

*The Official Organ of the Provincial Hospital Associations*

*The* **HOSPITAL  
MEDICAL *and*  
NURSING WORLD**  
CONTINUING THE HOSPITAL WORLD

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### Contents.

EDITORIAL		SELECTED ARTICLES	
	Page		Page
St. Bartholomew's.....	129	Landscaping our Institutional Grounds, by John Tiplady, State Landscape Designer..	141
Inspection of Private Hospitals..	132		
SOCIETY PROCEEDINGS		CANADIAN HOSPITALS	
Ontario Hospital Association....	135		
The Maritime Conference of the Catholic Hospital Association	140	OBITUARY	
		BOOK REVIEWS	

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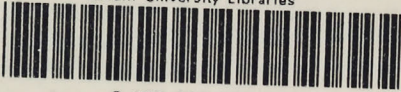
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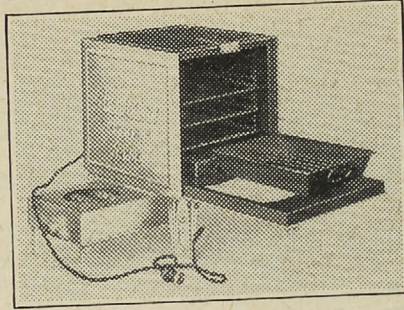
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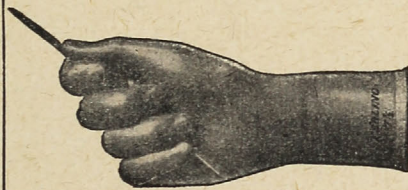
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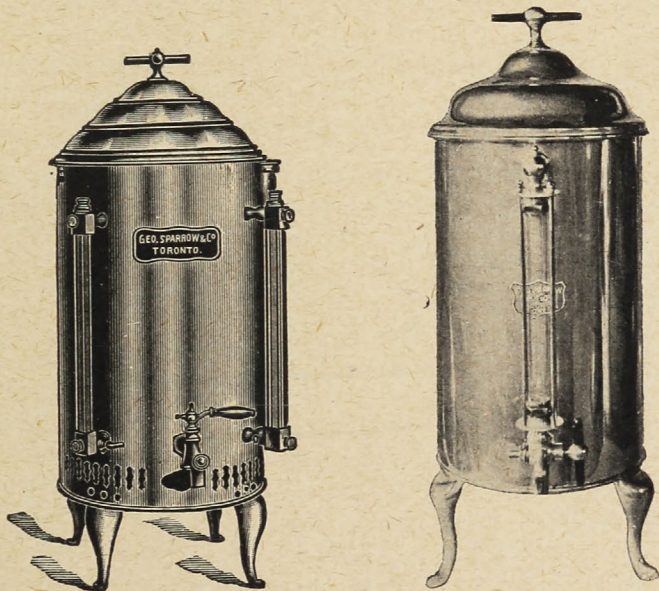
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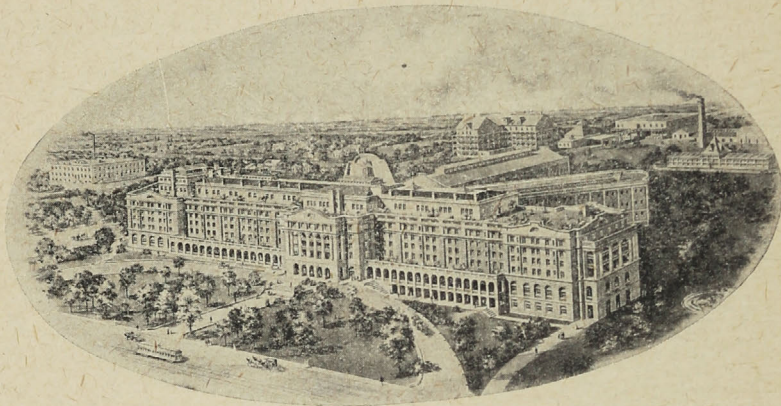
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# THE HOSPITAL, MEDICAL AND NURSING WORLD

TORONTO, CANADA

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

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VOL. XXX

TORONTO, NOVEMBER, 1926

No. 5

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## Editorial

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### St. Bartholomew's

"Eight Hundred Years in the Service of Humanity"; "the Mother Hospital of the Empire"; "Patron, His Majesty The King"; "President, H.R.H. The Prince of Wales"; "Banker, The Bank of England";—Such are some of the slogans contained in a brochure issued by St. Bartholomew's Hospital, London, England.

A visit to this old hospital is one of the chief pleasures any one interested in hospitals, medicine, history or antiquities can have in the metropolis. It was founded in 1123 during the reign of Henry I, son of William the Conqueror. It is conjectured that to this house of healing came patients who had served in the battle of Hastings; just as patients have in all the great wars since, including the last terrible conflict, when soldiers from the front, and civilians injured in the Zeppelin raids, came to this great institution for succor. During the German "Zepp" raids several bombs were dropped near St. Barts. And during the great epidemics—the sweating sickness,

the plague and other visitations of disease, this old hospital did its share to relieve the sufferers.

During the rebellion of Wat Tyler, Walworth, the Mayor, struck the rebel down and the victim was carried into the hospital; but only to be dragged out and hanged at Smithfield, nearby.

When the writer visited the institution during the past summer, he was cordially greeted by a member of the staff—an unexpected meeting on both sides—and shown a few of the glories of the place. First we were shown the beautiful priory church—the finest piece of Norman Church architecture extant—where Prince Rahere, the founder of the hospital, lies beneath his impressive tomb and effigy. Then we passed into the Board Room and the Great Hall, in each of which hangs a portrait of Henry VIII, done by Holbein. Hanging on the great staircase of the hall were two paintings by Hogarth: “The Pool of Bethesda,” and “The Good Samaritan.” One could decipher in the “Pool” picture the diseases from which the waiting people were suffering.

After the abolition of the monasteries, London's poor suffered so greatly an appeal was made to this King, who granted the petitioners a fresh charter so that its former charitable work could be carried on. Hence St. Bart's is one of the Royal Hospitals.

Our guide with pardonable pride drew attention to the famous pathological museum with all its gross specimens so carefully indexed and described that he who runs may read. Here and there earnest students were reading the descriptions of the specimens which they were studying. The most interesting specimens we saw were two or three from Potts' collection.

Thomas à Becket, Fitz-Alwin, London's first mayor, Gresham, Longespée (a witness of the Magna

Charta), and Dick Whittington, were benefactors of this great hospital. On its medical staff appear the names of Mirfield, who wrote the first printed book in medicine, William Clowes, who was on active service on the fleet that defeated the Armada; William Harvey, discoverer of the circulation of the blood; Caius and Abernethy. Sir James Paget was one of the outstanding physicians here; and his picture adorns the Great Hall.

Seven million patients have passed through the ever-open gate of St. Bart's during the past fifty years alone! How many have passed through during the eight hundred years of its existence only the recording angel can tell. In the hospital proper there are 687 beds; its suburban annex contains seventy. Nearly 343,000 out-patients received free treatment during 1923.

With St. Bart's, there is associated a famous medical school, with two whole-time professors—one in medicine and one in surgery. There are twenty house-doctors, who each receive eighty pounds per annum. There are three resident anæsthetists, a resident midwifery assistant, a resident assistant in the ophthalmic department, and one in the nose and throat department, all on salary. There are dissecting rooms, laboratories for chemical and biological study and for public health studies, and a library of over 14,500 volumes. Besides, there are lecture-rooms, dining-rooms and common-rooms for social purposes.

Our host took us in to lunch, and here we met other members of the staff, and even a Canadian from the Far West with whom we used to be closely associated in former days. All were most cordial.

The medical school has a recreation ground of some ten acres in the country; and all students are expected to join in the sports there.

Any doctor, nurse, or medical student visiting London, should not miss St. Bart's.

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### Inspection of Private Hospitals

The report of the House of Commons' Committee appointed to inspect and pronounce upon Great Britain's nursing homes, made public during the past summer months, gives food for thought.

The nursing homes of Great Britain correspond to our private hospitals on this side; but with this difference, that because of the voluntary hospital system established over there, these many nursing homes are the only recourse of pay patients. They are frankly operated for profit, and, therefore, rank as commercialized institutions.

The report appears to be the result of a very thorough and unbiassed investigation, and must be rather disquieting to the authorities; for though many of the nursing homes are fairly well conducted, there are others in which conditions were found to be very bad. Particularly the report mentioned certain institutions where old people of indifferent health are lodged by their relatives, paid for, but left unvisited and therefore helpless against harsh treatment. Some very dreadful instances of this kind of neglect and ill usage are mentioned. Nursing homes of much better class are also far from above criticism. Some lack operating theatres; others lack suitable bed accommodation; while the nursing staff is often inefficient and untrained. Yet the fee charged in many of these places is very high.

The report makes out a strong case for legislative action in connection with these institutions. It suggests that measures should be introduced to secure

registration and inspection. Doctors and nurses should be represented on committees appointed by each county for the purpose; while the actual work of inspection might be carried out by the medical health officer, who should report to the committee. The fact that a medical man owns or is in residence in a nursing home should not excuse the home from inspection.

These and other recommendations made in the report seem wise and reasonable and offer what is apparently a much needed safeguard against carelessness and exploitation. It is to be hoped that these recommendations will soon be made effective, since the need is so evident.

The Motherland might do well to adopt the system of inspection of such institutions which obtains in Ontario.

# The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The Official Organ of The Provincial Hospital Associations,  
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 Society Proceedings 

**ONTARIO HOSPITAL ASSOCIATION**

The third annual convention of this association was held in the Academy of Medicine, 13 Queen's Park, Toronto, on October 14th and 15th, 1926. The following officers were responsible for the success which attended the meeting: President, Major G. G. Moncrieff, Petrolia; 1st Vice-President, Dr. W. J. Dobbie, Weston; 2nd Vice-President, Major A. H. Murphy, London; Hon. Secretary-Treasurer, Dr. F. W. Routley, 410 Sherbourne St., Toronto. Directors: Dr. J. H. Holbrook, Hamilton; Dr. J. N. E. Brown, Toronto; Dr. G. G. Clegg, London; Miss Alexandra Munn, Toronto; Miss Margaret Tait, Belleville; Dr. D. E. Robertson, Ottawa; Dr. W. F. Langrill, Hamilton; Mrs. H. M. Bowman, Toronto.

The following was the programme of papers:

THURSDAY, OCTOBER 14TH, 1926—MORNING SESSION

- 9.30 President's Address;
- 9.45 Report of Executive Committee,  
Appointment of a Nominating Committee;
- 10.00 A Symposium—  
"The Hospital—a Centre of Preventive Medicine"—Dr.  
Alan B. Jackson, Medical Officer of Health, Simcoe;  
Miss Marjorie Buck, Supt., Norfolk County Hospi-  
tal, Simcoe, Ontario; Miss Harriet T. Micklejohn,  
Supt., General and Marine Hospital, St. Catharines,  
Ont.; Miss Muriel McKee, Supt., Brantford General  
Hospital, Brantford; Ontario; Dr. J. H. Holbrook,  
Medical Superintendent, Mountain Sanatorium,  
Hamilton, Ontario.
- 11.00 Heliotherapy—How to Carry Out the Treatment in a  
Small Hospital—Dr. W. J. Dobbie, Weston.
- 11.15 Standardized Accounting for Hospitals—W. B. Taylor,  
C.A., of Clarkson, Gordon, and Dilworth, Chartered  
Accountants, Toronto.
- 11.45 "The Hospitals Act"—Particularly with Reference to  
the Application of Residency Requirements—Mr.  
J. M. Godfrey, K.C., Toronto.

- 12.15 General Discussion—  
 (a) Hospital Standardization in the Province of Ontario; (b) Minimum Standard—What is Considered the "Standard" for Hospitals in the Province.

*Adjourned at 12.30*

THURSDAY, OCTOBER 14TH—AFTERNOON SESSION.

- 2.00 *Round Table Conference—*  
 Conducted by Miss Muriel McKee, Reg. N., Brantford, Ont.
- 2.00 1. Is the average graduate dietitian sufficiently experienced in administration or organization to efficiently supervise what should in theory be the dietitians' department? Introduced by Miss Olive R. Cruickshank, B.A., Director, Home Economics Department, Macdonald Institute, Ontario Agricultural College, Guelph.
- 2.30 2. In the 1925 Provincial Report on Hospitals, the average cost of dietary of each patient per day is shown to vary from twenty-eight cents to \$23.98. Discussion might take place under the following heads: 1, Reliability of reports; 2, Effect of fluctuating of number of patients in hospital; 3, Influence of purchasing control; 4, How far is Dietitian's Department responsible? Introduced by R. L. Armstrong, Kingston.
- 3.00 3. Discussion on Flooring for (a) Operating Rooms, (b) Corridors, (c) Residences. Introduced by Mr. C. J. Decker, Toronto General Hospital.
- 3.30 4. Ontario Medical Act. In reference to the giving of anaesthetics by unlicensed internes and graduate or student nurses—also in reference to the administration of medicines by members of a similar group. Introduced by Dr. W. J. Dobbie.
- 4.00 5. Further Progress on "Co-operative Purchasing." Introduced by A. J. Swanson, Purchasing Agent, Toronto Western Hospital.
- 4.30 *Subjects for General Discussion—*
1. Suggestions as to how a small hospital can maintain a full time X-ray service.
  2. How many out-door clinics could be successfully directed from a hospital serving an industrial population of 20,000?
  3. Should a hospital of one hundred beds or less have a physio-therapy department? If so, how should it

be equipped, and by whom should it be conducted?

5.00 *Demonstration*—

- (1) Method of Reclaiming Silver-ware. By H. Devaney, Toronto.

THURSDAY, OCTOBER 14TH, 1926—EVENING

- 7.00 (1) Dinner for Trustees at King Edward Hotel.
- (2) Trustees' Round Table Conference. Conducted by Major G. G. Moncrieff, Petrolia.

1. Hospital Standardization for Ontario. See Address No. 1.
2. Methods of Inducing Community to Support Financially its Own Hospitals.
3. The Hospital Act.
4. The Organization and Administration of Hospitals from a Business Point of View.
5. A Discussion on the Best Methods of Organizing, Developing and Financing Laboratories in Small Hospitals.
6. What General Regulations Would You Recommend All Hospitals to Adopt Defining the Relations and Powers of the Superintendent in Regard to (a) Hospital Help; (b) Nurses in Training; (c) The Medical Staff.

8.00 Nurses' Round Table Conference.

To be held in the Gage Institute, 223 College Street. Conducted by Mrs. H. M. Bowman, Toronto.

- (1) The Adoption of a Set of Books, Composed by Canadian Authors, for Nurses in Training Schools in Ontario. Introduced by Miss Grace Fairley, London.
- (2) (a) Standard in the Schools of Nursing. Introduced by Miss A. M. Munn, Toronto. (b) Suggestion of Giving all Lectures in Theory of Nursing During Six Months and Then the Practical Course in the Wards of the Hospital. Introduced by Miss Jean Gunn, Toronto.
- (3) Editorial in July Number of HOSPITAL WORLD, Relating to Subsidiary Grades of Nurses. Introduced by Miss E. MacP. Dickson, Weston.
- (4) Editorial in August Number of HOSPITAL WORLD on "That Special Nurse." Introduced by Miss Caruthers, Toronto.
- (5) The Desirability of Immunizing Nurses-in-Train-

- ing Against Diphtheria and Scarlet Fever. Introduced by Miss Grace Fairley, London.
- (6) How Often Should Ward Equipment be Replaced: the Best System of Condemning Equipment, Including the Personnel of the Condemning Board. Introduced by Miss Muriel McKee, Brantford.
- (7) Management of Special Diets in Hospitals Without a Dietitian. Introduced by Miss Meiklejohn, St. Catharines, and Miss Ritchie, Petrolia.
- (8) What General Regulations Would You Recommend All Hospitals to Adopt Defining the Relations and Powers of the Superintendent in Regard to (a) Hospital Help; (b) Nurses in Training; (c) The Medical Staff.

FRIDAY, OCTOBER 15TH, 1926—MORNING SESSION.

- 9.30 (1) Report from Nurses' Round Table Conference—Discussion.
- (2) Report from Trustees' Round Table Conference—Discussion. Round Table Conference, Conducted by Dr. W. J. Dobbie.

*Answers to the following questions had been requested and were given:*

- (1) What is the best treatment for a case of *septicæmia*?
- (2) (a) At what point of glycaemia is Insulin required?  
(b) What suggests failure of diet alone in a case of diabetes?
- (3) In the case of a hospital receiving Government Grant—(a) Is government grant of fifty cents per day supposed to be allowed in cases of patients who are being paid for by Workmen's Compensation Board at the rate of \$2.50 per day? (b) Is government grant allowed in cases of patients who are paid for by municipalities at the rate of \$1.50 per day? (c) Should not Indian Department allow \$2.00 per day for Indian patients as Ontario Government allows for indigents who are from unorganized districts?
- (4) In how many of the hospitals in Ontario are patients allowed to book definite rooms for a definite date?
- (5) Why is "Open Hospital" policy for physicians not insisted on in cases of large hospitals receiving

government aid, as in cases of small ones.

- (6) At the present time is there any original research work done in any hospital in Ontario?
- (7) (a) What is the usual schedule of holidays allowed by sanatoria to their employees from the medical superintendent down? (b) How much sick leave, with pay, could employees collect?

*Information is desired as to the following:*

- (1) To whom does a case record belong? The patient, the doctor, or the hospital? Who are the legitimate consultants of a record?
- (2) Best make of diathermy apparatus, preferably portable?
- (3) Is it more desirable to have a physician or a layman as hospital superintendent?

10.30 *Demonstration.*

- (1) Admitting Office Procedure. A good system for admitting patients.
- (2) Record Room Technique (a) What is the best system for keeping a complete record of a patient? (b) What is considered, in the Province of Ontario, to constitute a complete record of a patient? (c) Are progress records considered superfluous? Why? (d) What are the definite duties of a record-librarian?—Miss Innes, The Wellesley Hospital, Toronto.

11.30 Is a training school desirable in a small general hospital?—Miss A. E. Arthur, Willett Hospital, Paris, Ont.

12.30 Luncheon at the King Edward Hotel. Address by Professor Lyle Cummins, University of Cardiff, Wales.

FRIDAY, OCTOBER 15TH, 1926—AFTERNOON SESSION

1.30 Business Session (following the Luncheon).

1. (1) Reports of Committees—Discussion, (2) Report of Nominating Committee, (3) Election of Officers.

3.00 Demonstrations have been arranged as follows:

1. (a) Schick Test, and Immunization Against Diphtheria; (b) The Dick Test, and Immunization Against Scarlet Fever. By Dr. D. T. Fraser, Connaught Laboratories, Toronto.
2. Preparation for Loeffler's Blood Serum. By Dr. A. B. Moffatt, Bacteriologist, Dept. of Public Health, Toronto.

3. Microscopic Diagnosis of Primary and Secondary Anæmia. By Dr. W. E. Ferguson, Pathologist, Toronto Western Hospital.
4. Technique for Sterilization of Glucose for Interstitial or Intravenous Injection. By J. Stuart Wilson and Chief Chemist, Miss Annie M. Lorne, R.N., Supervisor two Operating Rooms, Toronto Western Hospital.

NOTE—These demonstrations will be given at the Toronto Western Hospital, Bathurst Street.



- 4.30 Afternoon Tea.  
 Inspection of New Nurses' Residence, by the Courtesy of the Toronto Western Hospital.

We expect in our forthcoming numbers to present reports of the meeting.

### THE MARITIME CONFERENCE OF THE CATHOLIC HOSPITAL ASSOCIATION

The fourth annual meeting of the Maritime Conference of the Catholic Hospital Association convened at Antigonish, N.S., September 1st to 3rd, inclusive. The programme was one of particular interest and those attending the meeting were well repaid scientifically.

The opening address was delivered on Wednesday, September 1st, by Rev. Lewis McLellan, Antigonish, after which a paper on the subject of "Co-operation Between the Different Departments of the Hospital," was read by Sister M. Bernard, of St. Martha's Hospital, Antigonish. Sister Camillus, of St. John Infirmary, St. John, N.B., contributed a paper on the "Training of Character in Schools of Nursing." On the afternoon of Wednesday, an address was delivered by Dr. W. F. McKinnon, of Antigonish, and papers read on "Hospital Accounting" and the "Training of Teachers for our Nursing Schools." On Thursday morning the Rev. G. B. Phelan, of Halifax, N.S., delivered an address, followed by a talk by Dr. G. H. Murphy. Other papers were read on the "Advantages of an Alumnae Association," and "Ideal Surgery." The afternoon meeting was addressed by Rev. E. F. Garesche. Friday morning was devoted to a round-table discussion, and during the afternoon the different committees met, the Convention being adjourned about four o'clock.

**Selected Articles****LANDSCAPING OUR INSTITUTIONAL GROUNDS**

JOHN TIPLADY, State Landscape Designer

The care of trees on our institution grounds is a matter that receives only mediocre consideration and in some instances no consideration at all. Why this should be, is hard for any thinking human to understand, especially when we all know that trees are living things and should be treated as such. They constitute a changing color of sombre hues in summer to fiery effects during autumn that the most vivid painting could hardly exaggerate until winter robs them of their leafy garb. Even then when nude and cold, their presence is appreciated, especially at eventide when their massive trunks cast heavy shadows on the ground.

A tree is a personality of nature that cannot be produced by human hands. The oldest living thing to-day is one of the *Sequoia gigantea*, of the California forest. This giant tree according to scientists was a small seedling just about 2,000 years before the birth of our Saviour. It embodies a philosophy of value to the close observer, but only common-place to the casual mind.

I hope this little translation will induce us to take better care of our trees. Unfortunately for the central part of our state, a severe sleet storm during December, 1924, smashed and crippled some of our trees unmercifully, the effects of which will be in evidence for a decade or more. Careful pruning, however, has restored them to some extent and in isolated cases the storm was a blessing in disguise.

It should be the aim of our superintendents not only to care for our present trees, but wherever practicable, to propagate others for posterity. This is being done at some of our institutions where thousands of young trees are propagated for future planting. The department stands ready at all times to advise and help in bringing this about. At the Dixon State Hospital more than 1,000 good sized trees have been planted to offer necessary shade for the patients which a very few years ago were mere saplings in the home nursery.

Trees are susceptible to ailments comparable to ourselves and the emergency must be met accordingly. We can hardly afford to carry on without the companionship of trees. Look them over and make a report to the department. And the same is true of shrubs and flowers both annual and perennial. The former when properly arranged, constitute a valuable asset to our institution grounds. Their presence is appreciated throughout the entire year not alone by their flowers, fruit or diversified foliage during the growing season, but in many instances by the color of the twigs and branches during winter. The red-twigged dogwood is especially effective in the snow. These should be increased by either cuttings or seeds according to your demands precisely in the same manner as petunias or other summer bedding stock are produced.—*Welfare*.

### THE VALUE OF AUTOPSIES

That many hospitals are overlooking a most important opportunity to contribute to medical knowledge, and incidentally to check the diagnostic ability of their staffs, by neglecting to secure autopsies on all deaths occurring within their walls, was emphasized at the recent annual meeting of the Council on Medical Education, Licensure and Hospitals of the American Medical Association. Statistics were presented showing that the percentage of hospital deaths coming to autopsy varied from 0.5 per cent to 85 per cent.

Two important questions are concerned with this situation: one, the matter of intern training, the other the abilities of the staff. Medical schools are stressing more and more the value of autopsies as adjuncts to diagnoses and are impressing upon their candidates for internships the desirability of taking their fifth-year work in those hospitals reporting the largest number of autopsies. With such a check upon their work, staff members will be most careful in diagnosis and treatment, and interns will thus receive better training.

It has been suggested that hospitals unable to show autopsies on more than twenty-five per cent. of deaths are unsuitable for the training of interns and, although some hospitals offer salary inducements for interns, investigation has shown that this is usually at the expense of the more adequate training received in those institutions requiring thorough investigation and consideration of all cases.

Autopsies, aside from their value as related to curative medicine, have a distinct contribution to make to preventive



medicine and public health. Where the story they tell is correlated with the daily habits, the occupation, and the home and community life of the individual, information of great value will be obtained. A history of such completeness should give a picture from which much could be learned that would be useful in warding off similar conditions in others.—*The Modern Hospital*.

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### TO PRESERVE PAINTED WALLS

An interesting method of preserving the paint on freshly-painted walls has recently been tried at Johns Hopkins Hospital. A mixture of starch and water is made and cooked to a consistency that can readily be spread with a paint brush. After the paint is thoroughly dried the starch is put on the walls making a thin coating that does not mar the appearance, the only effect being to make the paint less glossy. When the walls become soiled the dust and dirt are washed away with the starch, leaving the paint intact, and a next starch covering is put on for another season. It is hoped by this care to prevent the necessity of frequently re-painting.—*Johns Hopkins Nurses' Alumnae Bulletin*.

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### GALEN'S ANCIENT FAME AND HIS REACTIONS

JONATHAN WRIGHT, M.D., Pleasantville, N.Y.

In Aretæus, who probably was a contemporary in Cappadocia of Galen, as in Archigines before him, the doctrine of the pneuma was in full bloom and the implications of some of this doctrine in Archigines Galen attacked with fervor and speaks much of him. He lived in the time of Trajan, before Galen. Aretæus was evidently a contemporary, an Asiatic, born in a neighboring province to Bithynia where Galen first saw the light. Aretæus says nothing of Galen nor Galen anything of Aretæus.

There is little mention of Aretæus or Galen for nearly two hundred years after Galen's death. The works of both have excited the admiration of a far-distant posterity and to it their never speaking of one another seems very strange. Galen, he himself records, was the physician of the famous Marcus Aurelius and the infamous Commodus, and boasted acquaintance with the scarcely less ill spoken of Faustina, the consort of the great ruler and imperial philosopher, the mother of the emperor who played to the gallery gods in the circus.

He was so famous that Marcus Aurelius and his colleague on the throne found his presence in their armies on the Danube in their train indispensable. He had a wide correspondence among famous men all over the empire, he says. He was a great traveller, but beyond what he says of himself nothing is heard of him from contemporaries, unless it is the very doubtful reference to him by Alexander Aphrodisiensis as the Mule-head of Debate.\* We judge from Galen's own account of his disputes at Rome that the name was not badly chosen, but we hear nothing more of him, so far as I know, until the time of Oribasius, who, as a compiler for Julian the Apostate, copied his works and speaks well of him. Much later by several centuries Paulus Ægineta mentions him with Oribasius, mentioned first and with more emphasis. So Paul, of Ægina, in the seventh century must have known little of Galen. It may be that in coupling his name with that of Oribasius, Paulus had reason to think he was like him much more of a compiler of the works of others than an original investigator and expounder of doctrine. Cælius Aurelianus, Aretæus and Galen may not have been known to one another or might not have no record of Galen as great in medicine until some time in the Middle Ages is puzzling. Hippocrates, of Cos, was known to Plato and Aristotle in a time more than five hundred years before Rome had made all the world akin and bound its limits to one another by magnificent roads thronged with travellers. Why did not Galen's fame travel along them and reach us?

Whatever suspicions we may sometimes have of the originality of Galenic thought and his discoveries, medical historians have so emphasized the advent of Vesalius and the Italian anatomists of the Renaissance and their challenge to the Galenic anatomy that much apprehension of the character of Galen's work has crept into the common conceptions of those who have not more deeply acquainted themselves with the early history of the evolution of medicine. If all he tells of his own work is true or if half of it had not been done before him, what he says he did to elucidate the functions of the nerves and blood-vessels of the body would alone make him by far the greatest experimentalist and medical researcher that ever lived. He did vastly more than the Italian anatomists or at least recorded more apparently new anatomical facts than they, for they had the Galenic anatomy to start with.

\*I should modify this statement a little in regard to Galen, for Athenæus (Schopenhauer, 1801?), Vol. I, p. 7, says Galen wrote such a large number of medical and physiological works that he surpassed all his predecessors and as an expositor he can take rank with any of the ancients, but it is somewhat uncertain when Athenæus lived.

What the effect of his work was on the medicine of his day it is entirely impossible to say. It ought to have dispelled much of the misty talk about *pneuma* and the soul being active in the functions of the animal economy. It ought to have relegated them to the dignities of parables, but as matters stand with us in regard to him to-day, his seems the last of the really great minds of antiquity in philosophy as well as in medicine. The decline of purely Greek thought began with the death of Aristotle. There are some now who say it began before Plato, but that is leaving the Prince of Denmark out of Hamlet. Its Græco-Roman continuation terminated five hundred years later. There had arisen to occupy the thoughts of men many religious sects from the East, which extinguished the torch of learning that fell from Galen's hand long before the final catastrophe of the Roman Empire, which was at its acme in his day.

We catch him at his task of dispelling this mist of bygone centuries, revering the prophets, paying tribute to Aristotle, but frequently refuting him and hurling ironical defiance at him across the ages, in awe before Plato and in unreasonable adulation before Hippocrates. He assails the doctrines of the later Aristotelians and instances their wrong interpretation of "heart-burn" having its origin in the heart. In *cardialgia* he says all symptoms point to the stomach orifice and *cardialgia* is a misnomer.<sup>1</sup> He hesitates as to the effect of fear, love, hate and the emotions in general being first felt by the heart and causing palpitation. If that were granted the doctrine is not due to the Peripatetics and the Stoics, but to Hippocrates and Plato. He is quite sure any movement of the soul is through the mind, and the mind is not situated in the heart. "It is not as Aristotle and Chrysipus maintain, but as Plato and Hippocrates teach. The beginning of our impulse to voluntary motion is in the brain, though certain other and involuntary impulses are in the heart." We see the instinct of the man baffled at the complexity of innervation, ignorant of the sympathetic ganglia, but pointing in the right direction. We see that however well he knew the mechanism of afferent and efferent nerve impulse, of sensitive and kinetic energy, he recognized there were other nerve actions which might originate elsewhere than in the brain. His knowledge fell short, but nevertheless in correcting gross errors he separates the functions of the sympathetic nerves from those whose primary impulses start from the cerebral hemispheres, and it was far into comparatively modern times before we did much more. His experimentation on the nerves and vessels and we may well suspect that of others before him guided him, but the essential correctness of his views in the absence of unattain-

able knowledge is striking. Into an account of this experimentation as set forth more in detail in his other books I have not space here to go.

Galen had or at least expressed a high opinion of the anatomical knowledge of Hippocrates and the Asclepiadae, higher than he gives any specific proof they possessed. The passage on the veins in "The Nature of Man" Galen insists is not a genuine work of Hippocrates and although Aristotle quotes<sup>2</sup> it from Polybus, a son-in-law, Galen says<sup>3</sup> others before him support him in the opinion it was written by neither. Yet this is the most considerable work on anatomy that has come down to us which even any tradition has ascribed to Hippocrates and, compared to the anatomy of Galen, it is very crude indeed. Why Hippocrates, therefore, should be quoted by Galen as an authority for the origin of the veins from the liver in no way appears. Neither is it clear why Galen gently chides<sup>4</sup> Plato for not following Hippocrates in this book where he says: "But these things all are ever happening to thee night and day, winter and summer, by virtue of which thou art able to draw the pneuma into thee and return it back." One may suspect, comparing it with the text of the *Timæus*, that Galen had a vague remembrance of Plato's phraseology, but as a matter of fact I cannot find that Hippocrates says anything of the kind in Littré's text of "The Nature of Man," nor do I see that Plato, as Galen intimates, uses that language or its like in declaring the arteries draw air through the skin. Calling the one respiration and the other perspiration, it is true, and putting them in one category,<sup>5</sup> that seems to be his meaning. At least he does visualize the respiration of air and the perspiration of moisture under one conception, even when the latter takes place through the skin, but the language is so circumlocutory that it is hard to follow. I do not see that Hippocrates says so in this book on "The Nature of Man" nor in any other. However, I am not rash enough and not learned enough to say it really is not to be found anywhere in Hippocrates. The skin activity is not so great as Plato intimates, but the perspiration of moisture through the lungs and its exhalation in the breath is far greater than either Hippocrates or Galen supposed. Neither Burnet's text of the *Timæus* nor Jowett's translation nor Littré's text and translation of Hippocrates throw any light on the criticism of Galen as given in the text of Kühn. The latter, however, adds that, God willing, he will devote a treatise to clearing up the trouble, existent even in his day, of knowing the genuine from the false books of Hippocrates. Though he wrote a large number of books on Hippocrates and his doctrines, this pious wish he

never realized, but he often incidentally remarks on some specific book wrongly attributed to him. The question is still in dire confusion, though in the first part of the last century Littré and Adams did much to elucidate it.

Galen<sup>6</sup> admits it is not he alone, but other anatomists before him have shown the nerve supply originating from the spinal cord and from the brain. He it was who elsewhere says Herophilus and Eudemus, living more than a hundred years after the death of Plato, first clearly differentiated the nerves. I have alluded to his vacillation about the phenomena of the sympathetic nervous system which he placed in the heart. The heart indeed palpitates with fear, with hope and with love. The story of Hippocrates by the pulse surprising the love affair of Prince Perdiccas and perhaps other more strictly professional accounts of Hippocratic doctrine convinced Galen that Hippocrates had the right idea, but we may well doubt if it was founded on dissection of the animal anatomy or experimental observation, as his own was.

The Hippocratic book on "The Nature of Man" seems a foolish and inferior work and one that any disciple of Hippocrates might well have been ashamed to attribute to the master, and this quite aside from considerations of professional ignorance of the time, for much of its philosophy is crude and the book itself is a patchwork and jumble of ill arranged discourse. But Galen evidently thought it of eminent value. It seems in view of what Galen said about cardialgia that he places the cardiac evidence of the emotions in the same class with it, but to us it seems incongruous that objects first recognized by sense—of sight or hearing or the others exciting love or hate or fear—belong to a cerebral origin and do not go well with heartburn from a sour stomach, even from the viewpoint of ancient ratiocination and it is no wonder Galen falters. We still do; we are still standing in some dismay and uncertainty before the revelations made by many branches of science of the fearful complexity of the nervous system of man. One sees why under the old dispensation in a more than half-hearted way he acquiesces in Plato's tripartite soul. He especially rejoiced in Plato's lodging the reasoning soul in the brain as a citadel commanding from above, but the temple of emotion he agreed was in the heart and was content perforce with the seat of the evil passions in the liver. If the heart beats with joy, the liver doubtless may be held responsible for lust and concupiscence below the diaphragm. We follow the flitting of these thoughts and they do not leave us altogether cold, but despite Galen's tolerance of them, it was his experiments or those

he records which banished them from the circle of scientific thought finally, though after many centuries, and relegated them to that of parable. He reviews in this treatise<sup>7</sup> on the Hippocratic and Platonic theories the evidence, elsewhere exposed in detail, of the origin of all the controlling nerves in the head and brain, like the origin of the arteries from the heart and the veins from the liver. Pressure on the nerves or the brain, destruction of the nerves, paralyzes the animal, but does not injure heart or vein or artery. There is no interchange of their function, but Hippocrates, he repeats, earlier than Plato, made the heart the origin of emotion.<sup>8</sup> According to Hippocrates the heart is the origin of the *pneuma* and the source of the blood and although Hippocrates talks like a physician and Plato like a philosopher, Galen says, they are in virtual agreement—about something which we cannot regard but as mere verbiage, but by which Galen, though having his doubts, was much influenced. He did not at all in our view, act up to his principles, “a reasonable argument is one based on fact.” We smile at the way he bases his argument so often and so largely on the *obiter dicta* of his great predecessors, but we are ready to admit that a good deal of bad argument is based too on fact.<sup>9</sup>

Aristotle even more than Galen was concerned at the looseness with which words are used and it should be placed to the credit of the old rhetoricians in the days of each, whose own words are so tiresome to us, that they strove manfully to give words and their use a greater exactitude. Very much of this ancient confusion of thought arises from the custom of corporealizing incorporeal concepts. Naming a thing makes it a material thing for primitive man and there was vastly more than now of that sort of sinning in the time of the ancient Greeks, who revelled in abstractions, notwithstanding the absurdities of men like Chrysippus at which Galen raved. Why should anger, joy, love, or fear, have a local habitation as well as a name? I repeat, as I have urged elsewhere.

However, this is the trail we have to follow in seeking out the devious paths by which medical science and science in general arrived at what we fondly believe is a better way of thought. As Galen puts it:<sup>10</sup> “Some one of the Peripatetics suddenly appeared saying the emotions are carried up from the heart to the brain by ascending membranes through which the psychical power flows upward.” This is plainly the “nervous energy” of our modern terminology. We find here the theory existing before the anatomical fact. Here was “nervous energy,” seeking a path and finding a fibrous sheet and starting from the wrong end. It was centuries before the nerves supplied a path

for the tremors of the soul. Posidonius, in the time of Cicero upheld the tripartite soul of Plato,<sup>11</sup> but Galen we find shading things a little toward a less mystical physiology and elsewhere we could find, if we sought for it, more than once a statement, which, while fully acknowledging the affiliations Plato's thought has with various phenomena daily observed, simply declares the chief activities of the animal organism have their site in the brain, the heart and the liver and with this we are not disposed to quarrel.

In this short essay, by drawing on the works of Plato and Aristotle I have attempted to show the reactions of Galen to the philosophy, but I have had to confine myself for those almost exclusively to Galen's treatise on the dogmas of Hippocrates and Plato. There are so many instances of them scattered through the compendius works of Galen that the reader nowhere else will find a more striking example of the continuity of human thought. They are so numerous that more adequately to exhibit them to modern readers would far outrun the limits of a magazine article, but possibly I may have elsewhere another opportunity to show, though necessarily incompletely, how much we are the heirs in medicine through Galen of the philosophies of Plato and Aristotle.—*Amer. Medicine.*

#### REFERENCES

1. Claudii Galeni Opera Omnia (Kühn).
2. ARISTOTLE: History of Animals. III, ii, 8.
3. Claudii Galeni Opera Omnia (Kühn). Vol. V, p. 276.
4. *Ibid.* Vol. V., pp. 709-710.
5. PLATO: Timaios 79 (Burnet).
6. Claudii Galeni Opera Omnia (Kühn). Vol. VIII, p. 212.
7. *Ibid.* Vol. V, p. 333, *seq.*
8. *Ibid.* Vol. V, pp. 575-7.
9. *Ibid.* Vol. V, p. 579.
10. *Ibid.* Vol. V, pp. 591-2.
11. *Ibid.* Vol. V, p. 653.

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## Canadian Hospitals

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### NEW HOSPITAL FOR TRAIL, B.C.

Trail-Tadanac new general hospital, recently opened by his honor the Lieutenant-Governor, R. Randolph Bruce, marks an innovation in hospital design, at least insofar as British Columbia is concerned. The feature differentiating it from all others is a remarkable architectural adaptation to mechanical equipment furnishing a system of ventilation by which only

pure, water-washed air is circulated through the structure at a temperature and degree of humidity always under the control of the superintendent.

This feature was regarded as a first principle of design for obvious reasons. Trail and its adjoining municipality, Tadanae, which is the site of the largest smelting and metallurgical plant in the British Empire, that of the Consolidated Mining and Smelting Company of Canada, sits low in a pocket of mountains. It experiences temperature extremes ranging from below zero to 115 degrees above. Day and night, fumes and metal-dust laden smoke from the furnace stacks foul the air and kill all but the hardiest tree and plant growth for miles around. "Leadling" and chest troubles generally are common among the smelter-men. The Consolidated Company has spent hundreds of thousands of dollars to improve this mal-environment for its 2,000 employees and their families. But though astonishing success has been achieved, the condition will remain in some degree for all time. Hence the vital need, and the special design to secure absolutely pure, temperature and humidity controlled air.

The hospital, now the only one in this vicinity, is a sixty-bed standardized hospital, in charge of Miss A. A. Bruce, graduate of the Royal Victoria Hospital, Montreal. It was planned, built, and equipped at a cost of \$150,000, borne entirely by the Consolidated Company with the exception of a \$32,000 provincial government grant. It has been turned over free of debt or encumbrance to a board of directors, made up as follows: Three City of Trail appointees; Mayor Herbert Clark; J. R. MacLennan, bank manager; and Henry W. Hankin, an officer of the smelting plant Workmen's Co-operative Committee, which represents all the employees. Three Tadanae appointees, representing the company; T. W. Bingay, comptroller of the Consolidated; E. M. Stiles, chief engineer; and E. Whittemore, an employee. There is a representative of the provincial government also, Donald MacDonald, a lawyer, and the president of Trail Board of Trade.

The building is a three-storey block structure, one hundred feet by eighty feet wide, which alone cost \$107,000 to build. The ground floor is of concrete; the succeeding stories are of red brick construction. An imposing front entrance in the Tuscan style leads from Victoria Street to the superintendent's and the executive offices. An emergency or case entrance leads from Cedar Avenue at ground level immediately to the emergency section, and to an electric elevator connecting with the other floors.



Besides the emergency section, the ground floor houses a modern X-ray department, experimental laboratory, two isolation wards, and, in the Victoria Street wing, the nurses' home and the hospital kitchen. The first floor houses the executive offices and waiting rooms, a dispensary, and in the Cedar Avenue wing, the women's general section and the maternity section. The men's, children's and the operating sections are on the top floor.

Below ground level is located a modern hospital laundry and a machinery room where among many other devices is the unique air-washing machine. This novel apparatus has the appearance of a huge sheet iron chest. Through a large air duct on the roof, air is drawn into the machine by a seven and a half horse-power electric fan. As it enters the machine, the air is passed over tempering coils reverse in principle to those of an auto radiator, and is pre-heated by them in cold weather above forty degrees, to prevent freezing in the next operation, which is the washing process. From the coils, the air is drawn through a thick vertical wall of water spray emitted by a series of jets almost in the form of heavy vapor. In this water bath all dust and foreign elements are removed. Cleansed, the air is then drawn over more heating coils thermostatically controlled from the superintendent's office, which raise, lower, or maintain its temperature at a desired degree. It is practicable with this device to maintain a temperature of sixty-five degrees inside the hospital even when outside it is 115 degrees.

The humidity of the cleaned and tempered air is also automatically controlled. A sensitive fibre valve, responding to the slightest change of moisture content in the cleansed air stream passing over it, automatically operates steam jets, which, injecting steam, maintain the desired degree of humidity set by the superintendent.

Thus purified and tempered, the air is released along wide cement conduits underground to smaller ducts within the walls leading to every room in the building. Within the rooms, individual regulating traps control the amount admitted. Separate ducts convey fouled air outside.

In the machinery room also are congregated a high pressure electric-steam generator for supplying steam to the laundry and the kitchen machinery under pressure; a five hundred-gallon hot water boiler, incinerator heated, which supplies all the wash and bath fixtures; an air compressor; and an automatically operated frigid air machine, electrically driven, which controls the temperature of the refrigerators and supplies cube ice.

Expediency and completeness are obvious features of the arrangement and equipment of the emergency section. A plaster

and fracture room is equipped with a modern fracture table of the type on which a patient, prone, can be supported at the shoulders, hips, and ankles only while dressings and bandages are applied. It was the gift of Arthur Chapman Chapter, I.O.D.E., the only piece of equipment not furnished by the Consolidated Company at the time the hospital was opened. There are the usual instrument cabinets. Provision has been made for installing an X-ray machine in this room also. The emergency ward adjoining is equipped with three beds of roller castor type, adjustable in height, tilt, and length, as are all beds in the hospital. The ward is fitted with electrical nurse signalling fixtures of the type used throughout. The signal switches on a red glow light above the patient's head, a red light over the door of the ward in the corridor, and a red light in the section diet kitchen, and moves a numbered indicator in the nurse's service station.

Adjoining is a well-equipped X-ray section. Housed in a sheet lead coated room impervious to the rays, is one large X-ray machine, especially adapted to photographing chest and lung injuries, and to giving direct X-ray treatments; and a fluoroscope for taking visual observations. The adjoining control room houses the controlling mechanism, and is fitted with illuminated viewing stands for examining large size X-ray photographs. The intervening door is fitted with a lead-fused glass window through which the operator can observe a patient undergoing direct X-ray treatment without endangering himself through constant exposure, the glass being impervious to the rays. Across the corridor is an X-ray ward for the use of a patient undergoing periodic treatments, and for the convenience of the operator in making his observations. At hand there are also the usual dark room and other essential offices.

In this wing, too, is a mortuary; and a laboratory for the preparation of cultures and the conduct of such bacteriological work as will assist the physician in diagnosis and treatment. It is well equipped. Here also is an isolation section containing one single bed, and one two bed, ward isolated by a series of doors from the rest of the hospital. Its purpose is mainly isolation of suspects during positive diagnosis.

Equipment of the operating section is especially noteworthy. With its extensive array of sky and wall lights it occupies alone one end of Victoria Street wing on the top floor, and is shut off from noise and disturbances by double-section doors.

The major operating-room is equipped with a Knysurer operating table that can be broken in four places. It can be raised or lowered at will with a hydraulic foot lift lever; tilted

to any angle, swivelled, or locked, as the surgeon's requirements dictate. Above it, a Scialytique light fixture that can throw no shadow, pours ample light. Its one-hundred-candle-power bulb encircled by a magnifying lens, and, at a distance, a continuous circle of small reflecting mirrors set under a dome reflector, floods the table with light even though the surgeon interpose his body.

For anæsthetization, partial or complete, the largest McKisson gas-oxygen outfit is installed. It will deliver nitrous-oxide and oxygen mixed automatically in the proportion set by the surgeon desiring some limpness in the subject's body. A supplemental mixer will incorporate in the gas, chloroform or ether to the desired number of atmospheres, automatically, when complete anæsthesia is desired. Indicators register to the eye the proportions being used.

A minor operating-room is similarly well equipped for throat, nose and eye work. A Sklaro hospital air-pressure-suction and anæsthetic outfit facilitates the work of the surgeon. It has attachments for drying and for removing secretions during operations, as on the throat. It also permits administering ether through air by the hook or otherwise during such operations. A glass-doored chamber for fumigating hard rubber and similarly constructed apparatus subject to injury during ordinary processes of sterilization. There are the usual dressing containers and instrument cabinets.

The sterilizing room contains a specially built autoclave by the Wilmot Castle Company. It is electrically heated. It has a large drum type dressing sterilizer, a utensils' sterilizer and an instrument sterilizer; and hot, sterile and distilled water urns. Two separate sets of switches and heat units are a safeguard against possible failure of one.

The section also contains a workroom where dressings and bandages are made up; a doctors' scrub room, and a doctors' cloakroom with individual lockers.

The women's general section contains one cheery six-bed general ward, seven comfortably-furnished private wards, the usual linen rooms, nurses' offices, and a diet kitchen fitted with a dumb waiter, a refrigerator and other conveniences. The maternity section has a nurses' utility room, service station, sterilizing room with a utensils and dressings sterilizer, a preparation room, labor room, delivery room, two private wards, and a four-bed case ward and nursery. Baby's bath is a marvellous porcelain affair in which the water will be kept at constant heat under thermostatic electric control. The nursery contains twelve cots of most modern design.

In the men's and children's section, on the top floor, are four private men's wards, one six-bed surgical, and one nine-bed medical ward; a six-bed children's ward; and a comfortable men's smoking-room and a solarium for women.

Electrical energy is utilized to the full in the kitchen and the hospital laundry. All cooking is done on a huge electric range. Chores are kept to a minimum with a hotel size steam-electric dishwasher that will wash, sterilize and dry, 30,000 pieces an hour. An auto-electrical refrigerator that, with dry cold, accumulates no muss or moisture and preserves culinary hygiene. A cone electric fan draws unnecessary heat and kitchen odors through the roof.

Apparatus to handle comfortably all the work of a sixty-bed hospital is installed in the steam-electric laundry. It includes a rotating steam-washer; a centrifugal force water extractor, a ten-gallon steam-starching machine; an electric hand ironer and a huge three-roller steam flatwork ironer.

Throughout the hospital, the interior is finished with keen cement wall plaster in white, five feet high, and smooth finish hard wall (gypsum) plaster above. Doors and fixtures generally are of coast fir.

Electric lighting is everywhere achieved through high-powered lamps fitted with special trojan shades, giving diffused light approximating sunlight.

The water mains are connected with both the Trail and the Tadanac water systems as an emergency measure, with high pressure mains for fire hydrants, and low pressure for domestic supply. Hot and cold water is available in every room.

For additional heat in wards and rooms, electrical radiators are installed to supplement the tempering of ingoing air in winter as desired.

Steel ladder fire escapes give exit from the second floor to the ground outside; while a ramp walk gives similar exit from the first floor. Metal covered sliding doors make it possible to shut off flame and smoke at the wings, and thus afford much control and facilitate removal of patients should need arise.

### SARNIA GENERAL HOSPITAL NURSES GRADUATE

The annual graduating exercises of the Sarnia General Hospital were held in the Collegiate Auditorium on September 24th, before a large gathering of citizens. Mr. Thomas H. Cook acted as chairman, Rev. E. W. Jewitt, of Parker Street Church, read the Florence Nightingale Address, Rev. Denny Bright addressed the graduating class, and Dr. A. R. McMillan and Mrs. McMillan presented the diplomas and medals respectively.

The chairman's address gave his audience a fund of information concerning the operation of the Sarnia General Hospital. Mr. Cook said he deputized for Wm. Nisbet, chairman of the hospital board, who was prevented from taking part in the proceedings by sickness. He spoke of the improvements made in the hospital equipment since the institution became municipally governed in 1920. Money had been spent, but he believed the people did not regret this. The nurses' home had been erected, new heating plant, laundry, and a refrigeration system installed.

Mr. Cook said the hospital commission was now planning an isolation cottage for the nursing staff, which would save the commission heavy expense on occasions when members of the nursing staff contracted contagious diseases. This would be a four-roomed cottage located beside the nursing home.

The time was not far distant, Mr. Cook warned, when the accommodation at the hospital would have to be increased, as at present it was taxed to the utmost.

It cost, he said, \$44,000 a year to operate the hospital. Of this, patients paid \$33,000, the city \$4,000, government \$2,000, county \$800 and there was interest of about 3,500 from the J. A. Clements bequest.

Mr. Cook paid a very high tribute to the efficiency of the hospital staff under the superintendency of Miss Scott, mentioning that complaints were very seldom made. The hospital, too, was an educational system, a fact to which the presence of the graduating class would testify.

The nurses who received their diplomas were: Mildred A. Wood, Exeter; Mary L. Rawlings, Marjorie F. Jennings, Melba M. Maxfield, and Gladys A. Clark, of Forest; Catherine Ratley, Sarnia; Vera J. Johnson, Wyoming, and Lyla C. Barwigs, of Petrolia.

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#### NURSES' HOME EXEMPTED FROM TAXATION

The Nurses' Home, part of the Hospital for Sick Children property, on College Street, was assessed for the usual tax this year as a test case. The department held that while it was leased under the J. Ross Robertson will at one dollar a year it was assessable. They pointed out that if some one wished to be charitable it was not necessarily up to the city to assist.

The Court of Revision, however, classed it as exempted property on philanthropic grounds.

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#### VICTORIAN ORDER OF NURSES

Scholarships have been awarded by the Victorian Order of Nurses for Canada to enable the following nurses to undertake

post-graduate work in public health nursing, offered by universities: Miss Mary Shand, Vancouver, B.C.; Miss Jean Leveson, Vancouver, B.C.; Miss Florence Erickson, Invermere, B.C.; Miss Isabel Manson, Rockhaven, Sask.; Miss Jean Whiteford, Winnipeg, Man.; Miss Isabel Craig, Winnipeg, Man.; Miss Pauline Metashanko, Durban, Man.; Miss Margaret Moag, Smith's Falls, Ont.; Miss Louise Grover, Toronto, Ont.; Miss Archange Labelle, Hull, Que.; Miss Theresa O'Callaghan, Montreal, Que.; Miss Emily Reed, Montreal, Que.

Later on these nurses will return to the Victorian Order and to the districts in which their services are most required throughout Canada.

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#### CONGRATULATION TO DR. FRED W. ROUTLEY

The League of Red Cross Societies at Paris recently extended an invitation to Dr. Fred. W. Routley, medical director of the Ontario division of the Canadian Red Cross Society, to go there to act as the league's adviser in public health for three months while the present adviser, Dr. Humber, is in Japan conferring with Red Cross executives in that country.

Dr. Routley for six years has been president of the York County Medical Association. He is also honorary secretary of the Ontario Hospital Association, vice-president of the Canadian Social Hygiene Council, Toronto Branch, and an active member of Toronto Rotary Club.

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#### MOWAT HOSPITAL MAY BE TAKEN OVER FOR MENTAL CASES

The following statement was recently issued by the Board of Directors of the Kingston Health Association.

"An agreement in general terms has been reached between the Ontario Government and the Kingston Health Association, under which the property, buildings and equipment of the Mowat Hospital for Tuberculosis become part of the Rockwood Hospital for the Insane. The accommodation in Rockwood Hospital will be increased by 300 beds.

"The Kingston Health Association will make provision for the care of tuberculous patients from Kingston and the district in the General Hospital and Hotel Dieu.

"The plant of the Mowat Hospital is too large for the number of patients requiring care, and the directors of the Health Association have decided that it is not in the public interest to demolish any of the buildings nor to allow them to remain idle.

"The transfer is not in the form of a sale of the property, but the Government will make a liberal grant to the Health Association to be used for hospital purposes in Kingston."

It is understood that the Government will give two grants of \$75,000 spread over two years, to the association, which in turn will pass them over to the city hospitals for their needs, care being taken to have tuberculous patients looked after, as under the conduct of the Health Association. The association is still negotiating with the Federal authorities in regard to the equipment, which in the course of a few years would pass to it, but as immediate possession is sought negotiations must proceed in the matter.

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### EXPECT HOSPITAL FUND WILL TOTAL SUM OF \$600,000

There is every likelihood that accommodation for the first hundred beds will now be erected in the East End Hospital, Toronto, the dismissal of the appeal in the Hill will ease assuring the promoters of \$100,000 legacy.

At a meeting recently held, governors were appointed by subscribers who contributed \$100 or more. It is probable that work of erecting the first wing will be proceeded with immediately. It is anticipated that when all subscriptions have been received the campaign fund will total \$600,000.

The board consists of eleven members: Mark Bredin, President; Joseph H. Harris, First Vice-President and Chairman of the Board; ex-Mayor W. W. Hiltz, Second Vice-President; George Oakley, M.P.P., representing the Province of Ontario; Alderman Fred Baker and W. A. Summerville, representing the City of Toronto; Reeve Robert H. McGregor, representing the Township of East York; Reeve Thomas E. Allen, representing the Township of Scarborough; E. B. Ryckman, K.C., Joseph Price and Denton Massey.

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## Obituary

### MISS ELIZABETH FLAWS DIES AFTER ILLNESS

Nursing and medical circles suffered a serious loss in the death on September 28th, of Miss Elisabeth Grace Flaws, for many years Superintendent of the Training School for Nurses, Wellesley Hospital, Toronto.

Miss Flaws' death followed an illness of several weeks. She was one of the best known figures in the nursing profession of North America and had for years devoted her best efforts to raising the standards of bedside nursing. She had been particularly interested in introducing lecture courses at the University of Toronto for the under-graduate nurses.

Under the guidance of Miss Flaws, the reputation of Wellesley Hospital and its nurses was built up and maintained at a continuously high level. Hundreds of nurses who received their training under Miss Flaws will regret the passing of a dear and valued friend.

She is survived by a brother in Toronto.

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## Book Reviews

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*Cannula Implants and Review of Implantation Technics In Esthetic Surgery.* In two parts. By Charles Conrad Miller, M.D. Chicago: The Oak Press. 1926. Price, \$2.00.

This is a neatly arranged and concise résumé of the use of various implants and transplants in plastic surgery, with particular stress on rubber and gutta percha. Perhaps the author devotes too much space to the denunciation of the faults of other operators. His description of the sources and preparation of rubber and gutta percha is ample, as is also that of the technique of the operative procedures. The illustrations are excellent.

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*Social Work a Family Builder.* By Harriet Townsend, Lecturer in Social Science at Teachers' College, Columbia University, New York. Philadelphia and London: William Saunders Company. 1926.

Miss Anne Goodrich, who introduces the author, says the dominant note struck by Miss Townsend is that of social progress, rising clear and convincing. The strategic point of attack is the family, the corner-stone of the new society—the Great Society, the heir-apparent of a true democracy. The purpose of the book is to furnish an understanding of the principles of social work in behalf of families and individuals. Case histories are freely used for illustration in order to make plain the application of these principles to human difficulty. The reader is made aware of the complexity of human relationships; is helped to recognize symptoms of individual and social in-



adequacy; is made acquainted with the usual resources of community service, and how to make family adjustments.

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*Fundamentals of Dietetics.* A Text-Book for Nurses and Dietitians. By Bertha M. Wood and Annie L. Weeks. Illustrated. Philadelphia and London: W. S. Saunders Company. Canadian Agents: McAinsh & Co., Limited, Toronto. 1926. Price, \$1.75.

How true it is that in too many hospital training schools for nurses, the subject of dietetics has been sadly neglected. Only recently the writer had, nursing one of his cases, a graduate who did not know how to make beef tea correctly and admitted that in her training the subject of dietetics had received the most cursory attention. It is about time that this was over and a book such as "Fundamentals of Dietetics," by Misses Wood and Weeks will help materially in curing the situation.

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*A Text-Book of Anatomy and Physiology.* For Schools of Nursing, Normal Schools and Colleges. By Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers' College, Columbia University, New York City. Second Edition, revised, with 375 Illustrations, 26 in colors. Philadelphia and London: W. B. Saunders Company. Canadian Agents: McAinsh & Co., Limited, Toronto. Price, \$2.75. 1926.

It must be gratifying to any author to find himself called upon to publish a second edition within so short a time as in the case of Williams' Text-Book of Anatomy. The book when it first appeared received prompt recognition and now it comes out in better and more complete form. The section dealing with "The Endocrine System" has been materially lengthened and many of the plates made clearer and more distinct.

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*Text-Book of Materia Medica for Nurses.* Compiled by Lavinia L. Dock, R.N., and Jennie C. Quimby, R.N.: Eighth Edition, Rewritten and Revised According to the Standard Curriculum. G. P. Putnam's Sons, New York and London. 1926. Price, \$2.25.

As Miss Dock states in her preface the tendency in teaching the action of drugs is toward simplification; a work needed by most training schools, since the student nurses' curriculum, like

the medical students', has become quite overloaded. We are glad to note the reaction in both departments. The aim of this book is to give to nurses the practical clinical study of the medical preparation of drugs, and to familiarize them with the actions of the different drugs. Miss Dock has kept in view the rather young nurse whose study must be of an intensive kind, in time periods all too short, and whose practical work tends to outrun the theoretical. The book appears to cover the ground well.

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*Hay-fever and Asthma.* A Practical Handbook for Hay-fever and Asthma Patients. By Ray M. Balyeat, A.M., M.D., Instructor in Medicine in the University of Oklahoma Medical School. With twenty-seven illustrations. Philadelphia: F. A. Davis Company, publishers. 1926.

This is a very well-composed résumé of the cause and treatment of these troublesome, and all-too-common diseases. It is put in language intelligible to the lay reader, and yet interesting to the profession. Many typical cases are quoted. It is a book that one can recommend for brevity, style and practical benefit.

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*Electrothermic Methods in the Treatment of Neoplastic Diseases.* Designed as a Practical Handbook of Surgical Electrotherapy for the Use of Practitioners and Students. By J. Douglas Morgan, B.A., M.D., formerly Radiologist, Ross Pavilion, Royal Victoria Hospital, Montreal. Illustrated with thirty-six line and half-tone engravings. Philadelphia: F. A. Davis Company, publishers. 1926. Price, \$2.75 net.

Those interested in surgical electrotherapy will find this book full of interest. The author has had extensive experience as a radiologist and writes whereof he knows. The hundred and fifty pages are devoted to a study of electricity, surgical diathermy, electrodesiccation and electrocoagulation. The reading of this book will pass away an evening or two to advantage.

1

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### A STANDARD FOR PITUITARY EXTRACT

One of the pleasing features of the Tenth Revision of the United States Pharmacopœia is the inclusion therein of a definite standard of activity for pituitary extract. Inasmuch as pituitary extract is best known as an oxytocic, it is the effect of the extract upon the uterus of a virgin guinea-pig that constitutes the official test. Some manufacturers, however, among them Parke, Davis & Co., apply the pressor or blood-pressure-raising test as well, since pituitrin (pituitary extract, Parke, Davis & Co.) is administered for its effect upon the arterial system in hæmorrhage and other conditions, and for its regulating effect upon both the intestinal musculature and the musculature of the bladder.

It is impossible for the physician to judge of the activity of a pituitary preparation by physical examination of it. Manufacturing methods have made it possible to produce pituitary extracts not only far below the standard, but far above it; hence the urgent necessity of the pharmacopœial requirements in the interest of definite dosage.

In this case, however, as in many others, the physician is dependent upon the manufacturer not only because he himself has none but clinical means of testing the activity of the product, but because the products of different houses vary, and possibly also the product of the same house at different times. A manufacturing concern of recognized scientific standing is really the only guaranty of quality that the physician has.

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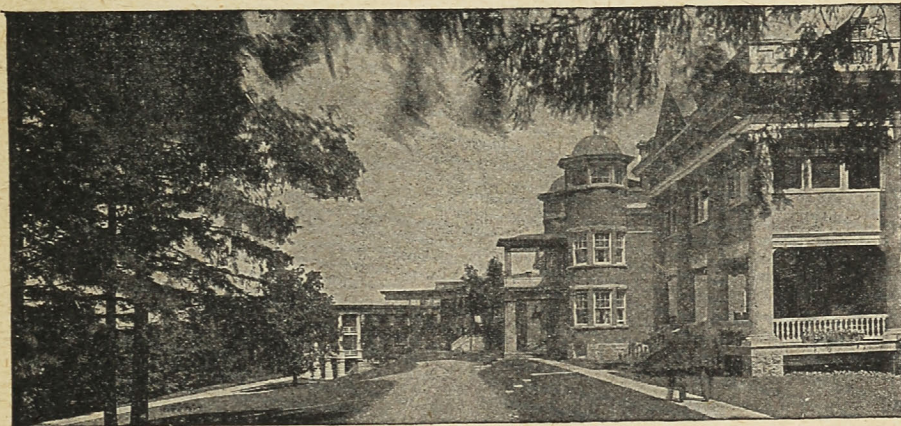
Following is a list of hospitals in Canada now using the system: Edmonton General Hospital, Edmonton, Alta.; St. Boniface Hospital, St. Boniface, Man.; Winnipeg General Hospital, Winnipeg, Man.; Toronto General Hospital, Toronto, Ont.; Jeffery Hales Hospital, Quebec, Que.; Victoria Hospital, London, Ont.; Holy Cross Hospital, Calgary, Alta., and others.

### THE TREATMENT OF PNEUMONIA

While the prevalence of pneumonia is very great its treatment is not altogether satisfactory. One indication for treatment, however, is clear, and that is the chest and muscular pains which often usher in an attack and continue for several days. The administration of a sedative is absolutely necessary, as sufficient rest must be secured to preserve the patient's strength. Opium and its derivatives will exert the desired anodyne effect, but their use for various obvious reasons is contraindicated and they should never be used except as a last resort. Fortunately, the careful practitioner has in Phenalgin a pain-reliever that assures the anodyne effects of the opium products without their harmful tendencies. Therefore, to afford a patient suffering from pneumonia the rest essential to recovery, Phenalgin should be employed, for the simple reason that it is not only effective, but free from the objectionable features of the opiates and other anodynes.

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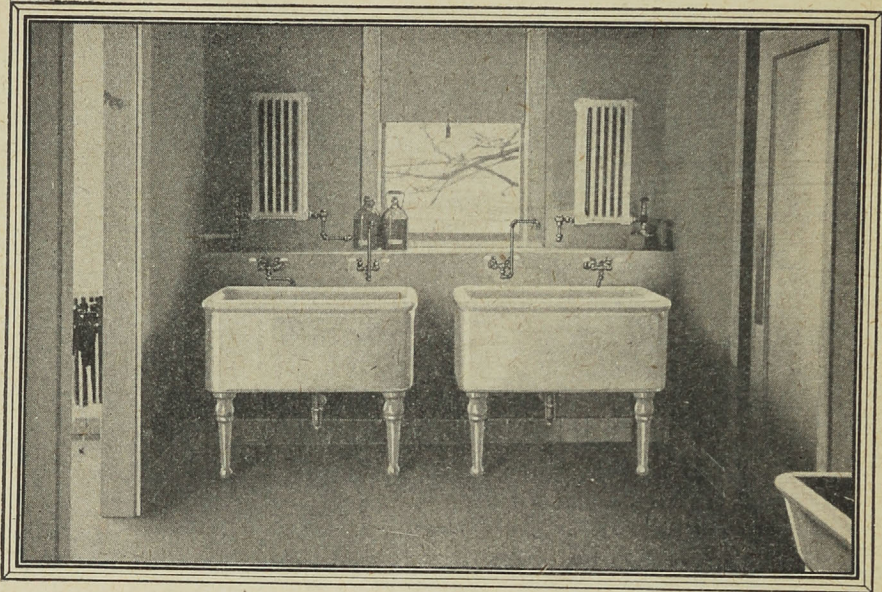
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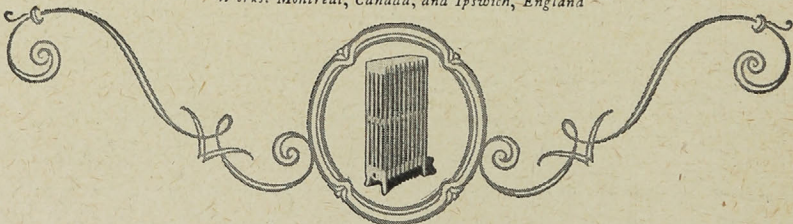
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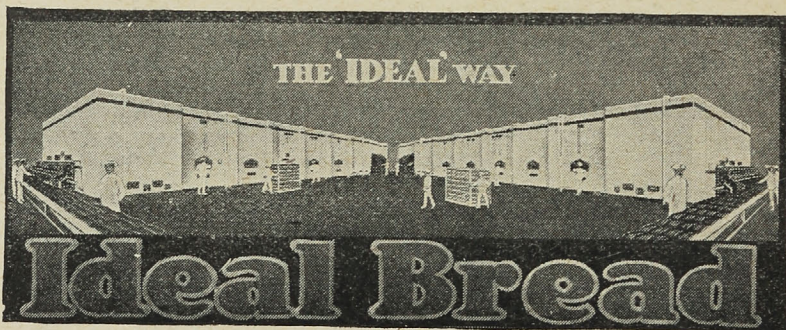
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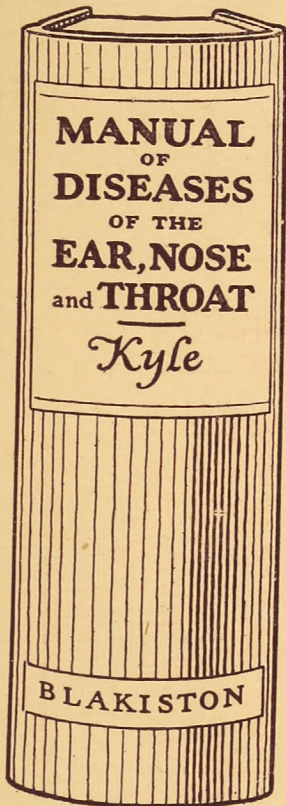
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Kellogg's *All-Bran* is most widely employed to relieve constipation—but it is equally valuable in **preventing** constipation and promoting regular, natural elimination of the intestinal tract. Preventive medicine of the highest order!

Physicians recognize in Kellogg's *All-Bran* a valuable aid and ally in combating the evil of constipation. They know that Kellogg's is 100% bran and for that reason they can rely upon its accomplishing definite, complete results. That is why *All-Bran* is recommended by so many of the profession in both mild and chronic cases.

Patients like Kellogg's *All-Bran* and like to "take it." Kellogg's is cooked and krumbled by a special process that gives it a delicious, nut-like flavor. A delightful breakfast dish. There are countless appetizing ways of serving it.

Sold by all grocers. Served everywhere.  
Made by Kellogg in London, Canada.



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