associations. They say: "Let them alone; they are killing medicine themselves."

Are we killing medicine?

—(*American Journal of Clinical Medicine.*)

A HOSPITAL "MAINTENANCE" SYSTEM

Sir George Beatson, consulting surgeon to the Glasgow Western Infirmary, has recently issued in a pamphlet a notice of a financial reconstruction scheme for Scottish voluntary

hospitals. He has given the nane "maintenance system" to the scheme he enunciates. Briefly, it may be said that he divides the cost of hospitals into two parts—the maintenance of the hospital itself, and the maintenance of the patients. He proposes that the expenditure on the hospitals shall still be met by the contributions of the charitable public, but that the patients should pay, either personally or through benefit societies, for their food, drugs, and dressings. The sum so to be provided by or for the patients he estimates would, in Scotland, average about £1 a week. The interest now felt in the financial position of hospitals is so widespread that any suggestion from a hospital worker of such long and varied experience as Sir George Beatson is sure to command attention. There are some points in his scheme which may be felt to need further explanation. He states that voluntary hospitals no longer confine themselves to the field of work for which they were established—the care of the necessitous sick poor—but are meeting the needs of other sections of the community, such as artisans and members of the lower middle class. Sir George Beatson points out that voluntary hospitals have now to meet a much higher expenditure, especially on the surgical side, than in the past. What, then, it may be asked, is exactly meant by the term "necessitous poor?" The ordinary primary meaning of "necessitous" given in the *New English Dictionary* is "placed or living in a condition of necessity or poverty; having little or nothing to support oneself by; poor, needy; hard up." But this, in the circumstances, does not help us very much. Does ability to pay £1 a week under an insurance scheme requiring the payment of a few pence a week remove the individual from the ranks of the necessitous poor? Or, taking the other extreme, does inability to afford the cost of a surgical operation and a nursing home bring the patient within the class? Again, is a person legally a pauper to be included in the necessitous class? Sir George Beatson agrees that an "income limit" must be enforced by a voluntary hospital, but it is admittedly not easy to fix the measure of this limit. We understand Sir George Beatson to include in the maintenance of the hospital itself, besides buildings and rent and taxes, the expenditure on salaries and the running expenses in drugs, dressings, etc., of the out-door

dispensary, as well as the cost of management. We gather that he would assign to the patient's side of the account the cost of wear and tear of equipment for serving food, and the surgical dressings. It will, we suspect, be difficult to make a sharp distinction between the two headings of expenditure for maintenance of hospitals and expenditure on maintenance of patients. Sir George Beatson's scheme must be considered in its relation to the present hospital policy of the British Medical Association. He says that a "definite advantage of the maintenance system is that under it there will be no grounds for medical men claiming remuneration for the services they render, because the hospitals will be receiving no payment for treatment." The Association proposes that in the event of patients paying in part or in whole the hospital maintenance fees, either individually or by some contributory method, or with the addition of rate or State aid, or a combination of any two or more of these methods, a percentage of all such payments should be passed into the staff fund. At the Annual Representative Meeting last year a resolution was adopted affirming that where such payments are in part made by rate aid or State aid, or in other cases are of an amount exceeding the cost of hospital maintenance and accommodation, such charges should be considered to include payment towards maintenance and treatment, and a percentage of all such payments should be passed into a fund to be at the disposal of the honorary medical staff. Sir George Beatson's views are ingenious and stimulating, and therefore worthy of study.—(*Exchange*).

WHAT SOME HOSPITALS ARE DOING

F. Hoeffer McMechan, A.M., M.D.

Certain activities, within the profession, and especially in the hospitals, have become prevalent recently, that are very destructive of the ethical standards of the practice of medicine, as well as demoralizing to the friendly relations that should be encouraged between patients and hospitals.

There is a tendency on the part of some hospitals to claim the patient as belonging to the hospital. The patient belongs

to himself and his near and dear ones, and is neither the property of the hospital nor the doctor. Certain hospitals would like to exercise this unwarranted proprietorship in order to commercially exploit the patient and the profession. The idea is to take possession of the patient at the front door, make a diagnosis by means of a flat-rate technical staff and then inform the patient what his hospital stay and treatment will cost him, collect the fees involved and pro-rate them among all concerned. This means a medical staff utterly dominated by the hospital management and serving at the mercy of the lay board of trustees.

The whole scheme involves commercial exploitation not only of the profession, nurses and specialists, but of patients as well. Nowhere is this better seen than in the relations of certain hospitals to anesthesia.

These hospitals, under the control of certain questionable leadership in hospital and medical associations, are using nursing anesthesia. To make this service pay a stupendous profit, these hospitals give their nurses a nominal salary for trying to give anesthetics, charge the patients the usual anesthesia fees for expert service, and turn the balance into the treasury of the hospital.

In order to make this plan work it is necessary to close the doors of these hospitals to medical and dental anesthetists, because nursing anesthesia cannot be made to pay in competition with professional anesthesia. In consequence we are advised on the best authority that five medical hospitals in Cleveland alone bar all members of the medical and dental professions from giving anesthetics in their operating rooms, not only in charity, but also in private cases.

The same situation of boycott and lockout obtains in the hospitals of other cities. This situation is bad enough from any viewpoint of ethics or decency. But there is another situation that is growing prevalent that is even worse. Some hospitals condescend to permit medical and dental anesthetists to enter their sacred precincts to give anesthetics in spite of the fact that they are commercially exploiting nursing anesthesia, but their method of making this pay a profit is to swat the patient with an extra fee for anesthetic service. The nurse who is exploited puts in an appearance in the operat-

ing room, in which the medical or dental anesthetist is giving the anesthetic, and inquires if she can be of service. Naturally, under the circumstances, her offer is declined, but the patient has to pay the professional anesthetist because he wants his life adequately safeguarded in one of its most crucial crises, and the hospital includes the anesthesia fee for nursing anesthesia in the hospital bill, although no service has been rendered, and the patient pays twice.

In some hospitals the rate for nursing anesthesia under this plan is as high as $25 an hour or fraction thereof, so it is apparent that these hospitals consider themselves privileged to charge patients on the basis of professional rates of fees, not only for actual nursing anesthesia, but also when no service at all has been rendered.

There is just one purpose behind such action and that is an effort on the part of such hospitals to make patients dissatisfied with professional anesthesia on account of the prohibitive double cost. The whole scheme involves a matter of obtaining money under false pretences and it amounts to a form of petty larceny at the expense of the dangerously sick.

The deplorable feature of this situation is that some surgeons are participating in it to their eventual destruction. They have not enough vision to realize that hospitals indulging in these tactics are on the way to using the same methods on the surgeons themselves. Already there is an open movement within hospital associations to do without a medical and surgical house staff and turn this work over to nurses. In the near future certain surgeons will be told by their hospitals that the hospital will dictate their fee or salary, or they can get out. Some staffs are allowing themselves to be controlled by this threat.

The superintendent of one of the largest hospitals in Chicago returned from a 1922 hospital meeting and broached the matter of minor surgery by nurses to his staff. He was told that the moment he or the hospital board attempted to throw nurses into the practice of surgery, the hospital would have to find an entirely new medical and surgical staff.

Doctors do not seem to realize just how dependent hospitals are on the medical profession and any staff has the solution of this problem right in its hands by telling patients

frankly of the entire situation and also bringing it to the attention of the public through the press and business and commercial organizations and federations of women's clubs. Further, nothing more than the mention of a resignation of the entire staff and a submission of the reasons to the county society is seldom needed.

A large number of right-minded, ethical surgeons are doing all they can in the premises by employing professional anesthetists, in spite of the attitude of the hospitals in forcing their patients to pay double fees for anesthesia, and it would seem that the organized profession should get behind these men and their anesthetists and enable them to make their hospitals reform and stop exploiting their patients.

—*Exchange.*

THE FIFTH AVENUE HOSPITAL

The Fifth Avenue Hospital is the result of the consolidation of the old Hahnemann Hospital and the Laura Franklin Free Hospital for Children. For several years before the war the trustees and medical staff of the Hahnemann Hospital had been considering replacing the old building, which had served the public for more than fifty years, with a new structure, so planned that the "ideal type of hospital service might be available to all persons, irrespective of class, creed or color." Investigation showed that the really poor are provided for in the city hospitals, and in privately endowed institutions. Persons of unlimited means may avail themselves of all the advantages and luxuries to be purchased in modern hospitals. But a large middle class exists, consisting of people of limited means who do not wish or need to be charity patients, yet who are not able to afford the privacy and care that they would like to have. "To provide this in-between class with all of the necessary comforts and the privacy of a single room is the great ideal around which this hospital has been constructed," says the present director, Dr. Wiley E. Woodbury, "but, in order that all classes may be accommodated, ample provisions have been made to care for persons of unlimited means as well as for those who are extremely poor. The rates authorized by the board of trustees are from nothing up."

A most imposing and impressive structure the Fifth Avenue Hospital is, occupying a whole block front on Fifth Avenue, between 105th and 106th Streets, just across from the Central Park Horticultural Gardens. The architecture might be described as an adaptation, to a modern sky-scraper type of building, of North Italian Renaissance lines and a Spanish Mission roof. The building is nine stories high, with a central dome containing three more stories, and with

Fifth Avenue Hospital

a basement and sub-basement. It is constructed in the form of an x, since this plan provides each of its three hundred rooms with outside lighting and exposure. The character of the rooms, and the fact that each patient has a private room, except on the children's floor, are the special and outstanding features of the hospital. Another feature is the doing away,

as far as is compatible with medical standards, of everything suggestive of a hospital atmosphere. This has been done with notable success in the patients' rooms, which are exceedingly attractive with their pretty wooden furniture, painted in the most modern style, comfortable chairs, harmonious rugs, and, in some instances, a beautiful outlook over the park. Each room has a connecting lavatory, some have bathrooms, and others are in the form of suites. The walls are a soft French grey, and even the beds are enamelled to harmonize with the walls and furniture. On practically every floor there are waiting rooms for visitors, and these, too, are comfortable and attractive. Even the anesthetizing rooms of the operating department on the eighth floor masque their purpose in their decoration and furnishing, which resemble that of small parlors. The corridor walls are buff and tan, and further variety is added to the color scheme by having some of the rooms, among them the patients' solarium, on the tenth floor, done in a soft, greyish green. The nurses' rest room on the ninth floor is a large, sunny apartment overlooking Fifth Avenue and Central Park. Every floor has a loggia overlooking the park where patients or staff may sit or walk in the open air, in case they are not able, or do not wish to take advantage of the four promenade roofs and the tenth floor. Here on the roof the patient may remain all day, yet receive as usual his regular meals and treatment.

The first floor of the hospital contains the offices of administration, dining rooms for the resident staff and nurses, living quarters for interns, and private suites for physicians who wish to take advantage of the facilities of the hospital. These consist of a reception room, an office, and an examining room, and are so situated that patients may be admitted by a private entrance. The social service department has its headquarters on this floor. The chief function of this department is the investigation of non-paying cases before they are admitted to hospital.

The second floor, called the Laura Franklin-Delano Foundation, is devoted exclusively to the care and treatment of children. On this floor, instead of single rooms, are large, many-windowed apartments, some of which have been divided by glass partitions into isolation cubicles. Here are also play-

rooms, both indoor and out, a school room, a dental office, and other facilities. Out-patient clinics are held here daily from two to three.

The third, fourth and fifth floors, consisting chiefly of patient's private rooms, show the x plan which is one of the features of the Fifth Avenue Hospital. The four corridors, on which these rooms open, radiate from a court in the central rotunda. Around this court are the entrances to the elevators, and opposite them are the open supervisor's office, commanding a view of the elevators, the visitors' waiting room, and the whole length of the four corridors; adjoining the supervisor's office a small service room for the preparing of special treatments; back of this a rest room for special nurses; and behind the elevators two completely equipped treatment rooms. The fourth floor contains rooms for the supervisors and the pupil nurses, and the third those for employees.

The sixth floor is devoted to maternity cases, with provisions for maternity clinics on Tuesdays and Thursdays. Here prospective mothers may be received and given two weeks' board, care and treatment, including delivery and treatment of the baby, all for the sum of $75. This floor accommodates thirty-eight adults and forty-five babies. There are three delivery rooms, one of which is especially equipped for the care of infected cases. The rooms on this floor have been provided with sound-proof walls and ceilings, so that all noise has been reduced to a negligible quantity.

The seventh floor is much the same as the third, fourth and fifth, except that the rooms here are somewhat larger, several of them have private baths, and a number are arranged in suites to be thrown together when necessary.

The eighth floor is devoted wholly to the various scientific departments. The operating rooms are seven in number and occupy the north-east wing. These include a clinic operating room, two private operating rooms, an operating room specially equipped for genitourinary cases, with a cystoscopic room near by, a plaster room for the orthopedic service, and special operating rooms for the eye, ear, nose and throat departments. There are also surgeons' scrub-up rooms, supplied

with all the latest scientific apparatus to insure sanitation and asepsis, sterilizing units for the operating rooms, and a special instrument and supply room with the necessary articles continuously available for every type of operation. Each operating room is equipped with a recessed cabinet in the wall for dressings and supplies.

In the operating rooms the color scheme of grey is carried out in the dark grey tiling and very pale grey upper walls and ceilings, giving practically the same light effects as white. The furniture is also light grey. Regular operating hours are daily from eight a.m. until four p.m., but emergency cases are received at all hours. On this floor a reference library for the staff will occupy the space used on the other floors for the visitors' waiting room, and there is also a staff room for medical instruction and demonstration.

The south-west wing of the eighth floor contains the pathological and bacteriological laboratories. This department is equipped with a dumb-waiter service for the transportation of specimens direct from the other floors. In the south-east wing are the gastroenterology and X-ray departments, with full equipment; and in the north-west wing are rooms for special treatment and examination, with a basal metabolism apparatus, and electrocardiograph and other equipment. On this floor also, as has been said, are the anesthetizing rooms.

The ninth floor is given over to the use of the nurses; the tenth has the open air roofs, the patients' solarium, and the quarters for the animals used in experimental research in the hospital; on the eleventh is installed the automatic dial telephone, and on the twelfth the great plant of the ventilating system.

There are also a basement and sub-basement. In the latter are located the morgue, the autopsy rooms, the disinfecting and incinerating plants, the fan rooms and the boiler plant. The main basement contains one of the special features of the Fifth Avenue Hospital, namely: the central service department. This is situated in the centre of the basement, adjacent to the linen room, surgical supply department, pharmacy, store rooms, general kitchen and diet kitchen. Four electric dumb-waiters and a freight elevator transport necessary ar-

ticles from this department to the various floors of the building.

Orders for these necessaries are transmitted to the basement direct from the various floors by means of a telautograph in the supervisor's offices and automatic telephones. The general kitchen and the diet kitchen prepare the food, which is placed on trays that are immediately transferred to large, electrically heated dumb-waiters, and so carried up to the various floors. When the meal is finished, the trays are returned to the basement. The other chief department of the main basement is that of the surgical supplies. This division has the complete handling of the sterilizing of the hospital.

As the Fifth Avenue Hospital has been receiving patients since last July only, it is perhaps too early to comment on the practical working out of its departures from ordinary hospital construction, equipment and administration. Inquiries as to whether a lack of skylights and the grey wall coloring in the operating rooms might not obscure the lighting to some extent, were answered by the statement that the large, complex and specially constructed electric lights directly over the tables obviate this possible criticism. Whether or not patients may be cared for as successfully in private rooms without special nurses as in wards remains to be proved by the Fifth Avenue Hospital system. According to this system the patient, when he wishes attention of any kind, presses a button in his room, which turns on a green light in the corridor above his door, and another in the supervisor's office. These lights stay on until the nurse goes to the patient's room and puts them out by pressing another button. If the patient is considered too sick to be left alone for part of the time, he is required to have a special nurse. All delirious patients, patients recovering from the effects of anesthetics, and, of course, critical cases of all kinds are also required to have special nurses.

There are various other minor points, the working out of which will be watched by New York nurses and physicians. Members of the staff report that to date the system as a whole has worked most satisfactorily, with minor modifications, as methods are being tried out. The administration is most cordial in its welcome to those interested in its plans and problems, thus enhancing, in contrast to an institutional or

hospital atmosphere, the more cheerful and informal feeling given by pleasant, homelike surroundings, which have been proved not only possible but practicable, even in an institution so huge and so highly systematized as the Fifth Avenue Hospital.—*The New York Medical Journal and Medical Record.*

SANATORIUM FOR PRISONERS OPENED

The new state tuberculosis sanatorium for inmates of Michigan's penal institutions is completed and ready for occupancy, according to information received from Dr. R. M. Olin commissioner of the Michigan department of health. The building has been erected since July 1, 1922, at a cost of $10,000.

The sanitorium is one of the tangible results of the work of the health department's bureau of institutional health administration, organized in September, 1921, to cope with the deplorably unhealthful conditions then existing in state prisons and reformatories. The surveys made by the department of health showed that tuberculous prisoners were quartered with those who were not infected with the disease and that the living conditions were such as to encourage a rapid spread of tuberculosis.

Members of the health department believe that the new sanatorium will aid in the cure of persons who have already contracted the disease and halt its spread among other prisoners.

Another undesirable feature of Michigan's penal system was uncovered by this survey. It is the indiscriminate housing of mentally subnormal persons with those of normal mentality. A psychiatric unit, authorized to investigate the mental status of incoming prisoners in these institutions has now been made possible by the state administrative board.

If present plans mature, this clinic will attempt to solve the problem of segregation.—(*Exchange*).

BOOK REVIEWS

An Outline of the Pirquet System of Nutrition, by Dr. Clemens Pirquet, Professor of Pediatrics at the University of Vienna, Austria, Philadelphia and London: The W. B. Saunders Company, Canadian Agents: The J. F. Hartz Co., Limited, Toronto. 1922. Price, cloth, $2.00 net.

This is a capital little book, one that will be found most useful not only to pediatricians, but also to those studying dietetics. Its pages are devoted to such subjects as "Feeding in the first year of life," "The nutritional treatment of tuberculosis," and "Proper feeding as preventive medicine."

The Middle of the Road, by Sir Philip Gibbs, McClelland and Stewart, 215 Victoria Street, Toronto. Price, $2.00.

This is a most entertaining story, written by Sir Philip Gibbs. It is quite absorbing and without a dull chapter. We would suggest that our readers forget not to take a copy with them on their summer vacation.

Way of Revelation—A novel of five years—by Wilfred Ewart, London and New York: G. P. Putnam's Sons.

It is difficult for many people, and particularly those who have suffered, to even handle a book whose story is based upon the recent dreadful European War. Mr. Wilfred Ewart's "Way of Revelation" is, however, an exception. It is a work of fiction of very considerable merit and we do not hesitate to recommend it. The description of life in billets is intensely fascinating and the author's language adds materially to the interest found all through the novel.

SIGNALLING SYSTEMS IN HOSPITALS

Geo. E. Mills, Sales Engineer, Signal Systems, Ltd.

Recent years have brought about many discoveries in the medical and electrical branches of science. Electricity and electrically operated appliances are continually being used by the medical profession, and the demand for reliable electrical equipment is becoming acute. Hospital Signal Systems are a small but important part of the electrical field used by the medical world, and it doubtlessly would be of great advantage to doctors and those connected with the management of hospitals to investigate the merits of the various systems. Realizing the importance of Hospital Signal equipment, manufacturers have placed on the market a number of high grade systems, some of the most important being: Silent Nurse Call Systems, Doctors' Silent Paging Systems, Fire Alarm Systems, and Interior Telephones. The value of Nurse Call, Fire Alarm and Interior Telephone Systems, need not be

commented upon. However, Silent Doctors' Paging Systems and In and Out Annunciators are not so well known, though doubtlessly in the near future they will become part of every hospital. With the Doctors' Silent Paging System, a doctor or official can be quickly located throughout the hospital without any noise or confusion, by means of light signals displaying a combination of letter and figure. How many times does it not happen that a doctor, having an important private practice, upon entering a hospital becomes difficult to locate, and his private practice very often suffers. With the adoption of the Paging System, such conditions are reduced to a minimum. When hospitals are equipped with In and Out Annunciators it is possible to see at a glance whether certain parties are on the premises without inconveniencing or restricting those who use the Annunciator. This is accomplished by placing a small sending station at the various entrances connected to one or more indicators. The brief description given only leads to an insight of the numerous systems that are available. There are companies specializing in equipment of this nature, who would be only too pleased to act in a consulting capacity and lay out Signal Systems that meet all requirements; therefore, no institution should deny themselves this valuable service.

KELLOGG'S BRAN

Results from prescribing Kellogg's Bran have been so generally up to expectations in the relief of even aggravated cases of constipation that this important cereal is becoming a sort of standby among physicians.

Kellogg's Bran ranks very high in food value aside from its beneficial effect on the intestines, which, as you know, is very largely mechanical. As a roughage, the bulk of bran is invaluable in cleansing the alimentary tract. This important bulk is only found where the actual bran content is practically 100 per cent. This accounts for the popularity of Kellogg's among physicians because Kellogg's is *All Bran.* Kellogg's can be prescribed with confidence. Unlike unpalatable common bran, Kellogg's Bran is really delightful because it is cooked and "krumbled" and ready to eat as a cereal, mixed or cooked with other cereals or used in baking or cooking. Physicians are advising the use of Kellogg's Bran in families, not alone as a relief from constipation, but as a very active, satisfactory preventative. Bran is used in baking and cooking with fine results. It is an interesting way to have every big and little member of the family get their share. And, it means so much to health.

DOMINION BATTLESHIP LINOLEUM

As requirements become more finely developed it is necessary to pay greater attention to the selection of hospital flooring. "Dominion Battleship Linoleum" is one of the most durable floor coverings known. For hospitals, sanatoria and such buildings, where severe tests require floors of first quality, it is highly desirable and most satisfactory in service. It eliminates strain because of the soft, resilient walking surface it affords; it promotes comfort because of this restful treading surface; it ensures permanence and becomes a seamless, crevice-less floor when properly laid with waterproof cement. Its construction makes it distinctly germicidal—an important consideration in a building housing the sick.

The grades in which "Dominion Battleship Linoleum" are made permit of its selection for every type of building, depending upon the requirements. Grade "AAA" is six millimetres thick, grade "AA" 4.50 millimetres, and grade "A" 3.60 millimetres. Length of rolls, twenty-five yards in each grade. Two other grades are available as Plain Linoleum, "B" three millimetres thick, and "D" 2.05 millimetres. In addition to being made in two yard widths, "A" and "D" grades are to be had four yards wide.

Four shades are available: plain brown, green, terra cotta and grey. Various grades are available to suit every requirement, ranging from the British Admiralty standard six millimetres (one-quarter inches) to a lighter grade of about two millimetres. To obtain satisfactory results the manufacturers recommend the engaging of expert laying service. This is supplied by many floor covering merchants, who, for a nominal charge, lay this covering according to detailed specifications, thereby ensuring permanent, satisfactory results.

AN OLD FIRM UNDER A NEW NAME

On July 1st, the well-known firm of Hudson-Parker, Ltd. became Corbett-Cowley, Ltd. It really is a change in name only, for Messrs. Corbett & Cowley have been in control for a considerable length of time, having been identified with the business since its inception, and it is under their management that the name Hudson-Parker has come to be identified with high-class hospital apparel and bedding. Both are practical men who understand what is required for hospital use, and have been inspired with the determination to make their product one to be proud of. Operating their own factory, they have featured the "Made-in-Canada" idea—not for the purpose of seeking business on sentimental or patriotic grounds, but to demonstrate that, in the matter of quality, Canadian-made products can, and do, successfully compete with the best

imported goods. The plan of selling direct to the hospitals has also been an important factor in the development of the business to its present standing. Ordering by mail has been made an easy matter, thus placing hospitals in the smaller cities on an equal footing with the larger institutions in the matter of purchasing their apparel and bedding. The business will be continued in the present quarters: the Darling Building, 96 Spadina Avenue, Toronto.

F. & R'S CELEBRATED CRISS-CROSS CEREALS

Away back in the year 1878, the late Mr. Foster P. Rhines, after having already spent twenty years of his life in the study of scientific milling, determined to organize a new company which would specialize in the manufacture of Genuine Gluten Flour, Genuine Whole-Wheat Flour and Genuine Graham Flour; accordingly, The Farwell & Rhines Co. was organized and for the past forty-four years this company has given its entire attention to the manufacture of these flours. In order to have a trade mark, which would stand for genuineness and absolute purity, the company conceived the idea of adopting for its trade mark, the Criss-Cross Lines and, accordingly, F. & R.'s flours and cereals have since that time been known as F. & R.'s Celebrated Criss-Cross Cereals. During the many years that flours were not under the vigorous control of the Government, as they are to-day, the Criss-Cross Cereals meant a great deal, inasmuch as it was the purpose and determination of this company to see that nothing but the finest quality of goods ever went into a bag or carton bearing the Criss-Cross Lines, which measure up to the highest standard of purity. In other words, during these many years, there were hundreds of imitation Gluten flours, imitation Whole-Wheat flours and imitation Graham flours; of course, it is now becoming a general practice in nearly every country to adopt standards to which a flour must comply in order to be branded the genuine product; this serves as a protection to the consumer, and even the housewife, who is not supposed to be posted in scientific milling, is quite sure to-day to receive the genuine product provided it is so branded on the bag or carton. It, of course, is necessary for the housewife to read carefully the label on the container and make sure that the manufacturers claim the flour to be genuine. F. & R.'s Genuine Gluten Flour contains forty per cent. of gluten and complies in every detail to the standard set by the United States Department of Agriculture. This flour contains as large an amount of Gluten and as small an amount of carbohydrates as it is possible to leave in a pure-wheat flour and have it so that a loaf of bread can be made from same.

Everything in Cotton Goods for the Hospital

Apparel

Doctors' coats and pants; operating suits; operating gowns and caps; nurses' aprons, caps and operating gowns; orderlies' suits; maids' uniforms; patients' bed gowns; bath robes; ether jackets; pneumonia jackets; leg holders; cooks' coats, pants, aprons and caps, etc.

Bedding

Bed sheets, sheeting, draw sheets, lethotomy sheets; pillow slips, circular pillow cotton; mattress covers and quilts; pillows, etc.

Sundries

Towels, bed pan covers, etc.

MADE IN CANADA

These are all the highest-grade Made-in-Canada goods, and are sold direct to hospitals at very attractive prices.

Samples of materials, description, sizes, and very special prices—"direct to the hospitals"—on request.

CORBETT-COWLEY
Limited

DARLING BUILDING - - 96 SPADINA AVE.
TORONTO

Successors to HUDSON-PARKER
Limited