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# THE HOSPITAL WORLD

THE OFFICIAL ORGAN OF  
**The Canadian Hospital Association**

Vol. V.

Toronto, April, 1914

No. 4

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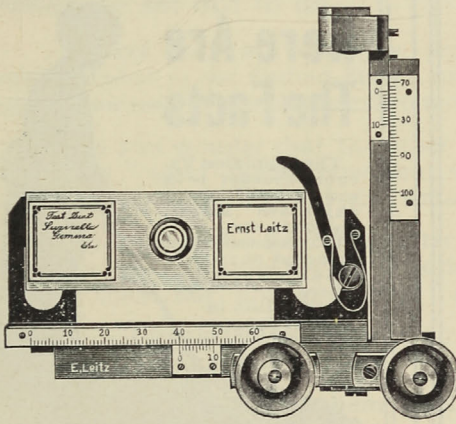
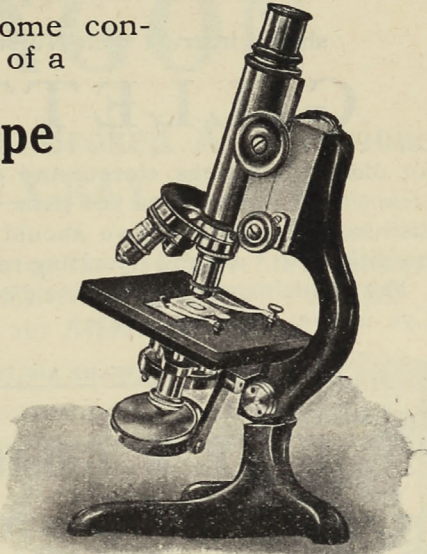
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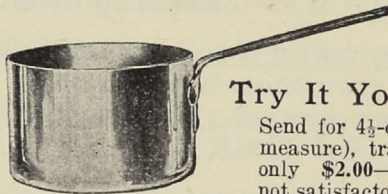
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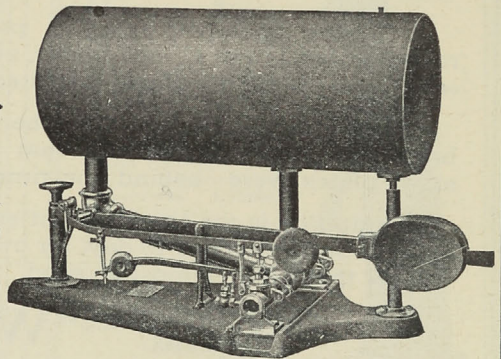
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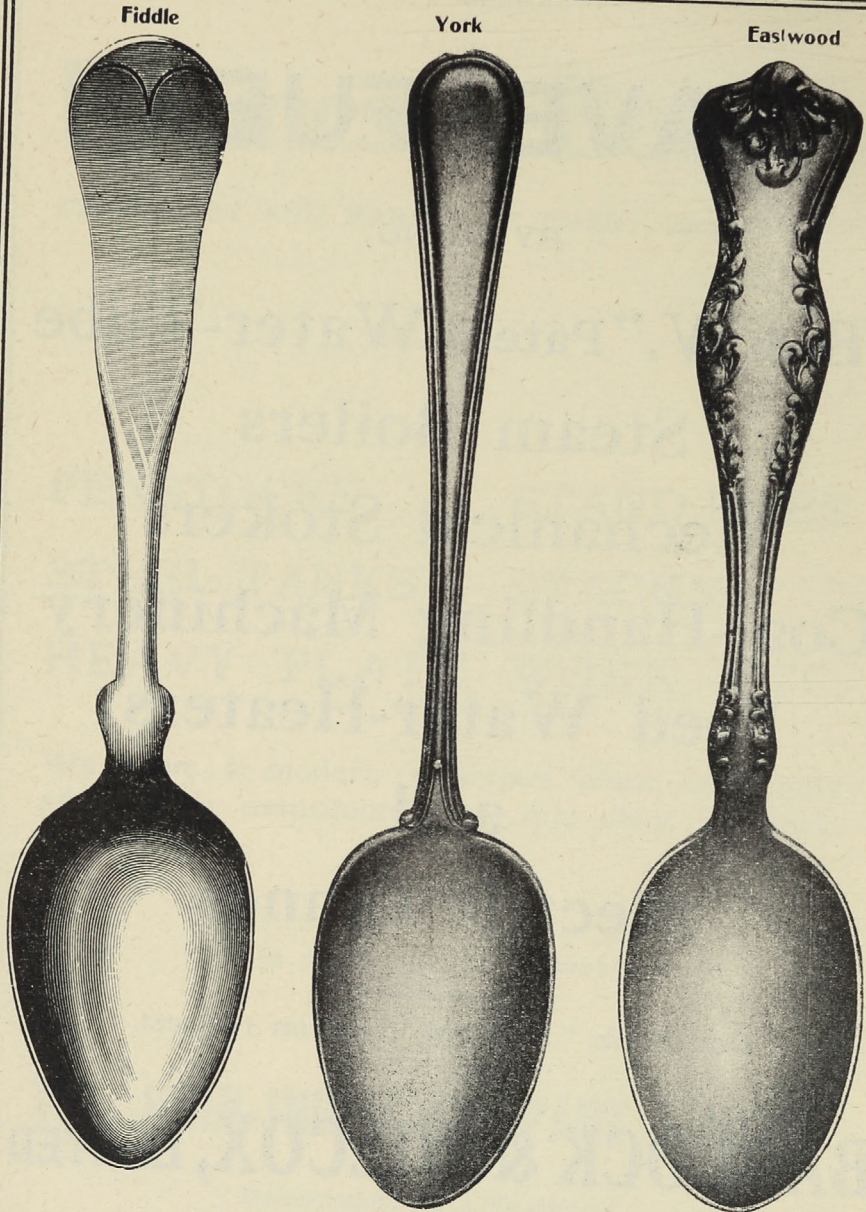
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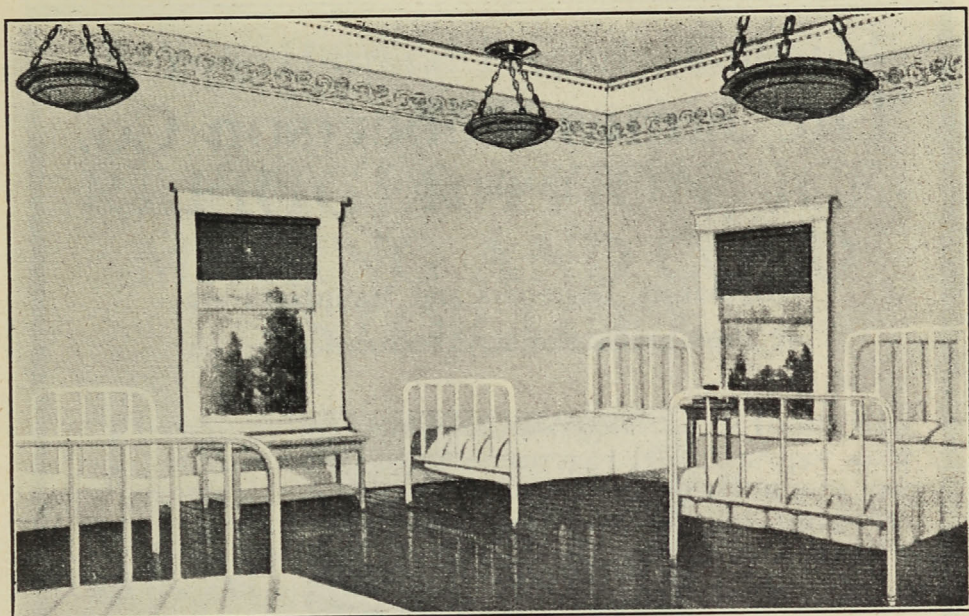
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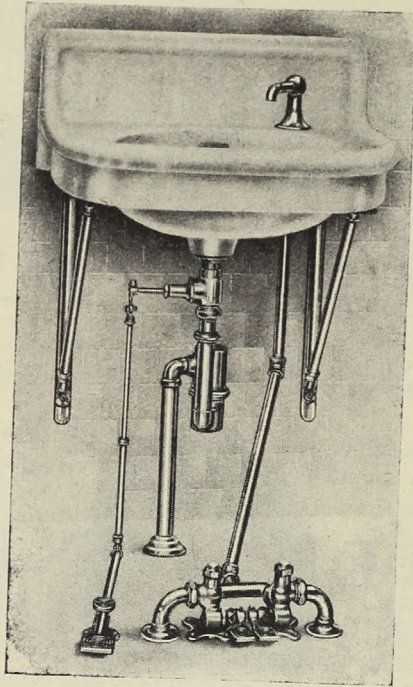
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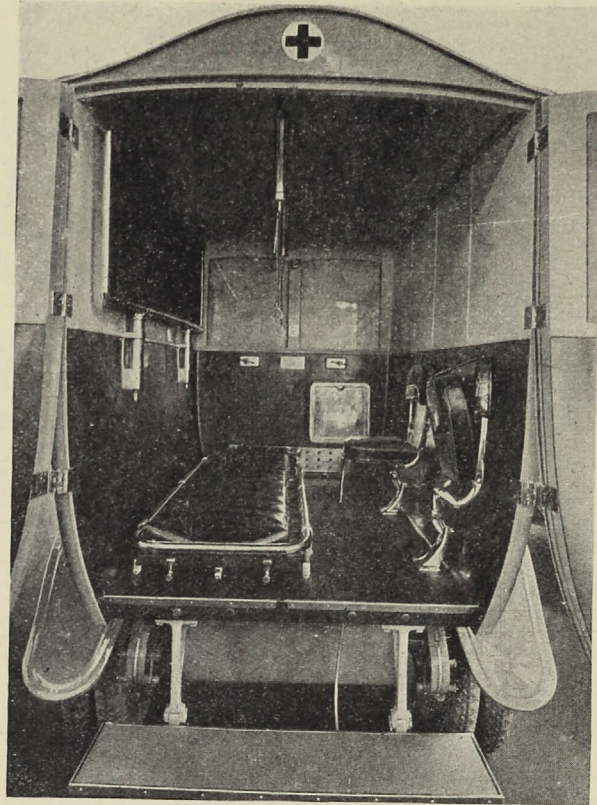
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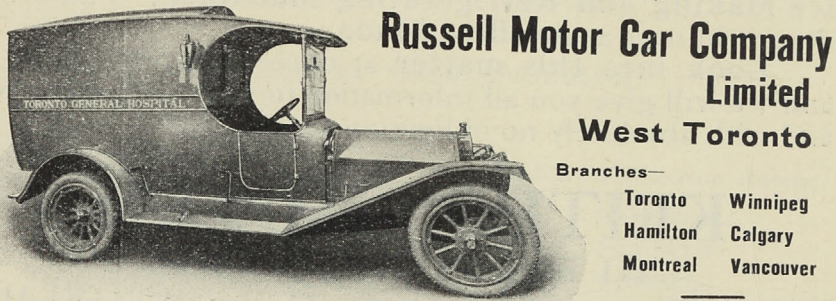
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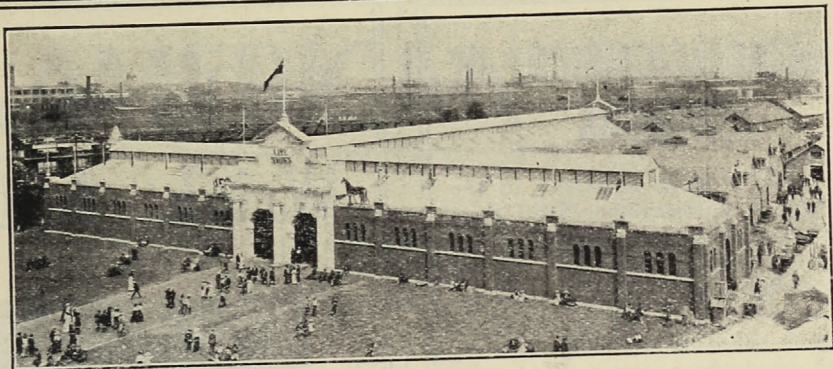
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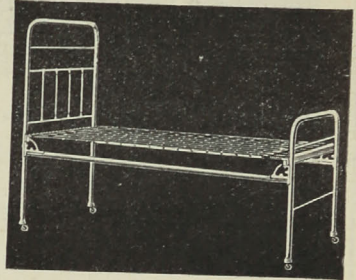
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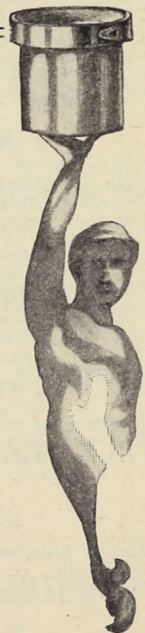
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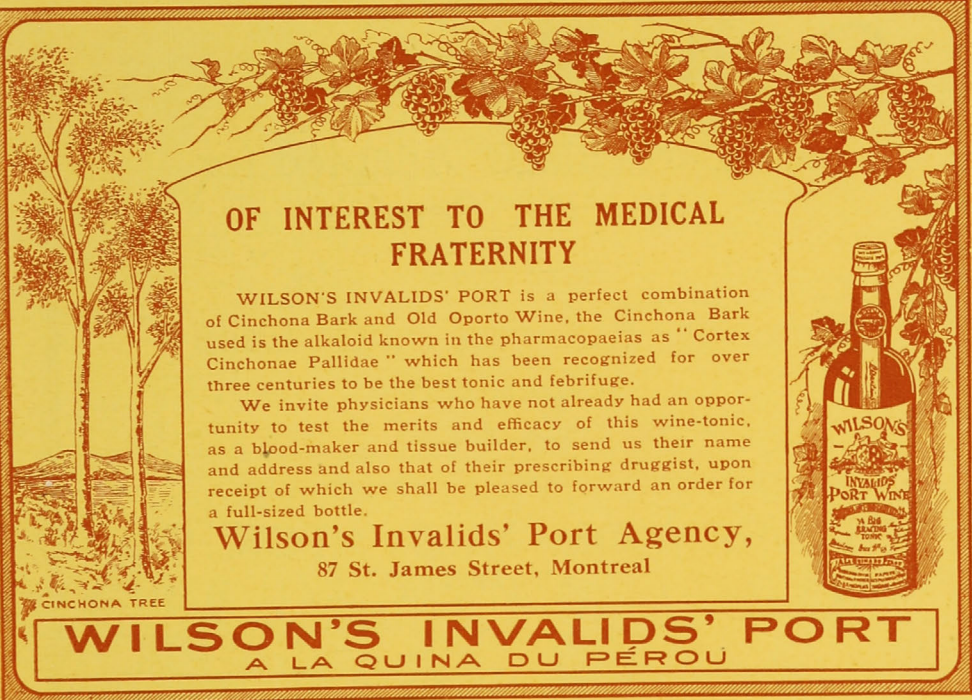


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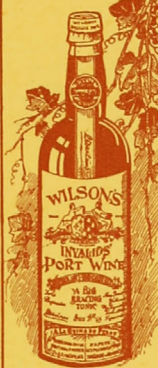


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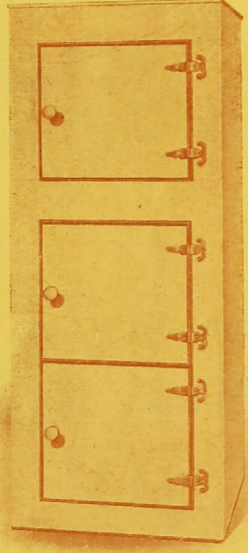
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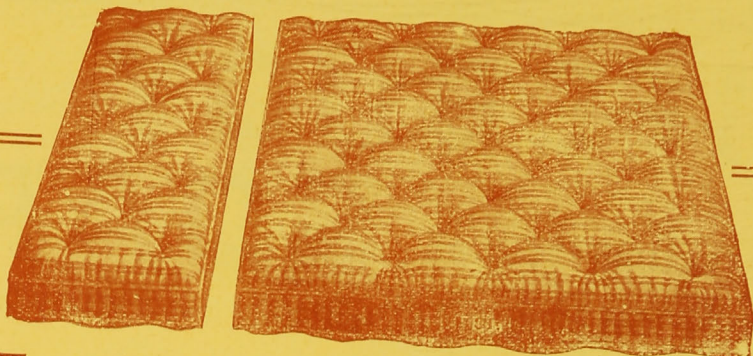
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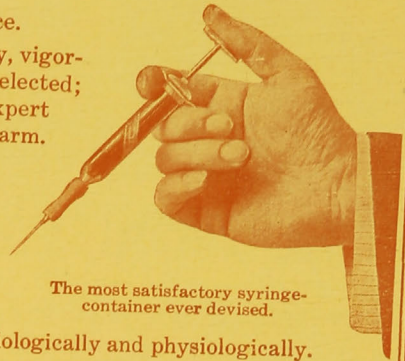
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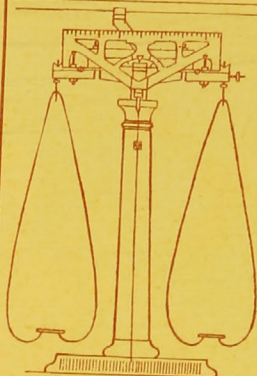
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Vol. V.

TORONTO, APRIL, 1914

No. 4

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## Editorials

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### WHO IS TO BLAME?

EARLY in January a well-known hospital superintendent and physician was appointed Health Commissioner of New York at a salary of ten thousand dollars a year. One month later the salary of New York's Chief Engineer was fixed at twenty thousand dollars. Are the public works of a city of so much greater value than its public health?



At the time of the appointment of Toronto's present excellent Medical Health Officer, in the same session of the City Council the Corporation Counsel was appointed at a salary of fifteen thousand dollars, and the item was passed as a matter of course and without dispute; while the next item of business was an hour's wrangling whether the newly appointed Medical Health Officer should be paid four thousand five hundred or five thousand dollars for his services.

Are a city's laws of so much more value than its lives? or are its legal battles of such greater moment than the battles against disease? Is the work involved in either of these better paid appointments on a higher plane? Do they demand a greater degree of professional skill, a broader outlook, a greater executive ability, a bigger vision? Who is to blame that this marked anomaly should exist in nearly every community?

*The Medical Times*, in an issue of a few months ago, calls attention to the fact that there are not enough trained hospital superintendents to fill the vacancies, and suggests that courses in hospital administration be given in connection with the medical schools. It premises that the average large hospital demands a man of medical training as superintendent, and goes on to say:

“As hospitals increase in efficiency they must be



kept up to the highest standard by the executive head of the institution, and it is eminently essential that the chief administrator be a medical man of talent, particularly fitted by educational and business attainments for the responsible position he is called upon to fill. We believe there are many physicians now in practice possessing executive ability of a high order who, with the proper amount of instruction, could develop into excellent administrators."

Our contemporary quite recognizes the many sided and exceptional type of man required, and closes with a statement:

"Hospital superintendency offers a splendid field to the business-like physician."

Does it? Take the salary list of the superintendents of any fifty large hospitals in any dozen cities on the continent, and see what it offers: \$150 a month and maintenance; \$200 per month and residence; \$300, \$400, and, at very rare intervals so solitary that they could be counted on the fingers of one hand, \$500 per month.

Compare such a salary list with that of other corporate bodies where the capital invested is not nearly so great, the responsibilities so heavy, nor the consequences so far-reaching.

A hospital journal recently received a letter from the trustees of a large and important hospital in a



big city. "We want a first-class man who is a physician as superintendent; salary \$200 per month." And this is a common occurrence.

The "medical man of talent possessing executive ability of a high order" must be moved by a very exalted and unworldly motive who deliberately leaves his practice to enter into a field of labor whose demands are so great and whose remuneration is so absurdly inadequate.

Among the various branches of public service that demand expert knowledge and ability, why, of all the professions, is that one to which is committed life and health rated lowest in money value? Does the law of supply and demand alone operate here? Does the medical profession fail to demand proper appreciation of their work and its value in public service? Do they stand by each other in compelling recognition of at least equal values? Does the qualified physician refuse to accept as Health Commissioner, Hospital Superintendent, or office of any like capacity, a salary totally incommensurate with the quality and rank of service rendered, and by so doing educate the public to right sense of values in this respect?

Who is to blame?



### ONE POINT OF VIEW

---

A COMPETITIVE examination for the office of hospital administrator is a departure. But this has been necessitated by the new Civil Service rules of one of our Middle West cities, which came into force at the first of the year, and by which the above office is placed under the Civil Service Commission.

The first examination following this ruling was held in mid-January, when three candidates for the position of Superintendent of the new City Hospital presented themselves.

It is altogether probable that the scope of the examination was a reasonable one, comprising chiefly the searching into academic standing, experiences and personality which would take place in making any expert appointment. But it is doubtful whether making a public competition an essential of such appointment is the best method of securing the best man—which is the desideratum.

The number of "best men" in this especial field is limited. They are not novitiates, and have, as a rule, won their ranking. Also they belong usually to a profession whose students are taught a code of ethics that frowns upon open competition—and the echo of the teaching remains.



The position, as in this case, to be the head of a great new modern hospital, may appeal to them from natural and laudable reasons, but, if they are heads of other similar institutions, which they are successfully administering, they are naturally unwilling to publicly place themselves on record as candidates for another position—unless fairly assured of success. That they have just cause for this attitude is shown in the publication, by the press, of the names of the three candidates who took the examination in mid-January. Since only one could be appointed, the unreasonable, but unavoidable, reflection by implication upon the other two is most undesirable.

The filling out of application forms, the signed certificate of character, the affidavits, the demand to be present at a certain place, on a certain date, in company with other candidates, to write on set papers—these may be regarded as mere formalities, and of no moment to the student or novitiate in any work. But they have just that touch of lack of dignity that may prevent the men of the stamp and standard most desired from making any move to obtain an appointment that they feel they could fill with acceptance.

The classes of public offices for which civil service examination are desirable are those requiring a number of employees, or where academic standing or education is not taken for granted.

In glancing over the list of administrative offices in the Civil Service of the city referred to, it is to be noted that, while "superintendent of hospital" heads the list, following comes "superintendent of stables and equipment," then, in order, superintendents of waterworks, filtration, street cleaning, etc.

This association of offices, it is hoped, is not indicative of association of quality of service in the minds of the civic authorities.

---

### PROMPTITUDE

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WITH the probable excuse that their services are gratuitous, too many doctors in too many hospitals are too slow in seeing patients admitted to their care, neglecting a duty they would perform for members of their clientele in the home with celerity.

Members of visiting staffs of hospitals where internes are employed are often the worse offenders, depending, too often, on the opinion of a too inexperienced man.

In a few hospitals, where the resident system is in vogue, there is not so much danger to the patient, seeing there is usually a man of at least two years' experience within call in cases of emergency or of gravity.



In the rank and file of cases admitted, the average interne is able to make a diagnosis, and can report same with the patient's condition to his chief, from whom he may receive instructions as to treatment and care of the patient until the next visit of the chief; but in not a few cases the interne is unable to make a diagnosis or properly appreciate the seriousness of the case, in which event it is the bounden duty of the visiting physician to immediately visit his patient, make a thorough examination, and prescribe the needed treatment. If he is baffled in his diagnosis, he should at once call in consultation one or more professional brethren: has the case a surgical aspect, the surgeon; an involvement of the eyes, an ophthalmologist; a brain lesion, the neurologist or psychiatrist, and so on. Are chemical, bacteriological or radiographic examinations needed, such should be made at the earliest possible moment.

In short, there should be crisp co-ordination of all the necessary services. Too often are references delayed and response slow. But in good hospitals, as in good business houses, prompt action makes for efficiency and deserved popularity.

In no place is the old adage more needed of enforcement than in the hospital—"Never put off until to-morrow, what should be done to-day."

If duty is deferred in the hospital, too often it is performed too late.

## VACCINES AND SERUMS

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HOSPITALS, great and small, should provide themselves with a stock of vaccines—of those sorts which have been thoroughly tried out and tested, and about whose efficacy as immunizing or therapeutic agents there is no doubt.

Of these the anti-diphtheritic serum should range first, particularly in contagious hospitals. Here it is the sovereign remedy. In general hospitals, where diphtheritic infections are constantly cropping up, as soon as a laboratory diagnosis has been established, the remedy should at once be administered, and in sufficient quantity.

Next in importance comes the typhoid vaccine. Its efficacy in the American army justifies its use as a prophylactic in the case of those who are exposed to this too common malady. In Bellevue Hospital, the year before last, all doctors, nurses, orderlies, and others, having to do with patients in the institution, were offered the protection of the vaccine; and most of them sensibly submitted to vaccination. During the year, in that great hospital, only one employee contracted typhoid, and that employee had not submitted to vaccination.

Of course, vaccination, to produce immunity from smallpox, ought to be a *sine qua non*, exacted of every employee of a hospital; and hospitals would be doing



a good thing for the community if they would endeavor to induce every non-vaccinated patient to become vaccinated as soon as his convalescence is sufficiently established to permit of it; whether before leaving the institution or after.

Every one of the hospitals in the larger centres should be prepared to treat rabies. No patient should be required to travel several hundred miles to receive a treatment which every modern medical student should be taught to give; and the remedy and the apparatus for administering the same should be found in all the large hospitals.

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### SOCIAL SERVICE IN THE OUT-DOOR DEPARTMENT

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THE work of social service is intimately blended with that of the Out-Door Department, as every deserving case applying for assistance in that department is there because he is unable to pay for the services of a doctor. Were he in work and in receipt of sufficient income, he would not be an applicant for charitable assistance. Therefore, his case is one calling for investigation by the social service department, or by the social service worker in the Out-Door Department. The amount of assistance required to tide the family over the period of stress may be small, or it may be considerable.

In a good many hospitals it is now the practice to have a social service worker at the admitting desk of their Out-Door Departments, to make inquiry into the social condition of every applicant for medical treatment. Such a worker has a decided advantage if she is a trained nurse. Beside her, in the larger clinics, there should be a doctor, to examine all patients and to differentiate them for the various services. This admitting man should be on duty when the first patient is admitted. He should be a man, not only skilled in diagnosis, but possessed of tact, sympathy and good judgment.

In connection with the obstetric Out-Patient Department, a social service nurse can do excellent work, not only during the crisis of confinement, but also for some weeks, during the pre-natal period, and for the fortnight subsequent. In one well-conducted hospital three nurses are kept busy in looking after such cases—one for each of these respective periods. Two of these nurses are under the direction of the obstetric department, the third of the social service department.

A male social service worker could give a very valuable amount of good advice and do fine follow-up work in the male genito-urinary clinic, and thus do much to lessen the spread of venereal disease.



In all the services—maternity, children's, medical, surgical, etc.—of the Out-Patient Department, the social service work will find a place.

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### IN THE SERVICE OF HUMANITY

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THERE is probably no substance in the modern medical laboratory in which the public at large is as interested as in radium. This is clearly evidenced by the amount of space devoted to it by the daily press, which during the past few months has given front-page columns to reports of laboratory experiments with this substance, whose possibilities are yet so largely undeveloped.

The medical and scientific world may know many things concerning radium, but the laity are interested in one thing only—its value as a cure for cancer. With several great organizations on each side of the ocean existing only for this purpose and working unceasingly in this direction, the year 1913 closed with more of hope than at any previous time, but with no certainty.

Summing up results from the statements made by noted specialists in Germany, England and America, based on extensive tests, it is definitely established that radium may successfully replace the knife in all superficial and early stages of cancer. In deep-seated

cases the results as yet are only palliative. But, to quote Freund:

“When the technique becomes so perfected that all the cancerous tissues can be effectually destroyed by the rays applied from all sides, then radial therapy can be regarded as a certain cure for cancer.”

With such a possibility, the problem of banking the present known supply of radium, and, if possible, increasing the same, is one of international importance.

Drs. James Douglas and Howard Kelly, of Baltimore, are bearing the expense of extracting radium from deposits of carnotite and pitchblende in Colorado. The radium is to be used for humanitarian purposes. They hope to eventually procure twenty grams for Johns Hopkins laboratories, which Dr. Douglas states would be sufficient to supply all the United States east of Chicago.

A similar movement has been inaugurated in England; but the British Radium Corporation have apparently cornered the precious metal, with the result that its cost is apparently almost out of the reach of London hospitals. While the British Hospitals are endeavoring to raise funds for the purchase of a supply from this corporation, German buyers stepped in and purchased the entire stock, at higher prices than the hospitals for the metropolis could afford to pay.



One of the last announcements of the year 1913 was the discovery of radium-producing deposits in Pennsylvania, and experts believe that eventually other deposits will be found in other parts of the world.

Experiments recently made at the cancer hospitals in London showed that radium possesses remarkable properties other than curative; and that these, if developed, may revolutionize many of our industrial processes. Because of this it is necessary to conserve the present supply for curative purposes only, and the several governments should take immediate steps to prevent commercial exploitation of this rare substance, by securing control of the present sources of supply and holding the same in the interests of the hospitals.

# Original Contributions

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## THE CARE OF THE INCURABLE\*

BY MISS E. ROSS GREENE.

Lady Superintendent, Toronto Home for Incurables.

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THE Toronto Home for Incurables on Bathurst street was founded in 1875 for the care of those who were homeless and hopelessly incurable. In the year 1879 it was found necessary to have larger premises as the number of applicants was increasing, therefore the four and a half acres of ground on Dunn avenue were purchased and buildings erected to accommodate about seventy patients. The corner-stone was laid by His Excellency the Governor-General, Marquis of Lorne, who was accompanied by the Princess Louise, September 15th of the same year. Mrs. Craigie, who was then in charge, and is now a patient with us, has related to me some of the difficulties with which they had to contend. Coal oil lamps were in use, no sewers had been constructed and cess-pools were outdoors, water was pumped into the house from wells, which frequently went dry during the summer, and no provision had been made for laundry work, but with perseverance, hard work and generosity of many of the best men and women of Toronto there now exists an institution second to none for the same character of work. The growth has been continuous, and we now have accommodation for two hundred and fifty patients, a Nurses' Home, in which there is a sitting-room on each of the three floors, and each nurse has a separate room. We have a well-equipped kitchen with up-to-date steam cooking utensils, and a new diet kitchen has been opened.

Owing to the difference in the cases admitted and the difficulty of getting proper attendants, it was decided to change the name from the "Home for Incurables" to "The Toronto Hospital for Incurables," and organize a Training School for Nurses, which was done in 1906. The following is a partial list of the cases being cared for to-day in the hospital:—

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\*Read at the Canadian Hospital Association, Toronto, 1913.



Rheumatism, rheumatoid arthritis, locomotor ataxia, heart disease, bronchitis, varicose ulcers, lupus and cancer in most advanced stages. In all there are 113 women and 83 men, many of whom are absolutely helpless, and of ages ranging from nineteen to one hundred years. It will impress upon you the helplessness of many of our patients when I tell you that we use seventeen hundred draw sheets weekly. Bedmaking is an art with us. During the year there were forty-nine deaths, fourteen being from cancer, and fifteen within three months of admission—and we have cared for two hundred and seventy-nine patients.

We care for some who we think should be in an industrial home, and for the exacting, the impertinent, the ungrateful, the untruthful, the filthy in habit, repulsive in appearance and the same patients day and daily. We have also the opposite of all these before-mentioned, and one sees the new arrival at the Toronto Hospital for Incurables, forlorn, disconsolate and hopeless, becoming after a few weeks cheerful, happy and at peace. The atmosphere of pluck and courage prevails, and one is impressed with the cheerfulness throughout the wards.

We co-operate with the general hospitals, having received twenty-nine patients this year, and having had access to the X-ray Department of the Toronto General Hospital for the location of false teeth, which had been swallowed by a woman instead of her dinner, and sending another patient to the Department of Therapeutic Inoculation for treatment, besides the operative cases which have been received in the different hospitals.

We co-operate also with the social workers of the various organizations of the city. Indeed, if one is in a dilemma as to the disposal of a case application is made to us and we gladly respond, but we do feel resentful if we find the patient to be mentally deficient, having had to transfer six patients to the Hospitals for Insane during the year. I shall quote from the Superintendent's report of 1906, in which she says: "We regret to state here that we are getting a number of patients from other hospitals who come to us in a more or less degree of extremity. In general hospitals they have not the time to

devote to chronic cases, and the helplessness of the cases does not appeal as much to those who have the care of them as do the acute cases whom they have the possibility of bringing back to health and activity, consequently the incurable receives but meagre attention, which is plainly evident when they come to us." The same conditions, I regret to say, exist to-day.

The caring for the wards is difficult, as the patients hide things in every conceivable place—under mattresses, in dressers, and even sit on them. One woman who has an affinity for bed-bugs was found sitting on four newspapers, two scrap-books, clean and soiled linen and a cushion, and in her bureau drawers were over five hundred postal cards in preparation for Christmas scrap-books.

Many patients are friendless and poor, one hundred and thirty-six being on city order, and we have to provide rubber utensils, chairs and clothing.

There is only one aid for the incurable—"The Greatest Thing in the World"—and the expressions of love are many and varied. They have taken the form of singing three different hymns in three adjoining wards at one and the same time—but there is also the distribution of all forms of literature, candies, fruits and flowers, loud exhortations, teaching of Christian Science, the arranging of concerts, picnics, auto rides and the preparation for the Christmas tree and high tea, as well as the regularly conducted Sunday services.

I believe that work would be a source of happiness to many of our people, with whom we now have difficulty, and many of us listened with intense interest while in Boston to the excellent paper on "Some Possibilities of Handicapped Labor," by Dr. Hall. The women are easily interested, as they have crochet, knitting and needlework, and it is marvellous to see the beautiful work done by hands so fearfully deformed. One realizes it was accomplished only by the exercise of considerable will power, but the men would scorn to do these things. We have two operating the elevators—one on crutches, who was a railway man, and the other with progressive muscular atrophy. A few can peel potatoes and clean knives, but try to avoid doing so if possible, and all are good critics.



We have a large, representative and progressive medical staff rendering a monthly service, although some would prefer the grouping of cases. Modern methods are used in the treatment of patients, several having been greatly benefited by the use of neosalvarsan.

We give our nurses a two-year course, which includes practical nursing, massage, bandaging, while dietetics, with a resident dietetician, are being added this year. Although we do not teach the nurses the function of the ductless gland, we do teach them how to make patients comfortable, afterwards sending them to New York, where they are actually turned loose in the wards of Bellevue, Gouverneur and Harlem Hospitals, with little supervision, but in most cases rendering good service, gaining in experience it is true, but lacking much. I wonder why some good Canadian hospital could not take these young women, give them careful training in special subjects, and so assist in preparing them as good nurses.

I think you will agree with me that our patients are too ill to be cared for by attendants, and that the necessity of caring for the chronic is as great as that of the acute—that the work is unattractive, wearying, depressing and monotonous, and that only those of infinite patience will remain in it. I know no one more worthy of consideration than the girl who has faithfully served two years in this work, and believe the difficulty of securing the right kind of women would be lessened if we could send them to a Canadian hospital. We have to call on the graduate nurse to come to our aid, but she soon tires and finds the work too hard. I do not think it is really so hard, but rather trying, as we have our excitements, but it is when Mr. K. walks off with the trousers of Mr. C., G. gets drunk or quarrels with E., or Nettie takes a fit, not that the ambulance is coming with an emergency, or Mrs. Brown is well enough to go home to-day. The only thing making it possible some days is a saving sense of humour.

## REPORT ON OUT-PATIENT WORK TO THE AMERICAN HOSPITAL ASSOCIATION

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BY MICHAEL M. DAVIS, JR., PH.D.

Director of the Boston Dispensary.

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THE dispensaries and out-patient departments of the hospitals of the United States are growing yearly in importance as a part of medical service to the public. The Federal Census of 1910 reports the existence of 574 dispensaries and out-patient departments treating 2,439,000 patients during that year. Only six years previously, when in 1904 a special report of benevolent institutions was issued by the census office, there were but 156 of these institutions, and the number of patients was only 1,611,000. Thus in six years the number of dispensaries and out-patient departments increased nearly fourfold. The number of patients increased of course much less rapidly, as the newer institutions are largely for tuberculosis, and are small in size, yet, even so, the increase in patients treated is over 50%.

Investigation shows that the census figures for 1910 are undoubtedly too small, and that from 2,750,000 to 3,000,000 out-patients were probably treated in the United States during 1910, and surely as many as 3,000,000 this present year.

### GROWTH OF DISPENSARY WORK.

This increase in dispensary work places before the medical profession and hospital authorities certain serious problems, of which competition with private practice is one. These problems must be faced and solved; but the ultimate test on which the general public, which supports all the institutions, will base its contributions or its tax levies, will be the service of these institutions to public health. We must not reach decision upon any of the important problems of dispensary service with any narrower vision of it than as a part of the public health movement.

In view of the remarkable development of out-patient service, it is all the more noteworthy that most hospitals which conduct out-patient departments have paid so little attention to them.



The dispensary might be described as the dark horse of the medical institution, kept hidden under a blanket!

LACK OF ATTENTION TO OUT-PATIENT DEPARTMENTS.

Fifty-six annual reports of well-known hospitals have been examined to see what they said about their out-patient work. The out-patient departments of these 56 hospitals had under treatment last year over a million persons; yet three-quarters of the annual reports make absolutely no mention of the fact that the hospital has an out-patient department, except such indication as is to be found in a brief statistical table of patients and visits.

A very well-known hospital in one of our largest cities issues a handsome report of 160 pages. The medical wards, the surgical, orthopedic, maternity, gynecological, eye, children's, and neurological wards have each an "Auxiliary Committee," and each Auxiliary Committee presents a report of its special work, needs, and financial supporters. Altogether these wards treated over 4,500 patients last year. The out-patient department of this hospital treated just about three times as many; but the out-patient department has no Auxiliary Committee; it has no special report, and, except for the statistical tables, one would only know that the hospital *had* an out-patient department from two sentences in the report of the President of the Board of Trustees to the effect that the dispensary service has been improved, that social service has been established, and that the patients in the dispensary have been supplied with individual drinking cups!

The report of this Board of Trustees is exceptional in one respect, namely, that the dispensary is mentioned at all! Only 8 hospitals out of the 56 had any special report for the out-patient department in their annual report, and in 3 of these 8 cases the report was merely a formal presentation of figures. There were also 4 hospitals which gave a little space to discussion of the problems of the out-patient department, but did not dignify it by giving it any special page or heading. Thus only 15% (9 out of 56) *said* anything about their out-patient department. Can it be true that an out-patient department may treat 1,000 or 20,000 human beings in a year and not have any problems or any needs?

Without entering further into the details gathered from these annual reports, enough has been said to show the small number of the crumbs which the average hospital management throws to this poor relation at the hospital table. How can hospitals expect to get funds to improve out-patient work so long as they hide their light under a bushel?

#### PRESENT OUT-PATIENT METHODS.

For this committee report, facts have been gathered through correspondence concerning the present methods of organization and work of out-patient departments and dispensaries. Information is available from 76 institutions, of which 49 are hospitals and 27 dispensaries not connected with hospitals. While the number of hospitals is small, most of the large representative institutions having out-patient departments are included.

The facts will appear tabulated in the printed report, and more fully discussed there than is possible here. The more important items are:

1. *Organization*.—Seventy per cent. (31 out of 49) of the hospitals had no person in executive charge of the out-patient department. Of the 14 hospitals reporting a "permanent superintendent of out-patient work," this official is evidently, in many cases, only a head nurse, and in others is an assistant superintendent of the hospital who serves in the out-patient department only for a fixed term. A very few institutions have recently placed a qualified person in responsible charge of the out-patient department, with permanent tenure. How can an organization having a large working staff and dealing with thousands of persons, be efficient or progressive without an executive head, with real responsibility?

Of the 27 dispensaries not connected with hospitals, two-thirds (18 out of 27) say they have a "permanent superintendent." In most cases, however, this person is only a registrar or admitting clerk, and the dispensary really has as many executive heads as it has clinical departments.

2. *Payment of the Medical Staff*.—Six out of 49 hospitals pay all of their out-patient staff; three more pay some of them. All of these but two are out-patient departments of large general



hospitals. A salaried staff is naturally much more frequent among the dispensaries unconnected with hospitals, only half of which do not pay at least some of their medical men. Further facts indicate that while an apparently growing number of hospital and dispensary men desire a paid out-patient staff (if they had money to pay them!), there is a very considerable number (nearly half of the hospitals) who say that they do not believe in paying salaries to out-patient men.

3. *Social Service Department.*—Such departments are reported from 59% of the institutions, and are favored by 94%.

4. *Records.*—Seventy-two per cent. state that they make some record every time a patient visits the clinics; but only 60% have a list of the names and addresses of their patients.

5. *Technique of clinical work.*—Is it part of the routine, in medical clinics, to make laboratory tests of urine and blood for each patient, and to make a record of weight? In round numbers, 40% of the clinics report that they do this in some cases, 20% that they do so in all cases, and 40% that this work is not done at all.

6. *Dispensary Abuse.*—So much material has been collected on this topic that it will be published as a separate paper. The subject has been discussed with more length and more heat than any other in this field. One little group of facts must be included here. Thirty-six institutions—mostly very representative ones—have reported the number or percentage of applicants who were excluded from admission, in a given period, because they were “not proper subjects,” i.e., were thought able to pay a private physician. These 36 institutions treated approximately 520,000 out-patients last year:

3 of the 36 excluded between 5% and 20% of the applicants.

5 of the 36 excluded between 2% and 5%.

7 of the 36 excluded between 2% and  $\frac{1}{2}$  of 1%.

21 of the 36 excluded less than  $\frac{1}{2}$  of 1%.

In other words,  $\frac{4}{5}$  of these 36 institutions excluded less than 2% of the applicants, and more than half refused a merely negligible number.

A serious conclusion is to be drawn, the protection of the institutions and the medical profession from abuse by the small

per cent. of improper subjects for out-patient treatment, is a necessary task; but the provision of efficient treatment for the 90% or 99% of patients who are admitted is a first essential. Local conditions vary, and in some cities and some institutions this problem is larger than in others; yet, in general, what the out-patient service needs is a constructive programme.

This further may be said, that the lack of agreement not only as to what can be done, but also as to what should be done, is nowhere more apparent in out-patient work than in dealing with this bugbear of "abuse."

7. *Cost and cost accounting.*—Schedules have been collected from six well-known institutions, showing how their superintendents estimated the cost of the out-patient service and of its various divisions. Some of the details of these schedules will be given in the printed report; at this moment only the following:

(1) The typical hospital does not maintain a considered segregation of the expenses of its out-patient department. Forty out of the 56 hospital annual reports (71%) previously referred to did not give the dispensary cost items separable from the hospital items.

(2) A relatively small number of hospitals do make a careful segregation of out-patient expenses; but each has its individual system, so that the expenses cannot be safely compared in detail.

(3) The average cost per visit of an out-patient is the best unit of expense, so far as such a unit is desirable.

(4) Costs per visit vary widely even among institutions of high medical standing. Thus of the six institutions giving the detailed schedules referred to, three spend approximately the same amount on out-patient service—\$25,000 a year. But the visits paid by patients to these three are, respectively, 51,000, 69,000 and 132,000; and the average costs per visit therefore respectively 52 cents, 33 cents, and 18 cents.

(5) Differences in average cost per out-patient visit are due partly to differences in organization, character of equipment, extent of medical teaching, etc.; partly to actual differences in standards of efficiency, and, finally, are partly fictitious, owing to different methods of accounting.



(6) Although for these reasons comparisons of average cost per visit must be made with great caution when different institutions are compared, this cost unit is of the utmost value to every dispensary and out-patient department in the annual study of the progress of its own work. The greatest value of keeping good dispensary accounts is in self-criticism rather than in comparison.

7. What shall we do about this matter of cost? If accurate and uniform cost figures for hospitals are still difficult to get, must not accurate and uniform out-patient figures be inconceivable? The inconceivable, however, happens when it becomes necessary. With the rapid growth of out-patient work, and its assumption by municipal and state authorities, segregated dispensary accounting is a near necessity.

To draw up a form in which dispensary accounts should be classified, appears to be one of the most important and desirable pieces of work in this field. Such an assistance in accounting is needed, not only by out-patient departments of hospitals, but by the rapidly increasing number of dispensaries unconnected with hospitals. Such a form should not be complicated, but its preparation needs much care, and should be undertaken by a committee, as I shall suggest later.

I take this occasion to speak of some needs of out-patient work which specially merit discussion because they are now, as it were, on the firing line.

#### QUESTIONS AND PROBLEMS OF OUT-PATIENT WORK.

1. Should not every out-patient department or dispensary of any size have a permanent superintendent in responsible charge?

2. *More continuous and closely organized medical service.* The question of the payment of a physician for out-patient work arises here. There can be little doubt that a steady movement in the direction of paid services will take place. There can also be no doubt that the money to provide for paid services cannot be secured until the public is more fully and intelligently informed about the needs and the importance of out-patient work.

3. *Social Service Departments* must be largely developed and organized closely in conjunction with the nursing service in the clinics and in the patients' homes.

4. *Admission systems* must be planned not only to keep the so-called "unworthy" out, but to reveal otherwise undiscovered needs of the so-called "worthy" who are admitted. A properly trained person at an admission desk is in a strategic position to benefit every phase of the dispensary's work.

5. *Should patients be charged any fees?* A speaker at last year's session of this association answered this question in the negative. The reason was apparently in part from the belief that if a dispensary is a charity, it should not dispense charity at a price, but charity straight. Another argument purports to show that nominal fees cheapen medical service. A committee of the New York County Medical Society recently opposed fees on the stated ground that dispensaries were "for the benefit of the poor only."

Does "poor" mean destitute? Is not poverty a relative term? Are out-patient departments medical soup-kitchens? Is the test of fitness for dispensary treatment the inability to pay ten cents, or the inability to pay for the medical care needed to maintain health and working efficiency?

Small fees paid by the patient at each visit, and for medicines, etc., are, if rightly managed, a boon to an out-patient department. They bring not only some money, but distinct administrative advantages. They promote better records, tighten lines of responsibility, and necessitate someone in charge of the admission system who has sufficient authority to decide who shall be admitted without fees. If no persons are let in who have too much money, and no persons are turned away who have no money, may we not satisfy both those who are anxious to prevent abuse and those who burn to do straight charity?

6. *Efficiency Tests.* Business experts have come to the belief that when a man spends a thousand dollars for getting certain results, but does not spend even one dollar for testing what those results are, he has wasted some of that thousand dollars. The out-patient departments and hospitals of this country are spending millions of dollars yearly in treating patients. How much are they spending in testing results of treatment?

Are efficiency tests practicable in such a complex and personal thing as the medical treatment of out-patients? With the under-



standing that all tests have to be applied with a common-sense view of their limitations, I think they are of value; in fact, are a necessity. Three practicable efficiency tests will be mentioned.

1. *Number of visits per patient.* If you find that 35 per cent. of cases of acute gonorrhoea pay only one visit to your men's genito-urinary clinic, and if 60 per cent. pay not more than two visits, will you consider the treatment in that clinic efficient? If, in a certain medical service, the average number of visits per patient is  $1\frac{1}{2}$ , and if, during another service, it is 3 plus, by which service would *you* rather be treated?

The number of visits paid by a patient is a figure easily ascertained, wherever elementary records are kept. When the patients or their records are taken in groups, in which all have the same diagnosis or similar diagnoses, we can arrive at valuable conclusions. Comparisons between clinics in different institutions, or even different services in the same clinic, must always be made with caution, but with reasonable safeguards in interpretation, the *number of visits per patient, classified by diagnosis*, will be found a highly useful efficiency index. A form which has been used at one institution in making tests of this kind is printed in the full report.

2. *Medical results analyzed on consecutive cases.* When records are carefully kept, a clinical physician can take a number of patients, with a given diagnosis, and classify the results achieved as "cured," "materially improved," "pending," or "lost" because of failure to return. It is essential to take cases in consecutive order so as not to exercise selection. This test goes deeper than the preceding, but takes much more time, and is too dependent upon full and accurate records to be generally available in out-patient clinics at present.

3. *Medical-Social Surveys of Clinical Work.* A hundred or more cases may be taken (consecutively or at random) from a particular clinic, or from an institution as a whole. Then, a certain period after the diagnosis has been made in the out-patient clinic, a visit may be paid by a properly-trained nurse or social worker to the home, and a report made to the physician of the patient's condition, or the patient may be brought back and be again examined. In either case this method makes it

possible to study the work which was actually accomplished by the dispensary for a group of patients, the number who made one visit and never came back, the probable reason for the failure to return; at the other extreme the number who were cured or substantially benefited. Finally, we shall get a glimpse of the home conditions of poverty, ignorance, unemployment or neglect, which militate against successful treatment by the physician, and which, without the assistance of a social worker, cannot be overcome.

Such surveys have been conducted in at least two institutions, and have proved to be of great benefit. Their value is not merely in criticism; for such surveys give positive suggestions as to how existing resources may be used to improve treatment. They also serve to provide facts upon which appeals can be made for funds for more resources.

#### 6. CIVIC PROBLEMS.

a. *Licensing of Dispensaries* by State law. New York is the only State which has done this, but with the growth of both reputable and disreputable dispensaries, such legal regulation is certain to extend elsewhere.

b. *Regulation or supervision* of dispensaries by the municipal Board of Health has appeared to some extent, and is also likely to increase.

c. *Co-operative arrangements* among the out-patient departments and dispensaries of a city. The Associated Out-patient clinics of New York City have made a notable beginning in this direction. Such association must ultimately be brought about in all large cities, both for the purpose of mutual protection of reputable dispensaries against abuse and for the positive aim of mutual assistance in establishing and maintaining high standards.

d. *Municipal support or control of dispensary work.* This subject received some attention in the Out-patient Committee report last year, but I am unable to agree entirely with the conclusion therein reached. The pressure for funds and the probability that the need of paying physicians for out-patient service will increase, have caused many persons to think seriously that the only solution of the financial question is the assumption



of dispensary work by city authorities. The activities of government are widening rapidly in many directions, as we all know, but it seems to me that, in the few localities with which I am familiar, it is premature to present a programme of city ownership and control of dispensary work. At least, I am confident that the development of standards of dispensary work is a prior necessity. Methods of out-patient service are not yet sufficiently worked out, agreed upon, and standardized, to expect that many municipalities can fairly be asked to take over all local out-patient departments and dispensaries and deal justly by them. Those of us who are now concerned with administering out-patient work have the present responsibility of working out standards before we are justified in coming forward with a general programme for municipal dispensaries on a large scale.

Much has been said in this paper upon this need of standards, and with a few more words on it I shall conclude.

#### NEED OF A COMMITTEE ON STANDARDS.

The American Hospital Association bears a special responsibility in this matter. The American Medical Association has a committee on "Dispensary Abuse," but there is nobody responsible for doing any *constructive* work on the dispensary problem. The American Medical Association stands primarily for the interests of the medical profession. The Hospital Association, on the other hand, is in the peculiarly fortunate position of representing the joint interests of the medical profession and the lay public, through which the financial support of medical institutions chiefly comes. The methods used in out-patient institutions are a matter of interest to the general public because they vitally concern public health. It would seem fitting and practical if the American Hospital Association should think it proper to have a committee, say of five members, appointed as a committee on methods of out-patient service. A committee of one, which has been appointed during the last two years, is capable of presenting a report such as that which you are enduring, but a committee of one cannot be representative.

What is needed now is a carefully worked out, concrete statement of at least minimum requisites for efficient service in an out-

patient department and dispensary. There is nothing of this kind now available. I therefore urge that such a committee be appointed to present a report at the next meeting of this Association.

Perhaps it will be said that the superintendents of hospitals and dispensaries know very well to-day what is needed to improve out-patient work—money. Money is a most convenient necessity, I admit; but money must be secured by persuading somebody to give it—either municipal or state legislatures or private individuals endowed with philanthropic instincts, *and* with means. It is not easy to get money for something which the public does not know much about, and which is not given much apparent consideration by those who are supposed to have expert knowledge of it. In just such a condition are the out-patient department and the dispensary to-day.

Two things are required before adequate support for dispensary work can be expected—*facts and a programme!* Facts we must have, showing what the results of dispensary work can be, what the results under existing conditions are, and what is needed to make the results better. Outlines drawn up by recognized authority, suggesting the requisites for efficient results, will be the greatest possible leverage in the hands of those who wish funds from public or private sources to place dispensary work on a higher plane. Facts and standards are the pre-requisites to a programme of improvement. Public authorities and private givers like to know what is going to be returned for their money, and to have a definite programme presented, before they are willing to do what the boys call “shell out.”

It is easy to exaggerate the importance of a work with which one is personally concerned; but if we read many signs of the times aright, the utilization of out-patient clinics for the treatment of sickness and the prevention of disease is going to increase rapidly. The out-patient department or dispensary is already playing a great and growing part in the anti-tuberculosis campaign; the campaign against the hookworm has employed it on a large scale; the dispensary method has been adopted in the fight against infant mortality, and every summer now sees an increase in this field. Out-patient service is being



thrown more and more into the foreground by such influences as the rising cost of living; the increase in the cost of medical service; the recognized difficulty of providing competent specialists at prices within the reach of even the middle classes; and, perhaps more than all, by the growing public demand for better care of the health of children. Workmen's Compensation Laws, already established in many States, and other forms of social insurance which are in the field of political discussion, are bringing to this country, as they have brought to Germany, England, and other nations abroad, serious questions involving radical changes in the character of medical service to the mass of the people. These problems must be attacked from a broad standpoint which considers both the interests of the medical profession and those of the general public together.

The establishment of higher standards of out-patient service; the elaboration of a technique by which the treatment of out-patients can be made thoroughly efficient, are the immediate problems which we are facing. The solution of these problems of efficiency is a pre-requisite to the larger utilization of the dispensary as a constructive and permanent agent of promoting public health.

# Nursing Department

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## THE COST OF FURNISHING A PRIVATE ROOM IN A HOSPITAL

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The cost of furnishing a private room in a hospital is \$100, more or less, according to size of room and probable class of occupants, and according to what one considers complete furnishing. In some instances linen, blankets and china are included, while in other cases the mere furniture is considered. It must be kept in mind that small rooms need small, plain and relatively inexpensive furniture, while large rooms demand something more massive and elegant.

The following list contains the articles required for a room of moderate size in an average hospital. The prices are such as should supply good-looking, durable furniture, a strong, neat bedstead, and the best grade of mattresses and pillows. It is assumed that there is a lavatory in the room and no washstand will be needed.

Bed, with spring, \$11; hair mattress, \$12; 4 pillows (3 large, 1 small), \$7; bedside table, wood or iron, \$5; invalid table (for eating or reading), \$5; dresser, \$18; Morris chair, \$15; straight chair, \$3; footstool, \$2; rug, \$10; china and silver, \$8; linen and curtains, \$24. Total, \$120.

If a cheaper dresser be used (a very satisfactory one may be had for \$12), a plain rocker with arms instead of a Morris chair (\$6) and a less expensive rug (about \$6), nearly \$20 may be saved and the amount will be \$100.

For the china, a set of second-grade Haviland may be had for \$6, or plain white porcelain may be had for about \$2. Perhaps the most serviceable is a Syracuse or similar make, which costs nearly as much as Haviland, but wears much longer.

The linen should include one pair of white blankets and one of gray (these to be two-thirds wool), one pair cotton blankets for baths, two spreads, one dozen sheets, one dozen pillow slips, six bath towels, one dozen face towels, dresser scarfs and table covers, mattress protector and curtains of fine scrim. The amount allowed (\$25) should pay for good serviceable materials bought



at wholesale. Of course, one can easily spend a much larger amount if one wishes elegant linen and fine blankets, but the above amount should purchase a quality as good as most persons have in their homes.

It is economy in the end to spend more than the amount suggested (\$10) for a rug. A real Persian at \$25 will last for a lifetime and look well, while a domestic rug at \$10 or \$12 will be shabby in three to five years. If washable rugs are used, they can be had for \$6 or \$7. Navajo blankets, also washable, cost about \$12 or \$15 and will last indefinitely.

It will be seen from the above lists that the mere furniture of a room, omitting china and linen, can be had for \$75 up.

In making rough estimates of the cost of furnishing private rooms, it will be found wisest to give \$125 as the approximate amount. If the rooms are large and require brass beds, a couch, two or three rugs, etc., \$200 is not too much to count on.—  
*Trained Nurse.*

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## RHODE ISLAND HOSPITAL

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RHODE ISLAND Hospital, Providence, which recently issued its forty-ninth annual report, ranks as one of the great hospitals of America. The number of patients treated in the ward the past year was 7,209. More than 10,500 new patients were treated in the out-patient department, and 2,600 emergency cases treated in the accident rooms and not admitted to the wards. A truly great record of service this is. The average daily cost of maintaining a patient was \$1.90, as compared with \$1.62 in the year 1902, and \$1.58 twenty years ago. Attention is directed to the great increase in cost by various special treatments—a condition not appreciated by the public nor by people in general who are interested in hospitals. “Suppose,” the report states, “that twenty cents—that is about the cost of an X-ray plate or an ordinary surgical dressing—were added to the expense of a day’s treatment of the average patient in the hospital wards during the past year, the total expenses of the hospital for the year would have been increased by \$24,777.60 and it would have required a

well-invested fund of half a million dollars to provide the income to meet this increase."

Few, if any, American hospitals have finer facilities for meeting the varied needs of a community which a hospital is expected to fill. The new infants' wards, the Crawford Allen Summer Hospital for Children, open six months of the year; the Russel greenhouse, maintained by a fund for that purpose; the George Ide Chace Home for Nurses, the new kitchen and service building all help to a greater or less extent in providing for the highly efficient service for which the hospital has achieved a reputation.

—*Trained Nurse.*

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## NEW ROCHELLE HOSPITAL

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THROUGH the kindness of the ladies of the managing committee of New Rochelle Hospital, N.Y., all the nurses have been made members of the Public Library, and a number of reference books for their profession, which, it is hoped, will stimulate the interest of the public, have been added to the shelves.

The pupil nurses are being immunized from typhoid, by the hypodermic injections of dead typhoid germs, following the method used in the Army.—*Trained Nurse.*

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## NURSE LEGISLATION

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THE following is a text of a Bill the nursing leaders of New York tried to get through the Legislature. We are pleased to say it did not pass in this shape. We shall present our readers with the Act, as passed, in a future number.

*To Amend the Public Health Law Relative to the Practice of Nursing.*

The People of the State of New York, represented in the Senate and Assembly, do enact as follows:

Section 1. Sections 250 and 251 of Chapter 49 of the laws of 1909, entitled "An Act in relation to public health constituting



Chapter 45 of the consolidated law," are hereby amended to read as follows:

250. WHO MAY PRACTISE AS A (REGISTERED) NURSE. Any resident of the State of New York, being over the age of twenty-one years and of good moral character, holding a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and all other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practise as a nurse, *is hereby authorized to practise as a nurse, and such certificate shall authorize the holder thereof to use the term nurse or registered nurse and the abbreviation R. N. in connection with his or her name. A person to whom such certificate has not been issued as provided in this article shall not PRACTISE as a nurse or use the term Nurse or Registered Nurse or other words, letters or figures to indicate that the person using the same is a nurse and entitled to practise as such.* Before beginning to practise nursing every such nurse shall cause such certificate to be recorded in the County Clerk's office of the county of his or her residence, with an affidavit of his or her identity as to the person to whom the same was so issued and of his or her place of residence within such county. Nothing contained in this article shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter. *Nothing contained in this article shall prevent or prohibit the performance of services, either with or without compensation, in caring for the sick or injured, by any person as a trained attendant or otherwise, provided such services are not performed by such person as a nurse or registered nurse. A school or institution for giving instruction in the care of the sick which is not connected with a hospital or sanitarium registered with the Regents shall not issue a diploma, certificate or other written instrument to any person, indicating that such person is entitled to practise as a nurse.*

The following letter appeared in *The Hospital* for May 3rd:

THE STATE REGISTRATION OF NURSES.

*To the Editor of The Hospital:*

DEAR SIR,—I do not ask for space to deal with the question of the State Registration of Nurses. If anyone cares to know the arguments against this mischievous proposal I shall be glad to send him or her a short statement containing those arguments. They will take ten minutes to read and a lifetime to forget.

But I do ask space to contradict the statement made by Dr. Chapple that nurses are ever sent from the London Hospital before they have been through the full training. Full training is obtained at the London Hospital in two years. He said that he knew of a nurse who was sent out after only one year and ten months' training, and I have wired to him, paid reply, and hunted him all over London to get particulars of this case—all in vain. It is simply untrue.

Abuse of the London Hospital is one of the weapons of the Registration leaders. They find it is difficult to account for the universally recognized merits of its nurses. Well may Mr. Asquith have exclaimed, "Do you mean to say we do not get good nurses from the London Hospital?" He knew better, and so do other members of his Cabinet.

How utterly foolish it would be of the London Hospital to change its period of training to three years when twenty-three years' experience has shown that we can train a nurse perfectly in two years! And it is suggested that we should make this change at the cry of those who, for want of method, opportunity, or organization, say they cannot train a nurse in three years! I happen to be chairman of two other hospitals. At one it certainly takes three years to train a nurse; at the other we could not train a nurse in thirty years.

It is not "time" any more than "passing an examination" which makes a woman into a nurse, but opportunity for gaining practical knowledge, careful individual teaching, and an organization which sees that during her training she has a sufficiently varied experience.



At the London Hospital we have, to help us in our training, the finest preliminary nurse-training school in the world. Women enter our wards to learn nursing after having passed through this course of preliminary training. They have learned much during the time spent at Tredegar House, which it would take far longer to learn, less well, in the wards of a hospital.

I remember Miss Florence Nightingale saying to me that if she could give her whole time to a good woman and had suitable opportunities she could make her into a competent nurse in six months.

It is too late now to question the reputation of London Hospital nurses, or the efficiency of their training. Nurses with our training have been selected to nurse his late Majesty and many members of the Royal Family. They are holding some of the most responsible posts all over the world. Twenty-one are actually matrons of hospitals in London alone. Several of our nurses with only this "miserably insufficient" training earned the Royal Red Cross in South Africa, and to-day the Matron-in-Chief of the Army and both principal matrons hold the London Hospital Certificate. The Local Government Board have just appointed a second "Londoner" as another of their Inspectors, not to speak of the "Londoners" who are filling many other important appointments.

The 253 nurses on our private staff are in constant employment, and eagerly sought after by the best doctors in the land, and by the nicest people. Already this year we have been compelled to refuse 585 cases.

All this is just what the advocates of State registration cannot get over, and so they have recourse to inaccurate statements like those of Dr. Chapple with regard to the pay of our private nurses and to my motives in opposing State registration.

Sir Victor Horsley said that I had spoken at a meeting of nurses and found it hostile. Does that prove I am wrong? If so, Sir Victor Horsley must seldom be right in his campaigns. But, as a fact, on the occasion he refers to no vote was taken. He also said that the names of those who opposed State registration were kept secret. I cannot imagine what he means. Has he never seen the protest signed by 277 matrons, 91 chairmen and

other hospital workers, by 1,300 nurses and 300 medical men—a list we could add to enormously if it were worth while? He is welcome to a copy of the protest. He complains that we will not meet him in the open. There is some truth in that, but not as regards myself. Women engaged daily in hospital work, even if they had the time, are seldom qualified or able to speak at meetings, or care to do so. Some may prefer to be quiet rather than face the treatment by one section of the nursing press which the Matron of St. Bartholomew's has lately had to put up with because she dared to be against State registration. We do not happen to have on our side a lot of ex-matrons or an editor of a nursing journal with time at her disposal.

Mr. Asquith suggested a compromise. One is possible. An official directory, which would give to everyone the certain knowledge what training any woman had had who called herself a nurse and whom he thought of employing. This official directory would give to neither side what they want. But it could be passed unopposed if it is thought that the public needs more protection from unqualified nurses than it could obtain from the inquiry which ought to be made before any nurse is engaged.

Faithfully yours,

SYDNEY HOLLAND,  
Chairman London Hospital.

London Hospital, Whitechapel E., April 20, 1913.

M. T. C.

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### THE FLORENCE NIGHTINGALE PLEDGE

I SOLEMNLY pledge myself before God and in the presence of this assembly, to pass my life in purity and to practise my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling.

With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.



## INEBRIATE FARM

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THE purchase of a farm of 800 acres in one of the most beautiful sections of Orange County, N.J., has been authorized by the New York Legislature for the use of drunkards.

There will be systematic investigation of all arrests for drunkenness now in New York. Offenders who have not been arrested within the preceding twelve months will be released without trial. Those arrested twice within that time may or may not be released on probation. When any person fails to respond to the efforts of the probation officers he becomes liable to commitment to the farm for a sentence, which may range from three months to three years, but is indeterminate, depending on the offender's condition and past. Only the man who persistently gets drunk and is troublesome in that condition, and does not respond to the farm cure, will be sent to jail or the workhouse as a last resort. The law also provides for commitment on an inebriate's own application, that of relatives or of certain authorized persons. Drug victims may also be committed under the head of inebriates.

This law constitutes the fullest recognition of alcoholism as a pathological condition, to be fought as such. If anything will build up a broken-down will and shattered nerves, the regular life, proper diet and healthful outdoor work in one of the loveliest locations nature has designed in New York State ought to do it. The men who go there in large part will know their own needs, and many of them will doubtless throw themselves into the effort to rid themselves of the habit with all the will-power they can muster.

New York's farm will take its first patients when enough of the buildings now planned are completed. Meanwhile, New Jersey ought not to ponder long without action a proposition so sensible and practicable for the handling of the old problem better than it has ever been handled before, so far as cure goes in a public way.

# Selected Articles

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## HOSPITALS FROM THE PATIENTS' POINT OF VIEW

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### Experiences in a London Nursing Home and also in the Pay Wing of a Metropolitan General Hospital

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It does not often fall to the lot of the mere lay patient to be privileged to describe his views and experiences whilst he was undergoing treatment, apart from the ordinary every-day treatment, which must, of necessity, be familiar to all. Nowadays so much is written and accomplished by experts with the object of checking abuses and ameliorating the conditions appertaining to sickness, that it is hard to realize that the ultimate object of it all is to benefit the patient—in fact, the layman has cause to wonder whether the theorizing would not be more effective if the patient were credited with perfectly legitimate views and opinions, and invited to express them more freely. One has only to spend a night in any large institution to realize that the “really good patient,” in the hospital sense of the term, is he who is willing to subordinate his person and his predilections to the not-infallible wisdom of the authorities under whose care he seeks health and recovery.

My own experience is twofold. First, I underwent an operation for lithotrity in one of the best-known nursing homes in London, and some five years later I became a “nephrotomy case” as a paying patient in an institution connected with one of the largest general hospitals in the metropolis. I do not claim any credit to myself for being a good patient. I am utterly intolerant of pain, and obsessed with the keenest desire to get back to my home comforts with the least possible delay; but some time has elapsed since my surgical escapades took place, and whatever reproachfulness or intolerance I may have felt at the time is obliterated by many months of comparative health and immunity from discomfort.



## PRELIMINARIES BEFORE OPERATION.

In the nursing home I was immediately struck with the atmosphere of silent efficiency and good breeding which pervaded everything. Even the cordiality of my reception was tempered with a sense of discreet sympathy, which served to make me feel that after all there is some humanity left in those whose daily experiences might almost be expected to blunt their finer feelings. Such preparation as was necessary was carried out sensibly and without fuss until the time came for the performance of the operation. I was escorted by the nurse in whose charge I was placed to the lift, and eventually ushered into the "theatre," there to undergo the silly and superfluous formality of introduction to the surgeon's assistant and the anesthetist. Seeing that I would never be likely in the ordinary course to see these gentlemen again, the mere fact that I was to surrender my consciousness to the ministrations of the one and my anatomy to the "assistance" of the other hardly warranted the necessity for an introduction. If I had succumbed I can imagine that they could have afforded to dispense with the handshake; as I recovered, the handshake might, in deference to the surroundings, have been deferred to a more auspicious moment. Let that pass, however—worse was to come! I am tall and fairly agile, but to ask a man who is about to undergo his first operation to clamber upon the operation-table in the presence of the nurses, surgeons, and other occupants of the theatre, seemed to me to be the refinement of cruelty. Why could I not have been anesthetized in a neighboring room, instead of being expected, under most trying circumstances, to perform a not inconsiderable gymnastic feat? If only for that reason, I would sooner run what risk there may be of sepsis and ill-effects in surroundings costing less than eight guineas a week than submit to a similar ordeal a second time.

## AVOIDABLE MISERIES FROM THE TRAFFIC.

The operation was entirely successful; but how clearly I recall how much I suffered during the two nights that followed owing to the ceaseless din of the traffic in the stone-cobbled square beneath my window. I remember tossing about and

wondering if it were possible that a single member of the governing body or surgical staff of that home had ever experienced the mental torture of incessant noise immediately after an operation. How foolish of them not to realize that the success of the Home would be immeasurably enhanced by coming to the best terms possible with the municipal authority, with a view to replacing those granite setts with wood paving or some other less noisy substitute. I do not care to picture to myself the torture that a highly-strung patient must endure from that perpetual rattle, if it has been his lot to undergo a severe operation and then be placed in a front room with the window open. After two or three days I was convalescent, and left the Home soon afterwards with feelings of gratitude to all who had come into contact with me, and a resolve, which has not yet borne fruit, to endeavor to remedy the anomalies referred to above.

#### FIRST EXPERIENCES AT THE HOSPITAL.

Some five years later I was suddenly called upon to have a large stone extracted from my left kidney. There was no doubt about it; there it was, literally as large as life, in the X-ray photograph. For reasons into which it is needless to enter, I decided to seek admission, as a paying patient, in an adjunct of a large general hospital. My own physician was to attend me; I had a slight acquaintance with the resident medical officer, and a surgeon was selected whose qualifications were unimpeachable. By dint of playing my cards properly, I was absolved from the necessity of entering what I will call, for the sake of brevity, the Home until the afternoon before the operation took place; and I here wish to make it clear that the sister-in-charge was away on a holiday at the time, the charge-nurse undertaking her duties in the meantime. I arrived at the Home and was some minutes wandering about before finding anyone to report myself to. My bed was already allotted to me, and after unpacking my scanty wardrobe, as nobody seemed to want me, I set out on a tour of apprehensive exploration.

#### FAULTY NURSING PROCEDURE.

Eventually a nurse sought me out, and in a guileless way offered me a drink, of which I partook with the direst results.



I was left severely alone until supper, which I ate in solitary state. At 7.45 p.m. I was ordered to bed, fully conscious by this time that institutional procedure takes no count of cases until they become interesting, and that paying patients' privileges would appear to be hardly bought. Next morning the same mysterious aloofness was observant, save only for a hurried visit from the physician and the surgeon; the charge-nurse followed, and, after satisfying herself that no local preparation was necessary, returned, and, having muttered something about an injection, proceeded to administer with what seemed an interminable needle, an extremely adequate hypodermic dose of coloring matter, which literally made me sit up, so totally unprepared was I for anything of the kind.

#### THE SECOND OPERATION, AND AFTER.

I was spared the introduction to the anesthetist and the "assistant," and, thanks to enlightened methods, avoided that interminable "going-off" process and the encounter with the operating-table. I recovered consciousness in a state of tremendous heat, due, so I learned afterwards, to the fact that the nurse or nurses had been far too generous in their conception of my hot-water bottle needs. I luckily escaped, so far as I can recollect, any serious discomfort from the after-effects of the anesthetic; but I am bound to record that it passes my comprehension that modern scientific knowledge, as revealed at the Home, should have been utterly incapable of alleviating the misery caused by flatulence, which I underwent for at least three days after the operation.

#### POST-OPERATIVE DISCOMFORT.

Surely it would only be necessary for the Presidents of the Royal Colleges of Physicians and Surgeons to undergo one or two severe abdominal operations for this evil to be promptly and effectively avoided. I tried enemas of three different kinds and was given peppermint water to drink, as if to remind me of the futility of modern methods, but to no avail, and had to console myself with the information that "this always happens with abdominal cases, and will be all over in three or four days."

Nor was this all. I could not sleep, and at length bromide was prescribed; but as this was administered in the form of a crystal-like concoction, almost devoid of fluid, my feelings can be better imagined than described.

#### ABSENCE OF TRAINED NURSES—TORMENTING NOISES.

The Home advertised that the nurses were trained; that this was not the case, at any rate in a large number of cases, I can testify with confidence. For example, not having had my dressing renewed for about three or four hours, and being in a state of extreme discomfort in consequence, I rang my bell one evening *for over an hour* without getting any reply, and when I did succeed in attracting attention was told that the nurse under whose charge I was placed had been going in for an examination, and there was no one to take her place! The bed urinals were so small that I feel sure that they must have been designed originally for children or persons whose powers of micturition were suspected of serious defect. The noise within and without the Home was perpetual, and not always unavoidable. An officer of the institution, who inhabited a wing near-by, took the precaution of obtaining double-windows in apparent oblivion of the fact that the paying patients were ill, and needed this precaution infinitely more than he. Engineering skill cannot surely confess to an inability to supply a thorough supply of aseptic air without looking to the outside windows for assistance. As regards the internal noise, however ill one may feel, one cannot cavil at the rattle of the dressing appliances on the trolley as it goes its rounds, but it passes the bounds of comprehension that administration should be so utterly inefficient as to permit a patient to be wheeled over stone paving on a bed which is innocent of rubber-tired castors.

#### “THE SOULLESS OCCUPANT OF A BED.”

As convalescence brought the day of departure nearer, one began to realize that if one goes to an institution, either as an ordinary patient or as an inmate of the pay ward, one must not expect to be treated during the period immediately preceding and following the operation as more than “a case”—



the soulless occupant of a bed—to be run according to prescribed and exact rule and discipline—powerless to elicit any sense of the humanities—ineligible to expect it. Nor is this to be wondered at, seeing that the night duty for some twenty patients in varying stages of recovery was entrusted to two young nurses who, however willing, could not attend to more than one summons apiece at any given moment.

#### TWO GOOD SUGGESTIONS.

One word more. I would suggest two important reforms in our institutional world. First, that every patient, on or after leaving, should be cordially invited to relate any grievances he may have to the governing body, in the certainty that they will be examined, and, if possible, redressed; and, secondly, that the authorities of hospitals and nursing homes should be everlastingly impressed with the vital importance of letting no opportunity pass of satisfying themselves that, externally and internally, the utmost quiet is secured at whatever cost.—*The Hospital.*

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### AN AUTOMOBILE HOSPITAL

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HITHERTO the efforts of surgeons, especially on the field of battle, have been exerted toward the perfection of stationary hospitals with effective ambulance service, so that the wounded may be carried as swiftly as possible to the nearest place where they may be cared for with all modern devices. This means abandoning to their fate those wounded men—and they are not few—who will not bear transportation at all; it also means serious and perhaps fatal injury to others who can bear transportation, but are made weaker or worse by it. In all such cases it seems better that Mohammed should go to the mountain, and a vehicle has accordingly been devised that is able to bring to the very spot where the wounded man lies all the conveniences for treating his case and perhaps saving his life that he could expect to find in a modern operating hospital of the first class. This is the newly invented “surgical hospital” of the French Army, which is thus described by D. Renaud in *La Nature* (Paris, August 3):

"It must be remembered that some wounded men are transportable, while others are not. Very serious wounds, such as those of the trunk, and particularly of the abdominal cavity, generally require immediate operation, which can not be performed except in a special room, in conditions of asepsy, sterilization, and speed that alone can prevent infection.

"The transportation of men thus wounded, while inflicting upon them cruel additional tortures, is always dangerous, and hitherto, notwithstanding the legendary devotion and high value of military surgeons, it has been necessary for them to consider these unfortunate persons as doomed.

"So we must regard with the liveliest interest the entrance upon the scene of the surgical automobile. This vehicle, the invention of Mr. Boulant, places at the disposition of military surgeons modern and perfected means. . . .

"When they arrive on the scene of action they are all ready to operate, having a comfortable operating room, rigorously aseptic, supplied with all the latest surgical devices, hand and electric instruments, radioscopy, sterilization, ultra-violet rays, ozone, heating, filters, etc. Non-transportable patients can thus be operated upon at once in perfect conditions, and most of them will thus be saved."

From the detailed description that follows, it appears that the portable hospital contains a vestibule with a wash-room and surgeon's dressing room, with sterilized water, and an operating chamber with ample room around the operating table, lighted in the daytime from skylights and at night by electric lamps. This chamber can be aseptically cleaned, having walls of lacquered wood without joints, rounded angles everywhere, and a monolithic composition floor. Glazed cupboards contain metallic boxes, each holding the materials necessary for one special kind of operation. The entire contents of each may be sterilized at once, when needed. Saws, trepans, etc., are operated electrically by a special dynamo. The table may be folded up into various forms, each suitable for a special operation, and is equipped for the rapid examination of the subject with the X-ray. The dynamo also actuates a pump, by means of which abundant water may be obtained from the nearest spring or brook. There is apparatus



for filtering and sterilizing it, and the whole may also be used for obtaining pure drinking water for the troops from no matter how tainted a source, furnishing thus about 4,000 gallons a day. All the devices for sterilization, etc., are contained in a small chamber in the front of the vehicle. To quote further:

“The vehicle in complete order carries also on its side walls a tent that may be unfolded and set up in a few minutes, under which the wounded may be sheltered temporarily, before or after the operation.

“The vehicle weighs six tons and may attain a speed of 18 miles an hour, its huge rubber tires enabling it to run even on soft-ground. Its total cost does not exceed \$10,000.

“Although its inventor . . . had especially in view its application to the needs of the army, it is evident that this vehicle may have very numerous humanitarian applications. In case of a serious conflagration, of mob violence, of grave accidents, a city having one at its disposal would be in a position to treat its troubles effectively.

“Railroad companies, to take the place of hospital cars, which are often unavailable in time of accident because the track is blocked; great sporting meetings, such as automobile races, aviation exhibitions, military manoeuvres, etc.; important hospitals, to operate on the victims of accidents without subjecting them to the often fatal risks of transportation—all will bring about by its use a noteworthy improvement in their service.”—Translation made for *The Literary Digest*.

# Hospital Intelligence

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## CANADIAN

A \$65,000 addition is being made to the hospital at Selkirk, Manitoba. The Architect is V. W. Horwood, Winnipeg, Man.

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The North Winnipeg Hospital was opened in January. It is intended to enlarge the institution and erect a \$200,000 hospital.

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Local Hebrews of Toronto have bought their long-desired Jewish hospital, an 18-room building, which, until a proper hospital is built, will be used to house the most serious cases of sickness. For religious reasons it is almost impossible for a Hebrew to be cared for in a Gentile hospital, and still adhere strictly to the demands of his religion.

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The Strathcona Hospital is associated with the medical faculty of the University of Alberta.

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The contract for the construction of a new hospital at Quebec has been let for \$90,342.

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Strathroy's new hospital was formally opened by Inspector Dr. R. W. Bruce Smith, of Toronto. It cost \$15,000.

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An addition, three stories in height, will be built to the Public General Hospital at Chatham, this year. Provision will be made in the new wing for twenty bedrooms on the first two floors for patients, while the top floor will be used by the nurses. The laundry will be located in the basement. It is estimated that the cost will be \$30,000.



A new hospital has been established at Henna, Alta.

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A new hospital has been opened at Cobourg, Ont.

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The General and Marine Hospital, St. Catharines, has offered to take over the isolation hospital work.

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A new hospital to be known as the King George Hospital is to be built in Winnipeg.

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Edmonton is talking of adding a \$250,000 addition to their isolation hospital.

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A new hospital is to be built on the mountain at Hamilton, a branch of the present City Hospital. The old hospital on Barton Street is to be repaired at a cost of \$125,000. The new unit will cost \$200,000. Stewart and Witton are the architects.

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There was a good deal of opposition in Hamilton to the mountain site. It was also proposed to transfer the hospital from the city to a private Board of Trustees. No one offered a single benefaction, when an opportunity was offered the citizens to contribute. The move was a step backward.

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The Northern Saskatchewan Hospital for the Insane has been opened. H. T. Hadley is the manager. It cost \$1,250,000 and will accommodate 600 patients.

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Changes have been made in the Victoria Hospital and the Isolation Hospital, Renfrew, Ont.

A hospital, with accommodation for nine patients, has been established at Palmerston by Miss Katherine McGee, graduate of Ogdensburg Hospital. She has been granted exemption from taxation by the town.

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A new \$50,000 hospital at Sherbrooke, Que., is about completed.

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The new tuberculosis sanitarium at Union-on-the-Lake, Essex Co., Canada, was opened on Nov. 29th.

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J. W. Flavelle, representing the trustees of the General Hospital, Toronto, had a private conference with the Board of Control recently over a grant towards the maintenance of the hospital. The Board will recommend that \$30,000 annually be granted until the hospital is on a better paying footing. It is understood that last year's deficit is over \$50,000.

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### AMERICAN

The Bushwick Hospital, Brooklyn, needs \$38,000 to complete it. Stuart H. Benton is appealing for the money.

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Dr. Frank P. Norbury intends to erect a hospital for the treatment of nervous diseases and affections of the brain in Springfield, Ill. Dr. Albert H. Dollear, of Chicago, will be the active manager of the institution.

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The proceeds of the sale of a book entitled "The Power of Love," by P. S. McGeeney, a Kansan, will be applied to the erection of a \$200,000 hospital, at Junction City, Kansas. The hospital will be in charge of one of the Catholic Sisterhoods.



A \$60,000 addition is being made to the Psychopathic Building of the County Hospital, Los Angeles.

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Mr. George W. Elkins gave \$135,000 toward the endowment fund of the new hospital at Abington, N.Y. It is hoped to raise \$1,000,000. Mrs. Charles O. Krueger is president of the board of managers.

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Bellevue and allied hospitals, New York City, have requisitioned for \$1,623,406 for 1914 maintenance.

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The fifth annual ball for the benefit of Nassau County Hospital was given at the Garden City Hotel, Long Island.

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The Associated Physicians of Long Island in a body visited the municipal hospitals of New York, on Blackwell's Island, by courtesy of Commissioner Drummond.

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The Erasmus high school students of Brooklyn, played Pygmalion and Galatea," and the funds are to be applied to the building of a small emergency hospital at Bay Ridge.

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Mrs. Fred Ginzel, of Wyandotte, Mich., has donated her fine residence for a municipal hospital.

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The Kansas Tuberculosis Sanitarium at Norton has been opened.

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The erection of a new building for the Wesley Memorial Hospital, of Atlanta, Ga., is contemplated.

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The new hospital at Flushing, N.Y., costing \$100,000, raised in a 12-day whirlwind campaign, was opened in September.

The Walter Colquitt Memorial Children's Hospital was opened recently. It was built with funds secured from the sale of Red Cross Christmas seals at 1 cent each, and cost \$15,000. The superintendent is Miss C. I. Shackford.

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A whirlwind campaign to raise \$200,000 to complete Saint Mary's Hospital, Niagara Falls, N.Y., was held a few weeks ago.

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An investigation was made at Worcester, Mass., into the conduct of the State Hospital there; cruelty to patients was alleged; and, it was stated the food was bad.

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Miss Sarah J. Allen in her will left \$3,500 to the building of a hospital in Sanford, Me. Other contributions have been made and the establishment of a hospital is in progress.

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Worcester County (Mass.) is offering bonds amounting to \$90,000 for hospital purposes, at four per cent.

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A five days' rummage sale was held in aid of the hospital at Glen Falls, N.Y.

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The City Hospital, Perth Amboy, N.J., has built an addition, doubling its capacity.

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The Board of Managers of the Binghamton State Hospital ask for \$365,000 for improvements.

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The Leo N. Levi Memorial Hospital, Memphis, will be a thoroughly modern, fireproof building, three stories high in the centre and two in the wings. It will contain four wards of 12 beds each and ten private rooms, or a total capacity of sixty, will be provided with a hot springs bath house and will have all other equipments essential to a modern hospital. It is hoped that the institution will be in operation in the spring of 1914.



Dr. R. L. Bartlett has been appointed Superintendent of the Oneida County Hospital.

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A. H. Moore, Millville, N.J., is preparing plans for a two-story brick hospital building, 32 by 100 feet, to be erected for the city of Millville, N.J. Guy King and Co., architects.

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The by-law for a bond issue to provide an additional \$500,000 for the City Hospital, Cincinnati, was passed early in November. For several preceding Sundays the great institution was open to the public for inspection.

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The friends of the Homeopathic Hospital, Wilmington, Del., have raised \$150,000 for an endowment fund for the Homeopathic Hospital there.

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### **St. Michael's Hospital, Newark, N.J.**

St. Michael's Hospital, Newark, N.J., completed a campaign for \$130,000 on the night of February 25th. One hundred and twenty-eight teams reported on that evening. The women met daily through the campaign at 1 p.m., being divided into two sections, and meeting on alternate days. The men were divided into two sections and met alternate days during the twelve-day campaign. About 21,000 subscriptions were secured, and the amount pledged reached \$141,491.

This is probably the first attempt to organize team workers in sufficient force to at all adequately canvass a large city. This plan worked perfectly, although severe cold weather was encountered during a large part of the campaign.

The fund will pay the cost of the new wing and equipment, giving the Hospital a capacity of four hundred beds. The wing is nearly completed and will be opened in a few weeks.

Mr. W. A. Bowen, of Waterville, Maine, was the campaign leader, and Mr. T. W. Davies, of Brooklyn, his associate.

Mr. Joseph M. Byrne is treasurer of the building fund.

The Hospital is under the care of the Sisters of the Poor of St. Francis.

## FOREIGN

**A Woman Physician Needed for the Presbyterian Hospital and Dispensary at Tsinanfu, North China**

LOCATION.—Tsinanfu is the capital of Shantung Province. It is a city of about 100,000, and lies on the Hwang Ho River, 300 miles south of Peking. Railway lines connect it with Peking, Weihsien, Tsingtau, and Tientsin.

The Shantung Mission, of which Tsinanfu is a station, includes the entire province, with an area of 55,970 square miles, about the size of Missouri. The Germans regard Shantung as their "sphere of influence." The staff of the Presbyterian Mission stationed at Tsinanfu includes nearly a score of American men and women, engaged in medical, educational, and evangelistic work.

THE PEOPLE.—Shantung Province is densely populated—683 persons to the square mile. It contains over 38,000,000 people—more than the combined population of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, and New Jersey.

Notwithstanding its vast population, there are not over 350 missionaries of *all* denominations in the entire province: 1 to 111,510 people. (In New Jersey there are 521 *Ministers* of the *Presbyterian Church* alone—one *Presbyterian Minister* to 4,869 people.) "In Shantung, China's Holy Land, there are thousands of flourishing towns and villages where as yet there are no Christians, or schools under Christian influence."

The people are described as "stalwart, well-built, steadfast, blunt, outspoken, persevering, not so easily roused as the men of the southern provinces, nor so easily pacified, but yet sharing other common characteristics of the race. Mentally they are hardheaded and incredulous in their dealings with fellow-mortals, though they manifest the opposite of these qualities in their relations with the spirit world. They are more convinced idolaters than are to be found in most of the provinces of China, if we may judge from a certain readiness to argue in defence of the popular deities."

"Shantung has contributed to China the best known names on her long roll of famous men, viz., Confucius and



Mencius." It has been the fountain of intellectual life in China, and has proved a peculiarly fruitful field for Christian work since 1860.

THE WORK AT PRESENT.—The work was begun in 1871 through chapel preaching, boys' schools, etc. The first hospital was opened in 1892. The Boyd Hospital for Women was opened in 1899. The patients of both now number over 9,000 yearly. Much interest has been shown by the patients and some have taken a decided stand for Christianity.

It is extremely difficult to maintain work exclusively for women. It is not easy for a Chinese mother to leave her home duties. She controls no money, and the husband gives only grudgingly. The women are afraid to stay as long as their needs require. One said she must hurry home or her husband would bring back another wife during her absence.

The medical college of Shantung University is located here. Under the old regime in China a doctor's position in Chinese society was very humble—about on a level with the barber's. For this reason the brightest young men, except when under foreign influence, are unwilling to adopt the profession. Some consider the Chinese exceptionally adapted to the medical calling by their phenomenal memories, their keen powers of observation, and their steady nerves. Many are already at work who have been trained in foreign methods under Christian auspices, and thus qualified to teach the principles of sanitation and right living while aiding the unfortunate victims of disease.

THE NEED.—This hospital has been closed periodically for the last three years owing to ill-health of the physician in charge. An experienced woman doctor is needed at once to carry on the work.

"We find in China a traditional system of medical practice of great antiquity. No years of preparation are required for a Chinese practitioner. . . . All he needs is a 'doctor-book'—a manual of prescriptions bought or inherited. He looks at the patient's tongue, feels his pulse, and, without further examination, he is ready to turn over a few leaves of his book and announce the ailment and its remedies. They always feel the pulse in both wrists. That of the left arm is

the indication for disease of the heart, liver, and kidneys; the right one belongs to the lungs, spleen, and other organs. The liver consists of seven lobes and is the seat of the soul. If a dishonest man falls ill they diagnose a displaced heart, because a just and upright man's heart is always in the middle of his body.

"A list of drugs in ordinary use would include cockroaches, rhinoceros' skin, silk worms, crude calomel, asbestos, rhubarb, full-grown roses, moths, maggots, centipedes, shell fish, caterpillars, toads, lizards, etc.

"Much medical work is done in connection with work in the temples; lots are cast for the drug, and the prescription indicated by the idol is written down by the doctor, and this comes with a double authority.

"Of surgery, in our sense, they have none, because they cannot control the flow of blood. Dr. Vanderberg tells of one man who was goaded by the taunts of his friends into attempting to emulate the foreign doctor by removing an aggravated tumor from the knee of a young man. Frightened by the resulting hemorrhage, they carried the half-dead patient in hot haste to the mission hospital, where his life was saved only by weeks of careful nursing.

"The chief surgical instrument is the acupuncture needle, used to produce counter-irritation. There are one hundred spots known to surgeons in which it can be stuck without causing immediate death. Often they do not hesitate to insert it in the eyes, lungs, or abdomen. The results of such practice with unsterilized needles, in the filth and uncleanness of the average Chinese home, may be easily imagined. The worst cases that come to our hospitals are the outcome of this treatment."

But the work in Tsinanfu is directly related to the whole problem of giving the Gospel to the awakened Chinese. Mr. Robert E. Speer writes: "There is nothing in history with which this upheaval and reconstruction can be compared. . . . Like the Crusades, the Revolution in China has broken up the stagnation of the past, liberated men's minds from iron-bound traditions, given wider knowledge of other peoples, wakened new aspirations, and so changed the conditions which



have hitherto repressed truth and liberty, that it has made possible a better era."

THE WOMAN REQUIRED should have had thorough medical training and considerable experience in practice. She should possess a sound constitution and good health, good sense, ability to work harmoniously with others, and the dominating purpose to make her life and work contribute directly to the Christian and religious aim of the mission.

ADEQUATE SUPPORT, including salary, traveling expenses, living quarters, etc., is provided through the Board of Foreign Missions of the Presbyterian Church in the U. S. A.

DESCRIPTIVE LITERATURE.—A brief "Historical Sketch of the Missions in China" (15c.) and a pamphlet "Medical Work in China" (3c.) may be obtained from The W.F.M.S. of the Presbyterian Church, 501 Witherspoon Building, Philadelphia, Pa.

A Treatise on Medical Missions (The Healing of the Nations, 25c.), by Dr. J. Rutter Williamson; and another (The Medical Mission: Its Place, Power and Appeal, 10c.), by Dr. W. J. Wanless, can be secured from the Student Volunteer Movement, 600 Lexington Avenue, New York City.

The Report of the World Missionary Conference, Edinburgh, 1910, has a splendid statement regarding China in Vol. I., pages 81-107 (75c.), The F. H. Revell Company, 156 Fifth Avenue, New York City.

CORRESPONDENCE may be addressed to Wilbert B. Smith, Candidate Secretary, Student Volunteer Movement for Foreign Missions, 600 Lexington Avenue, New York City.

## THE DANGERS OF DUST

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THERE is no question in sanitation and prophylaxis of greater importance than that of the danger of dust, and while all physicians and intelligent laymen are aware of the necessity of excluding it from dwellings, still, because of its being in evidence everywhere, its dangers are not always sufficiently dwelt upon either in the homes of the physician or his patients. A few words of caution therefore, not because we forget, but because we neglect our privilege to direct in all matters affecting public or private health. There are those of us who will recognize the dangers of disorderly, unhygienic places for public gatherings and protest in strenuous terms, who will fail to note similar conditions in our own homes or the houses of our patients; those who would start something if a street sweeper undertook to raise a cloud of dust by sweeping the street in front of his own home, without first sprinkling, but who would fail to rebuke a servant in his own home who used a broom or duster. It is obvious to all medical men that dust is a menace to health; that it is as much or more dangerous than flies or mosquitoes, as it contains pathogenic micro-organisms of numerous diseases, including tuberculosis, typhoid pneumonia, poliomyelitis, diphtheria, tetanus; the streptococcus, staphylococcus and filth of all kinds, including the dejecta of horses, dogs, cats and men; that those of us who keep pet dogs, cats, etc., have our carpets, rugs, clothing contaminated with disease-producing germs which they bring into the house from the street or organisms from their own bodies. We do not entirely forget that the organisms which produce fermentation and putrefaction in our store-rooms; that infect the baby's milk, our food, come from dust. We will dust our coat or brush our hat in the living rooms if not the nursery of our homes, or allow our patients to do it without rebuking them and wonder why members of our own or patient's family contract infectious diseases as "they have not been exposed."

Verily the price of health is eternal vigilance.—*The American Practitioner.*



## Book Reviews

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*Disease and its Causes.* By W. T. Councilman, A.M., M.D., LL.D., Professor of Pathology, Harvard University. New York: Henry Holt and Company; London: Williams and Norgate.

This is a little fifty-cent book, one of an interesting series of the Home University Library of Modern Knowledge. In the preface the author states that it was not written for physicians. It would do many of the older physicians good to read it. We can also commend it to medical students, nurses, clergymen, newspaper editors and intelligent business men, and people of general culture.

The author modestly apologizes for lack of clearness, owing to brevity. He need not have done so. Dr. Councilman has written most of it so that the wayfaring man almost can understand it. We can commend this little volume unqualifiedly.

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*Preventable Diseases.* By Woods Hutchinson, A.M., M.D. Boston and New York: Houghton, Mifflin Company.

For some years Dr. Hutchinson has been writing popular magazine articles on health, disease and allied subjects. They have been widely read, and we feel sure have had a fine influence throughout the land in displacing many of the old fogey ideas regarding the cause of diseases and their treatment from the new and scientific viewpoint.

We have read with much interest, pleasure and profit this book on Preventable Diseases. Among some of the subjects dealt with are: The body-republic and its defence; our legacy of health; physiognomy of disease; colds; mouth breathing; tuberculosis; pneumonia; typhoid fever, diphtheria, the Herods of our day—scarlet fever, measles, and whooping cough; rheumatism; germ foes; cancer; headache; nerves; and mental influence.

The author has given a lucid picture of the various preventable diseases and much good advice as to how to escape contracting. This is one of the forerunners of the age of preventive medicine; and we bespeak it a wide circle of readers.

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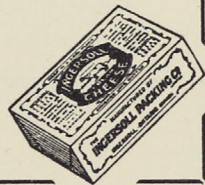
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### Wilson's Invalid Port

This is an ideal wine for use by the sick. It is an old Oporto wine and cinchona bark in perfect combination. Physicians will at once recognize in this a valuable therapeutic agent for administration to those recovering from illness, those that are run down from any cause, patients suffering from "nerves," sleeplessness, loss of appetite and in need of general toning up. Wilson's Invalid Port is a blood maker and tissue builder. It is bottled by one of the oldest wine bottlers in Canada, who pride themselves in the purity of their goods.

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\* Publishers' Department.

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He could explain the *trouble* that you have had with those unsatisfactory Fever Cases. He could tell you how it *is possible* for a cheap thermometer to register temperature correctly and on the next register of the temperature be at least  $1/2^{\circ}$  out of the way. The reason for this is that the contraction in a cheap thermometer does not always allow the molecules or atoms of mercury to expand exactly the same, and where the contraction is imperfect sometimes it allows the mercury to jump farther ahead than in other instruments. In this way you are liable to get an increased reading.

It should be understood, however, that where thermometers have been properly seasoned and where they have been tested for retreaters, it is possible to make a thermometer that will give a perfect history of the rise and fall of the temperature of your fever patients.

Mr. Faichney has also discovered an easy way to teach first year nurses how to read a magnifying Clinical Thermometer and he has devised a large thermometer which is called a "Demonstrator" that allows an instructor to teach a nurse or a patient how to read a Clinical Thermometer at a glance.

He is so much interested in the advancement of high-grade Clinical Thermometers that he will send you one of these "Demonstrator" Thermometers free, along with a little booklet telling just how an honest Clinical Thermometer should be made.

Don't you think you should have both this "Demonstrator" and the little booklet?

Both "Demonstrator" and booklet will be mailed to you for 5c to cover postage.

A doctor requires a positive analysis of the blood or urine and with cardiac instruments determines the exact systolic pressure. Then, why does it not naturally follow that it is of interest to him to have an exact record of his fever patients?

Our expert, Mr. Faichney, would be glad to answer any questions, without charge, relative to a Clinical Thermometer.

If you are interested further, kindly address

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### Decorated and Sanitary Walls

The present system of hospital and other authorities is generally to put up a splendid building, and to give little thought or consideration to one of the most essential points, which is the decoration of walls with a material that is indefinitely washable. The General Hospital in Toronto is completely finished with Paripan, after careful investigation of its merits. This material has the endorsement of a large proportion of hospital authorities who are able to speak of its washable qualities for fifteen to twenty years. The interesting literature of the manufacturers quotes the investigation of Dr. Mervyn Gordon made into the impurities of the atmosphere of the House of Commons in England. In this report it was shown that after inoculating a speaker's throat with an easily-recognized bacillus (*B. prodigiosus*) he was able to project on to a specially prepared test plate 83 colonies of this particular bacillus from a distance of forty feet.

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### What About the Future

At some time or other every nurse seeks relief from the intensity of her duties. As the questions arise: How long shall I be able to stand nursing? How long will my nerve energy last? What will I do when I have to face that condition of affairs in these trying days of competition? The knowledge of Mechano-Therapy will solve this problem for every nurse who wishes to fit herself for a pleasant and interesting work with good remuneration. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green street, Philadelphia, Pa., offers a post-graduate course to nurses in the Swedish (Ling) System of Massage, Medical and Orthopaedic Gymnastics, Electro and Hydro-therapy, and a thorough course in Physiology, Anatomy and Pathology. Graduates are assisted into institutional positions, as the demand for capable operators exceeds the supply by far, as all modern institutions are adding departments of Physiological Therapeutics to their equipment. Classes open January 7th, March 18th, May 20th and July 6th, 1914. For further particulars write for illustrated prospectus and address Max J. Walter, M.D., Superintendent.

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As a Prophylactic before and after surgical intervention on the genito-urinary organs, prophylactic of typhus and of scarlatinous nephritis. Recently recommended in Meningitis, and Poliomyelitis.

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\$1,000 “ “ “ 6 “	\$8,159.00—In “ “ “ “	\$8,648.50
\$1,000 “ “ “ 7 “	\$9,648.50—In “ “ “ “	\$10,227.40
\$1,000 “ “ “ 8 “	\$11,227.40—In “ “ “ “	\$11,901.00
\$1,000 “ “ “ 9 “	\$12,901.00—In “ “ “ “	\$13,675.00

If this were kept up for 20 years it would amount to \$36,800.

20 years is a long time looking forward, but a short time looking back. How many men can look back now and say: "If I had only invested my spare money in safe securities I would be wealthy to-day." A few get rich in a few years by making a lucky strike but more become poor in the same time trying to make a strike.

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### **DONATION DAY**

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The Nesbitt Hospital at Wilkes-Barre held a donation day in October—receiving ready responses from many residents—an endless variety of articles, including much apple jelly and plum butter. Mrs. Bennett gave a peck of potatoes, a package of farina and some magazines.



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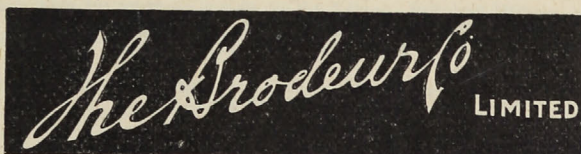
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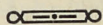
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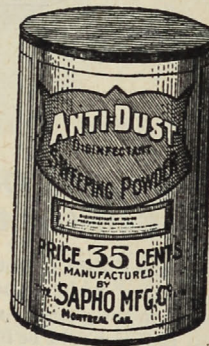
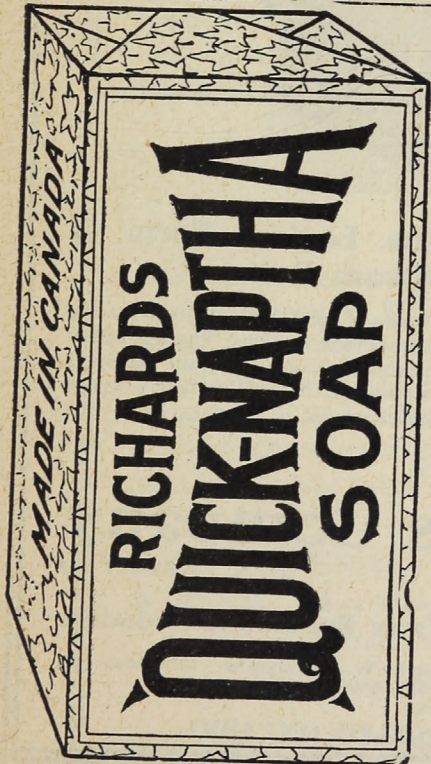
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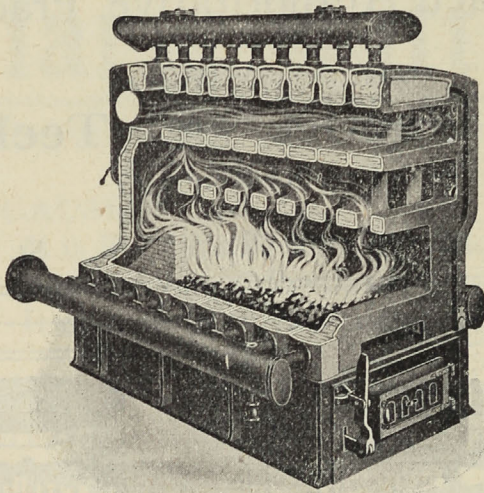
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—Re Claim Policy 7485 R. A. Smith deceased—

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Mrs. Smith desires us to thank you for the prompt payment immediately upon the completion of the claim papers.

Yours truly,

AYLESWORTH, WRIGHT, MOSS & THOMPSON

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The claim papers (consisting of certificate of Dr. M. M. Crawford and declaration of the beneficiary) were received on the morning of August 21st and cheque mailed before noon of the same day.

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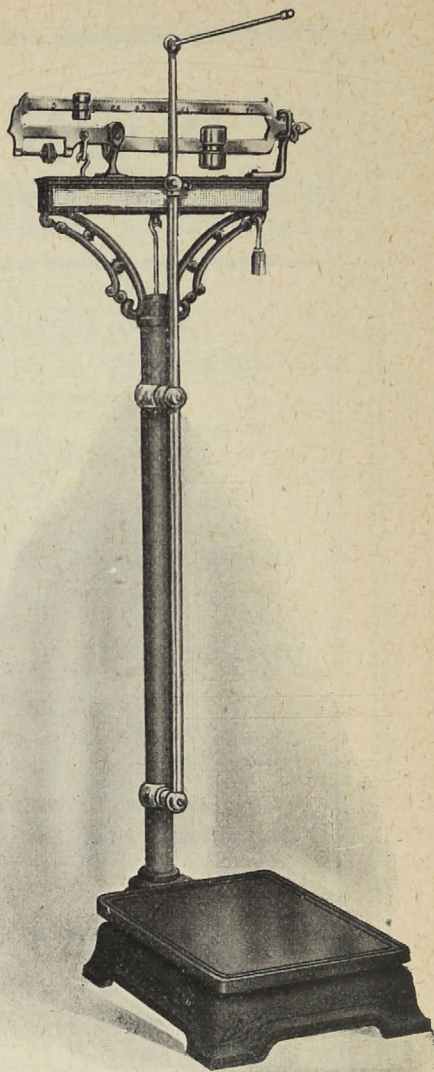
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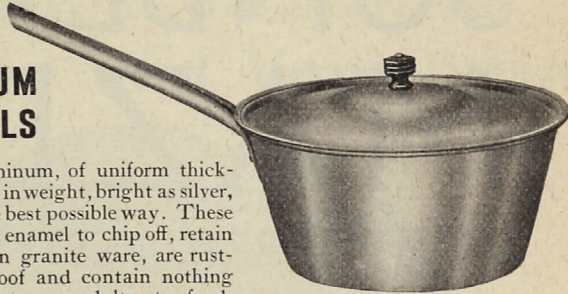
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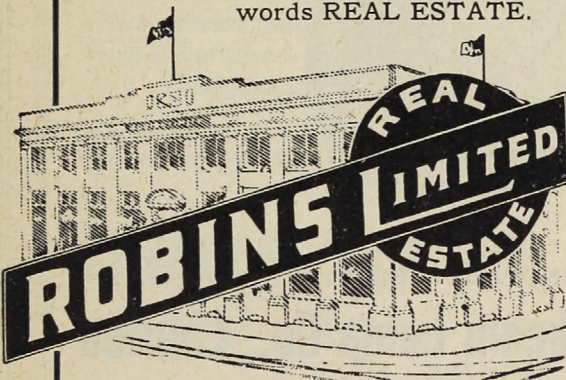
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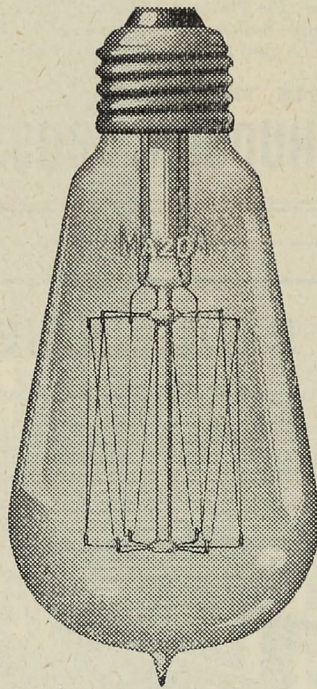


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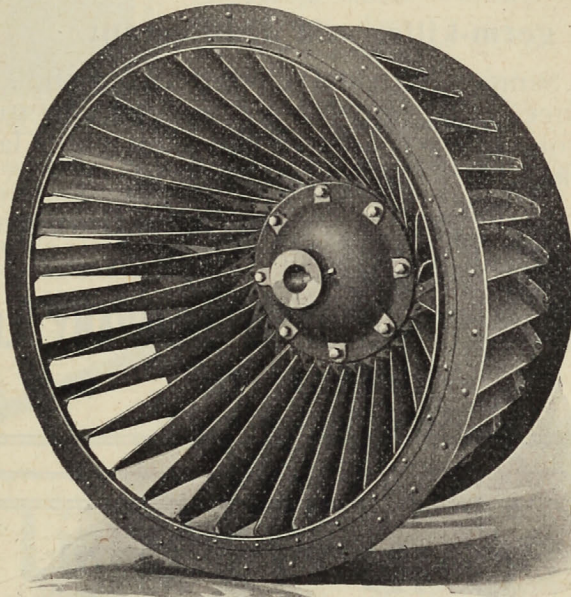
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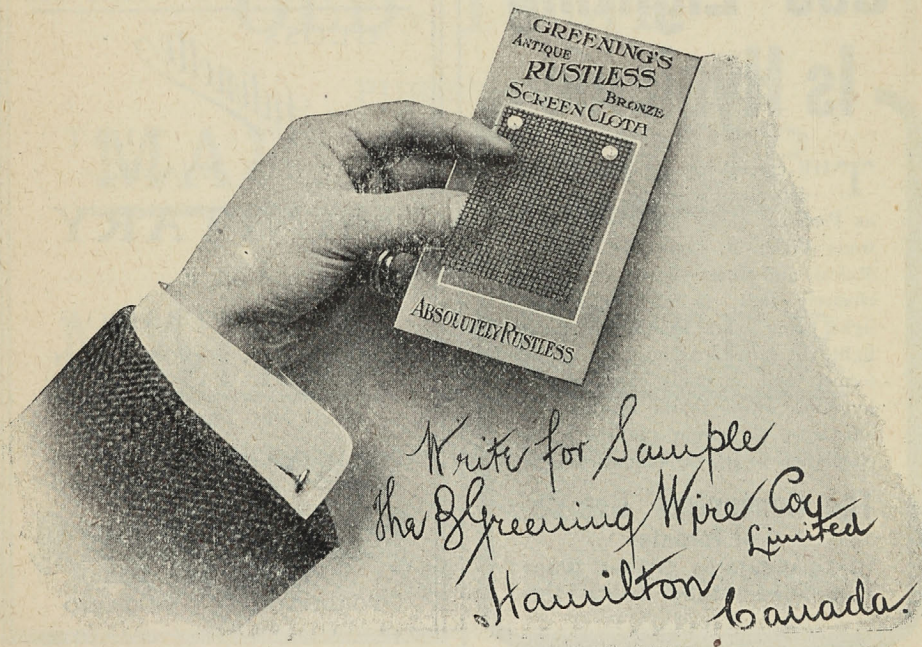


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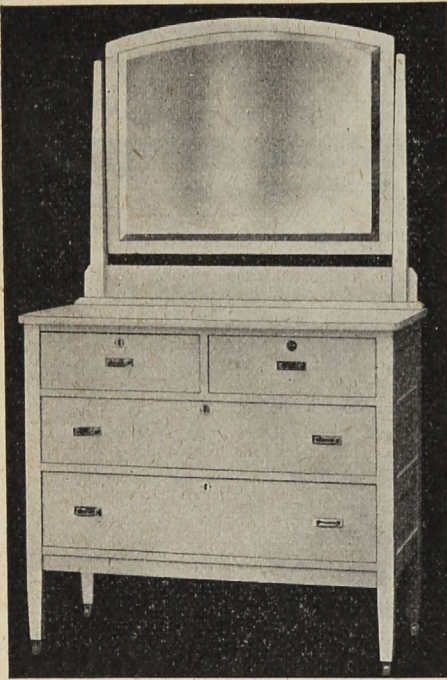
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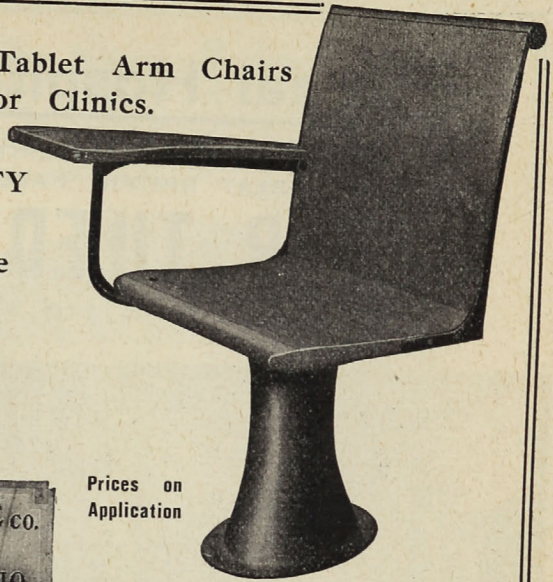


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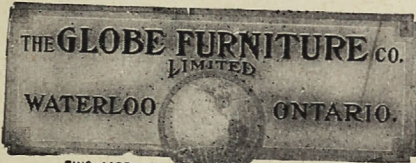
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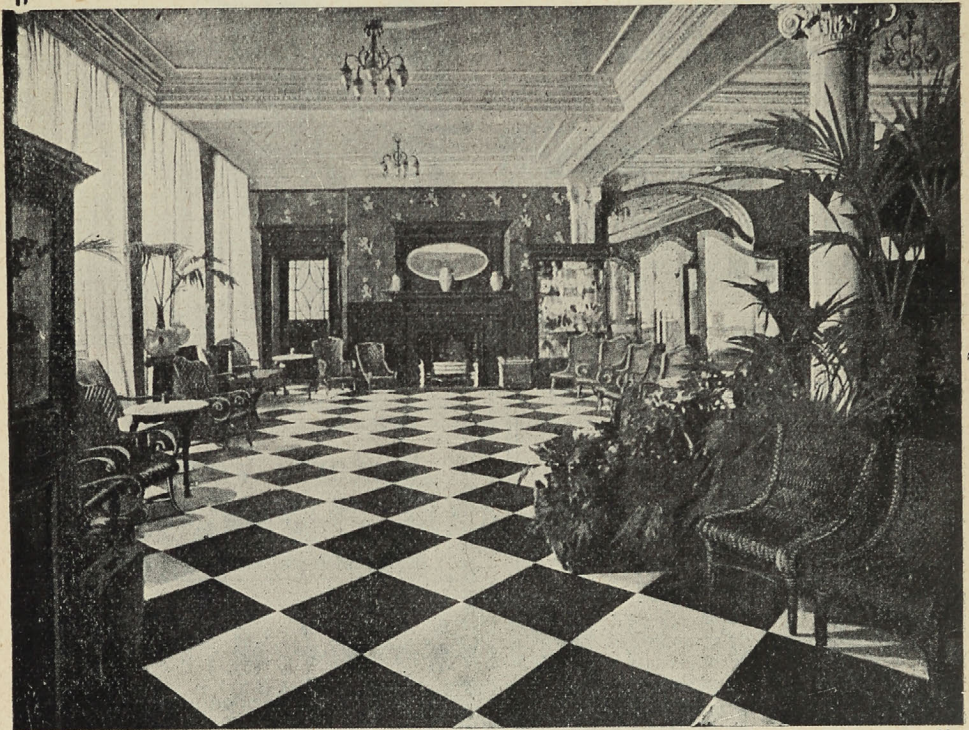


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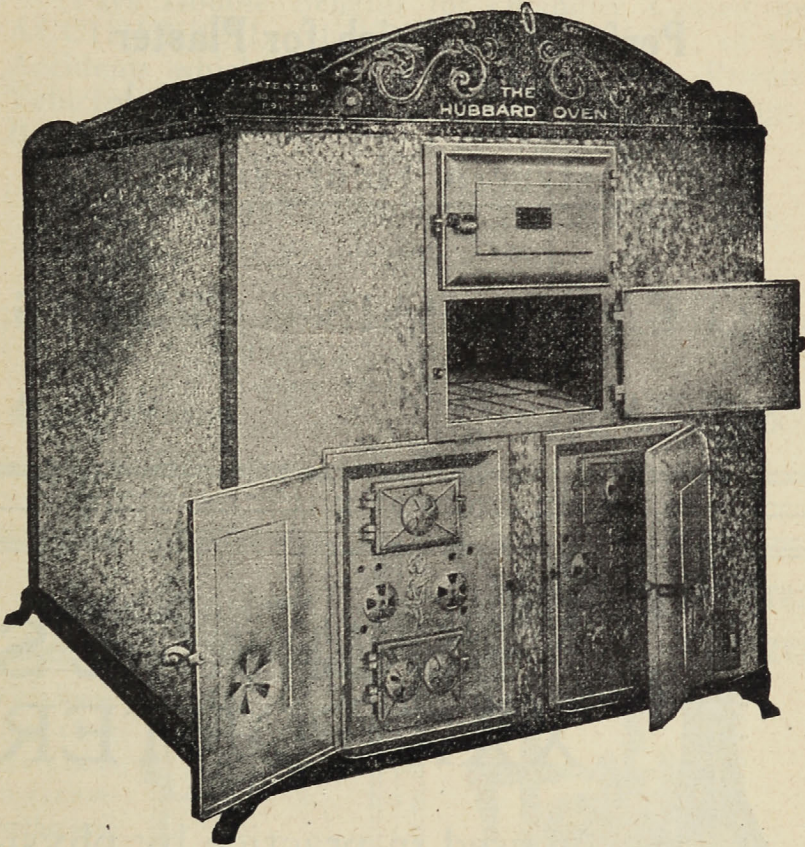
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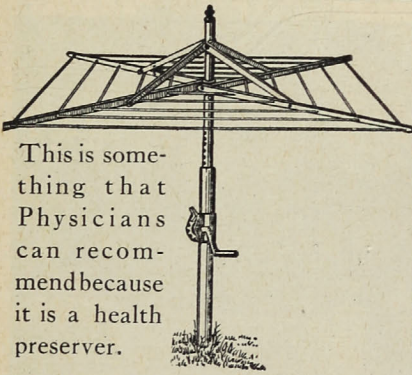
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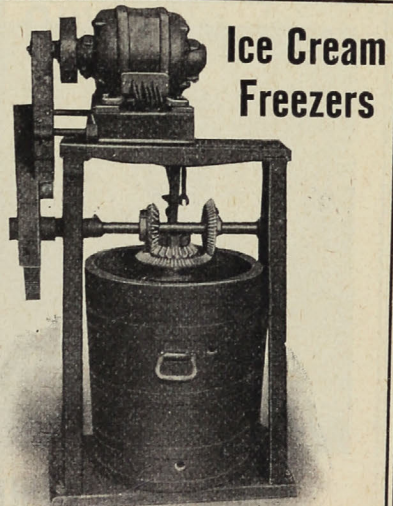
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A thoroughly equipped modern institution, for the treatment of Functional and Organic Nervous Disorders (especially all forms of Neurasthenia), and other Constitutional Diseases. 1,000 feet above sea level, 62 miles north of Toronto. Beautiful location on the height overlooking Lake Simcoe. Extensive ornamental grounds, complete Hydratic and Electrical Departments, all rooms single, or en suite; Water from Flowing Artesian Wells.

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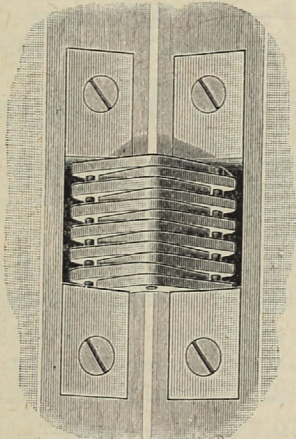
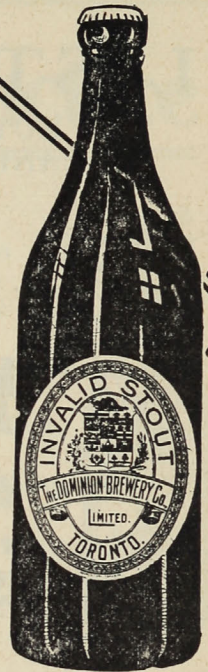


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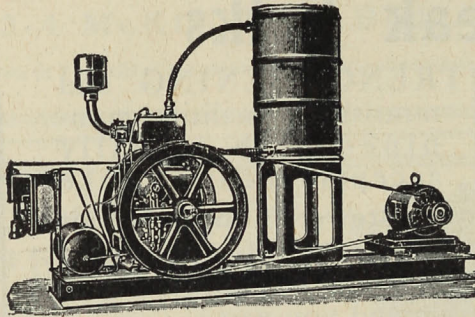
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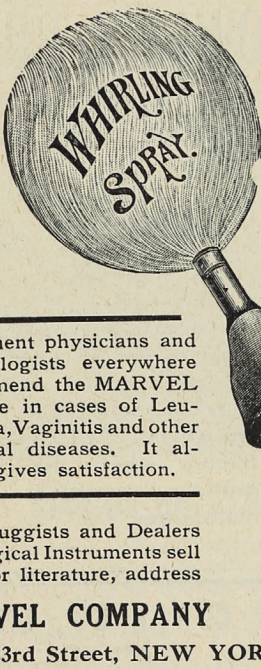


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## Marvel "Whirling Spray" Syringe

is that **The Marvel**, by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

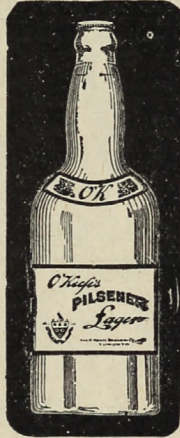
The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approval by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.



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Doctor, when ordering your patient a mild stimulant, just bear in mind the name "O'KEEFE."

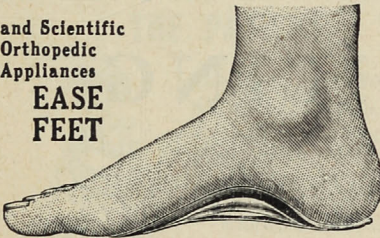


It stands for everything that is best in Malt Goods, and in purity Cannot be Excelled.



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### THE SCHOLL "FOOT-EAZER"

A scientific appliance that firmly supports the arch of the foot and instantly removes all ligamentous strain by distributing the body's weight equally.

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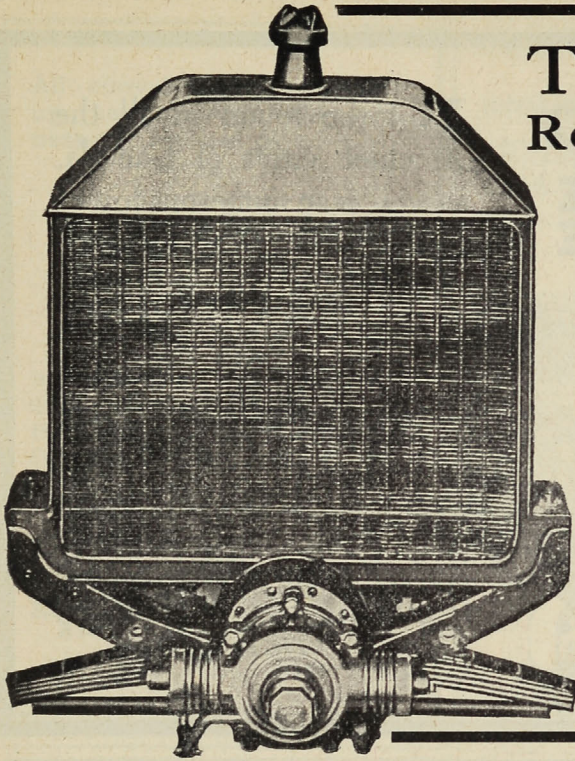
**BLESSING TO NURSES AND PATIENTS.**

**WRITE TO US FOR PARTICULARS.**

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# THURBER Rotary Starter

CAN be applied to any Doctor's car—guaranteed to spin any motor. The user of a Thurber has no trouble in starting and enjoys complete satisfaction after this system has been installed.

### SOME PLAIN FACTS

The Thurber Rotary Starter spins the motor at about 250 revolutions per minute.

Is operated by compressed air, still no air enters the cylinders, the motor itself remains untouched.

### SPECIAL MODEL FOR FORD CARS \$85

Every Doctor driving a Ford car should have it equipped with a Thurber Rotary Starter.

*Write for our booklet giving full details.*

**THE CANADIAN  
ROTARY COMPANY**  
Windsor, Ontario

## SO SILENT THAT IT WILL NOT DISTURB THE PATIENT



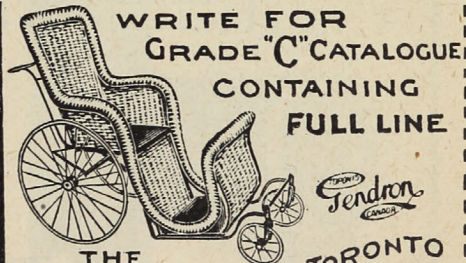
The attention of Hospital Superintendents, Physicians and Nurses is called to the **Original Sweeper Type Vacuum Cleaner.**

It operates so quietly that it can be used in the sick room without disturbance. The **SWEEPER TYPE VACUUM CLEANER** is sanitary in the highest sense of the word.

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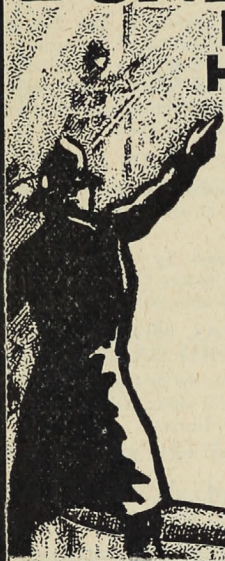


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IS to be found in all the chief cities of Canada, as well as in numerous towns and villages. We say with a good deal of pride that the many tests given to Dunlop Fire Hose have in each and every case proven it to be in keeping with the name "DUNLOP" — a name which, when trademarked to rubber, is equivalent to the Sterling Mark on silverware.

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WHO FAVOR US WITH THEIR PATRONAGE, BUY

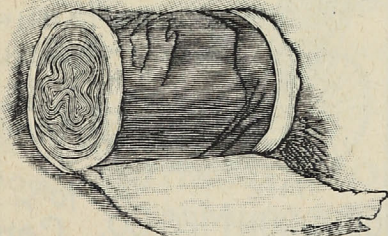
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The Low-Priced Absorbent Cotton of Quality

in preference to other brands, because it is better value at the price than any other brand on this market.

Guaranteed pure and sterile—passes through the same 50 different operations as our higher grades—sells for less because made from short staple cotton which costs less than long fibre cotton though quality is identical.

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Largest Manufacturers in the World  
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All convalescents can build up their systems, after sickness, by the use of

# Kuntz's Old German Lager

brewed from the best Canadian Barley and choicest Bavarian Hops, by the Old German Style.

Bottled only at the Brewery.

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## ELECTRIC CENTRIFUGES

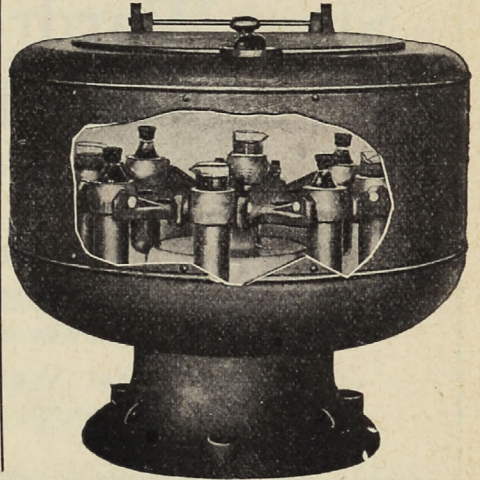
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upon getting them from houses  
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It is only fair to you and to those in your care.

If you want something **BETTER THAN THE ORDINARY**, ask for "STAR BRAND," put up by

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## Clean Airy LOCKERS

Lockers that are made of wood are most unsanitary, and an additional fuel in case of fire.

Our metal lockers are highly sanitary and made on strictly hygienic principles.

They will not burn, and they occupy but a small space. They are light and airy, and each has a different lock.

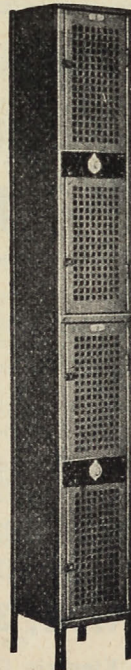
These lockers are a great benefit to places where a number of people are employed. They prevent contact of one person's clothing with another's, thus avoiding possible contagion.

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We make Window Guards, Genuine Bronze Fly Screen Cloth, Sanitary Steel Tables and Racks.

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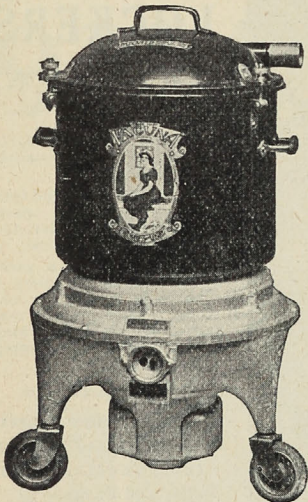


**Iron Stairs, Fire Escapes  
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And Specialties for Hospital Use**



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Should be a model of cleanliness. In order to bring this about, the attention of **Hospital Superintendents, Physicians, and Nurses** is called to

**THE VACUNA**

**The Little Vacuum Cleaner that Cleans**

The Vacuna sweeps, dusts silently, thoroughly, quickly. It collects dust, scraps, clippings and all manner of litter. There is no vibration—it attaches to an ordinary lighting socket, and costs less than one cent an hour to operate! The parts are few, there is nothing to get out of order and it doesn't even need lubrication for months!

It weighs **only thirty-two pounds!** And the dust can, which detaches from it, is **only nine pounds!** The base with the motor is only twenty-three pounds!

Nothing could be more suitable for an Institution. Investigation invited.

For fuller details call at or communicate with

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If it's an Electric Device of Merit, we have it.



## **Fires in Hospitals Should be Impossible**

**I**N view of certain recent conflagrations in one or two Public Institutions in Ontario, it is important that *Hospital Superintendents should know* that such occurrences *can be prevented*—for instance, the use of

### **Fire-Proof Doors**

has been proven to be the means of preventing small fires from spreading and saving many lives that would otherwise be snuffed out.

If hospital authorities want doors that will stand as a wall against the most intense heat

### **Specify Lion Standard Fire Doors**

They are regularly inspected and labelled under the supervision of The Underwriters' Laboratories Inc., and equipped with approved hardware accepted by Underwriters.

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For Doctors, Clinic Lavatories and Hospital Fixtures.

### VITREOUS CHINA LAVATORY

Slab, 18 x 25 in. Bowl, 12½ x 20 in.

PRICE, COMPLETE, AS SHOWN - \$40.00



## PARTICULARLY SUITABLE FOR HOSPITALS

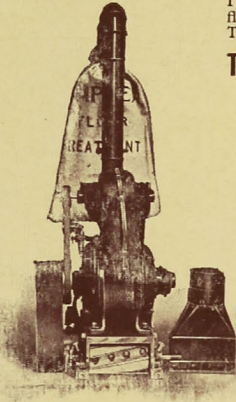
It is absolutely essential that a Hospital have a satisfactory floor. For that reason, the particular attention of Hospital Trustees and Superintendents is called to

### The "Simplex" Brand of Fire Proof Flooring

This is just what should (and will eventually) be used in all Public Institutions. It is far superior to anything else in the same line. The "SIMPLEX" Floor can be laid without in any way interfering with the plasterers or other trades while at work in the building. When the mechanics are through, we do the scraping and polishing with our patented machines (as here illustrated), leaving an ideal floor, attractive to the eye and ready for the heaviest traffic for many years to come. We are the manufacturers also of

### The End-Block Flooring

a floor for Institutions second to none in the world. This can be laid complete for \$1.00 a square foot. Each block is boiled in a preparation which makes the flooring damp-proof and fire-proof, is sunk and locked in concrete and finished, leaving a floor infinitely superior to any other make.



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MEMBERS TORONTO STOCK EXCHANGE

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# A Simple, Cheap and Efficient Outfit for the Murphy Drip

Combined with

# A Practical Apparatus for Keeping the Solution Warm

## The Dropping Attachment known as the Meinecke No. 20 Drop Attachment Set (or Proctoclysis Outfit)

In writing us about our No. 20 Drop Attachment Set (which is illustrated on the right in combination with the Meinecke Saline Solution Heater), Dr. J. B. Murphy, Chicago, says:

*"It is an excellent device, and as well adapted to the administration of Proctoclysis as any instrument I have so far seen. At the price you are selling it, it seems to me that it will become very popular."*

The main features of our No. 20 Outfit are the Improved Dropping Attachment and the Attachment for the escape of fecal gases and any return flow.

The Dropping Attachment (which is our No. 2 Drop Attachment Set as illustrated on the left), consists of a specially constructed Glass Nozzle (A) and a Metal Screw Compressor (B). The Glass Nozzle is joined to a Glass Connection Piece (D) by a piece of Rubber Tubing (C) on which the screw compressor is secured. The number of drops per minute can be regulated by screwing down or opening up the Metal Screw Compressor (B).

After the required number of drops have been regulated by the screw compressor, it is unnecessary to touch the screw compressor again; as to shut off, or open up, the flow it is only necessary to shut off or open up the ratchet shut-off which is placed above the screw compressor.

For use with this Outfit we recommend our 2 Qt. Seamless Graduated Irrigator No. 2258. In addition to being fitted with a detachable Metal Spout, this Irrigator is graduated in Grams, Ounces, Pints and Quarts.

## The Heating Apparatus known as the Meinecke Saline Solution Heater (Patent Applied For)

At present the Solution is generally heated before it is put in, or while in, the Irrigator, and then kept warm by various devices. None of these are satisfactory, because the Solution, coming drop by drop, gets cool before it reaches the patient.

With the "Meinecke" Saline Solution Heater (which is shown lying on the bed in the illustration below), it is not necessary to heat the solution before putting it in the Irrigator, and yet the solution will reach the patient at a temperature of between 95 and 105 degrees.

The Heater consists of our regular Metal Hot Water Bottle with a brass tube running diagonally through it. Through this tube a 12-inch length of rubber tubing is drawn, which has a glass connection piece at both ends, and the solution flowing through it comes in contact only with rubber and glass. After the Bottle has been filled with hot water it is placed on the bed and the regular Drop Attachment Tubing is attached to the upper end connection piece, while the rectal tube is attached to the lower end, thus remaining close to the Heater. The Solution, coming drop by drop from the Irrigator, becomes warm as it passes through the Heater and just before it reaches the patient.

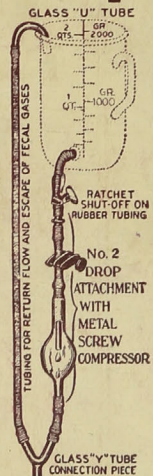
By wrapping or covering the Heater, it will retain its heat for many hours, and when the water does begin to get cool it is a simple matter to detach the tubing and re-fill the Heater with hot water. The Rubber Tubing running through the brass tube in the Heater need not be withdrawn when the Bottle is being re-filled.



Enlarged View  
( $\frac{1}{2}$  Actual Size)

No. 2 Drop Attachment Set as used on the No. 20 Outfit.  
A-Glass Drop Nozzle  
B-Screw Compressor  
C-Rubber Tubing  
D-Glass Connection Piece

This No. 2 Outfit can be attached to the Tubing of any Irrigator



## Net Prices to Hospitals Only

No. 20 Outfit, complete with Saline Solution Heater, 2 Qt. Seamless Graduated Irrigator, Tubing, etc., as illustrated on right.....	each, \$7.50
No. 20 Outfit, without Heater, but with Graduated Irrigator, Tubing, etc.....	each, \$3.00
Saline Solution Heater only.....	each, \$4.50
No. 2 Drop Attachment Set, (as illustrated on left).....	per dozen, \$7.20

10% Discount on Full Dozen Lots

Doctors and Nurses supplied at 20% above these Prices

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ADVANCED SPECIALTIES FOR  
HOSPITAL AND SICK - ROOM

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