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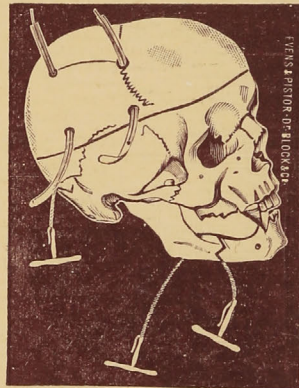
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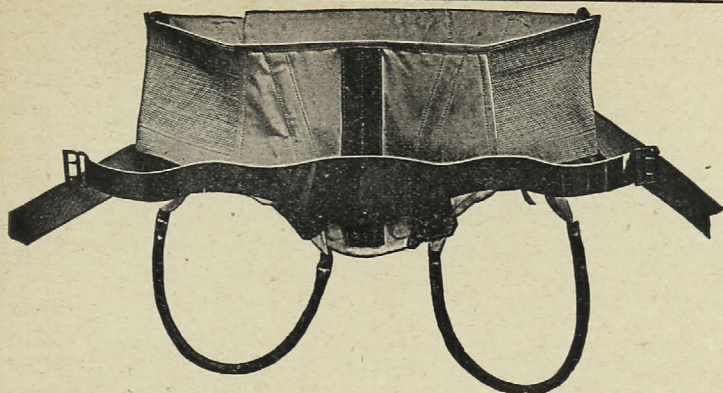
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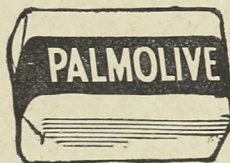
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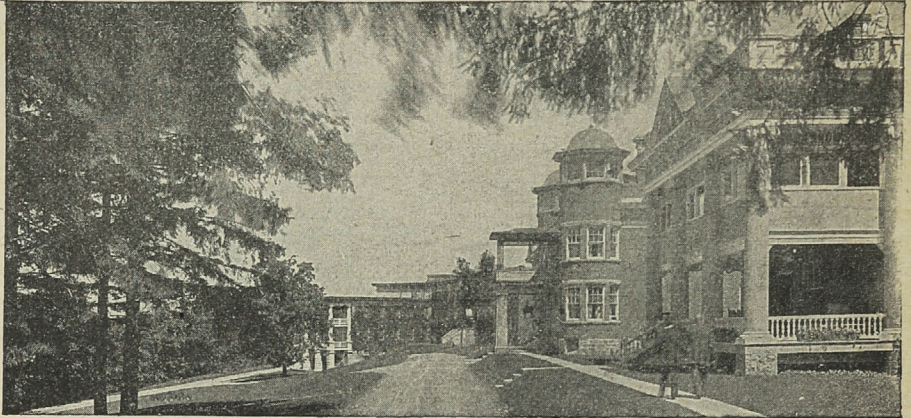
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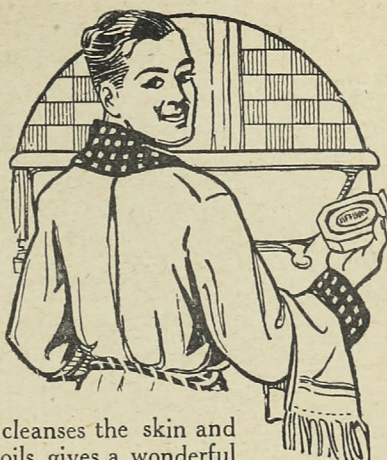
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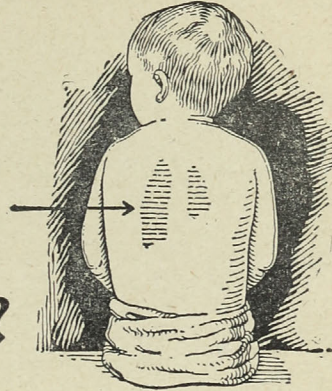
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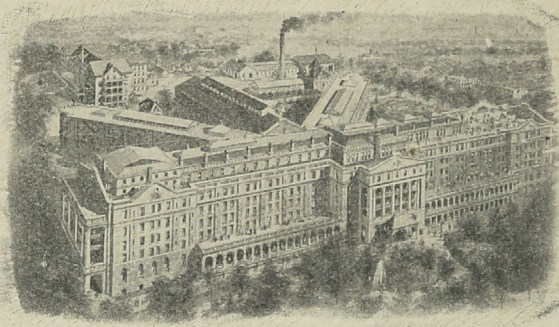
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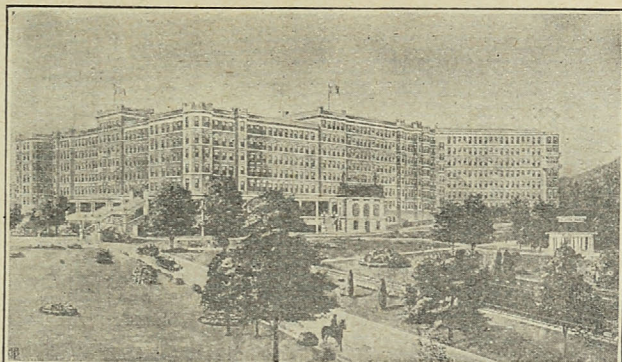
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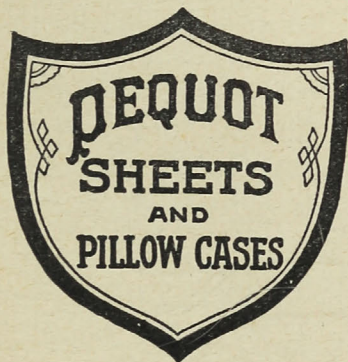
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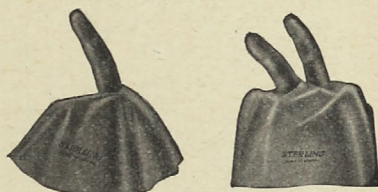
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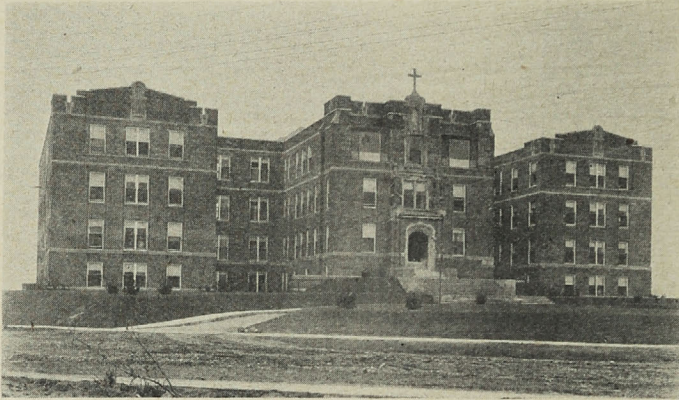
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TORONTO, CANADA

A professional journal published in the interests of Hospitals, and
the Medical and Nursing Professions.

VOL. XXVII

TORONTO, FEBRUARY, 1925

No. 2

Editorial

The Western Hospital, Toronto

The Western Hospital early in the year opened a fine new Obstetrical wing. It is about the last word in construction and equipment.

This hospital is making rapid progress under the superintendency of Mr. Galbraith and the able nurse administrator, Miss Beatrice Ellis.

The "Western" was established in the year 1890 by Dr. J. H. Cotton at 448 Bathurst street as a dispensary for the treatment of the sick poor. Associated with him were several other practitioners, who, upon the Founder's withdrawal, re-organized in 1896. The staff were Drs. S. G. T. Barton, F. J. Dawson, John Ferguson, J. Price Brown, James Spence, James McCullough, George Carveth, W. J. Wilson, James Rea, and J. B. Gullen. These became incorporated under The Friendly Societies' Act with power to conduct a hospital, as well. The joint work was carried on for a short time at 417 Euclid Ave.; afterward in three suitable houses on Manning Ave. just north of College street. In 1899 the present

splendid site was purchased. The large residence on it was renovated and made ready for patients, both externe and ward, by December of that year.

The demands for accommodation grew so rapidly the Governors were compelled to erect tents. Patients did very well in them in summer and were quite comfortable in the winter, as they were kept warm by steam radiators. The medical staff grew and improved facilities were made for operative work. Upon settling in this new site, it was wisely decided to associate some laymen with the governing body, up to this time wholly medical. The legislature was approached and an Act was passed in 1899 conferring upon the institution all the privileges of a general hospital; stipulating that six members be selected from the medical staff; and six from the outside profession. The laymen chosen were E. F. Clarke, M.P.P., Hon. Thos. Crawford, Major A. M. Cosby, W. R. Riddell, K.C., James Scott and D W. Alexander. Hon. Thos. Crawford is still a member of the Board—has been president for many years. The first six medical Governors were chosen from the list of doctors given above. In 1904 a brick building was erected which provided two fine public wards. In 1908 a second brick building was erected for private patients. It is now used for maternity work. In 1909 some large private donations were secured, and the city voted \$50,000. These sums enabled the Board to erect the Administration and South pavilion of the present main building. In 1912 some additional gifts and a further grant of \$50,000 from the city made the erection of the North pavilion possible. Meantime sufficient property was purchased adjoining the grounds to make the site its present ample size. Three hundred patients can be accommodated.

In 1912 negotiations were entered into for the admission of medical students attending the University. A new Act of Incorporation was granted by which it was provided that two members of the Board of Governors should be appointed by the Lieutenant-Governor in Council; two by the City Council, six elected by members of the Corporations from members not on the medical staff, and such Life Governors as the Board might elect from those who had contributed at least \$1,000. Since 1914 teaching has gone on actively in the hospital.

There are two or three members on the inside medical staff; all departments of medicine being represented. There are some twenty associates who conduct the outdoor clinics for externe patients. The laboratory and X-ray departments are efficient. There are seven internes; and twelve graduate nurses in charge of departments. There are about 100 nurses in training. The hospital is recognized in the State of New York, thus allowing the nurses who graduate to secure the R.N.

The Governors and staff are justly proud of the hospital's progress. Instead of the name "Western," which was suitable at the time, more appropriate now would be "Central," so fast has the city grown.

A World Congress

Ten years ago the number of hospital associations extant might be numbered on the ten fingers. Today they exist by the score. Most of the Canadian provinces have formed associations. Many of the states across the border are organized. There are the big American Hospital Association, the British Hospital Association, the German Association, and

doubtless other national organizations. The Catholic hospitals in America have several State societies and there is a yearly Methodist hospital conference in the United States.

Then, too, there are perhaps a score of hospital magazines full of hospital news, and articles on all sorts of topics of interest to those who work among the sick in these institutions provided for their care.

The growth of the hospital idea has been phenomenal. Since the middle of last century the number of hospitals has increased many hundred-fold. In North America alone the number has increased by five or six thousand—to make a conservative guess.

With the above-cited facts in mind, it is now time for a world organization. To establish such may require five or even ten years. First there must come the idea, and as this is thought over by hospital workers it will become concrete.

Our suggestion is that some one favorable to the formation of such a world-body should take it upon himself to bring the matter to the attention of all the present organized hospital societies. These might refer the subject to a small committee. All such committees might have a joint meeting at some central spot and arrange for the world conference.

Much good would come from a comparison of the various points of view respecting many hospital questions, if presented by enthusiasts from the five continents.

We respectfully suggest that our contemporary hospital journals consider this proposition and if they view the project favorably, give it as much publicity as possible.

The Budget and Costs

With the beginning of 1925, it is hoped, all hospitals in Canada (and elsewhere) have drawn up a budget, setting forth a list of all estimated receipts from endowments, subscriptions, from patients, from municipalities and other sources. A list, too, should have been made of all probable expenses—classified under proper headings. With such a prospective financial view the monthly, weekly, even daily (average) receipts and expenses can be cost accounted.

Let each administrator who has not introduced the budget system and that most comforting thing—a cost accounting system, provide for such at once. He may begin by getting his heads of departments together and making a survey of the cost per patient per day expenditure. It does not take much time to calculate just what amount each head nurse is requisitioning and using of the various articles of food, bedding, dressing, etc. The most thrifty one will soon be found. Her amounts may be taken as standard and others informed that these are the amounts per day per patient they will be allowed. If for any good reason during the day or night any more of any item is needed, such can be obtained by special requisition.

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Toronto, Canada

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P. H. Bryce, M.D., late Medical Officer, Federal Dept. of Immigration, Ottawa.

Herbert A. Bruce, M.D., F.R.C.S., Founder of Wellesley Hospital, Toronto.

J. H. Holbrook, M.B., Physician-in-chief, Mountain Sanatorium, Hamilton.

E. W. Routley, M.D., Secretary Red Cross Society of Canada. (Ontario Division.)

Helen MacMurchy, B.A., M.D., Late Asst. Inspector of Hospitals of Ontario, Toronto.

J. W. S. McCullough, M.D., Chief Officer of Health for the Province of Ontario, Toronto.

J. H. Elliott, M.D., Asst. Medicine and Clinical Medicine, University of Toronto.

Roy Thomas, M.B., Asst. Surgeon, Emergency Department, Toronto General Hospital.

George D. Porter, M.D., Toronto, Ex-Secretary, Canadian Association for the Prevention of Tuberculosis.

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Original Contribution

ORGANIZATION AND MAINTENANCE OF THE HOSPITAL DIETARY DEPARTMENT*

BY MAUDE A. PERRY.

DIETITIAN, MONTREAL GENERAL HOSPITAL.

More than six months ago, through the Bulletin of the American Dietetic Association, questionnaires were sent to the members of that organization designed to obtain from dietitians definite statistics and other information concerning the existing organization and maintenance problems of the dietary departments of hospitals in the United States and Canada. About seventy-five responses were received, from April to September. Sixty-six questionnaires were returned completely or partially answered. Some members who received the questionnaires are not present in hospital work, and nine of these returned them as received or wrote letters of explanation. The completed survey has furnished material from hospitals varying in size from 2,800 to 40-bed capacity. Reports were received from mental, tubercular, general, private, city or public hospitals and sanitarium.

Needless to say, uniformity of organization is an impossibility when the widely differing needs of each of these groups is considered and realized. It would be futile for me to attempt to enumerate invariable duties of dietitians disregarding the variation in numbers of dietitians in many hospitals of corresponding bed capacity. The organization of the dietary department of the hospital of approximately 275 beds, employing fifteen dietitians, is a much easier problem than organization of a similar department in a hospital of like size employing one dietitian and one student dietitian, but it is seldom necessary, as few such hospitals exist. If many hands make light work what a dearth of hands will do is easily evidenced. In making a survey of this type one must be not only accurate in deductions, but practical in suggestions which will give workable solutions for conditions as they actually exist.

The Utopian dietary department, where any hospital has a perfect organization fully staffed and working with full co-operation of every other department in the hospital, is like

* Read at the American Dietetic Association, Swampscott, Mass.

a gift of Aladdin's wonderful lamp, much to be desired, but more difficult of attainment, as the "rubs" received do not always yield pleasure or efficiency. Working with foods or anything pertaining to food where many classes of people must be fed, usually as economically as well as nutritiously as possible, is the manifold duty of a dietitian. In the hospital she has not only patients, but staff and employees to feed and to please, if possible.

Before attempting to organize the work of the dietary department of any hospital, large or small, a survey is necessary which will not only outline the duties of the dietitian or dietitians, but will show also what manner of co-operation exists between the dietary department and other departments with which she must be closely associated. Granted that these duties have been outlined, one must know whether the dietitian will be permitted to perform her duties without unnecessary interference. It is hardly necessary for me to say that every hospital has a right to demand that a dietitian placed in charge of a department controlling so large an expenditure of the total maintenance fund of the hospital, shall be a capable and well-trained individual, with a broad vision, but a practical mind.

Without knowledge of the financial condition of any institution, or without some insight into its past and present history, one cannot tell whether tradition and custom or financial stringency account for a poorly equipped and poorly staffed dietary department. One thing is true, that economy of this type costs many hospitals several times the amount of money actually expended by other institutions for dietary maintenance.

The organization of the dietary department in a small hospital is just as important as that of the larger one, but the duties of the dietitian will depend upon the type of the hospital. The small private hospital often presents, in miniature, the same problems as a larger hospital of similar type. One dietitian may, by herself, be called upon to do all the types of work done by several dietitians in the larger institutions, or she may even work in a more diversified field. On the other hand, she will not have the extent of work in any one field which may require the entire time of one dietitian in the larger institution. For example: In a small hospital the dietitian may be able to do her administrative, education and dietotherapy work on the small scale demanded, while in the larger institution, where each of these fields is more extensive, the work cannot be properly done by one dietitian. Here each line of work demands a specialist who shall be part of the staff of

the dietitian in charge of the entire dietary department of the hospital.

Many facts were brought out in the survey of the submitted questionnaire which I shall now review, but some salient ones are worthy of attention. The results given were obtained only from hospitals employing one or more dietitians. As the number varied so greatly it was impossible to arrive at any probable average. In hospitals of over 2,000-bed capacity, one had eight dietitians and eight students in training, while two had only one dietitian. Eight hospitals with 500 to 1,000 beds each employed from nine dietitians and three students to one dietitian to handle the work allotted to the dietary department. Hospitals of 250 to 500-bed capacity are seemingly better staffed in this department than either larger or smaller institutions. One hospital in this group reported fifteen dietitians. Only one of twenty-one hospitals reported as few as one dietitian and one student, and one has only one dietitian. Most of this group of hospitals have a minimum of three dietitians and at least three student dietitians in training. Twenty-two hospitals of between 100 and 250 beds have from one to three dietitians; twelve of these having only one. Ten hospitals of less than 100 beds each have one dietitian but no pupils. These figures demonstrated, without further argument, the impossibility of a standardized dietary department, even in hospitals of like size. Seventy-two to eighty student dietitians are being trained yearly by the sixty-six hospitals surveyed. This does not mean that we are prevented from concluding that there may be an ideal toward which we shall strive and toward which progress and time will eventually draw us nearer. The broad vision ultimately yields large attainment. Reliable statistics as to the number of people, exclusive of the professional staff, employed in the dietary department of the sixty-six hospitals, are difficult to obtain. Few questionnaires have given complete answers to all questions pertaining to dietary personnel. The number of kitchens in the majority of hospitals does not seem to correspond to the bed capacity. In some cases all service kitchens on different floors, included in the list of kitchens, would account for discrepancies in numbers of both kitchen and of kitchen help. Information as to whether the maids employed in service kitchens on floors belonged to the staff of the dietitian, superintendent of nurses, or housekeeper, would be necessary before an accurate estimate of the number of people employed by the dietary department could be obtained. The number of cooks employed in hospitals of over 2,000-bed capacity varies from 11 to 21, with 9 to 11 paid kitchen helpers. These

institutions are also partly staffed by patient help, thus reducing expenses for the department. They are hospitals for the insane, or public institutions, government or state controlled. Hospitals of 1,000 to 2,000 beds are also public hospitals. They employ 7 to 24 cooks with 27 to 34 kitchen helpers, some of whom are patients. Only one hospital in the group of institutions having between 500 and 1,000 beds employs more than 6 cooks. This one employs 25. Helpers in this group range from 14 to 56. The explanation of the larger numbers is probably due to the inclusion of all floor or ward kitchen personnel. The number of cooks hired in the hospitals of 250 to 500 beds was more uniform. From three to five was the average number, although in two cases there were nine, and in one hospital, ten. A report of 5 to 23 helpers showed considerable variation, which is also probably due to some misunderstanding of the questionnaire. Hospitals of 100 to 250 beds have from two to four cooks with three to eight helpers, and those with less than 100 beds, with two exceptions, have one cook and from one to six helpers. The average seems to be one cook and perhaps two helpers to each 65 to 76 patients. Salaries paid to chefs or cooks vary from \$240.00 a month to \$56.00 a month without maintenance, or from \$200.00 per month to \$40.00 per month with maintenance. Salaries varied also by regional location as well as by type of institution. Cooks' helpers receive from \$30.00 to \$75.00 a month with maintenance, and in practically the same ratio without maintenance. In many instances no distinction was made, so information of this kind is not very accurate.

Twenty-six hospitals have their own bakery and employ from one to three bakers. All of these have more than 250 beds except three. The baker's salary ranged from \$60.00 to \$160.00 with maintenance, or \$90.00 to \$200.00 without maintenance.

Information concerning stores and meat shops is not so easily obtained, as in a large majority of hospitals food stores are not separated from supplies or stores for the various other departments of the hospital. In some cases food stores are connected directly with kitchens, but this is usually found only in the smaller hospitals. Hospitals issuing daily food supplies to wards number about half of those reporting. There is no doubt that supplies so issued raise the per capita expense per patient in the hospital, but under existing circumstances many hospitals find this the only feasible plan for them to pursue. Everyone recognizes the necessity of good food service for both patients and personnel of every hospital. The location of

kitchens and dining rooms controls this to a large extent. Kitchens are found in basement, on first floor or top floor, or in separate building centrally located. The size and type of hospital should also determine which location is most favorable. In the larger hospital, for many reasons, the kitchen above or in separate building, where space permits, seems to be preferable. Odors do not circulate through the hospital so readily and the light and ventilation are usually superior. The food service to the patients will depend upon the ease with which food can be conveyed to the ward or dining-room where it must be served. Sixty-four hospitals of 40 to 800 beds reported method of food service, but in some cases where carts or trucks were specified, information was indefinite. The greater number of small hospitals, less than 100 beds, have central tray service; nineteen hospitals, less than 100 beds, have central tray service; nineteen hospitals, with 150 to 800 patients, have insulated heated conveyors and serve their patients in the ward; twenty-two hospitals use carts or trucks to carry food to service kitchens; sixteen send food by dumb waiter to service kitchen, where it is placed in steam tables and served by indiscriminate trays to patients having similar diets.

Each of these methods probably has advantages and disadvantages. The bed service to the patients is excellent. The food is served hot or cold as desired. The patient, by choice of foods, eliminates foods not wanted before service and food waste is avoided. Nurses can always be in the wards at meal-time while serving the meals. The service is quicker and considerably less arduous than kitchen service of foods, especially for large public wards. In the majority of hospitals one is gratified to learn that the nurse who has the care of the patient also serves her own trays. In some instances, perhaps unavoidably, maids are doing this part of the nurses' work.

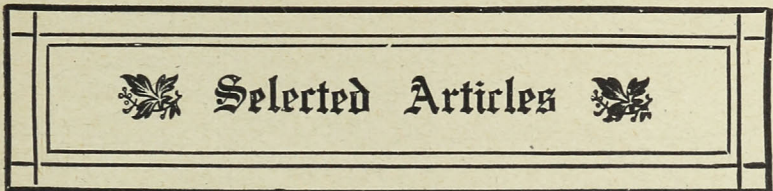
Food service for staff and employees of the hospital is usually a very difficult problem. Two methods are generally used, either cafeteria or table waitress service. This is governed by choice, by labor situation, or by financial reasons. It is difficult to arrive at definite conclusions. Thirty-four hospitals have waitress service, twenty have cafeteria for one or more meals for part or all of hospital personnel, and six have nothing but cafeteria. I presume that each hospital prefers its own method.

Purchase of food supplies for hospitals is a duty devolving upon people in various phases of hospital work. Twenty-one dietitians buy all food supplies for their hospitals, twenty-eight buy or control buying jointly with superintendent, purchasing

agent, steward, manager or hospital board. In other hospitals food is purchased by the superintendent or his assistant and by steward or by an outside organization. In larger hospitals, those with more than 250 beds, some contract buying is done, but this is not at all general.

Only thirty-three hospitals returned figures, so that an approximate estimate of meals served daily was impossible. Based on the plausible computation that the average patient in the hospital received three meals or equivalent daily (not necessarily served from kitchen) the ratio of the number of the hospital personnel who are fed daily to that of the number of hospital patients, is very interesting. No figures are available for the larger hospitals. In hospitals of 500 to 1,000 beds the ratio of staff to patient was 5 to 7, 1 to 1 and 5 to 4. In hospitals of 250 to 500 beds ratios of 4 to 3, 3 to 4, 5 to 3, 8 to 7, 1 to 1, 5 to 4, 2 to 1, 10 to 9 and 7 to 8 were found. The group comprising hospitals of 100 to 250 beds and the one with less than 100 beds showed a ratio of 1 to 1 in nearly every case. Thus we see that no small part of the work of the dietary department of any hospital is devoted to feeding its staff and personnel, and that doing this well makes for greater efficiency of the entire hospital.

Summarizing: How can I or anyone suggest any one organization that will be suitable for the dietary department of all hospitals? Yet certain duties should invariably be associated with the dietary department of all hospitals, namely: the meal planning for all individuals fed in hospital, buying or aiding or supervising the purchase of food supplies, instruction of nurses in training in dietetics and nutrition, supervision of kitchens preparing foods and dining rooms serving foods. Preparation of diet lists for cases needing dietetic treatment and collaboration and consultation with physicians on hospital staff, instruction of diabetic or other patients, engaging or discharging all help in department, record keeping, training of student dietitians, renewing or adding equipment necessary to the department may be part of her work, also in the larger hospitals. - Not in paid compensation should the worth of a dietitian or her department be measured, but by her ability to efficiently manage her department so that it may work with a minimum of friction with other departments and that it combine economy with excellence of service, keeping always in mind that the most important individual in any hospital is always the patient.



Selected Articles

PHYSICIANS' FEES THEN AND NOW

DR. TAPPANSON, NEW YORK CITY.

Efforts of physicians at Washington, D.C., to establish a schedule of fees recall the agreement made by noted practitioners of New York, back in 1790, when the national capital had not been built upon the shore of the Potomac. As far as is known, this was the first scale adopted in the republic. Old Manhattan Island was then the seat of the Federal Government and as George Washington, the first President, had surrounded himself by a social life much like that of a European court, there were many physicians of distinction in the metropolis.

The group of these, who 134 years ago signed the table of fees which they bound themselves to ask, represented the leaders of the profession at that time and the amounts must have been above what some other physicians received. Among the signers were such men as Dr. Richard Bayley, a brilliant surgeon, a pathologist, who introduced a new method of treating croup and collected the specimens of morbid anatomy which were destroyed by a band of ignorant fanatics known as "The Doctor's Mob." Others who set their names to this document, a photo-stat copy of which is in the library of the New York Academy of Medicine were: David Hosack, for whom Hosack Hall was named; Philip Wright Post, pioneer pathologist; Edward Miller who, as a sanitarian, combatted yellow fever in New York and Philadelphia; Valentine Seaman, whose advocacy of vaccination saved many lives from smallpox; Dr. John Charlton, the preceptor of eminent physicians; and George C. Anthon, once "Surgeon's Mate to His Majesty's Hospital in North America," who had been stationed at Detroit when that present day seat of the automobile auto-crats was a frontier fort, before he was tempted by the greater opportunities of New York.

Here is the preamble of the agreement with a few specimen items which immediately followed it:

We, the undersigned practitioners of Physic and Surgery, in the City of New York, do agree upon the

following rate of charges for our professional services—from and after July, 1790. Agreeably to which rates we do recommend our accòmpts to be presented every six months—or oftener, if circumstances permit.

| | |
|--|--------|
| Verbal advice | \$5.00 |
| A letter of advice | 10 00 |
| An ordinary visit | 1.00 |
| A visit with single dose of medicine | 1.25 |

Medicine to be priced as follows:

| | |
|--|--------|
| For powders, each | \$0.12 |
| Pills, each dose | .12 |
| Boluses, each | .25 |
| Electuaries, per ounce | .12 |
| Mixtures, per ounce | .12 |
| Infusions, \$1.50 per pound, or per ounce | .12 |
| Decoctions, \$1.30 per pound, or per ounce | .12 |
| Lotions, per pound | 1.25 |
| Volatile spirits, per ounce | .50 |
| Ointments and cerates, per ounce | .25 |
| Blisters, according to size, 50/100 to.... | 2.00 |
| Plasters, 50/100 to | 2.00 |

If one of the doctors had to go to Staten Island, a fee of \$10.00 was to be charged, and twice that sum, if the visit were made in winter or in stormy or inclement weather.

For consultations with other physicians, these early "specialists" got \$5.00 for the first visit; \$2.00 for succeeding visits; \$1.00 a mile when called to go a considerable distance from home; and \$3.00 if summoned to Brooklyn.

Most of the signators were prominent in the fight against plagues and advocates of quarantine, and one of them, Bayley, afterwards lost his life in attending immigrants stricken with ship fever. For first visits "in epidemics of fever where personal danger is involved" to use their words, they bound themselves to charge \$5.00 and for each succeeding visit "in these circumstances," \$2.00. That is, they asked four times as much for going to Staten Island on a stormy day than they required for attending smallpox and yellow jack.

The practice of bloodletting still had a hold, and we find practitioners who, nowadays, would be using the bloodless phlebotomy of antiphlogistine, if they were with us, charging \$1.00 for bleeding an arm, \$2.00 for the foot; \$2.00 for the jugular vein; and \$5.00 for opening an artery. For applying cupping glasses, the fee was \$2.00.

Wounds were dressed at from \$1.00 to \$2.00 and the treatment of a blister called for a tariff of from fifty cents to one dollar.

Surgery had greater honoraria, for amputations were performed at these rates: arm or leg, \$50.00; breast, \$50.00; joint, \$100.00; and fingers, \$10.00 each. The fee for the extirpation of an eye was \$100.00. For the removal of a tumor from \$10.00 to \$50.00 was expected; an abscess was lanced for from \$1.00 to \$5.00. The rate for trepanning was \$100.00 and the same sum was obtained for an operation for aneurysm. Tonsils were cut for \$25.00. The highest fees charged at that period were \$125.00 for the removal of cataract, and a like amount for lithotomy.

Physicians of the last decade of the eighteenth century had full confidence in their power over venereal ailments, for it is recorded on this schedule that from \$10.00 to \$20.00 would be reasonable for curing gonorrhoea and "curing confirmed syphilis" is estimated to be worth from \$25.00 to \$100.00. For introducing a catheter for the first time, \$5.00 was required, and subsequent introductions were rated at \$2.00 each.

How long this schedule, adopted with such care, was maintained there is no accurate means of determining, but evidently these fees were approximately those asked by physicians and surgeons until well into the nineteenth century.

In view of the much larger purchasing value of money then as compared with the present day, the incomes gained were large enough to enable these leaders of the profession to live up to the best standards. Even the largest of the surgical fees, however, would not be adequate for the leading practitioners of this—the twentieth century.

Canadian Hospitals

MONTREAL GENERAL HOSPITAL DANCE

Over 300 guests attended the Montreal General Hospital dance in the nurses' dining room on the sixth floor of the hospital, on December 31st. The event was in charge of Miss S. E. Young, lady superintendent, and given by members of the hospital and nursing staff.

The guests were received by Miss Young, assisted by Miss J. Craig, lady superintendent of the Western Division of the Montreal General, and Miss F. E. Strumm, assistant to Miss Young.

Among those present were: Colonel and Mrs. Herbert Molson, A. E. Ogilvie, A. D. MacTier, Senator Smeaton White, Dr. and Mrs. A. K. Haywood, Dr. and Mrs. F. G. Finley, Dr. A. T. Pazin, Dr. and Mrs. C. A. Peters, Mrs. E. M. Eberts, Dr. and Mrs. A. B. Chandier, Dr. and Mrs. Grant Campbell, Dr. and Mrs. W. G. Hepburn, Dr. and Mrs. Reilley, Dr. and Mrs. A. Lorne C. Gilday, Dr. and Mrs. Campbell Howard, Dr. and Mrs. Fraser Gurd, Dr. and Mrs. C. Bourne and Dr. and Mrs. L. J. Rhea.

ST. MICHAEL'S HOSPITAL TO ERECT AT ONCE FIVE-STOREY STRUCTURE FOR OUT-PATIENTS

Last June a campaign in aid of St. Michael's Hospital, Toronto, was held, the announcement then made being that the proceeds would be used for the construction of urgently required additions.

The most important addition, and perhaps the one with which the public are most concerned—the building for the Out-patients' Department—it has been decided to proceed with at once. It will be a five-storey building, modern in every respect, and will give St. Michael's facilities for dealing with the ever-increasing out-patient work.

The amount of money available from the campaign of last spring, according to the audit of Clarke-Houston & Company, is as follows: Receipts of campaign, cash subscriptions, \$161,600.25; payments, campaign expenses, including clerical workers and advertising, \$24,117.73; net proceeds, \$137,482.52; unpaid subscriptions, \$44,907. Total, \$182,389.52.

The unit now being erected will cost about \$500,000, the plans for which are being readjusted by J. P. Hynes, architect.

NURSES' MEMORIAL AT OTTAWA

A temporary plaster cast of the proposed memorial to the Canadian nurses, who died during the war, is being erected in one of the niches of the centre block of the Parliament Buildings, Ottawa. The memorial, which is the work of G. W. Hill, of Montreal, portrays a group of ten figures of about two-thirds life size in relief.

The temporary model will be inspected by the Committee of Nurses and the Committee of Cabinet, before any final decision is made.

NEW HOSPITAL FOR ST. THOMAS

St. Thomas and Elgin County's quarter-of-a-million-dollar memorial to their returned and unreturning war heroes, the beautiful new hospital which adjoins the old Amasa Wood Hospital at St. Thomas, was formally opened, on November 19th, with impressive civic and military ceremonies. Despite the chilly atmosphere thousands of people of the city and district attended the ceremonies and later inspected the hospital. The dedication address was delivered by City Solicitor W. B. Doherty, while the large bronze figure of a Canadian soldier which guards the entrance of the hospital was unveiled by Brigadier-General W. B. M. King, O.C., Military District No. 1, London, Ont.

The three art glass memorial windows in the memorial hall, which is the feature of the building, were unveiled by Warden Arthur Barons, of Springfield, Ald. Patrick Meehan and Frank A. Lemon, while the bronze tablets containing the names of all the St. Thomas and Elgin soldiers and nursing sisters who were killed or died in service were unveiled by Dr. J. D. Curtis and John J. Sifton, of Wallacetown, father of the late Sergt. Ellis W. Sifton, winner of the Victoria Cross, whose name has been given a place of honor on the tablets.

The keys to the hospital were formally presented to Mayor Sloggett by Neil R. Darrach, the architect, and Mayor Sloggett, in turn, presented them to ex-Mayor Horton, Chairman of the Hospital Trust. The dedication prayer was pronounced by Capt. Rev. J. M. MacGillivray, of Knox Presbyterian Church. Ald. C. E. Raven, Chairman of the Hospital Building Committee, had charge of the ceremonies.

The memorial hospital was erected and equipped at a cost of approximately \$230,000. Of this amount \$100,000 was

subscribed by the city as a municipal grant; \$10,000 by Elgin County and more than \$100,000 by private subscriptions.

The hospital is said to be the largest war memorial so far erected by any municipality in Canada. Experts who have inspected it declare it to be the most complete hospital of its size on the continent. It contains thirty-seven private wards in addition to several eight-bed public wards and two six-bed children's wards, while a large maternity ward extension has been provided in the old hospital.

Prior to the dedication and opening ceremonies, a guard of honor, selected from the Elgin Regiment and returned soldiers and nursing sisters of the city and district, were reviewed on the market square by Brigadier-General King.

THE WORKMEN'S COMPENSATION BOARD

At a recent conference of the legislative committee of the Ontario Hospital Association with the Workmen's Compensation Board it was suggested that the attention of medical practitioners who handle Workmen's Compensation Board cases should be specially called to the injustice to the hospitals of failure to discharge patients from the hospital when the nature of their injury no longer requires hospital attention, the hospitals sometimes being unable to collect for this extra period.

The Act only authorizes payment for the hospital accommodation that is actually necessary. Payment cannot be made for use of the hospital as a boarding-house or until the patient is able to resume work, as practitioners sometimes seem to think.

As soon as the patient's physical condition warrants discharge the attending surgeon should enter and sign date of dismissal on the hospital chart. The hospital will then have no cause for complaint against the Board or the doctor concerning any further period that the patient may remain in the hospital.

HULLS' NEW HOSPITAL WING

Mgr. L. N. Campeau blessed the new wing of the Sacred Heart Hospital, Hull, on Dec. 28th, in the presence of a large number of people. He was assisted by Rev. Father F. X. Barrette, chaplain of the hospital. After a new wing had been formally opened, Benediction was said in the chapel, at which solos were sung by Mrs. A. Bourque, Mrs. H. Therien, Mr. G. Ardouin, and Mr. E. Richard.

Among those present were the officers of the Hospital Guild, including Mrs. A. Bourque, president; Mrs. J. R. Belisle, past president; Mrs. H. Therien, vice-president; and Dr. J. E. Fontaine, Dr. Champagne, Dr. Laverdure, and Dr. Perras, the latter being in charge of the modern X-ray apparatus, which is located in the new wing.

The hospital is now equipped to accommodate sixty-five patients, the new wing having added thirty rooms, and the institution is exceedingly efficient.

HOSPITAL BY-LAW BEATEN

Despite many efforts made by the local Hospital Commission to obtain the endorsement of the ratepayers of Sarnia for the erection of a \$17,000 isolation hospital, stated to be a practical necessity, the by-law was defeated recently by 1,348 to 1,660. This is the second time the proposal has been vetoed.

SANTA CLAUS AT ST. JOSEPH'S HOSPITAL, HAMILTON

Christmas at a hospital is ordinarily about the most dismal prospect one can anticipate, but Christmas, 1924, at St. Joseph's Hospital had nothing of the dismal in it—in fact it was one of the merriest spots in the whole city. Santa Claus, bands of caroling singers, and good fairies that come only to those who have the Christmas spirit, were all very much in evidence at St. Joseph's hospital, and every patient, nurse, employee and sister of that large institution will have reason to remember with pleasure the happy hours of Christmas eve and day. The joy started at "Undermount," the nurses' residence, when Santa Claus, his very own self, came ambling in about ten o'clock Christmas eve. In the lecture room he discovered that the good little people had planted a great evergreen, laden with the fruits of love, and, calling the nurses together, he immediately began stripping the tree. Every nurse was given an armful, which on further investigation proved to be an "eye-full" and a heart-full, and then the dear old saint from the frozen north requisitioned the nurses as "aides," and away the party went to the hospital.

Some one must have had an inkling that Santa was thinking of paying a visit to the patients, for when he and his party arrived they found the whole place artistically decorated in

truly Christmas style, an appropriate place for the joy-giving programme that thereupon ensued. A visit was paid to every ward and every patient was given an abundance of the fruit of the big Christmas tree; all were fed with the food of joy, and visitors at St. Joseph's learned from their friends that Christmas at the hospital has just as many possibilities for happiness as has Christmas at home. In fact, the soldiers, old people, convalescents and little children upon whom Santa called, will all tell you that it is the best place one can be on Christmas eve.

Not only did the nurses, led by Santa Claus, pay a visit to each ward, but a choir of sweet-voiced nurses followed in his train and sang delightful Christmas carols and hymns. About midnight the good old saint wished the mother superior, sisters, nurses, officials, employees and patients a merry Christmas, and away he fled as fast as his reindeers would carry him. Christmas was made merry by his visit and many lonely hearts cheered so that Christmas was the happy day that it is intended to be. Happiness has a habit of spreading, and because of the joy brought to the inmates of St. Joseph's, many homes were made happier on Christmas day. It was worth much to those who had loved ones in the hospital to know that the great message of cheer and peace had pervaded the stately halls and spacious wards, and had made happy those who on Christmas would have been lonely and low-spirited, and had left them bright and filled with a determination to "play the game," and sooner, therefore, to gain the prize—health.

After the midnight carols had ceased and Santa had taken his departure, the hospital corridors and wards relapsed into profound silence until the glad bells announced the time for midnight mass. Three masses were celebrated by Rev. Father McHugh, who, having wished the congregation the joys and blessings of the holy season, afforded the sick the consolation of distributing to them the Bread of Life. During the day the hospital was the scene of real merriment as patients received their visitors in a steady concourse. The greatest pleasure of the day was a visit from His Lordship Rt. Rev. J. T. McNally, D.D., whose presence in the hospital brought joy and gladness to those who were privileged to meet him. The Sisters thank all who contributed to allay the sufferings and increase the happiness of those who were unable to spend Christmas with the dear ones at home.

THE ALEXANDER OBSTETRICAL WING, WESTERN HOSPITAL, TORONTO

An interesting and definite step in the growth of the Toronto Western Hospital is the erection of the Alexander Obstetrical Wing, which was formally opened on December 31st with a reception given by the Board of Governors. A great many old friends of the institution were present, and expressed enthusiastic appreciation of the wing, which is complete and up to date in every detail. Formal speeches were omitted, and the several hundred guests wandered at will through the shining corridors inspecting the pretty rooms, then returning to the assembly room to enjoy a jolly dance. A. C. Galbraith, the superintendent, and Miss B. Ellis, superintendent of nurses, assisted in showing the guests over the wing.

Sound-proof floors separate the operating rooms on the top floor from the rest of the building. On this floor are two large birth rooms, connected with a utility or sterilizing room. A double lighting system in case of emergency is a feature of these rooms. Across the hall there is a suite of rooms opening on a balcony, to be used as waiting and preparation rooms. The cold and hot water faucets in these rooms are the elbow-press type, which can be regulated without the touch of the hands.

Attractively furnished in walnut are the twenty private patients' rooms on the second floor. Gay chintz hangings and softly tinted blankets and small bedside rugs add a warm note to the rooms, which are either served with a bath or equipped with running water. Each room and corridor has a telephone connection. Bedside tables with sanionyx tops and attractive night lamps of a sanitary type are featured in all the private or semi-private rooms.

On the first floor is the large public ward, equipped with white enamel beds and bedside tables. Complete and thoroughly modern in design are the diet kitchens on each floor: Hot water mixers are an outstanding part of the equipment. These are used for the preparation of babies' baths, and, as they are controlled automatically, it makes it impossible to exceed a comfortable temperature.

Forty-five mothers can be comfortably accommodated in the wing. Twins and triplets, too, will find a warm welcome from the staff, for in the big airy blue and white nurseries, there seemed to be ample room for forty-five babies, or more. The high white cribs are of thoroughly modern design and are both comfortable and easily cleaned.

A premature nursery and an isolation nursery are practical features, in addition to the two big nurseries. Each of these smaller rooms will hold five small patients. Plate glass partitions will be used to separate the babies. This will prevent any cross-infection. There will be no danger of these young citizens becoming separated from their rightful parents, for they are to be identified in three ways. There will be a tag on the crib, an adhesive bracelet on the baby, and, last of all, a necklet of beads spelling the mother's name.

Miss Marjorie Agnew is supervisor in charge. Miss Agnew, who recently has completed a six months' course in the Lying-In Hospital, Chicago, has been a supervisor at the Western Hospital since her graduation from the institution.

ASSESSED VALUE OF HOSPITALS, \$8,208,183

The assessment department of the City of Toronto has issued a statement showing the assessed value of city hospitals as follows:

General, \$2,768,800; St. Michael's, \$1,035,296; Hospital for Insane, \$926,000; Sick Children's, \$716,250; Orthopedic, \$601,120; Western, \$598,000; Isolation, \$268,000; St. Joseph's \$207,500; Incurables, \$139,944; Wellesley, \$132,090; Cottage, \$131,675; and Grace, \$114,219.

Hospitals are not taxed, but the assessors value them nevertheless.

WILL OPEN NEW MENTAL HOSPITAL IN TORONTO SHORTLY

Probably during February, Toronto, noted for its hospitals and its medical school, will also be on the map of North America as a centre for the treatment of nervous diseases. An elaborately fitted up new \$400,000 psychopathic hospital built by the city of Toronto on land provided by the University of Toronto and planned to be operated by the province of Ontario, stands approximately within this time of completion in Surrey Place, waiting principally now for the announcement of who is to be in charge of it.

While some uncertainty yet surrounds the final arrangements for its administration and its director it seems fairly well established now that Dr. C. B. Farrar, the present superintendent of the Homewood Sanitarium for nervous diseases

at Guelph, has been offered the position. "No appointment has been made," was all Provincial Secretary Goldie would say, while Dr. Farrar, himself, neither denies nor confirms the rumor.

Just how far the city had to go in furnishing the equipment of the institution, it is believed, has been a question for negotiations. According to the act any city of over 100,000 may have a psychopathic hospital by building and furnishing such an institution as its share of the undertaking.

The building of the psychopathic hospital is one of the conditions governing the obtaining by the University of the \$1,000,000 Rockefeller Foundation gift. By its terms a sum of \$5,000 a year was set aside towards the salary of a professor of psychiatry, who should at the same time be the director of the psychopathic hospital.

The new building is planned as a sixty-bed hospital with accommodation for a large staff. It will serve both as a reception hospital for nervous and mental cases brought in for observation and as a treatment hospital for all nervous disorders of a serious nature. In the past it has been necessary to send certain types of cases to the jail hospital for observation, because of the lack of a proper psychopathic reception hospital.

The first and second floors are filled with wards, and on each is a complete outfit for the administration of the hydrotherapeutic treatments that now form such a large part of the treatment of nervous diseases.

The bathrooms devoted to the treatments are a revelation of the possibilities of modern plumbing. Already installed are needle and douche baths, massage table, electric blanket warming cabinet and a "pack tray." This pack tray is for the purpose of saturating blankets with either hot or cold water for use in the treatments.

COL. GARTSHORE AGAIN HEADS VICTORIA HOSPITAL TRUST

Lieut.-Col. W. M. Gartshore, who for some years served as Chairman of Victoria Hospital Trust, but who made way a year ago in favor of James Gray, was re-elected to the chairmanship on Mr. Gray's motion at the inaugural meeting held on Jan. 13th.

A report of the year's work submitted by retiring Chairman Gray and Dr. Clegg, Superintendent, shows that a small

surplus is probable. The report also reviewed the important improvements accomplished during the year in methods, equipment and financing.

Miss Margaret Fleming, of Montreal, who comes highly recommended from McGill, was appointed as masseuse in charge of teaching and treatment in massage.

HOSPITAL IN TOKIO BURNS

St. Luke's International Hospital in Tokio, conducted by the American Episcopal Mission, was almost completely destroyed by fire on Jan. 13th. No loss of life occurred, all of the 120 patients being safely removed from the burning building.

NEW OTTAWA CIVIC HOSPITAL

Serious charges, out of which a sharp controversy may grow in regard to the management of the new Ottawa Civic Hospital were laid before the Board of Control on Jan. 2nd, by a delegation of medical men, headed by Dr. R. H. Parent. They asserted that sixty per cent. of the medical men of Ottawa are not being permitted to enter the Civic Hospital to attend their own patients in the public wards of the hospital, despite the protests of patients who want their own doctors. Treatment of these public ward patients was left in the hands of the medical staff of the hospital.

As a result of their protests an issue was also opened up as to whether the hospital was going to be made to pay its way as much as possible, or whether patients were to be admitted from whom it would be difficult to collect afterwards. It was regarded by the Board of Control and representatives of the hospital trustees present as an issue that must be faced at once and settled amicably, if the hospital is to function satisfactorily. By being barred from treating their own patients in the public wards, the medical men protested that they were not getting a fair deal or "British fair play."

The hospital management take the stand that if patients are admitted who need time in which to pay, or from whom it is difficult to collect, the hospital will not be a financial success. They refused to enter into any controversy, but clearly pointed out that the hospital could not operate successfully under a credit system. They maintain that other large civic

hospitals, notably London and Hamilton, do not allow patients in who cannot pay, and that public ward cases are treated by the medical staff of the hospital only.

A specific grievance was cited to the Board by Dr. J. J. Danby, one of the deputation. He declared that a woman patient of his had been placed in the public ward for a delicate operation, and was operated on by a young doctor on the staff, although the woman wanted him to perform the operation, as did also her husband. He charged that it was done on orders of the assistant superintendent of the hospital, because the woman's husband had not sufficient ready funds on hand to pay for a private room.

The protesting physicians were Drs. R. H. Parent, H. C. Church, J. J. Danby, D. E. Winter, A. B. Parlow, G. O. Barclay, A. MacDonald and R. P. McLaughlin, none of whom are attached to the staff of the hospital.

In order to prevent any misunderstanding on the part of the general public as to the status of public ward patients at the hospital, the Board of Trustees have issued a statement in which it is emphasized, that when a patient can pay, the hospital tries to collect. If he cannot pay the \$1.50 per diem charge for public ward patients, he is, nevertheless, given hospital treatment, which may even be given in a separate room, if the hospital authorities deem it necessary.

Further information is also given regarding the charges for professional services, etc. The statement which was given out by Mr. Harold Fisher, K.C., M.L.A., on behalf of the Board is as follows:

"The trustees of the Ottawa Civic Hospital wish to correct certain erroneous impressions that some persons seem to have got from reading a report of a recent meeting of the board of control.

"No one is refused admission to the hospital because he cannot pay.

"Any citizen of Ottawa has a right to be admitted as a public ward patient. Any public ward patient is under obligation to pay \$1.50 a day. If he can pay the hospital tries to collect. If he cannot pay he nevertheless gets the same treatment.

"A public ward patient is placed in whatever ward the hospital authorities decide. Usually he is placed in a ward with other patients. If, however, the public ward patient is in such condition that he needs a separate room, one is given him without charge.

"Any citizen who does not want to come into the hospital as a public ward patient may have a private or semi-private ward if he pays for it. The rules of the Civic Hospital do not differ from the rules of other hospitals. They are based on the principle that if anyone wants exceptional accommodation, he is only entitled to get it if he pays for it. The trustees have felt that for the protection of the ratepayers they are not justified in giving credit to those who want exceptional accommodation.

"A large proportion of the public ward patients pay nothing. Those who pay \$1.50 a day pay less than one-half of the cost of looking after them. All public ward patients are, therefore, a charge on the hospital. That is to say the expense of caring for them is wholly or partly borne by the taxpayer.

"Those who occupy private or semi-private wards, pay their doctors, and can employ whom they wish. Any doctor can attend any private or semi-private patient. That is any patient who can pay his way can choose whatever doctor he likes.

"With those who cannot pay their way and are in public wards, the case is different. For them, the Civic Hospital, like all other hospitals, undertakes to provide medical and surgical service absolutely free. The problem for the hospital authorities is, how to provide this service. They owe a duty to the patient to see that the service is efficient. To the public they owe the duty to see that it is economical.

"After very careful consideration the trustees of the Civic Hospital decided to adopt the procedure which has always obtained in Ottawa, and which is followed all over the world except in a very few places. They have appointed a number of doctors to a staff. These doctors undertake the duty of looking after the public ward patients.

"No doctor is permitted to charge fees for attending public ward patients.

"Each member of the staff during one month or some other period has full charge of certain public ward patients. He may be in charge of a medical ward, a surgical ward, the eye department or some other department. When he is on duty he has full charge of his department, subject to provision for consultations in all serious cases. When he is not on duty, that is to say, with few exceptions for ten or eleven months of the year, he has no more rights or duties than any doctor not on the staff. Except when on duty, and within the department in which he is in charge, he has no right to

attend any public ward patient. The idea is that responsibility is centred on the particular doctors at the time in charge of the various departments.

"This arrangement is not made for the benefit of the doctors, but for the benefit of the patients and the taxpayer. Its advantages are too many to state here. Two may be given.

"From the patient's point of view the advantage is centralization of responsibility. Many patients come into the public wards who have no regular physician. Someone must be provided for them. Other patients have had physicians, but many of those doctors are not anxious to take charge in a public ward where the rule is that they shall not collect any fees. It would be almost impossible for the hospital to guarantee efficient attention if it could not centre responsibility in some one individual.

"From the taxpayer's point of view the advantage is economy. If any of the two hundred doctors in Ottawa were allowed to come into the public wards at such times as suited them, and give instructions, the difficulties of nursing would be greatly increased. It would inevitably necessitate more nurses and other things that would mean more cost to the taxpayer.

"One newspaper report of the Board of Control meeting referred to a case sent into the hospital by an Ottawa physician. It was stated that a woman patient had been placed in the public ward for a delicate operation, and was operated on by a young doctor on the staff.

"This woman was operated on by Dr. G. H. Hooper, one of the two chief gynecologists of the Hospital Staff. Dr. Hooper is generally recognized as one of the leading specialists of Ottawa."

HOSPITAL GRANTS IN MANITOBA

Grading of hospitals and payments of grants in accordance with the work they are doing, was one of the matters brought to the attention of the Provincial Government of Manitoba by a delegation representing Winnipeg hospitals on Dec. 30th. This policy, if adopted, would mean that while the smaller hospitals in the province would receive ample for their needs, the larger institutions in the cities would get grants commensurate with the service rendered to citizens and to people from other parts of the province. It is a policy, it was pointed out, along the lines of that recommended by the Public Welfare Commission two years ago.

Hospital matters generally were discussed. No formal representations were made, however, the proceedings taking the form of a round table conference. Premier John Bracken and other members of the Cabinet were present, and Dr. Geo. F. Stephens, Superintendent of the General Hospital, was one of the delegates.

HEADS STRATFORD HOSPITAL STAFF

Miss A. Mickle, who has been acting superintendent at the General Hospital, Stratford, for some time, was appointed permanently at a meeting of the Hospital Board, to succeed Miss Masterson, who has left the hospital.

NEW MEASLES HOSPITAL FOR TORONTO

A good start has been made on the new measles hospital. On Jan. 13th the Board of Health was informed that the site had been cleared and all was in readiness for excavation work. The final draft of the plans have been submitted by the City Architect to the Board of Control. The building will cost \$150,000, and the work is providing considerable employment.

SALVATION ARMY MATERNITY HOSPITAL FOR MONTREAL

Formal opening of the new \$150,000 Salvation Army Maternity Hospital on Walkley Avenue, Notre Dame de Grace, took place on Wednesday, February 4th. General Sir Arthur Currie consented to perform the opening ceremony.

Invitations were issued to prominent citizens, including Mayor Duquette. Prominent in the gathering were representatives of the various hospitals and social and religious organizations of Montreal. The Imperial Order, Daughters of the Empire, which has taken an active interest in the new hospital, had as one representative Mrs. J. M. C. Muir, its regent. Commissioner Charles Sowton, of Toronto, and Brigadier T. Walton were among the Army officers present at the opening.

All the furnishings of the new institution, including even the lighting fixtures, operating room and other equipment, have been subscribed for by social and fraternal organizations of the city and district and by private individuals. Their

total value is estimated to be in the neighborhood of \$13,000, while the building itself, together with the land, is valued at approximately \$133,000. A special appeal was made some years ago, when the sum of \$100,000 was raised towards the cost of the proposed hospital, which replaces the one the Army has operated in Outremont.

The corner-stone of the new building was laid on June 9th, in the presence of a large number of citizens and Salvation Army officers. The building is of brick and stone construction, entirely fireproof, with a portion three storeys and the remainder two storeys in height. Its total frontage is 144 feet and its depth from 35 to 50 feet. The site, on Walkley Avenue, immediately north of Sherbrooke, is 50,000 square feet, permitting of complete isolation and of future extension.

For the time being the hospital will have accommodation for forty-three patients, but the foundations are designed for a building of eighty-five or more beds. The hospital is thoroughly up-to-date in every respect. Dr. Douglas Gurd, who has taken a particular interest in Salvation Army work for a number of years, and other medical men who have inspected the building, have expressed themselves as being highly pleased with it.

The hospital is a general maternity hospital, not merely a rescue home. Private, semi-private and public ward accommodation is provided for. The medical and nursing staffs will be taken from the present hospital at Outremont and will be supplemented by Salvation Army graduates from the Army's institutions at London, Ont., and Halifax.

P. C. LARKIN RE-ELECTED

A meeting of subscribers of the Toronto General Hospital was held on Jan. 13th to re-elect representatives to the Board of Trustees. P. C. Larkin, whose term had expired, was re-elected for the 21st year. The vacancy caused by the death of D. A. Dunlap will be filled at a later date.

There are seven representatives elected by subscribers, a term lasting three years. A subscriber must have donated \$100 within a year or \$1,000 or more at any time to the hospital. The Board consists of eight members appointed by the Ontario Government, five by the city, five by the U. of T., and seven by the subscribers.

NEW YORK ORTHOPEDIC DISPENSARY AND HOSPITAL IS BUILDING A PRIVATE PATIENTS' PAVILION

The New York Orthopedic Dispensary and Hospital, 420 East 59th St., New York City, has found it imperative to provide for the increasing demands made upon the equipment of its city hospital and to free it in some measure from its over-crowded condition in many departments.

After careful study, the building of a private pavilion seemed the most practical way of meeting this situation, as it would furnish space on the first floor for offices, record rooms, X-ray and dressing rooms, etc., and would liberate beds in the main building for ward patients that are now used for private patients, while meeting more adequately the increasing demands for private patients' service. The building, adjoining the present hospital on its 58th Street side is now under way. When completed, about May 1st, 1925, it will, in addition to furnishing the much-needed rooms on the first floor in connection with the dispensary, have rooms for thirty-two private patients. The new pavilion will be similar in design and architecture to the present hospital building.

A new building, with rooms for thirty-five adults, has just been opened at the hospital's country branch at White Plains, New York, in connection with its convalescent service for those suffering with joint tuberculosis, thus bringing the number of convalescents who may there be cared for, children and adults, to 165. As the country branch is an integral part of the city hospital, whose capacity is 100 beds, the private pavilion with its thirty-two rooms when finished, will constitute another unit in a very complete orthopedic service.

Hospital Items

THOMAS GUY'S HOSPITAL

Guy's Hospital celebrated its 200th anniversary this year. On January 6th a morning service was held, in memory of the founder, in Southwark Cathedral. The Prince of Wales attended as president of the hospital, and the Archbishop of Canterbury, who is one of the governors, took part in the service. Other events in commemoration of the bicentenary are

contemplated, but not yet definitely fixed. A garden reception and fête will probably be arranged for a date in the late spring or early summer. An important feature of the bicentenary year would be the complete success of the appeal for £200,000 which was launched last July with the support of the Prince of Wales. Thomas Guy's original hospital, which still stands and forms the surgical block, cost him but £14,000. It was opened "for the reception of 400 poor sick persons or upwards laboring under any distempers, infirmities, or disorders thought capable of relief by physick or surgery." On January 6, 1725, a few days after Guy's death, sixty patients were admitted to its wards. In the early part of the nineteenth century Mr. William Hunt, a governor of the hospital, left in his will the residue of his estate to "the President and Governors for the time being of Guy's Hospital," with the proviso that they should extend the hospital in order to provide at least one hundred additional beds. Last year the total number of beds and cots was 616, and the number of in-patients treated was 9,761, while the total of out-patient attendances approached 500,000.

RAMSAY MEMORIAL

Prince Arthur of Connaught has opened the Ramsay Laboratory of Chemical Engineering at University College. This, which is to serve as one of the memorials to Sir William Ramsay, has been temporarily fitted up in buildings next to the School of Tropical Medicine in Gordon Street. After experience has been gained there the erection of new and permanent buildings is contemplated. For twenty-six years, from 1887 to 1913, Sir William Ramsay held the Chair of General and Inorganic Chemistry at University College. The memorial of him and his discoveries includes, besides the laboratory, the foundation of Fellowships in chemical science. As Prince Arthur pointed out, it is not only of a national but of an international character.

MAKES A \$250,000 GIFT TO HOSPITAL IN LONDON

Mr. Geoffrey E. Duveen, of Messrs. Duveen Bros., London, Eng., the art dealers, has given £50,000 for the building and equipment of a new ear, nose, and throat hospital, to replace the present Royal Ear Hospital in Dean Street, W.

Mr. Duveen suffered from deafness in one ear himself. "This fact, in addition to my strong desire to perpetuate my father's memory, had much to do with my making the gift," he said.

SHOULD BE MADE A CRIMINAL OFFENCE

The act of knowingly contaminating any other person with venereal disease should be made a criminal offence, punishable by imprisonment until the offender is himself or herself cured of the disease, Dr. Gustav Archambault, of Notre Dame Hospital, declared in his testimony before Mr. Justice Coderre at the police probe on December 31st.

The witness favored a system whereby all persons in public institutions, prisons, etc., would be examined and treated if requiring treatment for venereal disease, and who on release from these institutions should be required to attend public dispensaries for further treatment until cured, and be made subject to imprisonment until cured, if they failed voluntarily to attend the dispensaries.

Dr. Archambault was of the opinion that many of the young girls who gave themselves up to prostitution could be brought back to an honorable line of existence, if they could be cured of their diseases and given a fair chance of rehabilitating themselves.

The witness outlined a project for cleaning up Montreal. He advocated immediate suppression of houses of ill-fame; laws carrying severe penalties for street solicitation, provocation to immorality and other "manifestations of prostitution." The doctor said he would institute an intensive campaign among the public to spread education against the dangers of venereal diseases, regarding their treatments and their cure. Everyone, he said, would be made to realize the importance of guarding against the social disease for their own benefit, for the benefit of children to come, and for the benefit of the race in general.

Obituary

DEATH OF DR. A. R. WARNER

Although Dr. A. R. Warner, Executive Secretary of the American Hospital Association, had been ill for nearly a year, his death came as a great shock, since he was apparently recovering. He died suddenly at his home in Deerfield, Illinois, November 27, from heart disease.

Doctor Warner was born in Pulaski, New York, in 1875. He graduated from Hamilton College in 1899 and from Western Reserve University Medical School in 1906. Subsequent to graduation, he practised medicine at Cleveland, Ohio, for a few years. The first hospital position Doctor Warner held was that of assistant superintendent of Lakeside Hospital, Cleveland, Ohio. In 1913 he became its superintendent, a position he held until his appointment as executive secretary of the American Hospital Association, October 10, 1919.

Doctor Warner was always deeply interested and active in the development of organized hospital activities. He was one of the founders of the Cleveland Hospital Council and of the Ohio Hospital Association, and served as president of the Ohio Hospital Association in 1918 and 1919. He was also instrumental in developing and organizing the American Conference on Hospital Service and served continuously as vice-president of the Conference from the time of its organization.

Dr. Warner was a Fellow of the American Medical Association and from the beginning of his hospital career he was actively interested in the work of this Association, serving on several of its important committees. In 1918 he was elected its president. His earnestness and enthusiasm in the organization of hospital activities won for him not only nation-wide, but international, recognition.

Book Reviews

Handbook for Queen's Nurses. By Some Superintendents. London. The Scientific Press, Ltd., 28 Southampton Street, Strand, W.C. 2. 1924.

Discusses district nursing. Tells who the Queen's nurses are and describes their outfit. Gives a general outline of duties as well as a resumé of routine work. Chapters are devoted to care of chronic cases, operations, infectious cases and public health work.

X-ray and X-ray Apparatus. An Elementary Course, by John K. Robertson, Associate Professor of Physics, Queen's University, Kingston, Canada. Toronto: The Macmillan Company. 1924.

In this volume Prof. Robertson has accomplished the unusual feat of incorporating in language which the average

medical student and practising radiologist can follow, the essential facts of the physics of this subject. Other works have appeared which may fairly claim to be more scientific, but none which so fully covers the field from so practical a standpoint.

In attempting to teach this subject to medical students and indeed to post-graduate students we must choose between an attempt to turn out an amateur physicist with a smattering of his subject or a practical radiologist who is *thoroughly* grounded in the basic physical principles involved and prepared to add to this foundation by subsequent reading and study.

Prof. Robertson is to be congratulated in having, we believe, in this volume, put in our hands this much-needed information in a manner which can be absorbed. The average medical student has not the training in mathematics to follow the very detailed physics nor has the practising radiologist the time nor the need to apply it in daily life.

Having read this book from cover to cover with great delight, I can heartily recommend it to all who seek to master the physics of X-rays. In this book they have it expressed in terms which they will have no difficulty in following.

Recent Advances in Medicine. Clinical, Laboratory and Therapeutic, by G. E. Beaumont, M.A., D.M. (Oxon.), F.R.C.P., D.P.H. (London), and E. C. Dodds, M.B., B.S., B.Sc. (London). Toronto: The Macmillan Company. 1924. Price \$3.25.

This volume of 300 pages is especially suited for physicians in practice who wish to familiarize themselves with recent advances in laboratory procedures, or who wish to interpret the results of laboratory findings in the light of recent advancements along both clinical and laboratory lines. It is a concise and very readable little volume as well as a very handy reference book for laboratory workers. Some of the methods which are more particularly known in this country are omitted, and some other methods which are not so much used or known here are given in these pages.

The range of the book covers modern blood chemistry methods with their application to kidney cases and cases of hypertension as well as a detailed summary of methods used in the regulation of diabetics; the various renal function tests, gastro-intestinal investigation methods, basal metabolic estimations, as well as the more clinical methods of investigating endocrine disorders, heart irregularities, protein sensitization and the induction of artificial pneumo-thorax.

Sidelights from the New Psychology. A Handbook for Nurses. By Evelyn Saywell, L.R.C.P., L.R.C.S. Edin. London. The Scientific Press, Ltd., 28 Southampton Street, Strand, W.C. 2. 1924.

Even nurses are supposed to know something of the mind and its upsets, either when primarily and mainly the cause of illness or secondarily, resulting from some bodily affliction—disease or injury. This little work explains well to the uninitiated the meaning of the unconscious, the influence of the instincts, the connotation of complexes, conflicts, transference of the affect, repression, compensation, dissociation, regression and symbolization. Follows a study of the psycho-neuroses. Chapter IV is devoted to the characteristics of the patient, methods of approach and reactions to disease. The nursing of children is then taken up, followed by a chapter on the personality of the nurse. Interesting and informative.

Outlines of Internal Medicine for the Use of Nurses and Junior Medical Students, by Clifford Bailey Farr, A.M., M.D. Fourth and revised edition, illustrated with 69 engravings and 6 plates. Philadelphia and New York: Lea & Febiger. 1924. Price \$2.75.

How very often it occurs that a nurse, having an hour for leisure and rest, though that be seldom, could benefit through just such a book as this, written as a work of reference to which the nurse in training could turn for some special information on a certain case—Dr. Farr has succeeded in giving his prospective readers a most useful volume, written in a simple and easily understood way, and we bespeak for it an extensive sale not only in nursing training schools, but among first and second-year medicals as well.

The Principles of Orthopedic Surgery for Nurses, by James Warren Sever, M.D., Boston. New York and Toronto: The Macmillan Company. 1924. Price \$3.30.

This excellent little book on orthopedic surgery has been compiled from the lectures of Dr. Sever at the Children's Hospital in Boston. This hospital is largely devoted to orthopedic surgery and consequently its nurses must have extensive training in this branch of nursing. For nurses training in similar institutions the book will be of the greatest assistance as it outlines most clearly the principles underlying deformity

and the surgical conditions which result in it. It has one drawback, however, in that much space is given to a discussion of special apparatus which is used only at the Boston hospital and which will be of little interest to nurses in training elsewhere. The reviewing of the book brings up the broader question of how extensive the training of nurses should be in what must be considered the special branches of surgery. Here in Canada the general opinion among surgeons is becoming very strong that the training of nurses for general practice is becoming too similar to that of the medical student, with the result that the quality of the nursing care of the patients is deteriorating. We hesitate, therefore, to recommend that any book such as this be forced on the student nurse who is training in a general hospital. As a book of reference for graduate nurses and for nurses training in orthopedic hospitals it can be recommended most highly.

The Care of Tuberculosis. A Treatise for Nurses, Public Health Workers, and all Those who are Interested in the Care of the Tuberculous. By J. A. Myers, Ph.D., M.D., Assistant Professor of Preventive Medicine and Public Health, graduate of Medical Schools, University of Minnesota; Medical Director, Lymanhurst School for Tuberculous Children, Minneapolis, etc. With an introduction by Richard Olding Beard, M.D. Illustrated. Philadelphia and London. W. B. Saunders Co.

Essentially a text-book for nurses, "The Care of Tuberculosis" gives to the layman, who is not afraid of a few technical terms, up-to-date information concerning the disease, its diagnosis and treatment. Besides stating the essential facts in a straightforward fashion, Dr. Myers has emphasized health education during school years, opportunities for nurses in this field, need for individual treatment, value of occupational therapy, etc. The value of study to the educated patient as a part of vocational therapy has yet to be recognized even by so modern an authority as Dr. Myers. Such a book should be in every training school, as witness the appalling ignorance concerning tuberculosis displayed even by the graduates of good hospitals; an ignorance criminal in the face of the confidence the public places in its nurses.

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Diseases of the Heart by Dr. Henri Vaquez, Professor of the Faculty of Medicine of Paris. Translated and edited by George F. Laidlaw, M.D., Associate Physician to the Fifth Avenue Hospital, New York City. Introduction by William S. Thayer, M.D., F.R.C.P.I. (Hon.) Illustrated. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto and Montreal. 1924. Price \$9.50.

As a result of the "fast pace," diseases of the adult heart are on the increase. The war and the automobile have done their part in the induction of myocardial change and the production of lesions of conduction—extra-systoles and other cardiac irregularities. Tobacco is also much to blame, particularly for the functional disorders of the cardio-vascular system—only within recent years has the rôle played by infective foci in causing hypertension, endocarditis and myocarditis been discovered. Tonsils, teeth and other structures once invaded, infected and poisoned by the streptococci and other organisms have been found to be potential sources of danger to the more vital structures such as heart, vessels and kidneys. But with increasing knowledge of pathology and etiology has knowledge of diagnosis and treatment pretty well kept pace. Hence the fashion to remove these diseased foci, and the more discreet use of such remedies as digitalis.

With the rapid increase of irregularities has come the electro-cardiograph and other instruments of precision which reveal the particular weak point along the line of nerve transmission.

Vaquez, one of the leading cardiologists in Europe, sat at the feet of the great "le père Potain," whose influence, as Dr. Thayer writes, was so "deep and lasting." Dr. Laidlaw is to be congratulated in his work of translating Vaquez.

Vaquez says the general practitioner is wrong in supposing that the methods of cardiac examination bristle with difficulties; they are more apparent than real, dependent mainly on the manner in which the subject is presented. Vaquez's opinions are based on long experience and reflection.

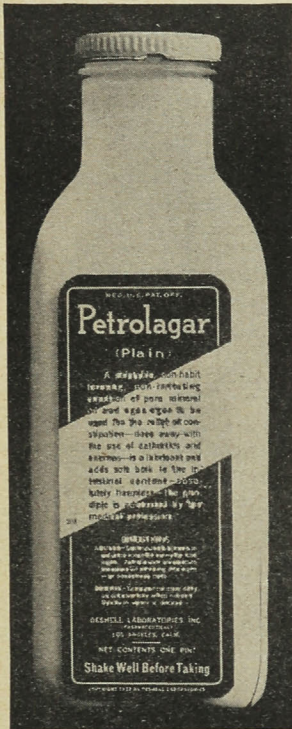
After dealing sufficiently with the anatomy and physiology, methods of examination are given—including radiology and electro-cardiography. Hypertension and the various cardiopathies are next treated in a masterly fashion; then the several arrhythmias. Five chapters are given to heart failure; and five to treatment.

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Paralyzing the orbicularis by the injection of procaine before operating, in the opinion of George S. Derby, Boston (*Journal A.M.A.*, Dec. 22, 1923), constitutes one of the greatest advances in the technique of cataract extraction that has been developed in recent times. He analyzes the last 100 cases of cataract extraction done in his service. Seventy-two of these were done by himself. The results indicate that one can operate by this method in the ordinary case of cataract extraction with much greater security, while in the difficult cases the chances of ultimate success are much greater. Dislocated lenses may be removed with a nominal loss of vitreous, or with none at all.

A CASE OF BILATERAL RENAL HEMORRHAGE

Abraham Strachstein, New York (*Journal A.M.A.*, Dec. 22, 1923), believes that his case was one of a bilateral papillomatous pyelitis, the hemorrhages having been due to vegetations in the pelvis and calices.

MENIERE'S SYNDROME CAUSED BY ALLERGY

W. W. Duke, Kansas City, Mo. (*Journal A.M.A.*, Dec. 29, 1923), has observed Ménière's syndrome in two patients with severe allergy in whom no other adequate cause for the illness was found. Since, in each case, relief was obtained both by the use of epinephrin and by avoidance of substances to which the patients were sensitive, and since the symptoms were reproduced during well periods by the use of foods to which they were hypersensitive, it seemed justifiable to Duke to include allergy among the primary causes of the symptoms complex known as Ménière's syndrome.

Demand

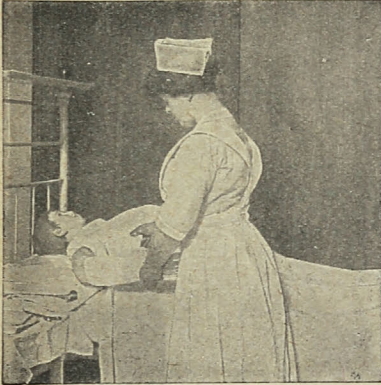
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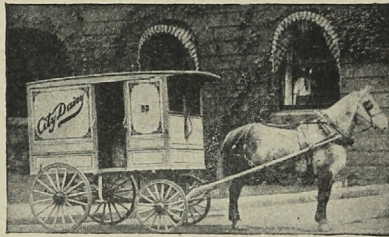
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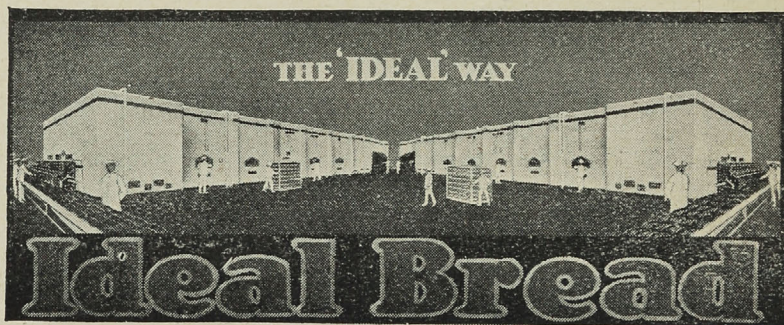
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