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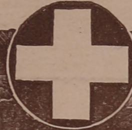

THE HOSPITAL WORLD

Vol. XXIV Toronto, November, 1923 No. 5

CONTENTS

EDITORIAL

Page

British Hospitals 145
Music in the Air 149
A Sacred Hospital Trust 151
Cheer in the Hospital 152

ORIGINAL CONTRIBUTION

Remarks on the Food Factor in Cardio-Renal Disease, by Solomon Strouse, M.D. 155

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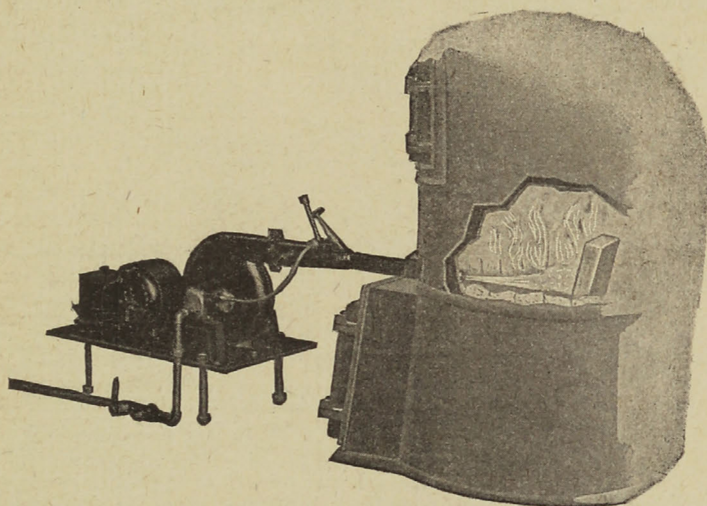

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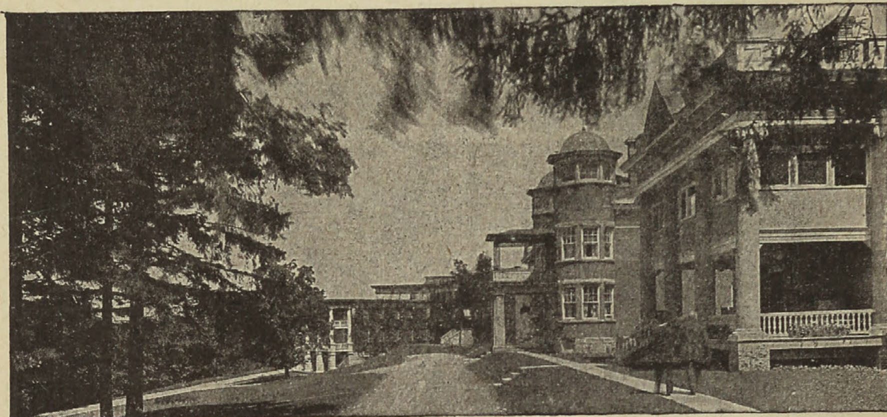

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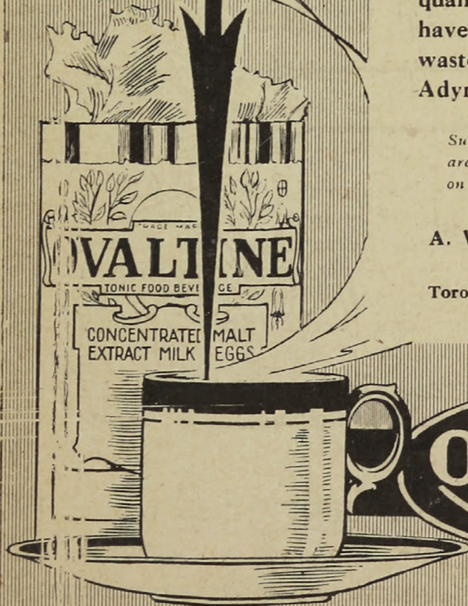

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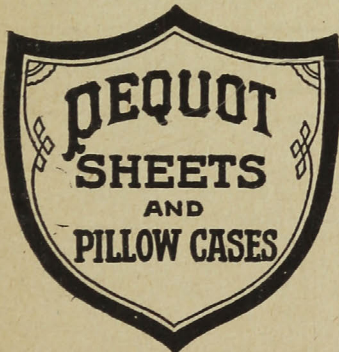

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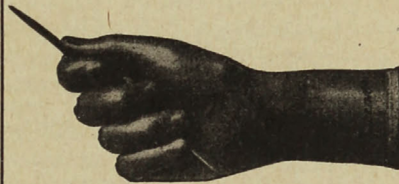

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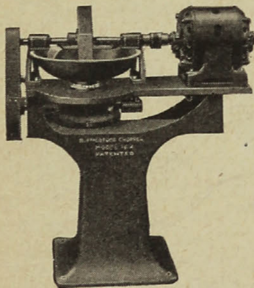

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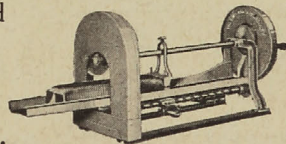

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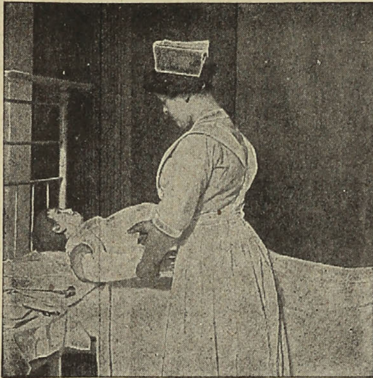

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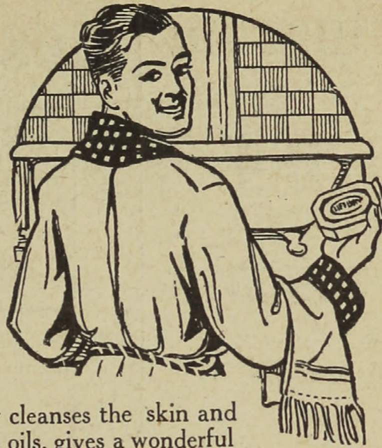

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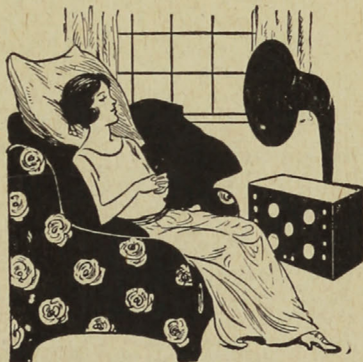

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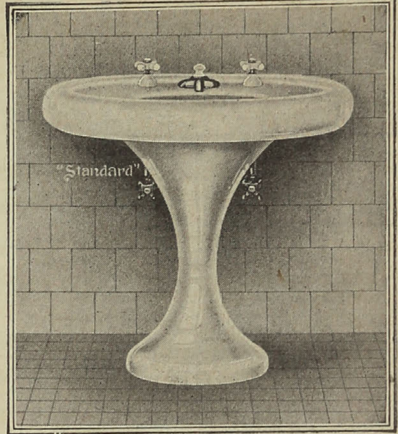

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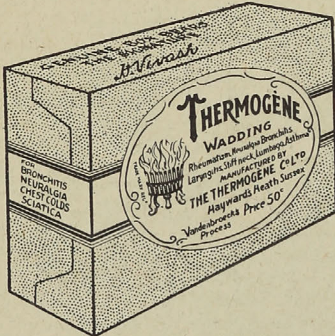

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TORONTO, CANADA

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

Vol. XXIV — TORONTO, NOVEMBER, 1923 — No. 5

Editorial

British Hospitals

The section of the British Medical Association on Medical Sociology at its recent meeting, discussed the relation of the medical profession to local authorities in respect of rate-provided hospitals and clinics. Sir George Newman, Chief Medical Officer of the Ministry of Health, pointed out that there were some 45,000 beds in the voluntary hospitals, which hospitals are now in some degree state-aided through grants of public money for care of ex-soldiers, or the treatment of venereal disease, tuberculosis and certain maladies of infants and school children. Their Poor Law hospitals and infectious disease hospitals, supported by the rates, supplied 135,000 beds; 18,000 beds were given over to tuberculosis in sanitariums and hospitals, and 128,000 beds were occupied by the lunatic and feeble-minded.

They were now faced with a wholly new issue of a medical service in rate-provided institutions. The type of patient admitted to rate-provided hospitals has been determined by mutual consent on the basis

of the character of his disability. Poor Law hospitals had performed an essential service, the voluntary hospitals had contributed much to the progress and freedom of medicine, and had brought into the enterprise an immense volume of gratuitous and altruistic service, saving the ratepayer heavy taxation. None of these advantages should be sacrificed.

Sir George contended that they should retain and cultivate their historical sense—the sense of proportion. They were now passing through a marked transition in social development; hence they should walk unusually circumspectly. There was (1) a deplorable shortage of hospital accommodation and likewise an equally deplorable absence of differentiation in function of hospitals; (2) the national insurance system affecting 12,000 doctors and 14,000,000 insured persons; (3) the exigencies of war and the ravages of certain diseases had led the state to call for emergency action in regard to maternity and child welfare, tuberculosis and venereal disease; and (4) there had been an immense revolution in the science and art of medicine both in its curative and preventive sides which had profoundly affected men's minds.

Although ideal national arrangements should be the final goal, it was necessary to take one step at a time, conserve what is good and discard the injurious or useless, having regard to the amount of money available and to the relative value of experiment and precedent.

Three questions occurred to Sir George: (1) What does the local authority require? (2) Can the local authority meet its obligations in institutions by a whole-time medical service? and (3) how best can the authority's medical requirements be met?

Answering the first query, Sir George maintains that there should be a proper co-ordination between institutions and public and voluntary medical agencies, that patients should be selected on grounds of urgency of physical need, necessity for skilled treatment, home circumstances and priority of application. Patients should pay in whole or in part for services rendered.

As to a whole time service, Dr. Newman thinks that is not needed. Such a measure sacrifices the goodwill of the local medical practitioners, the cooperation of local voluntary institutions and agencies, and, furthermore, sacrifices a goodly measure of local medical experience and freedom and mobility for the institution, its staff and the local doctors.

Third, the authority's medical requirements are best met by securing the speedy recovery of the patient. To this end, doctors should be associated with the governing board; there should be a medical staff committee for the medical administration; services of local practitioners should be secured; the medical staff should be paid for their work; their tenure of office should be fixed; the part-time staff should recognize the suzerainty of any whole-time

medical officer; and there should be a local medical advisory committee appointed by the medical profession in the district, which should be consulted by the authority on important medical propositions affecting the institution.

Justice Adams thinks that a State medical service will ultimately be evolved, the voluntary hospitals becoming absorbed in the scheme of publicly maintained and controlled institutions. Pending such consummation, the Government should grant aid to hospitals through the principal municipal authorities, who would have representatives on the boards. Judge Adams favored the formation in each local health area of a medical advisory council with power to make recommendations and issue reports for the consideration of the local health authority and the public. One body would administer, the other initiate, new and extended health organization. Combined they would blend both preventive and curative work.

The part-time doctor would be allowed to attend the communal hospital. There would be a ward for private patients attended by their own doctors. In rural areas full-time doctors would not be needed. A whole-time officer would act as administrator.

Music in the Air

Hospitals in many places are installing radio sets—hospitals for children, for the insane, for the aged, for incurable patients, for the tubercular, and

for patients in general hospitals. What a boon for these poor folk!

For ten years or so occupational therapy has been the slogan for convalescent patients, and those well enough to use their hands at basket-making and other sorts of handicraft. But occupational therapy now has a strong rival, the radiophone which amuses, instructs and entertains during the hours, days or even weeks which the sufferers have to put in until their discharge. Concerts, lectures, sermons, reports of games and markets, general news—all to be heard by "listening-in." And the best is broadcasted. The best singers, the best players, the best bands, the best lecturers and the best preachers—and all brought to the patient; no effort necessary, except to listen; borne on the ethereal waves over hundreds of miles, waves which thickest walls of stone or steel cannot exclude.

One writer says, "It is as though the great Architect of the Universe has revealed to us a little of the unknown Beyond where space shrinks before His will."

And how simple and comparatively cheap the equipment! Also simple to build and simple to operate. *The modest sum of $150 will install a set in one of the smaller hospitals; $250 will go further. The amount required depends on the site of the building, the size of the outside wire and the number of accessories purchased.

The best plan for a hospital is to have a central control station and a loud speaker which can be

*Full particulars can be obtained from the Gibson Radio Supply, 104 King Street West, Toronto.

transported from room to room. In such a construction leads are brought into the various rooms from the central control station and the loud speaker attached to these leads.

Where hospital buildings are separated or consist of isolated cottages, these separate buildings must be equipped with a telephone service. In the control room the loud speaker is held before the transmitter of the phone.. The switchboard operator then opens keys on the lines of those wishing to "listen-in." Near Boston is a tuberculosis hospital of twenty-seven cottages. All may "listen-in" at one time to concerts relayed by the control station.

An unusual application of loud-speaking equipment is reported in *Radio Electricité,* in connection with the operating room of a French hospital. It appears that above the operating room in question there is a glass roof through which the operations being performed by the surgeon may be followed by medical students. The surgeon, while performing the operation, talks into a microphone in the operating room, and the current is amplified through ten vacuum tubes, for delivery to a battery of loud-speakers in the observation room above. In this manner the medical students not only see what is being done in the operating room, but they receive the explanations from the surgeon at the same time.

And now with a thousand and one broadcasting stations on the continent nearly every one of the 7,000 hospitals can, from one or other of them, pick up the music in the air. The day of miracles is not over!

A Sacred Hospital Trust

Canadian men and women of wealth have not yet learned how good a thing it is to dedicate a portion of their means to philanthropies that will serve humanity through long years after their decease.

One of the regrettable points in connection with the large majority of wills that dispose of big estates is the small amount, if any, that is set aside for such a purpose. Million dollar estates, or half, or quarter, are divided among the immediate family of the deceased, with the sop of a few pitiful hundreds bestowed upon one or more charities. Both England and the United States are ahead of us in this respect. Many of their finest hospitals have been established or endowed in this way. As the donors have prospered, so they desire to reach outside their family circle and confer lasting benefit upon the larger circle of their fellow citizens.

But it is not often that years of stern self-denial and economy precede such giving as in the recent case of one aged woman.

Mrs. Emily Jane Smith, of Chicago, aged 84, whose recent death brought her will to probate, has placed an estate of $800,000 in trust for the establishment of a million dollar hospital and home for the aged, in memory of her father and mother. She was not a wealthy woman, for the terms of the will reveal years of the strictest economy on her part in order that her life-long dream of such a monument to her parents might be realized.

Here is a vision: The daughter growing slowly into advancing years, treading the path of gradual oncoming infirmity and weakness that her parents trod; having memories possibly of what they lacked that she could not give them; realizing in herself the needs and loneliness of age; economizing even in the eighties and passing away knowing that her dream would be fulfilled.

What a monument!

Cheer in the Hospital

In a course for nurses given in connection with the Toronto University extension lectures in August one of the professors related in amusing and graphic way his personal experience during a brief visit to one of the large Toronto Hospitals for a tonsillectomy.

He described the air of jaunty fearlessness with which he entered the hospital portal, under the cheering pre-assurance of his physician; and how his courage slowly evaporated as he was passed through the formalities of admittance, room assignment, and initial nursing routine.

"My first chill came," he said, "when having given my name and address, the business-like young desk official requested the name and address of my nearest relative. 'What for?' I asked. 'In case we need to notify them,' was the cryptic reply."

The professor proceeded to describe the well-known routine of entrance and preliminary service: how nurse one and nurse two and interne took successive possession of him—each by their sober mien

and crisp official comments further reducing his courage.

"Look here," I said, when clad in pyjamas and in bed a clinical thermometer was thrust in my mouth. "I'm well. There's nothing the matter with me; I've only come to have my tonsils . . . 'Keep your lips closed, please,' said the stiffly starched young woman with her eyes on the instrument and her fingers on my wrist."

The professor slept soundly through the night, had his tonsils out in the morning, and returned to his home two days later. But his amusingly told experience formed the text of a strong appeal to the class of nurses before him, that they would endeavor to give a cheery personal touch to their services, especially to incoming hospital patients. The stiffly starched atmosphere of a hospital should be kept as much in abeyance as possible.

"Serious looking physicians and surgeons must become human in the minds of the masses," says Mr. R. W. Keeler. "Nurses must come to mean more to patients than mere stiffly-dressed young women who report to the doctor and take his directions."

Certain routine forms and procedures are essential in connection with hospital service; but every person who enters the institution for the first time as a patient is in a mental and physical condition that makes him keenly sensitive to impressions. Therefore, as the lecturer entreated in his closing words, "Nurses, smile; do smile!"

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Original Contribution

REMARKS ON THE FOOD FACTOR IN CARDIO-RENAL DISEASE

Solomon Strouse, M.D., Chicago, Illinois.

These somewhat rambling remarks are intended as an attempt to evaluate the food factor in the treatment of those clinical syndromes associated with diseases of the heart, kidney and blood vessels. It is almost necessary to group these three systems together as one big system for therapeutic purposes, for it is indeed rare to see a disease affecting the heart without also disturbing the kidney function, or to find arterial disease not complicated by disturbances of the heart or kidney. Although one must group these systems together, in the individual patient who comes for treatment, success in therapy depends upon our ability to differentiate which organ is bearing the brunt of the trouble at that particular time. For instance, an anuria due to a weakened heart muscle certainly calls for different treatment from an anuria due to an acute inflammatory process in the kidney proper. High blood pressure without disturbance of renal function and without the retention of nitrogenous end-products offers a therapeutic problem differing in every detail from the same degree of hypertension in a patient with advanced renal, arterial and myocardial changes. Often the effort to determine the organ vitally affected meets with success only after most careful history-taking, physical examination and painstaking laboratory work.

If this introductory premise is accepted, it becomes apparent that generalization regarding dietetic indications in any of the diseases under discussion becomes impossible. Unfortunately much of our present-day knowledge of food is not knowledge at all; it is the result of traditional adherence

to empirical formulæ. To doubt the danger of protein food in high blood pressure is almost heresy, while the scientific basis for this belief is very slight. If we wish to start the discussion with a consideration of hypertension—a common characteristic of the cardio-renal diseases—we must at first realize that hypertension represents merely a symptom. I have recently pointed out [1] that in frank renal disease with advanced arterial and eye changes the protein intake could be varied sufficiently to change the non-protein nitrogen and urea nitrogen of the blood without in any way affecting the blood pressure of such cases. On the other hand, in cases of so-called essential hypertension, the blood pressure could be made to drop by mere physical quiet, and relief from worry, regardless of the amount of protein ingested. It would be obvious folly to attempt to treat a patient with hypertension actually due to improper living, excessive worry, or syphilis simply by restriction of the protein or salt intake without paying due attention to the actual causative agent in the particular case. Furthermore, attention should be called to a very evident danger arising from the poorly balanced diet in which protein is replaced by excessive carbohydrates. Mosenthal [2] has again called attention to the fact that overweight resulting from excessive carbohydrate intake has a potential value for harm in hypertension considerably greater than a little extra protein.

At all events, the importance of food or of one particular article of food should not be over-emphasized to the exclusion of other features. In each individual patient, it is necessary to evaluate not only the diet factor, but also the questions of general hygiene, exercise, worry, work, smoking, alcohol, domestic life and numerous other psychological elements which influence or might influence the sick man. This is necessary from the therapeutic as well as the etiologic point of view.

There is no need to discuss the treatment of the frank acute nephritis cases, nor is there any great need of going into details concerning the second stage of acute nephritis, the long period during which the patient becomes pale, weak, and more or less of a chronic invalid with the renal function still markedly impaired and the outcome always in doubt. There

is, however, one point in connection with this stage of nephritis which seems to be of importance, that is, the use of protein. General anemia of the tissues can hardly be expected to occur without involvement of the heart, kidneys and other vital organs. The theoretical damage to the kidneys from protein can well be balanced in some instances against the practical necessity of properly nourishing the diseased tissues. We believe it to be far more dangerous to allow a sub-acute nephritis patient to develop an increasing anemia on a diet low in iron, than to give a certain proportion of iron-containing, protein food.

Passing now to that large group of cases of so-called chronic nephritis with nocturia, high blood pressure and sometimes thickening of the peripheral arteries, the problem of therapy becomes the problem of individualization already mentioned. Such patients usually are long past the stage of simple hypertension, even though hypertension may have been the first symptom noted years before. These are difficult patients to treat at the best. If the symptoms or signs point to one of the three systems as being particularly involved, the best therapy would be to direct attention to the relief of this particular organ. A man with high blood pressure and persistent headache should be guarded against any type of emotional disturbance which would cause a rush of blood to the cerebral arteries; a man with pain in the cardiac area on exertion must have his life so directed as to put the least possible burden on the heart muscle. Nocturia should mean no fluid intake after 6 p.m. In most of these cases it has always seemed to us that the question of food was important, more from the quantity of total food ingested than from the quality. Many of these patients give a history of over-eating heavily. Many smoke to excess. Some, of course, have led exemplary lives. All physicians have seen this so-called chronic nephritis-high-blood-pressure-myocarditis syndrome in men who have never had any of the usual precursors of the symptom-complex. But when there does occur evidence of over-eating, the judicious thing to do is to cut down the total quantity. We have never restricted completely, any single article of food in such cases. We believe that a well-balanced, well-rounded diet containing anything the pa-

tient wants to eat in moderation will give much better results than any other dietary restrictions. We likewise believe that the restriction of the total diet should be only a part of the general plan of restriction of total activities, and that any value it might have in therapy must be derived from the restriction of general activities rather than from mere change in the food.

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"ST. BART'S"

By JOHN N. E. BROWN, M.B.

AFORETIME INSPECTOR OF YUKON HOSPITALS.

Of the hundreds of hospitals in United States, Canada, Great Britain and the Continent which the writer has visited, examined, and made note of, none impressed him from the historical standpoint like St. Bartholomew's Hospital, one of the Royal hospitals, in old London.

St. Bart's is located at Smithfield, memorable as the spot where, for their faith, English martyrs were burned at the stake. Hard by is Newgate where many criminals, some for rather petty offences, were hanged for their crimes in the presence of onlookers who paid a small entrance fee for admission to the hanging (which recalled to the writer his attendance at the first hanging in Dawson City, on invitation by a special printed, formal invitation from the High Sheriff.)

Close by St. Bart's was the Saracen's Head where Mr. Wackford Squeers made his headquarters. Here Nicholas Nickleby and his uncle met Squeers, and the hero engaged to go up to Dotheboys Hall as a teacher. It was at the Saracen's Head the poor young pupil victims were mobilized and it was from here the coach with pupils and masters set out for Yorkshire, the home of Squeers.

Eight hundred years ago St. Bartholomew's Hospital was founded—shortly after the Norman conquest. Its octo-cen-

tenary was observed a few weeks ago. English and American medical journals have reports of the quaint proceedings at the old Priory Church, in the quadrangle and in the hospital itself, which we shall tell more of later.

This wonderful hospital was founded in 1123 by Prince Rahere, whose remains are deposited beneath his effigy in St. Bartholomew's Church adjoining the hospital.

Prince Rahere was King Henry I's minstrel and the court jester, so says tradition. It is related that after a time he became tired or satiated with the frivolities of the court and turned to a life godly and sober. He became permeated with a religious enthusiasm and sought companionship among the religious. It was the custom of the time to make pilgrimages to Rome, and Rahere was induced to go on one. While away he became very ill with some severe fever—malarial or typhoid, possibly. He evidently considered his recovery providential, for he made a vow that he would give his life to the founding of an institution for poor men. He stated that the apostle Bartholomew had appeared to him in a dream and intimated a desire to have a church to supply both physical and spiritual needs to the poor and indicated Smithfield as the site of such an asylum or monastery.

So when Rahere returned to London he appeared before the king, telling of his miraculous vision; whereupon the latter granted him a site within the King's Market; and in March, 1123, work on the first hospital began, and later on the Priory Church.

A few years ago the writer of this article visited the St. Bartholomew's Hospital and Priory and was shown by Mr. Hayes, the secretary, the original title-deed on parchment or vellum, given by the king to Rahere. At the same time Mr. Hayes showed the second charter, granted by Henry VIII to St. Bartholomew's and this is another story; our readers will remember that after Henry VIII was on the throne for a time he came into conflict with the Catholic Church, and one of his acts of opposition to this hierarchy was the abolition of all the monasteries in England. This edict, of course, included the monastery of St. Bartholomew's, the suppression of which left the poor of London in such a sorry plight that certain influential Londoners, headed by the mayor, petitioned the king

to restore St. Bart's. This he graciously consented to do and granted the second charter. Henry VIII's picture, done by Holbein, hangs on the walls of one of the great halls of the institution.

The writer of this sketch was told by Mr. Hayes that Sir Beerbohm Tree, who was playing Henry VIII at the Prince of Wales Theatre, had a day or so before sent his costumier down to inspect the picture in order to be able to produce a proper make-up for the actor.

No hospital visitor to London should fail to visit St. Bartholomew's; and no visitor interested in architecture should fail to see the Priory; for it is the oldest and best preserved of the early Norman churches. This bit of Norman work will interest educated Canadians particularly, since the main building of Toronto University—the alma mater of many of them—is the best and most beautiful specimen of Norman architecture in America.

As early as 1662 medical students were in the habit of attending the hospital; these embryo classes evolved into one of the greatest medical colleges in Great Britain. In London several of the medical schools seem to have developed out of the hospital. In 1726 an anatomical museum was built, since which enlargements and additions have been made—theatres, rooms for dissection, chemistry, botany and *materia medica.*

Then came laboratory after laboratory, ward units, operation theatres, pathology blocks and the like, which have become an integral part of the great institution. So here are seen the concrete manifestations of the religious, the scientific, the artistic spirit of the British people. Londoners are very proud of St. Bart's; and good right have they to be. Some of the greatest names in medicine are associated with this wonderful hospital; John Woodall, who discovered that the juice of the lime fruit would cure scurvy, in a plague of sailors and the undernourished poor; Pott, whose name is conserved in the fracture and the disease that bear his name; Harvey, the discoverer of the circulation of the blood; John Abernethy, 1787, one of the great surgeons attached to the hospital; and many others.

The octo-centenary celebration of St. Bartholomew's was fittingly observed in June last. The ceremonies began with a service in the old Priory Church, the only remaining building of Rahere's monastery. The front door of the hospital and its adjacent walls also, we believe, are part of the original building. The opening hymn was "Now thank we all our God" and the lesson: "Now let us praise famous men and our fathers that begat us."

At noon the guests and visitors assembled around the quadrangle. The Coldstream Guards stationed over the gateway blew a strong fanfare of trumpets; then appeared from the far end of the square a unique procession—one which had not been seen in the precincts for 400 years—a cross-bearer, thurifer, candle-bearers, and Roman priests. These were followed by thirteen canon regular of St. Augustine, selected from four Augustinian houses in England, two of whom were abbots. They chanted to Gregorian tunes, as they entered, their hymn in honor of St. Augustine, beginning:

"Magne Pater Augustine,
Preces nostras suscipe;
Et per eas conditori
Nos Placere satage;
Atque rege gregem tuum,
Summum decus Praesulum."

The scene was very spectacular. The canons wore cottas over their white habits, and birettas on their heads; the abbots wore black capes and gold pectoral crosses. Reaching the central fountain, the procession halted, a prayer was offered and there was pronounced a brief commemoration of St. Augustine. The procession then filed back along one side of the enclosure, chanting solemnly and subduedly, *"Deus misereatur nostri,"* Psalm 67. Very simple, reverent, touching and pictorial, an onlooker describes it.

Then a gorgeously dressed herald, accompanied by Yeomen of the Guard, burst into the arena. The herald, in the name of the hospital president, the Lord Mayor, an alderman, treasurer and other governors, announced in a loud, strong voice that the celebrations were now to begin.

Then came a procession of the lame, the halt, the blind; fit subjects for the loving charity of the hospital to be, followed, after a pause, by Rahere on his return from Rome. He meets Richard, Bishop of London, in splendid pontificals, and traces on the ground the outline of the building he wishes to raise.

The final tableau, says *The Hospital and Health Review,* showed Henry VIII, burly and swaggering, (represented by Sir Arthur Bourchier) who in the midst of Lord Mayor, aldermen, courtiers, and the rowers of the State barge, carrying uplifted oars, granted the charter of the hospital as it is to-day, and restored the lands which had been alienated when the Priory of St. Bartholomew was suppressed.

The Welsh Guards closed by playing "O God our help in ages past."

Next day came the Bartholomew Fair with Tudor gallants, hooded friars and bearded magicians in costumes of the 16th century. Medical students entered into the spirit of the occasion and all was merry and joyful. The booths did excellent trade, selling "Sac and Petum of Virginia," "Toys, Trinketts, Gimcracks and Staconere," "Chattels and Phantasies." "Fairings for young and old" dispensed ham sandwiches aplenty. An astrologer cast the horoscopes of Anne Boleyn, Cardinal Wolsey, and Mr. George "Robie." There were whipping posts and stocks where many malefactors were made to suffer.

The day following there were amateur theatricals and tableaux in the Great Hall. The most interesting tableau was that showing a cripple girl being healed at Rahere's tomb. In addition there were: Rahere, the courtier; Rahere in a dream, being delivered from a dragon by St. Bartholomew; Harvey explaining the circulation of the blood to Charles I, and the hospital's war work.

Long life and prosperity to St. Bartholomew's!

Canadian Hospitals

THE HOSPITAL FOR SICK CHILDREN, TORONTO

In 1875, Mrs. S. F. McMaster, Miss Knapp, and a few other ladies of Toronto, decided to establish a hospital for children in the city, "on the voluntary principle," with the free help of leading doctors. During the previous year a contribution of some English coins was given toward the establishment of such an institution. Following report of this in the press, someone from Fergus remitted $20 "for the sick little ones." Other small contributions followed. Thus encouraged, the founders rented No. 31 Avenue Street, a small, brick dwelling—the site of the present hospital—for $320 per year. The personnel consisted of a matron, a nurse and a servant. The first patient was a small girl, suffering from scald. Nine young ladies endowed a cot in honor of this patient, by payment of $100 per year. Two sick children were transferred here from the General Hospital. A young patient, Tom, so endeared himself to young ladies of Miss Neville's school that they decided to "keep a cot" for him. A child suffering from hip disease, was the first patient to be operated upon. She made a good recovery. By July, 1876, forty-four in-patients had been treated, and sixty-seven extern, at a cost of $2,279.20. The receipts exceeded this amount. In June the hospital was moved to No. 206 Seaton Street, where its inmates were treated for two years. The committee of management consisted of sixteen ladies; a number of young ladies assisted.

In June, 1878, the hospital was moved to Elizabeth Street, near College Street; and was incorporated with the following trustees: Hon. Justice Patterson, Messrs. William Gooderham, Edmund Osler, and Hon. Chancellor Boyd. The new premises were opened with appropriate ceremony, Vice Chancellor Samuel Blake and Rev. John Potts taking part. As knowledge of the good work being done became known, contributions came in and helpers volunteered their services; by 1879 receipts and expenses had reached $3,000 each; and during that year some 473 patients had been ministered to.

In 1881 the Ontario Government made a grant of $100 to the hospital; and the Mayor and City Council paid the place a visit. In this year two bequests were made; one of $500 from Mr. Samuel Smith, and one of $20,000 from Mr. John Tucker.

In 1883 the hospital was honored by a visit from Princess Louise. By this time receipts and expenses amounted to $6,000 each.

In the year 1882 there was built on Toronto Island The Lakeside Home by Mr. John Ross Robertson, who became the moving spirit in connection with the hospital. Its cost was $5,000. In 1885 a wing was added and improvements made. In 1890 Mr. Robertson had the entire building remodelled. It is a most attractive structure, and perfectly serves the purpose for which it was built, its wide halls, verandahs, balconies, airy wards with sanitary accessories, and cheerful administration building making an admirable home for the children during the hot weather. To this invigorating spot the children are brought in early June each year, and remain until September.

In the fall of 1886, the children, upon returning from the Island, were taken to a new hospital in the city. Owing to the tumble-down condition of the mother hospital, the Notre Dame building, at the corner of Jarvis and Lombard Streets was rented and occupied until the summer of 1891; but this was only a make-shift. In 1887 it was decided to erect a new and up-to-date hospital on the old site on Elizabeth Street. Messrs. Robertson, J. J. Withrow and Dr. H. T. Machell formed the building committee. Mr. Robertson visited all the leading hospitals in the United States and Europe. The eminent Scotch architect, John Sellars, was engaged to prepare plans. When completed the plans were placed in the hands of Messrs. Darling and Curry, of Toronto, enlarged and modified to suit local conditions. The corner-stone was laid in September, 1889, by Mayor Clarke, in the presence of a "group of devoted, Christian workers, zealous philanthropists and worthy citizens." In two years it was completed. The cost was $115,000. The city contributed

$20,000; sundry subscriptions amounted to some $37,000, a bequest to $20,000. From 1886 to 1891 inclusive, Mr. Robertson's contributions alone amounted to $21,000.

A school was established in the hospital in 1892. The Toronto Board of Education maintains the teacher.

About the year 1906, Mr. Robertson, greatly impressed with the work of Strauss in supplying pure milk for the children of New York, provided a pasteurizing plant for the hospital directly on the premises. In 1918, 110 gallons were pasteurized daily. A thousand bottles of special feeding were distributed each day, as well as 700 bottles of germless milk and cream. A milk laboratory was provided for the plant, for the preparation of feedings and the modification of milk for babies both in the hospital and in the city as well. A graduate in domestic science has charge of the milk station and instructs nurses in training in regard to all this line of work.

In 1912 the trustees established a dental clinic in the hospital, following which there was a marked improvement in the physical condition of the patients.

The hospital report for 1915 states that "at the end of forty years the hospital has grown at a rate unparalleled by any similar institution in the world. 26,108 children have been treated as in-patients, and 231,768 as out-patients." During the year 1914-15 2,338 in-patients were treated, forty-three per cent. of whom were cured, twenty-six per cent. improved, six per cent. unimproved, seventeen per cent. died, and eight per cent. remained in the hospital. The average daily cost of maintenance per patient was $2.28½, as compared with $1.14½ in 1904, and 76¼ cents in 1895.

The hospital has always had many orthopedic cases, necessitating a special department. The best surgical skill was obtained. A gymnasium was provided, and is utilized for the correction of functional deformities. Experts in massage treatment are employed for this class of patient; and nurses in training are given thorough instruction in this form of therapy. There is an appliance shop in this department in which the various apparatus needed for correction of deformities are manufactured.

When the value of X-rays began to be realized on this continent, the Children's Hospital was among the first to secure an apparatus and a competent radiologist. This department has always been kept up-to-date, and has been one of the special features of the institution. It has been of especial use in the diagnosis of tubercular conditions, conditions especially noticeable in many of the little sufferers treated here.

In 1910 Mr. Robertson erected a special building on the Island for the use of tubercular children. Its management is under the Heather Club. This place affords excellent advantages for this sort of case, and lessens the danger from infection to the other patients of the hospital.

In 1915 was established an infant and baby welfare service department. The cubicle system was introduced into the wards for the prevention of infections. This has proved a great success. Well baby clinics are conducted by the medical staff and nurse specialists. Here mothers are taught the best methods of infant feeding, and how to properly bathe and clothe their children. Nurses in training receive tuition in this important branch of child welfare.

In 1916-17 the light, heat and power plant was completely renovated. A refrigerator system was installed capable of producing the equal of twelve tons of ice per day. One thousand pounds daily are required in some of the wards.

In 1918, the average days' stay was 14, as compared with 20¼ the previous year. In this year's report it is noteworthy that a special laboratory was given to the hospital through the generosity of Mrs. W. C. Teagle. This makes it possible for the staff to make important special studies in nutritional disturbances.

On May 31st, 1918, John Ross Robertson died. Sir Edmund Osler, who succeeded him as chairman of the trust, says that Mr. Robertson's dream was of a great hospital, able to meet without embarrassment every demand of the sick children in this province. Everything of which he died possessed ultimately goes to the hospital. "This," says Sir Edmund, "is the most princely benefaction to the public that is chronicled in the history of Canada."

BRIEF SUMMARY OF THE HISTORY OF RIVERDALE ISOLATION HOSPITAL, TORONTO

Riverdale Isolation Hospital dates back to the year 1891, where the old House of Refuge situated on the east side of the Don in Riverdale Park, was made use of as a hospital for the care of patients suffering from diphtheria and scarlet fever.

Dr. Norman Allen was Toronto's medical officer of health at that time. Dr. A. R. Pyne, Dr. Walter McKeown and Dr. W. F. Bryans were members of the Department of Public Health staff. Dr. Gilbert Tweedie was appointed as superintendent of the hospital.

The Sisters of St. Joseph took charge of the nursing. Among them were Mother Juliana, Sister St. Felix, Sister De Sales, Sister Usemia, Sister Atracta and Sister De Metia. In the year 1893 St. Michael's Hospital was about completed; the Sisters of St. Joseph severed their connections with the Isolation Hospital to open St. Michael's Hospital, and organize the nursing in that institution.

In November, 1892, owing to an epidemic of smallpox in the city of Toronto, a shack was built within a short distance of the Isolation Hospital that would accommodate fifteen smallpox patients. (This shack was completed within eighteen hours' time).

In 1893 the centre buildings of the present Isolation Hospital were built, giving hospital accommodation for ninety patients. The first floor of the centre building included the executive offices, superintendent's quarters, also rooms for the superintendent of nurses. A disinfectant station was built the same year, and a sterilizer plant installed.

Scarlet fever patients occupied the north wing of the building overlooking the Park. Diphtheria patients occupied the south wing of the building. A courtyard fifty feet wide divided the north wing from the south wing.

Miss Jennie Chaplin, a graduate of the Hospital for Sick Children, who had afterwards taken a post-graduate course in one of the large hospitals in Chicago, was appointed as superintendent of nurses.

The late Dr. Fred Fenton was the first house surgeon in the Isolation Hospital. Dr. Sheard was appointed medical officer of health the same year.

In 1894 a training school for nurses was established in connection with the hospital. The origin of the training school was due to the necessity of having trained and skilled nurses for the care of patients suffering from communicable diseases, and for the purpose of affording those desirous of becoming professional nurses a systematic course of both theoretical and practical work in this particular branch of nursing as well as in all medical nursing. Such experience could not be obtained in any other hospital owing to the fact that patients contracting a communicable disease were immediately transferred to the Isolation Hospital. In order to make the training course more complete, affiliation was arranged with the General Memorial Hospital, New York, for experience in surgery, gynecology and operating room service.

In 1895 the old House of Refuge was demolished and burned by order of the City Council.

Miss Jennie Chaplin, superintendent of nurses, resigned in 1899. She was succeeded by Miss Annie Montgomery, who only remained in office until 1900. In January, 1900, Miss Kate Mathieson was appointed as superintendent of nurses.

In 1901 the old smallpox shack was still in use. Through the efforts of Alderman Lamb and Alderman Crane, both members of the Local Board of Health at that time, plans were submitted for a building on the east side of the Don north of Winchester Street, at a cost of $6,000.00. This building, known as the Swiss Cottage, was completed in November, 1902. On December 10th four patients were transferred from the old shacks to Swiss Cottage Hospital. A few weeks later the shack was burned down. When the Swiss Cottage was completed, $100.00 was allowed for equipment and furnishings. That seems incredible, but poor me was considered to have most extravagant ideas for exceeding that amount.

The Department of Public Health in 1902 extended to the University of Toronto the privilege of allowing medical students in their fourth year to attend clinics at the Isolation

Hospital. The interest and appreciation displayed by large groups of medical students attending these clinics every year leads me to believe that the value of clinical teaching in communicable diseases cannot be over-estimated.

In May, 1904, the south building of the Isolation Hospital was completed. On May 4th the formal opening was held. Representatives of the City Council were present, and also of the Provincial Board of Health, as well as many of the city doctors. One of the city officials made the statement on this occasion that with this additional wing furnishing accommodation for sixty-five patients, the city of Toronto would be in a position to give hospital care to all infectious patients for the next twenty years. Alas, how far from the mark! Within four years' time the hospital accommodation was not sufficient to meet the needs of the city. Every available space was made use of, and always a waiting list to fill the vacancies as they occurred.

In 1909 contracts were let for the erection of the north building, which is at present occupied by scarlet fever patients. The building was not completed until July, 1911, the year following after Dr. C. J. Hastings' appointment as Toronto's medical officer of health.

Since the year 1911 many additions and improvements have been added to the hospital. Among the most important ones are: a new steam laundry plant, the centre building and south wing being remodelled; an operating room installed in the diphtheria building, diet kitchen for teaching purposes enlarged, the nurses' demonstration room enlarged, additional store rooms, and the main kitchen enlarged and equipped. Within the past year the operating room has been installed in the scarlet fever building, with modern equipment, also bed pan and utensil sterilizers in the different sections of the hospital.

The work of the training school has also advanced with the rapid growth of the hospital service. As this is the only hospital for communicable diseases in Canada conducting a training school for nurses, it did not have traditions handed down to be followed or lived up to. The training school had its own traditions to build, its own courses to map out.

It is gratifying to those interested in the work of the hospital to know that in the face of many difficulties the record of the training school is one of high standards and advancement.

The hospital was registered in the state of New York in 1904, the training school having met the requirements set by the regents of the University of the State of New York, thus enabling our nurses who are engaged in the various branches of nursing activities in New York to become registered nurses.

The Alumnae Association of this hospital was organized in 1905. The object of the Association is the promotion of unity and good feeling among its members and the advancement of the interests of the nursing profession. The Alumnae Association has been the means of interesting its members in the activities of the various nursing organizations, and also to prepare its members to exercise the rights and privileges of citizenship, and in public welfare work. The establishment of a fund for sick nurses and the awarding of scholarships are now under consideration.

In 1910 our affiliation with the General Memorial Hospital, New York, was withdrawn, owing to that hospital giving over its services to cancer research work. Affiliation was arranged the same year with the Women's Hospital, New York, for a six months' course in surgery, gynecology, operating room and clinic work, also obstetrics. The course includes lectures and demonstrations in surgical, obstetrical and gynecological nursing. This affiliation has proved most satisfactory.

The centralized lecture courses arranged with the University of Toronto in 1918 have been of the greatest benefit to the pupil nurses. 136 lectures have been given by different members of the Faculty during the past year. The outstanding features of this teaching are the establishment of a uniform course of instruction for the hospitals that are taking advantage of it. The instruction given by members of the Faculty stimulates a keener interest on the part of the pupil nurse than when lectures are received in the home school.

A very comprehensive course of lectures in medical social service has been arranged by the social service department

of the University of Toronto. This course is of distinct advantage, as it is not possible for all the hospitals to give each pupil experience in district work.

The Department of Public Health of the city has arranged to give pupil nurses who are taking the social service course two months' field work, where the pupil nurses receive the practical experience as well as the theory which to them is invaluable. This experience prepares the pupil nurse for conditions which she will meet in the homes after graduation when engaged in private nursing. Public health nursing has become one of the strongest forces in reaching into the homes of the masses. This has placed heavy responsibilities upon those accountable for the training of nurses. It has always been our aim to have our nurses prepared for any of the various courses open to the graduate nurse.

During the recent war twenty of our nurses served overseas. We are thankful that they all returned to Canada safely, and to know that during their years of service to their king and country they upheld the high ideals of the nursing profession.

The school has now 140 graduated. Sixty-three are married; the remaining seventy-seven are engaged in the various branches of nursing, such as public health, social service, institutional nursing, private duty nursing, and superintendence of hospitals.

Rev. Gilbert Tweedie, M.D., born January 12, 1828, in Dumfriesshire, Scotland, attended the parish school in Annan until he entered the University of Edinburgh at the age of sixteen; then taking up the double course of theology and medicine, with the intention of entering the foreign field as a missionary. It was at this time that Sir James Simpson discovered the use of chloroform as an anesthetic. Dr. Tweedie assisted Sir James Simpson with his experiments. It was with pride that the Doctor related his experience as being the first one to use chloroform, and that on Sir James Simpson, who wanted to know the effects of the anesthetic upon himself. Dr. Tweedie was present at the first operation performed with the use of chloroform.

Coming to Canada in 1849, he completed his divinity course, and did pioneer missionary work in Victoria County,

where he was also superintendent of schools. He was obliged to retire from the ministry, owing to throat trouble in 1858.

Again taking up his studies, he graduated from Victoria College of Medicine in 1860. He practised in Victoria and Kent Counties until 1891, when he moved to Toronto and was appointed superintendent of the Isolation Hospital.

Dr. Tweedie's sterling qualities will always be remembered by those who have been associated with him. One of his outstanding characteristics was his loyalty to the members of the medical profession. His kindness to the poor and the personal interest he had in all his patients endeared him to the hearts of many. He resigned, owing to ill-health in 1905. He died on 23rd August, 1916.

Dr. Robert Woodhouse succeeded Dr. Tweedie. He was afterwards appointed medical officer of health of Fort William. At present he has some position in connection with the Provincial Board of Health.

The following are the medical superintendents of the Isolation Hospital since Dr. Tweedie's time: Dr. Robert Woodhouse, 1906-1908; Dr. William Johnston, 1908-1909; Dr. Fred. Hazelwood, 1909-1911; Dr. Marchmont B. Whyte, 1911-1920; Dr. Cecil Rae, 1920.

EAST END HOSPITAL PROJECT ENDORSED AND PLANS FORMED

Definite plans for the launching of a campaign to collect funds for the erection of a 400-bed hospital east of the Don River at an ultimate cost of $500,000 were heartly endorsed at a meeting of the Toronto East General Hospital Association in the Riverdale Technical School, Greenwood Avenue, on September 26.

On the recommendation of the Organization Committee in charge of the project, it was decided to ask the City Council to consider the purchase of an 8½-acre site at the southeast corner of Sammon and Coxwell Avenues at a cost of from $100,000 to $115,000. Members of the City Council who were present stated that the city would undertake to provide a site when those behind the scheme had raised $250,000 toward the erection of the building.

The tentative proposals placed before the meeting call for the construction, as soon as the funds are available, of a three-storey, 200-bed wing at a cost of $250,000. It is proposed that accommodation be provided as follows: fifty public beds, 100 semi-private beds at $21 per week, and fifty private beds at $30 per week.

Methods of financing, location of site and the date of campaign for subscriptions were the principal topics of discussion at last night's meeting. It was agreed that direct appeals would be made to the citizens living east of the Don for subscriptions, on the understanding that moneys secured would be considered as donations and not investments. Objection was made that the site recommended was too costly, and that similar property on one of the other corners at Sammon and Coxwell avenues could be secured for $85,000. A motion to refer the site recommendation back to committee was defeated, however, when members of the Site Committee explained the reasons for their decision.

Considerable discussion arose as to whether the financial campaign should be held this fall or next spring. Several speakers urged that no time should be lost, while others held that it would not be possible to organize a thoroughgoing plan of campaign before next spring.

Ultimately the meeting voted unanimously to authorize the committee to arrange for the campaign "as soon as possible," on the understanding that an effort would be made to launch it before Christmas, probably during November.

The personnel of the committee in charge is as follows: Chairman, J. H. Harris, M.P.; Vice-Chairman, John L. Bolton; Advisory Counsel, E. B. Ryckman, K.C., M.P.; Secretary, A. Julian Mockford; Treasurer, R. O. Darling; Assistant Secretary, E. J. Deacon; and, Executive, Drs. J. Y. Ferguson, E. A. Macdonald, J. E. Knox, W. F. Plews, and Messrs. Joseph Price, Isaac Pimblett and John Walshe.

Among those who spoke in favor of the project were Controller Hiltz, Ald. Shields, and Ald. Summerville, ex-Ald. Sanderson, Principal Michell of Riverdale Collegiate, and several members of the committee.

SATISFACTORY FINANCIAL REPORT FROM ROYAL ALEXANDRA HOSPITAL, EDMONTON

A most satisfactory report on the financial situation was received at the meeting of the Hospital Board of the Royal Alexandra Hospital, Edmonton, on September 28th. The chairman of the finance committee, W. H. Speer, recognizing, as he said, that this situation is largely due to the work of their medical superintendent, Dr. H. S. Smith, made the proposal that the Board consider the question of increasing the salary of that official.

In order to divert the subject into the proper channel, A. Farmilo said that he would propose that it be referred to the executive and finance committees, and the motion was carried.

It was stated that the deficit on the working of the hospital for August was $6,300, but this was due largely to the fact that certain surgical supplies would have to be obtained which would not be wanted again for some time, also that the number of patients had been lessened. The deficit for the year up to the end of August was $41,000, whereas the estimated deficit for the year was $80,000.

Mr. Speer remarked that a year ago the estimate for the year was $120,000, and the city commissioners reduced this to $110,000, and in turn the medical superintendent, by his management, had further reduced the sum to $80,000. This year the estimate allowed by the commissioners was $80,000 and, so far, the deficit amounted to only $41,000.

Mrs. Melrose, Mrs. Ross, the chairman W. T. Henry, and W. H. Speer, were appointed as a committee to take up the subject of providing furnishings for the Isolation Hospital and the Nurses' Home.

The medical superintendent reported that the Isolation Hospital would shortly be ready for plastering, but he did not think that it would be ready for use until the New Year.

He stated that the walls of the laundry building were in progress of construction. The excavation for the boiler house, he also said, was now proceeding, but he pointed out that the work would have to be hastened if the new buildings were to be supplied with heat from this source.

The executive committee was given the task of considering the question and making recommendation on the subject

of how the advantages of the city hospitals, which include the Royal Alexandra and Isolation Hospitals, can best be brought to the attention of the public. The idea is not to organize a regular publicity campaign, but, in the words of the medical superintendent, Dr. H. S. Smith, who brought the matter to the attention of the Board, it is to inform the public upon what is now ready and waiting for their service in the new and enlarged buildings. A number of ways were suggested which might aid in the work, such as the erection of signs, the use of picture postcards in the hospitals bearing views of the building, and the issuing of pamphlets describing the nature of the hospital buildings.

A. J. Farmilo alluded to the necessity of inducing the public in general to utilize the Isolation Hospital, otherwise its value would be wasted. The community, he said, had made a great effort to provide the money for the building, and every possible use should be made of it.

On the motion of Ald. D. Knott, seconded by the Rev. Comyn-Ching, the matter was referred to the executive committee.

Mrs. Melrose, delegate to the conference of the Provincial Hospital Association, held at Calgary, read an interesting report upon the work done, and informed the Board that their medical superintendent, Dr. Smith, had been elected as President of the Association for the ensuing year, and Mr. S. V. Davis, the Board's secretary, as Secretary-Treasurer to the Association.

Dr. Smith also furnished some details of the meetings.

G. Beart, who was the Board's representative at the conferences of the American College of Surgeons at Edmonton, sent in an extremely well-considered report on the proceedings, which contained a number of suggestions of value to the Board.

The reports were received and the delegates thanked for their work.

The medical superintendent, Dr. Smith, was appointed as the Board's representative to the conference of the American College of Surgeons, to be held at Milwaukee, if circumstances are such that he is able to attend.

It was stated that the draft agreement which the Board proposed to enter into with municipalities in respect to the care of patients, and hospital charges, had been referred to the Provincial Minister of Health, and did not meet with his aproval. The subject was referred to the executive committee for them to take up with the Minister.

THIRD HOSPITAL OPENED BY RED CROSS SOCIETY.

The third hospital to be established in New Ontario by the Ontario division of the Canadian Red Cross Society was officially opened early in September at Dryden, Ont., by Mayor W. S. Pitt, with the assistance of the members of the council, the local clergy, David Kennedy, M.P., Miss Maud Wilkinson, of Toronto, director of nursing service for the Ontario Red Cross, and Miss May Morley of the Toronto General Hospital, who are in charge of the new institution. In the principal address of the day, Mr. Kennedy expressed the view that the general public should be taxed for the maintenance of hospitals in the same way that they are for schools.

THE BRITISH HOSPITALS' ASSOCIATION.

The last meeting of this association was held in Sheffield, a strategic hospital centre just now when many voluntary hospitals have their backs to the walls.

Sheffield has a Joint Hospitals Council which represents most of the city's varied interests—commercial, industrial, educational—"irrespective," (as the *Hospital Review* puts it) "of social considerations, harnessed to ensure active recognition of the fact (and its accompanying obligation) that the hospitals are primarily intended for the unemployed and for the sick poor, and that they must secure regular and unfluctuating support."

Substantial results have accrued from a scheme whereby the employee gives one penny in each complete pound of his earnings, and the employer adds not less than one-third to the total of his employee's contributions.

NEW SUPERINTENDENT FOR KINGSTON GENERAL HOSPITAL

Announcement was made on Sept. 22nd by the board of governors of the Kingston General Hospital, that F. Taylor, business manager of St. Luke's Hospital, Ottawa, had been appointed superintendent to take the place of Dr. A. E. Ross, M.P., who resigned.

B. C. ASSOCIATION

The British Columbia Hospital Association meets in Penticton in August.

FIRM GETS CONTRACT

W. M. Sutherland and Co., Limited, Toronto, were on July 16th, awarded the contract for the general construction of the new St. Mary's Hospital at Kitchener. The contract price was $258,000.

CENTRAL BOARD OF APPEAL.

A recent announcement was made by the Hon. Dr. Beland, Minister of Soldiers' Civil Re-establishment, that Col. (Dr.) C. W. Belton will act as permanent chairman of the Central Board of Appeal. Another member of the Board is Capt. (Dr.) Bruce Wickware, of Ottawa, formerly superintendent of the Moose Jaw General Hospital.

INSURANCE COMPANY AIDS HOSPITAL

A grant of $5,000 has been made to the building fund of the new St. Mary's Hospital by the Economical Mutual Fire Insurance Company of Kitchener. The hospital in question has been started and when equipped will be worth half a million. Catholic societies have raised all but $50,000, and a campaign is in progress to raise that amount from the citizens generally.

Book Reviews

The Hospital Library, comprising articles on Hospital Library Service, Organization, Administration and Book Selection, together with Lists of Books and Periodicals suitable for Hospitals, by Edith Kathleen Jones, General Secretary, Division of Public Libraries, Massachusetts Department of Education, formerly Librarian, McLean Hospital, Waverly, Mass., Chicago: The American Library Association, 78 East Washington Street. Cloth, $2.25.

Many hospitals are introducing libraries, either on the unit or group system. The history of the movement, how to organize a library, support it and carry it on are interestingly described in this book. Also there is a fine, long, classified list of books suited to hospital patients. All book lovers and librarians, as well as hospital folk, will enjoy this volume.

Home Nurse's Handbook of Practical Nursing. A Manual for use in Home Nursing Classes, in Young Women's Christian Associations, in Schools for Girls and Young Women, and a Working Textbook for Mothers, Practical Nurses, Trained Attendants and all who have the responsibility of the Home Care of the Sick. By Charlotte A. Aikens, formerly Director of Sibley Memorial Hospital, Washington, D.C. Third edition, thoroughly revised and illustrated. Philadelphia and London: The W. B. Saunders company. Canadian Agents: The J. F. Hartz Co. Limited, Toronto. 1923. Price $2.00 net.

This book deals with home nursing; not the more elaborate technic of hospital practice—a guide to the home keeper who desires to fit herself to do the best for the health of her own family. It also may be used as a working text-book for practical nurses and trained attendants who desire to help the doctor in the home sickroom. Special attention is given to care of babies and to maternity-nursing. The book can be grasped by the average girl who has reached the sixth or seventh grade.

Applied Psychology For Nurses, by Donald A. Laird, Assistant Professor of Psychology, University of Wyoming; Lecturer in Nursing Psychology, Ivinson Memorial Hospital School of Nursing. Illustrated. The J. B. Lippincott Company, Philadelphia, London and Montreal. Price $2.50.

Readers of *The Trained Nurse* are familiar with the literary work of Laird on psychology. It has been most helpful. Many have been waiting for this child of Laird's brain. It is dedicated to the nurse who would understand her own mental life, and to the patient whose mental life should be understood by the nurse. The author tells the cause and nature of ill-health, something about the feeble-minded, how to use suggestion, what should be expected from psychology in medicine and nursing, the basis of human behavior and the biological foundations of it in the origin of man's needs. The book tells of the use and abuse of thought, and how behavior indicates mental activities. The temperaments are discussed and the author points out how bad temper runs in families.

This is a worth-while book, not only for nurses, but also for doctors, most of whom have not had the opportunity of studying psychology at college.

The Infant and Young Child. Its Care and Feeding from Birth until School Age. A Manual for Mothers. By John Lovett Morse, M.D., Edwin T. Wyman, M.D., and Louis Webb Hill, M.D. Illustrated. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co. Limited, Toronto. Price $1.75 net. 1923.

This book is rather unusual in the variety of subjects discussed. The section on care and training is very good. There are so many different opinions upon the feeding of children from two to six years of age that one does not expect agreement with all theories advanced. Each author is more or less opinionated. Recognition of malnutrition in children means corrective measures in time. This book contains some common-sense observations on malnutrition. A mother can surely glean good ideas from this book, although it is not necessary for her to accept it as an infallible guide in every phase of her child's life.

The Effects of Radium upon Living Tissues, with special reference to its use in the Treatment of Malignant Disease. By Sidney Forsdike. 72 pages with 42 illustrations (included in nine plates). Price 5/-. This is the Jacksonian Essay and gives a history of radium, describes its action on the living cells and animal tissues (experimental), effects on malignant cells, and growths, with technique of treatment.

Institutional Household Administration by Lydia Southard, B.A., House Director of Whittier Hall and Instructor in Institution Administration, Teachers College, Columbia University, New York. 91 illustrations. Philadelphia, Montreal and London: The J. B. Lippincott Company. Price $2.00.

This book should find favor in schools where courses are given for trained housekeepers. There is in it much material of value for any one interested in this phase of work in any school or institution.

The book is interesting as well as instructive for institutional housekeepers and instructors, and for the woman who manages her own home. It is clearly and concisely written and is very well indexed for quick reference.

Principles of Home Nursing by Emma Louise Mohs, R.N., A.B., Member of the Department of Hygiene and Public Health of Northeast Missouri State Teachers College, Kirksville. Illustrated. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Limited, Toronto. 1923. Price, $2.00.

The principles underlying home nursing are simply, carefully, accurately, and completely presented in this book. Its merit as a text-book, for college students planning to teach, or to take charge of homes of their own, is self-evident. The book teems with valuable information which will aid in relief in illness and provide the mother with an accessible guide in times of emergency and stress. The mother with this knowledge will be able to intelligently interpret the physician's orders. It is an excellent little book.

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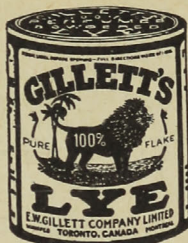

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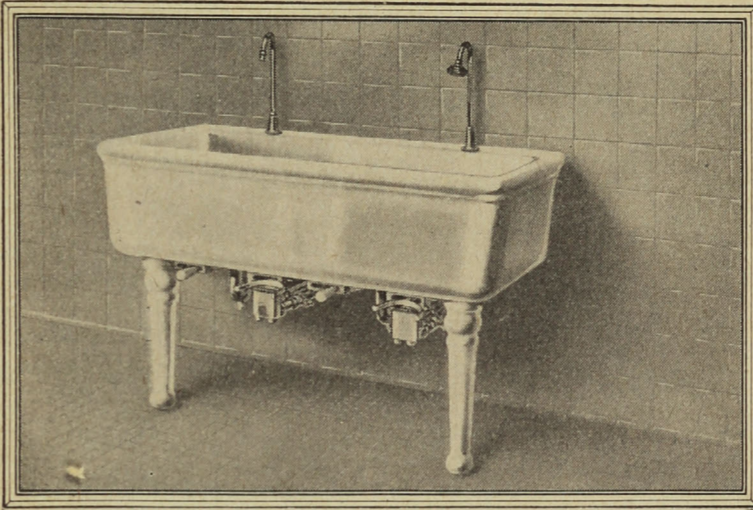
No matter how progressive we are, most of us are inclined to cling to methods that we have used or that have been used by the people surrounding us, until new methods are so forcibly brought before us that there is no shadow of doubt in our minds that we should adopt them. The physician, on account of his training and general advanced trend of thought is usually the first to adopt new ideas if he is convinced of the soundness of their underlying principles. Fuel oil burners have been passing through their infancy—in fact out of very many types of machines built, the majority are still in the experimental stage—there are very few with the exception of the Hack Fuel Oil Burner who have any successful record of past operation. Given the right type of oil burner there is no comparison between oil and coal as fuel—the advantages are all on the side of oil. Oil gives an abundance of absolutely uniform heat—there being no fluctuation as in the case of a coal fire. There are no harmful combustion gases in oil burning, such as coal produces. Many people think that because their furnace joints are tight that the air in the house is not becoming contaminated with coal gas. Every time the furnace door is opened to replenish the coal fire, sulphur gas is liberated, which is most injurious to health.

The Hack Fuel Oil Burner after a season's operation in 100 residences and buildings has undoubtedly, through the successful results it has attained in every case, become the undisputed leader in its field; it has solved the problem of burning oil without producing soot and carbon and without any odor of oil. It is so absolutely simple to operate (one needle valve controlling the machine), that any one can run it efficiently with a minimum of attention; the machine sits entirely outside the furnace and every part is accessible. It is free from "clogging up" on account of its construction—a point that has been a sticker with most manufacturers of fuel oil burners.

The principle of the Hack Fuel Oil Burner is altogether different from any other type. Oil is pumped from a non-gravity tank under pressure and is met by a heavy air blast which blows the oil into the furnace, thoroughly atomized and in a condition that gives complete combustion—herein lies the secret of the absence of carbon and soot. The retention of heat in the furnace is accomplished by a lining of fire brick which after an hour or so of operation becomes thoroughly impregnated with heat; with a hot water system the water will be kept hot for a period of from four to six hours, and with hot air from two to three hours—this feature means a big saving of fuel. Oil burning as typified in the Hack Fuel Oil Burner has proved itself to be absolutely dependable and many steps ahead of coal as fuel.

(See page 1 for illustration).



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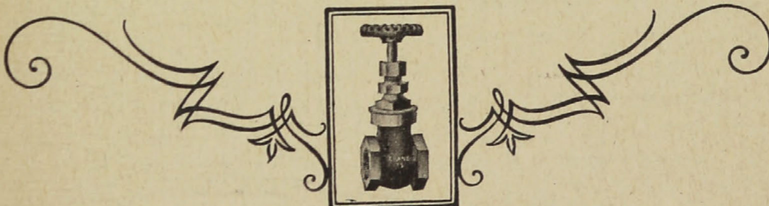

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THE CELLUCOTTON RECIPE BOOK.

Have you seen the Cellucotton "Recipe Book"?

It gives directions for making about twenty Cellucotton dressings that are being used every day in prominent hospitals in the United States and Canada. Abdominal dressings, bed pads, perineal pads, and others are described in detail. These dressings made with Cellucotton are economical, and are more quickly absorbent than those filled with cotton. They are economical for several reasons:

1. The price per pound of Cellucotton is lower than that of cotton. 2. One pound of Cellucotton gives 25% more bulk than one pound of cotton. 3. Cellucotton is absorbent in every fibre, and is capable of taking up more fluid than any grade of absorbent cotton. 4. Cellucotton is very easy to make up into dressings because of the layer formation, which enables the worker to separate the Cellucotton quickly into layers and to cut it up easily into pieces of any shape and size.

Many hospitals are using Cellucotton for 75% of the dressings formerly made with cotton. In every way they say they give perfect satisfaction. Cellucotton is the wood pulp cellulose material which was first used for surgical purposes during the war. The manufacturers are Kimberly-Clark Company of Neenah, Wisconsin. Lewis Manufacturing Company, Walpole, Mass., U.S.A., are sole selling agents. Get in touch with their representatives in Winnipeg, Toronto, or St. John, for a copy of the "recipe book," and for your supply.

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A soap that you use constantly should be a mild cleanser. It should be the purest soap that you can find. Such a soap is Palmolive. Its bland oils soothe the skin. They cleanse, yet they blend with the natural oils of the skin and keep it smooth and firm. You owe the best of care to your hands—they are your most precious instruments. Be sure then, you treat them with care. The toilet soap, Palmolive, which has for years been the favorite of women who treasure their complexions, is the ideal for those who must be particular.

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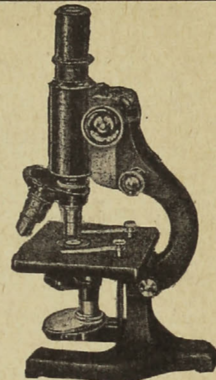

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