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THE OFFICIAL ORGAN
OF
THE CANADIAN HOSPITAL ASSOCIATION

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CONTENTS

EDITORIALS.

At the June Meeting 155
War Hospital Necessities 158
The Sixteenth Conference 161

ORIGINAL CONTRIBUTIONS.

American and European Hospitals. By J. N. E. Brown, M.D., Detroit, Mich. 164
The Hospital for Sick Children, 67 College Street, Toronto 171
"Hospital Life." By Hospitaller.. 181

SOCIETY PROCEEDINGS.

The American Hospital Association 185

SELECTED ARTICLES.

Hospital Abuses 192

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INDEX TO ADVERTISERS, Page XVI.

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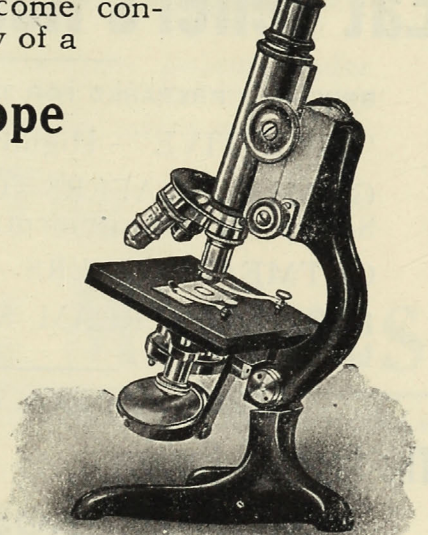

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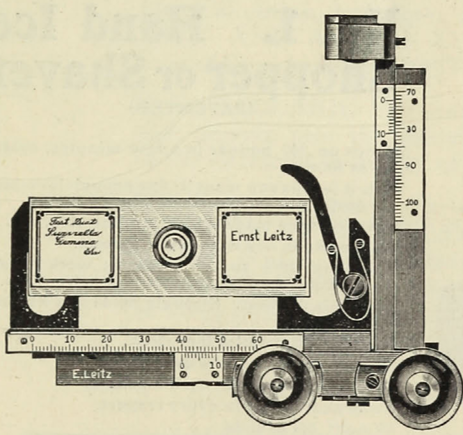

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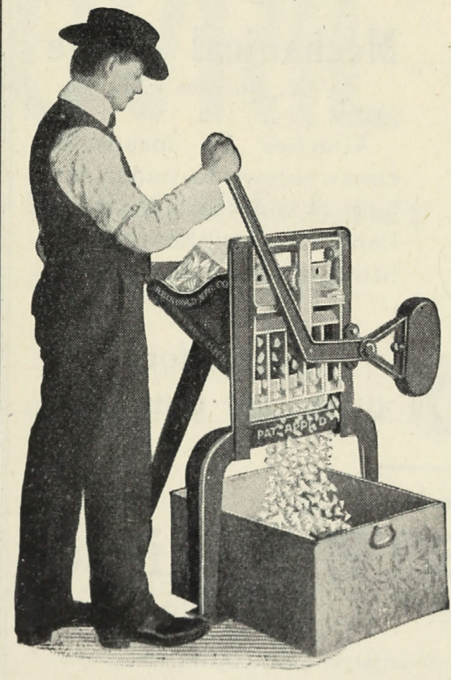

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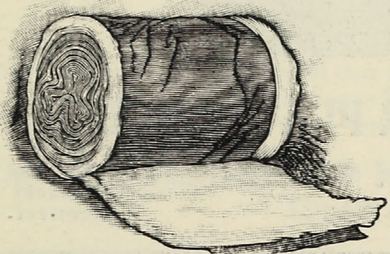

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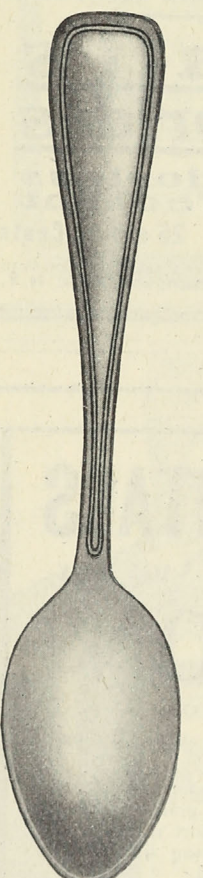

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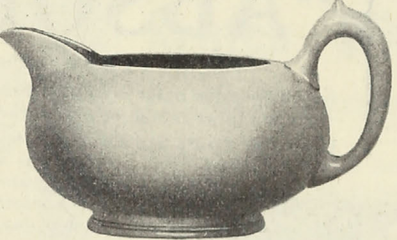

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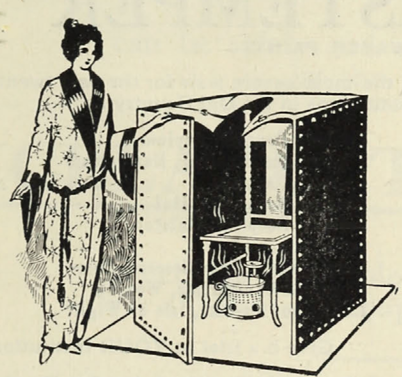

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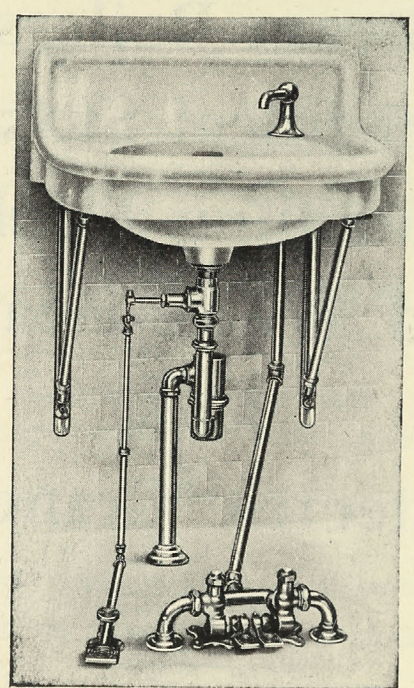

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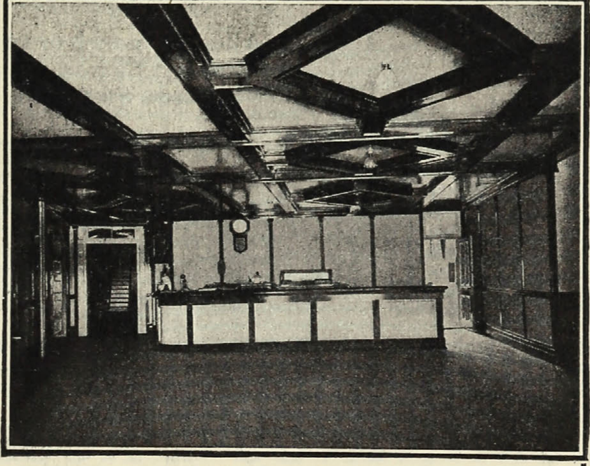

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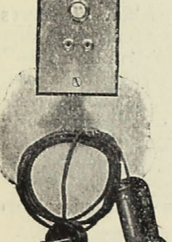

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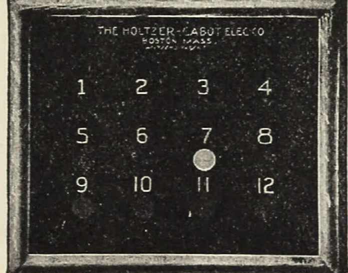

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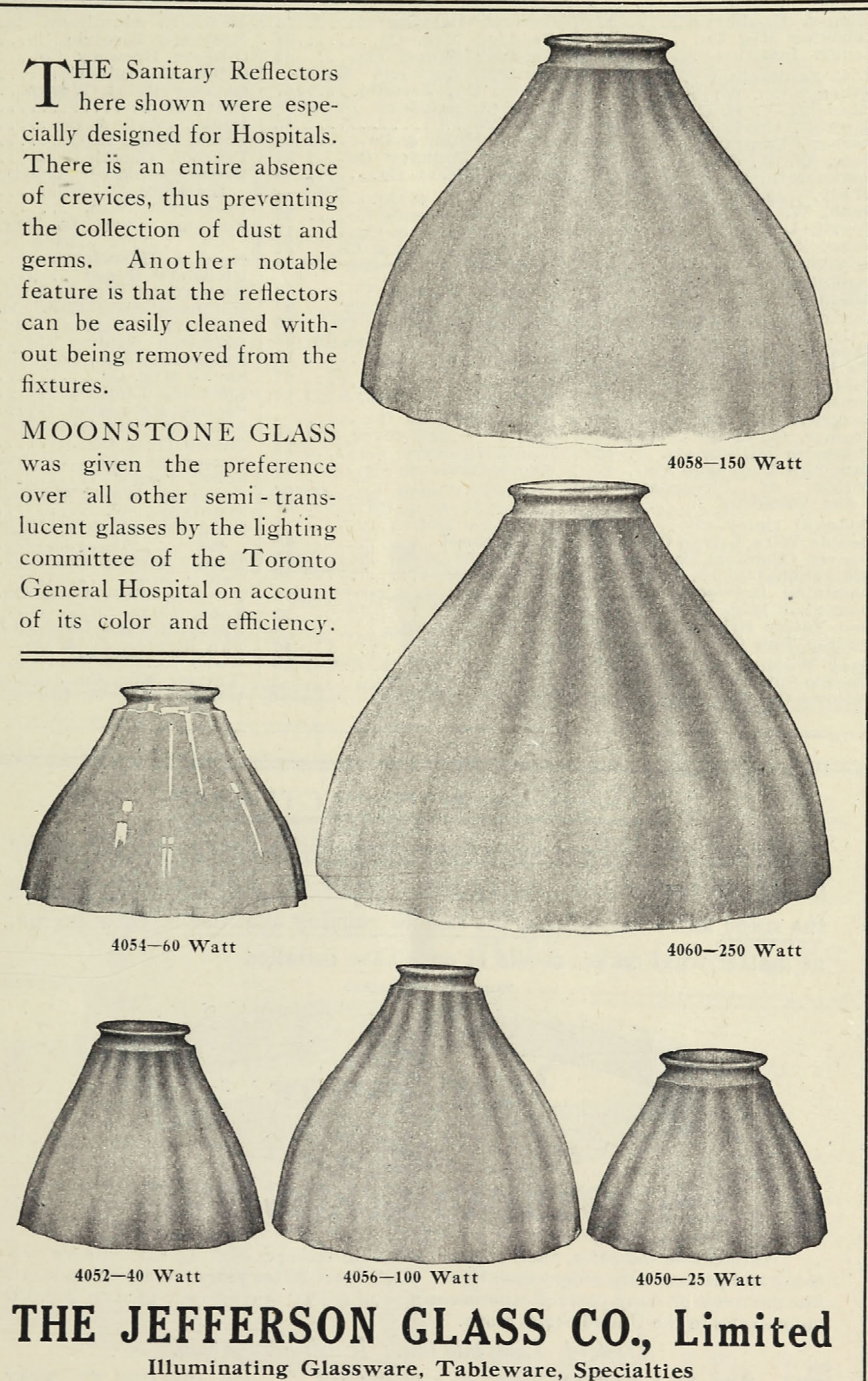

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INDEX TO ADVERTISERS.

Allen & Hanburys 27
Asbestos Mfg Co....... 13
Arnott Institute 28
B. C. Sanitarium 35
Baker & Co., W. .back cover
Banfield, W. H. Co., Ltd. 16
Banwell, Hoxie Co...... 28
Barber's Sanitarium, Dr. 22
Bate, W. B., & Co...... 8
Boake Mfg. Co. 62, 14
Brady, Geo. W., & Co... 18
Bush, W. J., & Co...... 52
Bovril, Ltd. .....2nd cover
Babcock & Wilcox...... 11
Bristol, Myers 51
Canadian Multipost Co.. 40
Canadian Rotary Co.... 56
Canadian Sunbeam Lamp Co. 50
Capsheaf Pin 28
Clarke, E. C........... 49
Columb Tyres Import Co. 29
Consumers' Gas Co..... 53
Cosgrave Brewing Co... 63
Cramer, G., & Co...... 45
Chisholm Milling Co.... 42
Canadian Morehead Co.. 17
College of Physicians and Surgeons 52
DeLaval Dairy Co...... 33
Dennis Wire & Iron Co.. 19
Denver Chemical Co. 15, 32
Dictaphone Co. 55
Dominion Brewery Co.. 41
Dominion Mfg. Co...... 53
Don Valley Brick Works 44
Dunlop Tire Co......... 49
Easy Washer Co., Ltd.. 52
Electro Surgical Inst. Co. 19
Fellows Co. ....Front cover
Garlock Packing Co.... 25
Gendron Mfg. Co........31
Gendron Wheel Co......45
General Accident Assurance Co., Toronto......47
General Accident F. & L. Co. 42
Greening, B., & Co...... 54
Gurney Foundry Co.... 24
Gurney Scale Co....... 48
Hartz, J. F., & Co....... 1
Heenan & Froude Co.... 25
Hillock, John, & Co..... 17
Hustwitt, A. S., & Co... 31
Hamilton Importing Co 4
Imperial Varnish Co.... 20
Ingram & Bell, Ltd.... 57
International Inst. Co... 56
International Varnish Co. 53
Inglis & Son, Ltd...... 10
Jamieson & Co......... 57
Jennings & Ross....... 14
Kress & Owen Co...... 3rd cover and 48
Kuntz Brewery 56
Keyes-Davis & Co...... 63
Lambert Pharm. Co...cover
Lister, R. A., & Co...... 61
Lindners Ltd. 8
Lowe Bros. 54
Lintz-Porter Co. 13
Lytle & Co. 46
McLarens Limited 15
McClarys 23
Maplewood Mills 5
Marvel Co. 46
Meadows, Geo. B., & Co. 38
Martin, W. H., & Co..... 2
Marvel Syringe 46
Northern Aluminum Co. 4
Northern Electric Co... 31
O'Keefe Brewery Co.... 38
Orpen Conduit Co...... 9
Ottawa Paint Works... 40
Platt, H. B. 5
Parke, Davis & Co...... 30
Peace, Wm., & Co...... 53
Peacock Chemical Co... 18
Pennsylvania Orthopedic Institute 19
Prestwich, Wm. 8
Philipps, Chas. H. Mfg. Co. ....back cover
Reed & Carnrick....... 32
Richard's Soaps 45
Richardson, Wright & Co. 62
Robinson Bros. Cork Co. 22
Reckitts (Oversea) Ltd. 61
Robinson Cabinet Co... 7
Robertson, Jas., Mfg. Co. 12
Sapho Mfg. Co......... 45
Sheldons Limited 51
Societe Francaise 20
Soss Invisible Hinge Co. 28
Sultan Drug Co......... 18
Sturgeons Ltd. 33
Sobel, Isador 5
Stephens, Welch & Co... 16
Schulkins, W. 14
Steel Trough & Machine Co. 21
Taylor Forbes Co........39
Telfer Bros. 2
Toronto Silver Plate Co. 6
Tuck, Chas. 63
United Brass & Lead, Ltd. 37
Van Sickler, J., & Co... 9
Webb Lumber Co....... 26
Warren Mfg. Co........ 43
Wilson, John T,. Ltd.... 27

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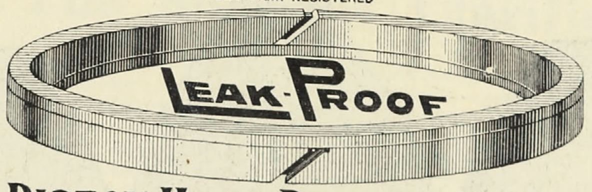

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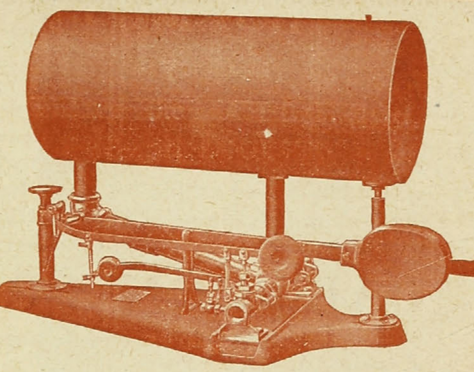

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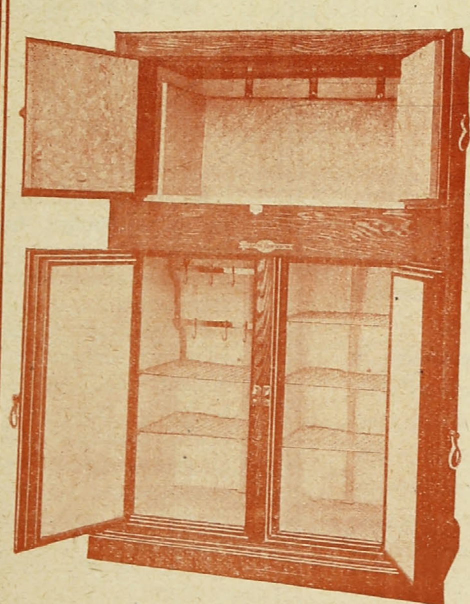

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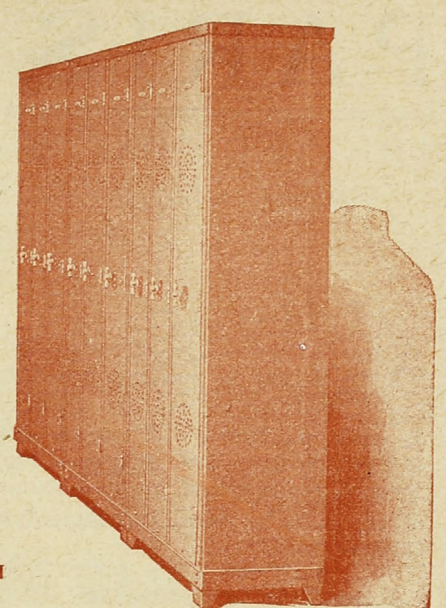

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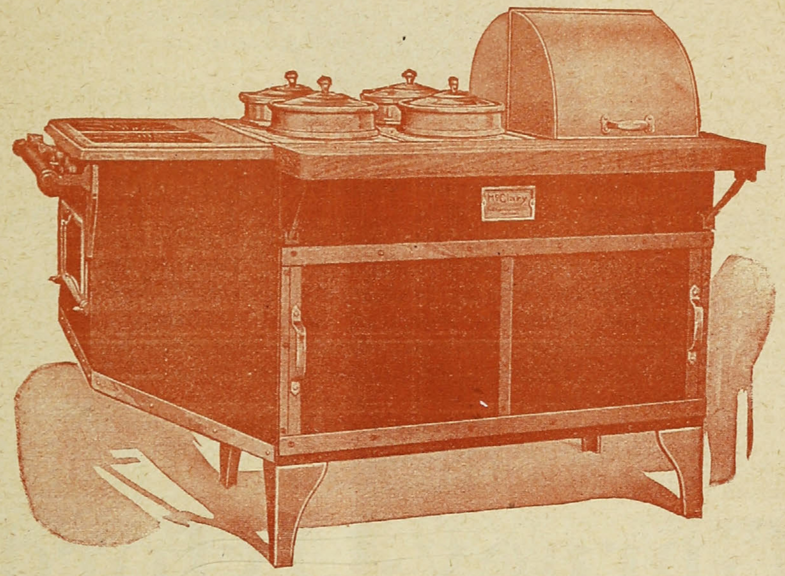

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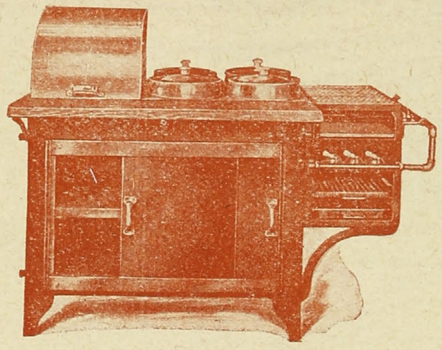

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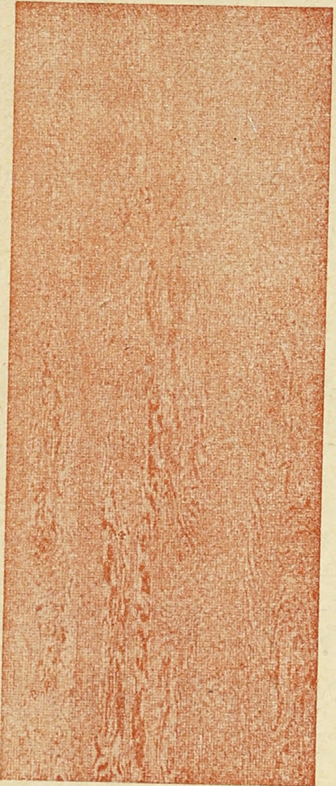

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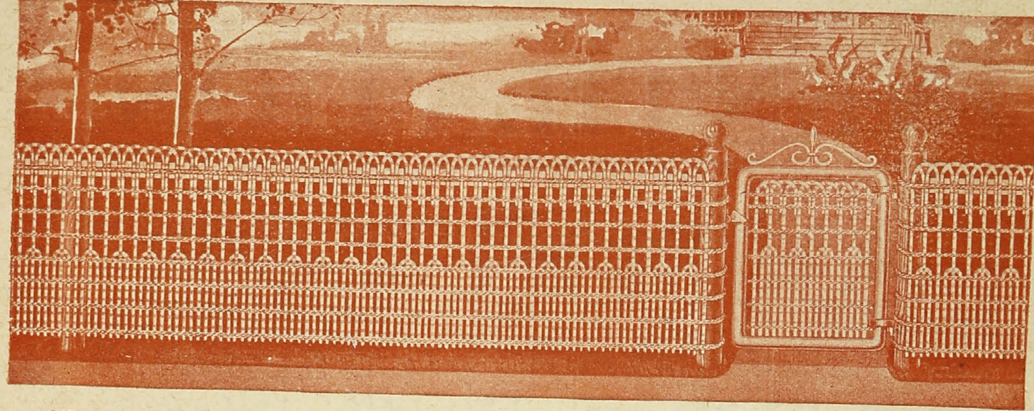

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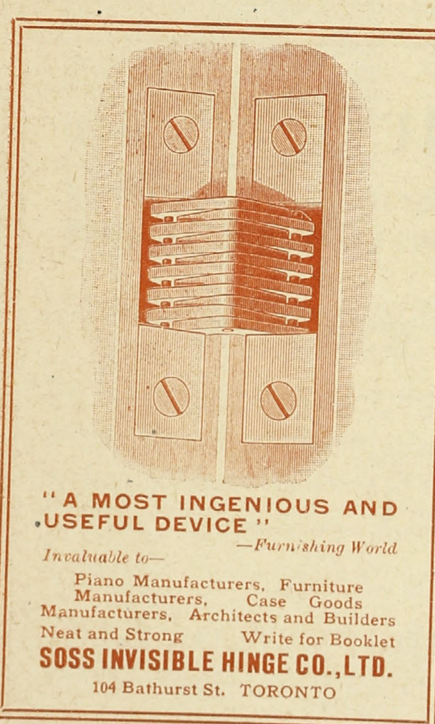

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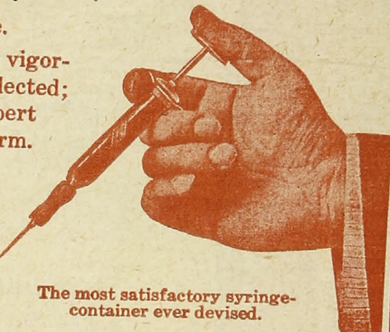

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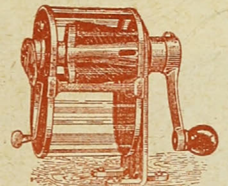

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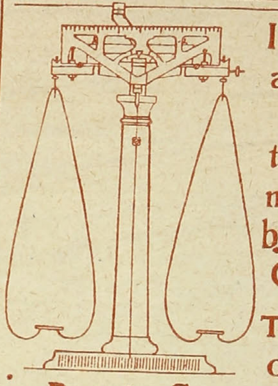

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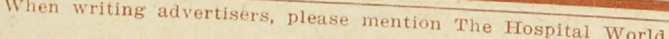

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Vol. VI. TORONTO, OCTOBER, 1914 No. 4

Editorials

AT THE JUNE MEETING

THE hospital section of the American Medical Association which met in late June discussed three distinct departments of hospital interest during the three days session, devoting one day to each depart-

ment, and thus making it possible to those attending, to concentrate upon the phase of work which most attracted them.

In the discussion of the care of communicable diseases which occupied the first day the subject of cross infection was taken up by Dr. R. J. Wilson, director of New York hospitals. He stated that while he could not endorse the recently introduced movement to house certain communicable diseases in the same areas, yet by the adoption of technically correct conditions of housing and attendance he believes that cross infection may be kept at a minimum.

Dr. D. S. Richardson, of the Providence City Hospital, in a stirring address stated his belief that while a few cases are introduced through the medium of an infected nurse, practically all cases of infection are introduced through patients suffering from an unrecognized disease. Dr. Richardson believes with Dr. Chapin that the missed cases equal or exceed those discovered, and urged that the admitting officer in a general hospital be of high skill in diagnosis, "alert in detecting suspicious symptoms, and ultra-conservative about placing suspicious cases either with convalescents or with those suffering from recognized diseases."

Physical therapy in the hospital, was the subject of the second-day discussion. Papers by Dr. Walter L. Burring, of Iowa University, and Dr. C. Bucholz, of the Massachusetts General Hospital, were given. The former spoke from the physician's standpoint of the relative values of hot and cold baths, packs, mas-

sage, and various modern appliances for physical exercise of the invalid. The relation of the hospital to this department of medicine, he thinks, should be its ability to give the medical department all that it requires in equipment and trained attendance for the full discharge of the treatment ordered.

The third-day session was devoted to the discussion of heating, ventilation, and hospital air problems in general. The papers read were extremely interesting, without revealing anything especially new in this direction. The prevailing idea, however, seems to favor a simpler system, rather than further elaboration in this direction. Many examples of construction were instanced where no fresh air is introduced; and some without inlet or outlet. One engineer was very firm in his conviction that the inside temperature should be varied with the outside, although not in marked degree; in other words, with the thermometer at fifty degrees outdoors a temperature of seventy degrees might compare with that of sixty-six with zero weather, thus going up the scale to a point where the outside temperature had become suitable for the general inside living temperature.

Other authorities on the subject argued that a uniform temperature in the patient's room was not advisable; that the temperature should vary at different times of the day—in other words, that nature sets the pace for us in its ideal June weather, neither too hot nor too cold, but never many hours together exactly the same temperature.

A difference in opinion between architects arose concerning the statement made in one paper read, that the constructing architect should refer everything relating to materials, system, etc., to the superintendent, and concerning floors, wall coverings, etc., to the medical staff. One differing opinion expressed was that the question of building materials should be referred to the architectural specialist as to its suitability for its purpose, and that the architect should advise the proper material to use.

In the joint session of the surgical and medical hospital session, Mr. Galbraith, the builder efficiency expert, who has devoted himself to the study of motion in regard to the erection of buildings, gave a most interesting paper on lost action by the surgeon in performing operations; that with a more careful study of his motions much time could be saved. He proved his statement by apt practical illustration.

The hospital section of the association was interesting throughout and educative.

WAR HOSPITAL NECESSITIES

At the present moment of writing it is announced that the War Office has requested that "a complete line of communication" be sent with the Canadian forces. This includes, among other units, a complete hospital outfit and facilities. In complying with the request Canada is preparing to include two general hospitals, two stationary hospitals, one clearing hos-

pital, eighty-six nurses, with sufficient officers and men for manning the unit.

This request implies the conviction on the part of the War Office that the British hospital forces will be tested to capacity, and that it is desirable the Canadian regiments have their own equipment in this respect. It is not only well that we should be able to look after our own men, but also be in a position to aid our allies, and beyond this to become part of the vast army of merciful ministration that follows that grim and tragic other army. Canada's men of healing are needed wherever her fighting men go.

It does not seem likely that there will be a paucity of permanent buildings for this purpose; since in addition to the permanent hospital force of Great Britain the authorities are receiving numerous offers of private homes, castles, palaces and mansions to be used for hospital purposes, many of the owners providing also a full equipment for the houses offered and paying for their maintenance.

Devonshire house, Piccadilly, has been loaned for headquarters of the British Red Cross Society, and the great hall is filled with desks, and titled workers busy with the plans of the organization

A number of private yachts have also been volunteered for hospital ships.

In fact, the offer of hospital accommodation throughout Great Britain is at the present in excess of the need, and gifts of money or equipment would probably be more useful.

More serious than the housing problem of the wounded in the present crisis is that of adequate hospital service for the same. The large British hospitals have already been drawn on so heavily for the field that their working staffs are seriously depleted. Many of the orderlies and underworkers have been called out as reservists, while doctors and nurses have been accepted in large numbers for the front.

The permanent hospitals which are at the base must keep their staffs and services efficient both for the civilians and the great influx of wounded that will eventually come to them.

But there are the new units to be organized, equipped, and systematized in order to render the maximum of efficient service; and for this *The Hospital* has suggested that Lord Kitchener add to his staff a civilian, a Director-General of proved knowledge and administrative capacity, whom he could make responsible for the selection and equipment of these supplementary hospital units for the reception of the sick and wounded. This, *The Hospital* thinks, would remove many difficulties and expedite the gathering up of all the means to hand for supplying requisite hospital accommodation, and making it rapidly available, sufficient and complete.

In addition to this there is to be considered the hastily improvised field hospital, the barns, the deserted homes, the outhouses, all the hasty shelters in which the wounded carried to the rear may be given temporary refuge and treatment until they can be removed elsewhere. Hospitals on the field or close to the battle field are strenuously and continuously

emergent, and need all the skilled directive resource of the hospital and sanitary experts to prevent them from becoming places of death-dealing horror worse than the firing line.

Erysipelas, scurvy, and that hideous thing "hospital gangrene" are some of the hovering terrors of the war hospital—with enteric fever and pneumonia never far away.

It is imperative that the best trained men in hospital organization and sanitation be given control of this department of service, so that nothing be wanting of system, supplies or sanitation to make effective the work of the surgeon and physician.

Since war is an abnormal state, its hospital needs cannot be governed by normal hospital rules; and the long years of peace have left Canadians inexperienced in this, as in other war necessities. But it is the evident duty of the Canadian Government to see that trained sanitarians and skilled hospital emergent executives are not lacking when the hospital unit is organized to accompany the Canadian regiments to the front.

THE SIXTEENTH CONFERENCE

THE sixteenth annual conference of the American Hospital Association must have brought to its older members a realization of the measure of its progress. Looking back upon the first meetings of the association, when a few superintendents met in conference concerning their work, these earlier members cannot but realize the splendid expansion of the association

in membership, in attainment and in aim. They realize that it has become a force in its own domain of endeavor, with opportunities ahead for greater achievement.

That the vision of a larger work is given to some of the members is evidenced in the President's address, when he says: "As I view it, this association should deal with the broad, exceptional or involved subjects, leaving the simpler or commoner subjects to smaller organizations such as the Round Table of Boston and the Hospital Conference of the City of New York. Undoubtedly there is a field for these smaller organizations, and I strongly urge superintendents throughout the country to get together in groups for mutual improvement through the interchange of experiences."

There are hospital problems of large and public importance to be considered each year by this association, if it desires to build up to the measure of its possibilities. The smaller and simpler questions of hospital detail should be matters of discussion for smaller local organizations, or branches of the association.

Dr. Howell's address was replete with valuable suggestions. The motion of Dr. Fowler that a committee be appointed to take the paper into especial consideration during the ensuing year, with view of reporting upon these suggestions at the next meeting, received hearty adoption.

There was a good attendance, nearly three hundred registrations, representing thirty-four states, together with the two nearest Canadian provinces.

Yet it was to be regretted that so many of the large eastern hospital heads were unable to attend. Distance and the present unstable financial conditions may have had something to do with it. But the question comes up, in this connection, whether the association as a large international body should not hold biennial or triennial meetings, leaving the annual meeting to sectional gatherings held by the smaller organizations referred to above.

In regard to the conference just concluded, a suggestion might be made that it would be well if papers were assigned only to those who are fairly assured of being able to present them in person. In any instance of unexpected absence the writer should be requested to send his paper in to the secretary sufficiently in advance of the meeting to secure intelligent reading at the proper time. Several of the papers read at the St. Paul meeting lost much through indifferent presentation, a natural consequence of being handed to some member to be read at a minute's notice.

It is also a question whether it is desirable that the "Exhibit" should pass from under the control of the association, to become a speculation for outsiders. That the hotel authorities should have the leasing of the exhibit space at their own prices not only deprives the society of revenue, but introduces a commercial element outside of association control which is not in keeping with the standing and purpose of the organization.

Further details of the meeting will appear in the November issue of THE HOSPITAL WORLD.

Original Contributions

AMERICAN AND EUROPEAN HOSPITALS

BY J. N. E. BROWN, M.D., DETROIT, MICH.

THE following is a report made of Dr. Brown's most interesting talk, given at the last meeting of the Canadian Hospital Association:

Dr. John N. E. Brown, Superintendent of the Detroit General Hospital, took up the subject of American and European hospitals. He did not present a formal paper on the subject, but rather a talk. A newspaper reporter—on the Toronto *Telegram*—epitomized it in the five following paragraphs, to which the speaker subsequently added some notes for the official publication:

"Dr. Brown illustrated his interesting remarks with lantern slides. Dr. Brown's review touched on many different ideas of hospital planning and styles of architecture as picked up in Germany, Austria-Hungary, Denmark, England, Ireland, Italy, the United States and Canada. He emphasized the points in which he considered European hospitals were ahead of those in this country, and wherein he considered they failed to come up to the standards prevailing in America. Dr. Brown amused his hearers by alluding to almost every other view of a hospital that was thrown on the screen as the greatest hospital in the world.

" 'Many European hospitals,' he said, 'are only one storey in height, but the pavilions were scattered over perhaps an area of 100 acres. The majority of them, too, were supported by the State or municipality, distinct in contrast to our hospitals, supported in the main by voluntary subscriptions. I hope the day is not far distant,' he continued, 'when the efforts my friends, Mr. J. Ross Robertson and others, have made to look after the health of the city, will not be needed. They have reached that goal in Germany. The whole State is filled with the idea of social service to prevent disease and to look after the health of the people. In Europe a great deal of attention

was paid to the layout of the grounds surrounding the hospitals, but the roofs were not utilized at all for any purpose.'

"One European hospital shown had the feature of being a general hospital in reality, inasmuch as it cared for all kinds of diseases, including tuberculosis. With this arrangement Dr. Brown was heartily in sympathy. 'Let us look after them all,' he said. 'It is better for the doctors, better for the nurses, and better for the patients.'

"Another feature of European hospitals was the bath house in which provision was made for almost any kind of bath. Some patients lay in baths for over a year. He hoped to see these introduced into American hospitals. One advantage students had in studying in European hospitals was the fact that they were able to carry out post-mortems in 90 per cent. of the cases, whereas in this country the proportion was only 30 per cent. In this regard, however, Professor Mackenzie stated that conditions were improving.

"The Germans excelled in kitchens."

The following pictures were thrown on the screen: Of the Rigs Hospital, Copenhagen—the ground plan, ward plan, ward interior and kitchen. Of the Allgemeine Krankenhaus, Vienna —exterior of typical new pavilion and of private patient pavilion, and the Frauen Klinik.

Rudolph Virchow: ground plan, exterior view of pavilions, patients on terraces, ward plan and ward interior.

Duesseldorf: Entrance through administration building. General exterior views of some of the principal buildings: Of Cincinnati, Kolozvar (Hungary), Eppendorf, Manchester, Military Hospital (Gibraltar), Toronto General Hospital and the Detroit General Hospital; Lindenberg Hospital with its courts and gardens.

Models of the Detroit General Hospital and the new hospital at Santiago, Chili.

Ward plans of: Johns Hopkins; Cincinnati City; City Hospital, Albany; Virchow, Nuremberg, Muelhausen, Eppendorf, Royal Victoria (Montreal), Royal Infirmary (Manchester), Derby, the Burnham pavilion at the City Hospital, Boston; City Hospital, Dresden; University Hospital (London).

Exterior of Dr. Dollinger's surgical clinic, Buda Pesth, and the interior plan.

Frauen Klinik, Dresden: Operating room, labor room, showing several confinements in progress, incubator room, surgeons' washup room, interior of obstetric ward, babies' bath-room.

King's Hospital, London: Ground plan, and general view of construction of pavilions.

Several types of corridors were shown: Lindenberg, Cincinnati, Military Hospital at Rome, Landes Sanatorium at Steinhof; Royal Victoria (Belfast).

Peter Bent Brigham, Boston: General view from front. Two views—one of each side of a typical pavilion.

The plan of the Pasteur Contagious Hospital, Paris; of the Municipal Fever Hospital, Philadelphia; and the elastic unit designed by Dr. S. S. Goldwater.

Of Rixdorf were shown exterior views of the administration building, the bath-house and a typical ward pavilion; likewise the ground plan.

Bath-house—plan of the one at Charlottenburg and an interior view of one at the Duesseldorf.

Operating room—interior view of the one at St. Georg, Hamburg, and of that at the Polyclinico (Rome).

A vacuum cabinet for intra-thoracic surgical work, Zander Room of a German hospital, and a wash room, a nurse of the Royal Military Hospital, Gibraltar, and a group of leading workers in the American Hospital Association.

The unique features about the Rigs ward, Copenhagen, are: (1) The placing of the beds parallel to the length of the ward, so that the patients are not obliged to stare at the opposite windows. This necessitates a wide ward. Directly in the centre of the ward are two rooms with thick walls—one a dressing room and the other a surveillance room. The short corridor between these two rooms connects two large ward spaces. On each side of the larger area is a solid screen, extending from a point some two feet above the floor to a height of some six or seven feet. These screens stand out from the side walls some three feet and extend inward to posts some eight feet apart. On each side of the screen stand two beds, with heads to the screen. Opposite the foot of each outer bed is a second bed, thus making a sort of

semi-private area containing three beds. There are six of such areas in the unit. The two other areas of the same size as these six are quite shut off by walls. There are six lavatories right in the unit, the wall behind each being covered by tiling in colors. At each end of this portion of the unit containing the beds and the two rooms referred to, are openings, one into an ample cut off beyond which is a day room, a hall leading out of doors, and toilets for patients and nurses, and a sink room. At the opposite end you enter a short hall corridor which unites with an air cut off corridor. On one side of this short hallway is a bath-room; on the other the diet kitchen. On the other side of the air cut off corridor are the elevator, the utensil room, the pantry (*garde-manger*), the soiled linen room, and the room for clean linen.

To supply the needs of Cincinnati City Hospital Dr. Christian Holmes visited the best hospitals in Europe and this country and studied their equipment and construction. He formulated his plans for segregated buildings in accordance with the most advanced ideas of hospital construction. He selected a site of 30 acres, away from the congested part of the city, yet within easy reach, on high ground, surrounded by wooded hills.

In laying out the grounds and planning for the hospital buildings, attention was paid to the possibilities of future expansion. Enough ground has been purchased to accommodate buildings for 100 years to come. Ideas were appropriated from the Rudolph Virchow Hospital in Berlin, the Ependorf Hospital in Hamburg, and from several of the leading hospitals of American cities. The new hospital is built on the corridor-pavilion type of the Johns Hopkins Hospital in Baltimore. While the exteriors of the buildings are not devoid of ornamentation, the view always in mind has been utility of the interior.

Here is a description of one of the ward buildings that is typical of them all. The building is four storeys high, with a bright and clean basement. On the fourth floor is a roof-garden, which connects with the top floor. Each floor is in itself a complete hospital, or what is technically known as a "ward-unit." It consists of a ward containing 24 beds, four end rooms, treatment and lecture rooms, service kitchen, dining room for convalescent patients, bath-room, sink-room, nurses' room, toilet and wash-room, linen closet, sun parlor and corridor. If at any time

it becomes necessary to isolate one of the floors, all the requirements for the operating for a complete hospital are still there. This arrangement is repeated in all the ward buildings on the grounds.

About a year ago a group of buildings on the new hospital grounds devoted to the treatment of contagious diseases was dedicated, and has since been in successful operation. Here cases of scarlet fever, measles and diphtheria are treated. There are few hospitals like this contagious group in the world. Here the patient is allowed to see relatives. The visitor is taken into a special room, puts on a cap, gown and covering for the shoes, and is then permitted to go to the patient's bedside. Upon leaving the visitor is led into a disinfecting room and thoroughly disinfected. By an arrangement consisting of a wall of plate glass the dead may be viewed by relatives without fear of contagion, an innovation in public hospitals.

The roof space of these various pavilions must be spoken of. It is floored with red quarry tile and surrounded by a high parapet (say ten feet) through which are windows, making possible splendid vistas of the surrounding suburbs and the adjoining hills and valleys. These, with the farms and woodland, houses and gardens flooded with sunshine, and the blue sky above make a scene gloriously beautiful. These roof spaces may be shaded with heavy duck in too sunny or inclement weather. The necessary ward adjunct rooms are available for service.

The nurses' home is probably the finest in the world. Provision is made for ailing nurses by having a small infirmary in a quiet, secluded part of the building. They also can enjoy the roof *en deshabille*. A separate kitchen is provided.

The arrangement for the admission of cases is most convenient, both to the administration building and to the ward pavilions as well. Special provision is made for cases of sunstroke and poison. Patients' clothes (when necessary) are not only fumigated, but also mended and folded and cared for until the patients are discharged.

Dr. Holmes has thought of everything—no pains having been spared. No detail has been too minute to escape consideration.

The Peter Bent Brigham Hospital spells H. B. Howard. It is plain, genuine, substantial, characterful and serviceable. It

was not built to look at, though it stands in such an artistic centre as Boston. But it is meant to serve the purpose for which it was built—to care for the sick in a common-sense way —affording them the maximum of air and sunshine, and to do it at the minimum expense.

The principle of the terraced pavilion, as recommended by Sarasan of Germany (but never used there, so far as we have seen or heard), has been adopted in the main portion of the unit—in order to permit the patients upstairs to get out of doors without shutting off light from the ward beneath. At the end of the unit there is a semi-octagonal structure with a tepee-like roof. This is supported by exposed rafters and beams. Provision is made for natural ventilation through the monitor roof. The floors, like those of the State Farm institution, are heated—that is the granolithic under the beds. Each bath-room has a closet off it in which the patients' clothes are fumigated, and its doors are wide enough to admit a bed.

Contrasted with these recent American hospitals, Dr. Brown presented the Virchow (said to be the greatest hospital in the world, like all the big modern American and Canadian hospitals). This enormous institution, covering scores of acres and housing thousands of inmates—patients and attendants—was like a town, laid out in blocks, with paved streets, parks and gardens. While the main front showed an administration building some three or four storeys in height flanked by a gyneco-obstetric pavilion of the same height, the grounds were covered with rows of long one-storeyed pavilions. The head house, with the main service rooms, is in the centre of each long pavilion, and runs up to a second storey and contains quarters for house doctors and nurses who do duty in the pavilion. There are two long rows of these pavilions, one row for surgical patients, with an operation house and admission units for each sex; and one for medical cases, with a bath-house for their treatment, and receiving units for each sex. A large service building supplies power, heat, light, refrigeration, and contains the kitchen and laundry. Then there are contagious pavilions, pavilions for tuberculosis, leprosy, plague, smallpox—in fact for every known malady—including mental cases. The wards have tiled floors and are heated by means of pipes running the full length of the

ward. These pipes are more easily inspected than the average radiator and are more easily cleaned. One sees here a convenient provision for disinfecting linen, a receptacle being placed in the wall between two small rooms. Into one of these rooms the infected linen is brought. It is placed in the receptacle to soak for twelve hours, in water or carbolic solution; thus the stains of blood or pus are dissolved. The contents are then brought nearly to the boiling point, following which they are passed through a wringer attached to the edge of the half of the sterilizer which protrudes into the clean room. From here the linen may be taken to the laundry without endangering the porters or the launderers. Should the linen be withdrawn from the sterilizer on the unclean side it would be in danger of reinfection. Dr. Brown hoped to see this sort of apparatus used in America generally at an early date.

The speaker commented strongly on the disinfection house, which all the larger institutions like the Virchow Hospital possessed. They were conspicuous by their absence on this side of the Atlantic.

Dr. Brown gave a brief description of some of the other leading hospitals.

THE CANADIAN HOSPITAL ASSOCIATION

Owing to the present unsettled condition of affairs throughout the Dominion, the Executive of the Canadian Hospital Association have concluded that it will be better to postpone for the immediate present the meeting of the Canadian Hospital Association that was otherwise to take place this month. Fuller information will follow.

THE HOSPITAL FOR SICK CHILDREN, 67 COLLEGE STREET, TORONTO

THE work of caring for sick children appeals to all ranks and conditions of people, and the hope is expressed that the story of the institution from its humble beginning to its present modern and thoroughly equipped hospital may prove interesting and instructive to the readers of THE HOSPITAL WORLD.

The history of "The Hospital for Sick Children" embraces the original hospital founded in 1875; the Lakeside Home for Little Children, its Convalescent Branch on Toronto Island; the Training School for Nurses with its Nurses' Residence in Elizabeth Street; the new Out-Patient Wing also in Elizabeth Street; and the Pasteurization Plant in Laplante Avenue.

THE OPENING DAY OF LONG AGO.

It is just 39 years ago, in the year one thousand eight hundred and seventy-five, over a third of a century, since the front door of an unpretentious dwelling, an eleven roomed house in 31 Avenue Street, which then ran parallel and alongside of College Street, and is now part of that street, was opened ready for its Mission of Mercy.

It was the 1st day of March, a typical March morning, for the Storm King seemed to have it all his own way, and snow and drift combined made it a wild and stormy one, not soon to be forgotten.

In the pioneer days of this branch of hospital work, Children's Hospitals were not so popular as they are to-day. Adults sought the shelter and helping hand of the hospitals for men and women, but fathers and mothers were loath to send their little ones to a hospital for children, so the progress of filling the first six cots was slow.

In 1855, the Toronto General Hospital, in Gerrard Street East, was opened, and as far as facilities afforded, children were received, principally, however, accident cases, or those who could be permanently cured or relieved. There was no Children's Hospital in Toronto until 1875, when a few good women in the city inaugurated the work. It was founded entirely on the principle of simple faith, and all subscriptions were voluntary.

The study of the diseases of children is to-day, however, in every Continent creating particular interest among physicians and surgeons, and eminent men in all large centres are making a specialty of this particular branch of medical and surgical treatment.

The First Contribution.

The First Two Contributions.—In 1874, a few English coins were given towards the establishment of a hospital exclusively for sick children. Then a notice being put in the daily papers, an anonymous letter from Fergus, Ont., arrived enclosing $20, "For the Sick Little Ones." This sum was used to publish the first circular telling about the institution that was to be opened, so the first house was rented, in which were placed six little iron cots, and the work began.

The First Patient.

The first patient was little Maggie, age three years, who had fallen into a tub of hot water, and was badly scalded. She had been left in the care of an elder sister while the mother was earning bread for the family. A party of nine young ladies of Toronto, who had been working during the winter for the hospital, claimed Maggie as their special charge and agreed to keep her cot, by a payment of $100 a year.

The First Removal.

The Second Home.—As the months passed, and interest deepened, and the work increased, it was evident that 31 Avenue St., the hospital's birthplace, was too restricted in space and defective in other ways, and on June 1st, the following year, 1876, the hospital was removed to 206 Seaton Street. This was a great improvement on the first home; it was detached and possessed the luxury of a larger and pleasantly shaded playground, but it was unsuitable for the increased work.

The Second Removal.

The Third Home.—In 1878, the opportunity of a more suitable building was offered in a vacated house then known as the Protestant Sisterhood in 245 Elizabeth Street, near College Street, and after many alterations and additions were made, the

children were moved to the third home of the Charity. These premises consisted of land running from Elizabeth Street to Emma Street (later Mission Avenue, now Laplante Avenue), a depth of 150 feet, with a frontage on each street of 40 feet.

THE THIRD REMOVAL.

The Fourth Home.—The years went on and prosperity shone on the work—the hospital had grown beyond its house capacity—the sympathies of the people of Toronto had been thoroughly awakened to the needs and requirements of a larger home for its inmates. The "Fall" of 1886 saw the hospital ready for its fourth flitting to the Notre Dame building on the north-west corner of Jarvis and Lombard Streets, the Elizabeth Street house having quite outgrown its usefulness.

THE FOURTH REMOVAL.

The Fifth and Present Home.—The men and women who had taken, since the beginning of the work, such interest in the care and cure of sick children, now began to see that greater strides were necessary in regard to a suitable building, in order to keep pace with the requirements, and a "New Hospital" became the goal. All the best hospitals and homes for little children in Great Britain, Europe and the United States were visited.

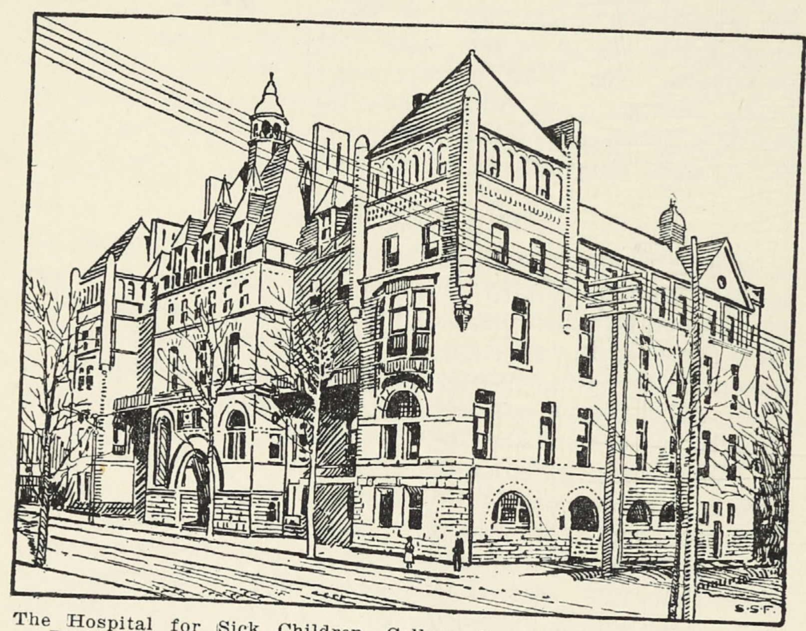
The site was chosen on the old location at Elizabeth and College Streets, and on the 10th of June, 1889, the first spadeful was taken out of mother earth from the selected site, in the presence of the trustees and a hundred friends, by Master Irving Earle Robertson, the eight-year-old son of Mr. J. Ross Robertson, and on the 6th of September the foundation stone of the new Hospital for Sick Children was laid by Mr. E. F. Clarke, Mayor of Toronto, in presence of the Corporation and many citizens.

The beginning of the year 1891 saw the great four-story pile in the air, with its handsome red brick front, its peaked towers, its terra cotta ornaments, its quaint tiled roof, its massive arched entrance and stone carvings—a structure that appealed to every passerby for sympathy, as being the new home of little ones who suffer—often the pets of the homes—but others, who owe their pinched faces and tottering steps to the neglect and poverty of those who brought them into this world.

This last and fifth home of the Hospital for Sick Children is situated on the south side of College Street, between Elizabeth Street and Laplante Avenue.

Description of the Mother Hospital.

The building has a frontage of 150 feet and a wing in each of the other streets running back 105 feet. It is of excellent design and an architectural ornament to the city.



The Hospital for Sick Children, College Street, Toronto. The Main Building, where an average of 1,500 In-patients are treated yearly.

The main entrance is imposing, round-arched and of large cut stone; and above it is an ornamental stone tablet with carved figures of cherubims.

The heavy, oaken, panelled doors open into a tile-paved vestibule, lined with pressed brick and ceiling of open timber work.

A special feature—The Robertson Memorial Window.—On the left is a stone staircase, and facing this a large stained glass window 15 feet high and 7 feet wide, which greatly enhances the beauty of the hospital building. It was erected in 1891, as a

memorial of the first wife of Mr. J. Ross Robertson and her daughter, Helen Goldwin Robertson, and presented to the hospital by Mr. J. Ross Robertson and his two sons, John Sinclair and Irving Earle.

The window was made by Mr. Henry Holiday, London, England. The subject is "Christ Healing a Sick Child," by Gabriel Max, and so perfect is the scene portrayed that the lifeless glass conveys the beauty and value of the kindly deed of Him whose great human heart beat so tenderly for the little ones whom He loved and blessed.

The gift of the window was another tribute of the munificent liberality of one who then so materially aided the work in the building of the Lakeside Home for Little Children, and also through whose exertions this new hospital owes its erection.

The main building consists of six floors: basement, ground floor, first, second, third and fourth floors.

The basement contains heating chambers, the steam main passing entirely around the building, fresh air passages, hospital store rooms for groceries, vegetables, etc., and repair department.

On the ground floor entering from Elizabeth Street is the In-Patients' Receiving Room, with bathroom attached, Laboratory department, Well-babies' Clinic Room. Along the corridor on the north side are the linen rooms, doctors' dining room, dietitian's office, hospital diet kitchen, domestics' dining room and the main kitchen extending to the south end of the eastern wing.

The First Floor.—The business offices occupy five rooms facing College Street, the Exchange has a complete telephone system, communicating with all parts of the building, two large wards, smaller ward, two service pantries, dressers' rooms and X-Ray department.

The Second Floor.—Two large wards, two smaller wards, eight private patient rooms, superintendent's office, assistant superintendent's office and students' lecture room.

The Third Floor.—Four wards for babies, with room for baby feedings and formulas.

The Fourth Floor.—The entire upper storey has been remodelled and given up for an operating suite, with the latest modern equipment.

Record of Patients, 1875-1913.

A record of every ten years will give a fair idea of the progress of work of the In and Out-Patient Departments. The Dispensary was closed 1886-91.

	In-Patients.	Out-Patients.	Total In and Out-Patients.
1875-1884	564	2,032	2,596
1885-1894	2,896	2,853	5,749
1895-1904	6,911	44,641	51,552
1905-1913	10,647	109,705	120,352
	21,018	159,231	180,249

The In-Patient Department includes all the patients who are admitted and treated within the walls of the hospital. The Out-Patient Department is for children who reside in the city, or outside patients who live with friends in Toronto, so as to have advantages of treatment without residence in the hospital.

Just note the growth—interesting figures—1 nurse, 6 little white cots, a few dollars, a few friends—the beginning. The beds have grown to 250, the nurses in training to 73, the dollars and friends to thousands.

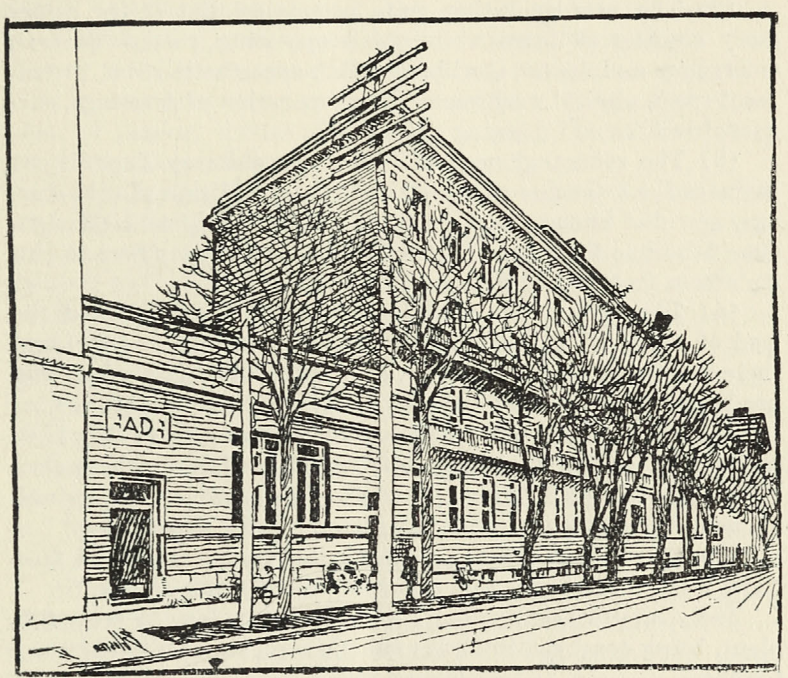
1875—Nurse......	1	1875—Cots.......	6
1913—Nurses.....	73	1913—Cots.......	250
1875—In-Patients.	44	1875—Out-Patients	67
1913—In-Patients.	1,648	1913—Out-Patients	25,507
1875—Receipts....$	2,258.03	1875—Expenditure	$2,256.03
1913—Receipts....	98,795.46	1913—Expenditure	101,696.18

Alterations and Additions, 1913-1914.

The work of the hospital had gone forward with such leaps and bounds that its equipment and accommodation had been tested to its fullest capacity, and about the end of 1911, the trustees felt that the hospital's usefulness was being hampered for want of room, so it was determined after serious consideration that the only way to meet the situation was by the extension of the present buildings.

As the hospital had no funds to make the extensions, an application was made to the Mayor and Corporation of the City of Toronto for a grant which would re-model the interior of the main building and provide a new wing.

The council, recognizing the magnificent work the hospital was doing, at once endorsed the recommendation, and a by-law



The Out-Patient Dispensary, Elizabeth Street, where about 35,000 Out-patients are treated every year.

was passed in January, 1913, by the ratepayers of Toronto, by a majority of 12,966 votes, for a grant to the hospital of $250,000.

The extensions and alterations proposed have now been completed, and in the opinion of the medical and surgical staff and those interested in hospital construction, the improvements are ideal.

The alterations to the main building include: (1) Open balconies built off each ward and which are among the most striking improvements. Each of the five large wards flanking the building on the east and west were altered in such a manner as to permit the addition of an airing balcony at the south end of each; the bathrooms, sink room, etc., were removed to the north end of each ward.

(2) The new operating suite occupying the entire upper story consists of three well-lighted operating rooms—general, emergency and dental, sterilizing room, anaesthetic room, instrument room, nurses' work rooms for preparation of dressings, surgeons' lockers and dressing rooms.

(3) The rearrangement of the entire culinary department includes the extension of the main kitchen, addition of cold storage, new diet kitchen, and complete modern equipment throughout—a unique feature—the installation of electric power to run ice cream freezer and potato parer.

(4) *The New Power Plant.*—The hospital has followed the lead of many other institutions who find economy in providing their own light, heat and power, and for this purpose a building has been erected in a central position on the hospital grounds.

The First Floor.—The boiler room contains three 200 H.P. water tube boilers and a generating room containing three electric generators directly connected to high speed steam engines, ice manufacturing machinery and power house repair shop.

In the basement are found the boiler feed pumps and feed water heater, also a vacuum pump for the heating system.

The steam to heat the various buildings is derived from this plant, being conveyed in mains run through tunnels constructed for them.

The electrical power necessary for lighting and driving the motors in use for fans, laundry works and ice machine is derived from the generators.

The refrigeration is run in cork-covered piping to the pasteurizing plant, ice-making room and cold storage boxes in the main building and other parts of the hospital.

To provide requisite draught for the boilers, a stack was erected at a height of 125 feet from ground to level and high

enough to remove fumes of coal consumption clear of adjoining buildings. Coal bunkers with a capacity of 200 tons adjoin the boiler room power house. The fire boxes to the boilers are fed automatically, each grate having its own smoke-consuming apparatus.

(5) The enlargement of the X-Ray Department. The space that was formerly occupied by the operating-room has been assigned for this purpose, new dark room, patients' reception room, filing room, and special and new apparatus installed. The system for filing is especially complete, the plates being filed away in rotation corresponding with an index filing system under name of patient, doctor and disease—a plate taken 5 years ago can be found as readily as one taken a week ago.

The following figures in the last report show the variety of work done in a year for in-patients, out-patients and private patients, and the usefulness of the X-Rays for diagnosis of both surgical and medical cases:—2,120 skiagraphs made, 110 X-Ray treatments for different diseases, 200 fractures reduced under the rays. Diagnosis—380 dislocations and fractures, 98 hip cases, 150 bone diseases, 580 chest and lung conditions, and 72 foreign bodies discovered. The 580 chest and lung conditions are cases of suspected tuberculosis in children.

(6) Then there may also be mentioned briefly: the installation of an electric elevator, new offices for the Superintendent and her assistant, re-arrangement of the bacteriological department, patients' receiving rooms, furniture and store-rooms.

All of these changes with the adjustment of the heating arrangements, the modern ventilating system installed, and especially the runway connecting all the buildings in the new wing, the pasteurization department, laundry and power plant, have greatly increased the efficiency of the Hospital's work.

The Extensive Additions Include—The New Wing:—

(1) The basement is taken up by the orthopedic work shop, autopsy room, morgue, chapel and various store-rooms.

(2) The ground floor of the new wing is divided into the various clinics for the treatment of out-patients, with a waiting-room capable of seating 200 patients, and a dispensary. There is an operating suite, orthopedic and surgical clinic, ear, nose and

throat clinic, eye clinic, medical clinic, dressings, examination, preparation and plaster rooms. In connection with the orthopedic clinic is a large workshop and leather room fitted with modern machinery driven by electric motors, for manufacturing the various artificial appliances prescribed for patients.

In 1913 many instruments were made in the orthopedic shop, and included:—30 braces for spine, 32 hip splints, 9 knock-knees, 45 ankle braces, 60 leg supports, 32 club feet splints, 100 flat foot plates, 10 bow leg splints, 40 night splints, 25 Thomas knee splints, besides 25 frames, 15 plaster and 4 aluminum jackets.

(3) The first and second floors of the new wing are laid out on exactly the same lines as the Pasteur Hospital in Paris, into glass cubicles for individual patients, so that the children are absolutely isolated, and all dangers of cross-infection eliminated. In cases of infection the parents are not allowed to enter these cubicles, but may see their little ones from the balconies on each side of the building.

Each of these floors has its own diet kitchen, sink-room, receiving and discharge rooms. The divisions between the wards themselves and corridors are made by means of metal and glass screens, running from floor to ceiling, for the purpose of keeping the patients under complete observation.

(4) The third floor is at present used to accommodate the domestics, but has been so arranged that it can be converted into wards, when necessary.

(5) The roof, which is to be used as an open air ward, is covered with red tile and protected by a parapet wall. This roof-garden has also provision for kitchen and sink-room, so that patients may be treated out of doors.

The various floors are accessible by elevator or staircase, the elevator cage taking a bed if necessary.

On both sides of ward floors and outside of the building, running from end to end, are observation balconies, and at the south end of each floor are airing balconies.

The construction throughout is fire-proof; the floor concrete and expanded metal; all beams and columns are fire-proofed with concrete, wood only being used for the doors and windows.

(To be continued.)

"HOSPITAL LIFE"

By Hospitaller.

During the year 1898 there was published in Chicago, by a gentleman named Cutler, a periodical devoted to hospitals, which bore the name of *Hospital Life*. We were fortunate in securing the twelve monthly numbers of the year 1898, bound together, from the John Crear Library, Chicago, and spent an interesting evening or two in looking through the numbers. Whether it lived longer than one year I do not know.

The magazine is of historical interest, because it represents one of the earliest attempts in hospital journalism in the United States. We believe the pioneer was Mr. Del Sutton, of Detroit, who began publication of the *International Hospital Record* about this time—in fact, slightly earlier.

One of the main features of the publication is the space it gives to the description of Chicago hospitals. In the earlier numbers appears some literature concerning the foundations of the first hospitals in the city, which are of great interest.

It appears that around the 30's smallpox and cholera were prevalent in the young city, and their occurrence aroused the physicians to appeal for a hospital. There was also crying need for a place to put indigent surgical cases, and also for appliances to properly carry on surgical work.

A distressing case brought to public attention often awakens the public conscience to the great need. It seems it was so in Chicago.

Dr. Harmon, in 1833, amputated the foot of a Canadian mail carrier, frozen *en route* between Green Bay and Chicago. The instruments were rusty, he had no antiseptic cotton or chemicals, no assistants to administer ether or hold sponges. The patient's life was saved, in spite of all handicaps, and *Hospital Life* says the doctor passed into history as "the superintendent of the first hospital in Chicago and the author of the first surgical operation."

The building of the Illinois Canal brought cholera in 1838. Many of the workmen were injured and couldn't secure proper

treatment and nursing. A hospital was very badly needed. The almshouse was used for a time—"a forlorn excuse for a hospital."

The first hospital was situated at what is now the southern limits of Lincoln Park; but it was burnt. So charity patients were sent to the poorhouse. Those in better circumstances were boarded in private families. The garrison buildings at Fort Dearborn were temporarily used.

The city had reached a population of 30,000 before this state of affairs began to improve. The improvement came through the opening of Mercy Hospital in 1849-50, incorporated as the "Illinois General Hospital of the Lakes." Here cholera and smallpox were fought with the most primitive weapons, but wielded with the strength of heroes and martyrs.

The two pioneers who had most to do with instilling the hospital idea into the Chicagoans were Drs. Brainerd and N. S. Davis. These men secured twelve beds in the old Lake House; and the occupants of these beds were used by these two men as the first clinical material for the Rush Medical College. Funds failed and the hospital management was transferred into the hands of the Sisters of Mercy. In 1852 a new charter was obtained, and continued under the medical management of Dr. Davis, and the administrative management of Mother Vincent, the latter of whom was living in the year 1898 when the historical sketch of which this is a resume appeared in *Hospital Life.*

This pioneer journal continues with a description of the work done by this pioneer hospital and these pioneer doctors and nurses.

Then follows an article on "The Effect of the Hospital Training Upon the Practitioner," by Edmund Andrews, M.D., which summarizes the value of the experience received by internes of that day—the history-taking, the surgical dressing work, the assistance in the operating room, etc.

The first article on nursing—a short one—is entitled "What Is It to be a Good Nurse?" The answer, in brief, is to love God and her fellow-creatures; to possess strength of body and mind; to possess cheerfulness; to believe that cleanliness is next to God-

liness; to have a refined character; a quickness of apprehension and action; patience and perseverance.

Then follows a rather amateurish poem on "The Blind Surgeon."

A description of the foundation and growth of the Chicago Hospital follows—a hospital established in 1893 by a group of medical men for their own cases. Dr. Binkley was one of the leading spirits. How modern he was is shown by his having installed by the Bramhall, Duparquet Co. a system of water sterilization which "consists of a system of galvanized pipes and tanks with nickel-plated outlet cocks. The water is first filtered into a hundred-gallon boiling tank in the basement, where it is boiled under a steam pressure of 80—100 lbs. The entire system above is then 'blown out,' every tank, pipe and faucet being 'blown through' with live steam under a pressure of 80 lbs. The water is then syphoned to three water tanks suspended from the ceiling on the fourth floor, and thence piped to the operating room, in which are shown only the water gauge, temperature gauge and faucets. Taps are also taken off in each nurse's lobby." This process, the writer states, ensures absolutely sterile water, as it has been subject to a temperature of 300° F."

In this same number of *Hospital Life* appears a description, by Dr. Kellogg, of the Battle Creek Sanitarium.

In the editorial department, Mr. Cutler states that the magazine is to be "devoted to the interests of hospitals, sanitariums and training schools for nurses." The subscription price is $1.00 per year. Special terms to hospitals. Mrs. Norah Gridley is designated as editorial contributor—"a widely-known, versatile and brilliant writer, who for several years has been in warm sympathy with the objects of our publication, and we ask for her the welcome which should be accorded one who represents such a cause."

The new journal will discuss such topics as: hospital administration, old and new; the clinical value of the dispensary; women's part in hospital work; the training school as a charitable agency; the evolution of the sanitarium; the duties and control of internes. The first editorial states that it takes as its text the Carlylean expression, "Take the first thing which lies

nearest thee." So *Hospital Life* will say a good deal about Chicago, "the centre of greatest activity in hospital work west of New York."

The next editorial is on "The Sentimental Side." People may sneer at sentimentality, but not at sentiment; because the high and noble work of the world all springs from sentiment. Many hospitals in Chicago had their direct origin in the feelings aroused by some deep personal experience. To this source must be traced the Illinois Training School for Nurses. Another hospital is a memorial to a dead child, etc.

The next editorial article appeals to internes and nurses to contribute to *Hospital Life.* "House officers and trained nurses are ever in contact with the inner life of the hospital. How many instances pass before them which if recorded would become tales of humor and pathos, tending to arouse public interest in hospital life, and, perhaps, bringing substantial benefits to struggling institutions."

Then follow editorials on "The Professional Side," "Practical Aid to Charities." Following an article on "The Stomachless Women," the January number winds up by offering premiums in hospital instruments and cash for the first 100 subscribers.

To the reader interested in hospital historical literature, or to the bibliophile, the 12 numbers of *Hospital Life,* if obtainable, will prove of interest.

Society Proceedings

THE AMERICAN HOSPITAL ASSOCIATION

THE St. Paul meeting of the American Hospital Association was given a fine fillip by the Chicago hospital folk. The visit to the Chicago hospitals, parks and churches, the lunch at "The Presbyterian," and the special train to St. Paul made a fine overture.

Then the weather was fine and cool, in contradistinction to that usually experienced at these convention meetings. It was not only cool, but the northern air was dry and bracing, which gave one another fillip. Then there was the visit to the "laughing water"—the lovely Minnehaha—always a joy to behold.

Coming to the papers, the report on the grading of nurses was quietly laid over, as per the following:—

SPECIAL RECOMMENDATION.

To the Members of the American Hospital Association:—

In presenting this report of its work during the year, the committee on Grading and Classification of Nurses recommends that the Association be given a year or more to study the plans outlined, before final action be taken on the body of the report. It asks the Association to authorize the committee to arrange for a conference with three duly accredited delegates from the National League for Nursing Education, the same number of practising physicians as delegates from the American Medical Association, and three lay-members, representative of hospital trustees, to be nominated by the President of the American Hospital Association, to consider the suggestions herewith submitted.

Signed: THOMAS HOWELL, M.D.
W. O. MANN, M.D.,
RENWICK R. ROSS, M.D.,
EMMA A. ANDERSON,
CHARLOTTE A. AIKENS,
IDA M. BARRETT,
R. BRUCE SMITH, M.D.

Miss Charlotte Aikens, editor of the *Trained Nurse,* chairman of the committee on the Grading of Nurses, presented the above report, and doing so remarked somewhat as follows:—

The chief reason for the existence of the committee on the grading and classification of nurses is the persistent and entirely proper demand made by the medical profession and the public for a grade or kind of nurse differing in various particulars from the standard product which we are now turning out from our training schools. They are asking, and have been for years, for nurses who are willing to serve in the average middle-class homes and are willing to serve all classes of patients, who will adapt themselves to the conditions found in such homes—homes which ask for nurses less expensive than the regular graduate nurses.

Whether this need should be continuously left to be supplied by the correspondence schools, or commercial employment bureaus, or a miscellaneous body of women, untrained, undisciplined and unsupervised, who are seeking to make a living in sick rooms and homes, or whether there should be made an intelligent, systematic and comprehensive effort to meet this need on the part of hospital workers and those primarily interested in the proper care of the sick.

This question first found expression at the Toronto meeting of this Association six years ago.

I need not say to any of you that this is the most involved, difficult and complicated question this Association has ever undertaken to deal with. But however involved, difficult or complicated, it is not a question this Association can afford to neglect. This Association can never afford to say, "We will train nurses for the rich and the poor, but as for the middle-class patient—they must shift for themselves; we have nothing to do with their welfare; what becomes of them in sickness is no concern of ours." As a body of humanitarian people we cannot afford to take that position.

During the year in which the committee has been working, there has always been before it one clear-cut objective point—to develop a system by means of which the skill of the graduate

nurse would be more generally available for all who need her skill, whether rich or poor or of moderate means. To evolve a system whereby the nursing would be done, not by graduate nurses, but under the direction of a graduate nurse who would have back of her a representative board of citizens.

If we neglect this question the employment bureaus and correspondence schools will expend their efforts to commercialize the care of the sick.

After years of study it had become evident to the different committees and individuals working at this task, that at the very beginning—the bottom of the problem was a system of classification of the workers in the field and a grading of the standards in the future—standards which would govern in the care of the sick in all classes of hospitals—standards of what is needed in the way of instruction in order that all who care for the sick would be as efficient as possible to meet all classes of sickness.

People cannot be improved in masses. They must be classified before they can be improved.

There is no justification for placing nurses who have had one year training in hospitals in the same class with those who have had no training at all—most unfair.

The committee recommends the classification of all hospital schools into two groups.

The committee thinks it unwise to place all hospital training schools on a dead level, so that the large teaching hospitals would be in the same class as the small hospital of fifteen to twenty beds.

The committee has followed the plan of the Council of Education of the American Medical Association in grading medical schools, though they do not advocate a grade A at this time. The committee hopes grade A will come in future, because training schools giving superior training should be recognized.

The first year course should be the same in all hospitals.

Grade C workers should develop in the homes rather than be trained by short courses in hospitals, in order to prevent

misunderstandings—so that they will develop under conditions in which they will work.

The report before its slight modification was printed in this journal. Anyone desiring the complete revised copy should write to Dr. Bryce, of Kingston, for it.

Much interest was evinced in the paper of Miss A. A. Williamson, Superintendent of Nurses of the California Hospital, Los Angeles, on the eight-hour law for nurses in that state.

Miss Williamson outlined the labor legislation which led up to the enactment of this law, pointing out that the people who worked to get it put through were not the nurses themselves, but the labor agitators and a newspaper woman.

In 1911 a bill—a forerunner of the nursing bill—was passed. This bill limited the working hours of women employed in any mercantile, mechanical or manufacturing establishment, laundry, hotel or restaurant, or telegraph or telephone establishment, or office, to eight hours a day for six days in the week. This law has not worked out satisfactorily to the employee, Miss Williamson maintains.

In 1912 began the agitation for the bill to include nurses. Public sentiment was worked up in its favor by the newspapers, and the bill jammed through in spite of the protest of the hospitals and nurses.

This eight-hour system allows for a service of eight hours a day for six days in the week, or six and six-seventh hours a day for seven days in the week. As a result three shifts of nurses will not cover the twenty-four hour service. It was with a great deal of awkwardness that the routine was arranged. Two nurses come on corridor duty at 7 a.m., one working from 7 a.m. to 12.30 p.m., and from 5 p.m. to 7 p.m., the other from 7 a.m. to 2.30 p.m. A third nurse comes on at 9 a.m., working until 4.30 p.m., and, should a fourth be required, she will report at 11 a.m. and will work until 7 p.m. These hours include one-half an hour for each meal. On one day in the week one hour must be subtracted from each nurses' time, so that the hours of duty will not total more than forty-eight hours for the

week. It will be seen that five nurses are needed to care for eight patients, instead of three, as formerly, and the patient must have four nurses to look after him in addition to the head nurse and senior. There are no half days or vacations.

This increases the hospital pay roll; running expenses are increased, necessitating, in private institutions, an increase in the rates. The pupil nurse gets less training. Indeed, some hospitals have abolished training schools. As an example of the working of the law, the Children's Hospital, San Francisco, has been obliged to close its contagious department; patients now applying having to be turned away.

Miss Williamson holds that seven hours a day does not give any nurse enough insight into a case to become interested. The grand principles Miss Nightingale tried to instil into the minds of her followers have resolved themselves into the labor principles of putting in time.

During her training, under this new law, it is a misdemeanor, punishable in some institutions by dismissal from the school, for the nurse to stay five minutes longer on duty than the prescribed time. Any deviation from the law will be reported and dealt with by the labor inspectors and the courts. How can a woman, asked the reader of the paper, who for the period of her training has been under this labor law, on her graduation, blossom forth as a self-sacrificing professional nurse? The long hours of the graduate nurse will not appeal to her. It is a far cry from the " Lady with the Lamp " down to the present time, when the law reduces pupil nurses to the level of the poorest paid worker in the field of labor, doing away with all zeal and interest in the work, robbing it of that little romance it had, and which discourages faithfulness and unselfish devotion to one's duty, and which puts no premium on fidelity.

How can persons in moderate circumstances be provided with the adequate medical service they need and desire? This was the perplexing question which bobbed up repeatedly at the round table conference on the general subject of " Out-patient Work," or, as it is otherwise known, hospital dispensary service.

"Only two classes can get adequate medical treatment to-day, the very rich and the very poor," was the charge of John R. Shillady, of New York, of the Hospitals Committee of the State Charities Aid Association, and his assertion was not refuted.

"We must organize our service all the way through so that the great middle class, unable to pay specialists' fees, and which is refused help at dispensaries because able to pay some family doctor's charges, gets the attention it should have," he continued.

The private medical practitioner is passing, because he is not meeting social needs, and the future will see a great co-operative organization of the profession, Dr. Shillady predicted.

O. H. Bartine, Superintendent of the Hospital for Ruptured and Crippled, New York, charged the doctors and not the public with most of the so-called "dispensary abuses."

Dr. W. L. Babcock, Superintendent of Grace Hospital, Detroit, Mich., said that middle-class people go to dispensaries because they are given a thorough examination and careful attention, instead of being treated in an inconsequential way, as by many of the high-priced practitioners when they call at fashionable offices.

The round table conference of the section on smaller hospitals also discussed questions of expense, management, housekeeping and similar details.

The real and legitimate complaints of the public against hospitals as a whole, according to Miss Minnie Goodnow, of Boston, were that they deal with cases rather than patients, that they make no provision for the middle class, and that nurses are inefficiently prepared for their work. Her paper on "Efficiency in the Care of the Patient," was read by Miss Nettie Jordan, of Aurora, Ill.

"All over the country we hear protests against nurses who are doing private work unsatisfactorily," Miss Goodnow wrote. "In many cases they have been as well prepared as a boy is trained for business life in being taught to read and write. We need to abolish non-essentials, to find teachers who can teach, and to replace tradition with common sense."

Miss Louise M. Powell, Superintendent of Nurses in the University of Minnesota Hospital, gave her approval to Miss Goodnow's criticisms and scored the nurses of to-day who think more of the appearance of their wards than of the comfort of patients.

Almshouses and asylums for the insane were the best places for beginning a trained nurse's instruction, in the opinion of Miss Roberta M. West, Supervising Nurse of the Philadelphia Hospital for Contagious Diseases. Because of their closed and permanent staff, constant drill and unbroken routine, such institutions are better for novices than the hustling, hurry-up general and surgical hospitals, she said in a paper on "Where Shall Nurses be Trained?"

The hospitals for insane ought to be distributing centres for training school material, feeding the smaller hospitals, but the bringing about of such a progressive, institutional system is possible only through a uniform curriculum and standardized discipline and conduct, Miss West declared.

Selected Articles

HOSPITAL ABUSES

THOSE semi-charitable institutions that are exempted from taxation, on the theory that they are caring for the sick poor, too often betray the taxpayers. Partial betrayal is indubitable. The private sides of these hospitals are too often developed at the expense of the free quarters. It is all but impossible to get a poor patient into some of these plants. It is not only the urgent case that demands their care. If it is such bad business to take care of all classes of the sick poor that these hospitals cannot admit them, then the city should establish more of its own hospitals and proportionately withdraw its support from the private institutions. The *New York Sun* further proposes on the part of the city the establishment of its own semi-charitable hospitals, in which those not destitute could obtain proper treatment by a small charge in accordance with their incomes, with the proviso that such cases permit themselves to be utilized for instruction. Such patients would thus be offered an opportunity to maintain their self-respect without destruction of all their resources by paying a certain percentage of their incomes for treatment and nursing. The *Sun* quotes, with apparent approval, the plan of the Syndicat Médical de Paris in respect to patients able to pay, but pretending poverty. A written statement of his financial inability is exacted from each patient who claims to be unable to pay, when, if investigation disclose misrepresentation, prosecution and punishment follow in the courts.

We think the plan recently devised by the Commissioners of Accounts of New York, adopted by the Board of Estimate, endorsed by the Mayor, and put in operation by the Commissioner of Charities, an excellent one. Every patient unable to pay, or able to pay only part of the cost of hospital maintenance, is reported to the Department of Public Charities within

twenty-four hours after admission, whereupon examiners of the Department are sent to the homes and employers of such patients, and a careful inquiry instituted as to the actual economic status of the reported cases. All sources of income are inquired into. Agreements to pay part are secured from some responsible member of the family, if possible, and these payments are made at the office of the Department. The city pays the hospital in full for the patients unable to pay, and for those from whom the hospital has failed to collect, but who have paid the Department something less than the full board. Whatever the hospital collects itself is deducted by it from its monthly bills rendered to the Department. There are per capita per diem rates for different classes of patients. It would seem to us that at last a scientific scheme has been elaborated, calculated to reduce this phase of charity abuse to a minimum, and the profession has to thank the Commissioners of Accounts for this useful service to the taxpayers and to itself.—*The Medical Times.*

Book Reviews

"The Hospital Matron"

THE first issue of *The Hospital Matron* reached us a few weeks ago. It will appear once a month in place of one of the semimonthly issues of *The International Hospital Record.* It contains a lot of good material of immediate interest to the department of the hospital coming under the supervision of the Matron, including General Housekeeping, Kitchen, Laundry, etc. We bespeak for *The Hospital Matron* the co-operation of American Hospital management.

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

The Delaval Process

Nothing is so important in a hospital as the food supply. In these days how careful the hospital purchasing agent must be as to the milk supply and its inspection. A great deal of the responsibility will be taken off that official's shoulders if he have installed in his institution a DeLaval equipment, whereby all the milk supplied is put through the DeLaval Process of clarification, thereby rendering it a great deal more wholesome, and cleansed, not only of all foreign matter, but of all inflammatory discharges with which so much milk is infected.

Gurney Physicians' Scales

The attention of the readers of The Hospital World is called to the advt. on page xlviii of this issue, of The Gurney Scale Co., Hamilton, Ont. This firm manufacture a Physician's Scale second to none, which is especially designed for use in hospitals, physicians' offices, and private bathrooms.

Garlock Mineral Wool Pipe Coverings

At this season of the year, Hospital Superintendents who want to economize in their fuel should investigate the advantages to be attained by using Garlock Mineral Wool Pipe Coverings. Their use prevents losses from radiation and condensation, and in so doing saves coal and reduces the hospital expenses during the winter months. As coal consumption in a hospital means a very large outlay, the above is worthy of careful consideration. Garlock goods are obtainable from The Garlock Packing Co., Hamilton, Ont.

*Publishers' Department.

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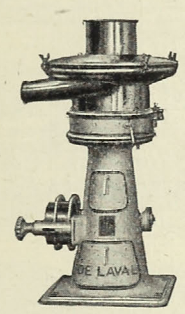

No milk, whether certified, inspected, guaranteed, or however produced, is so pure but that it will be rendered more wholesome by the De Laval Process of Clarification.

The need of cleansing milk, not only of the foreign matter it is invariably found to contain, but, as well, of the inflammatory discharges with which the milk of nearly all cows, at one time or another, is infected, has come to be recognized by the chief health authorities, the more enlightened and progressive dealers, and also by the consumer.

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Fire Prevention

In a recent issue of a well-known publication lately there appeared a list of timely ''Don'ts'' in the interest of fire prevention.

One was

Don't buy ordinary matches. Safety matches are just as cheap.

And again

Don't fail to see that used matches are harmless before throwing them away.

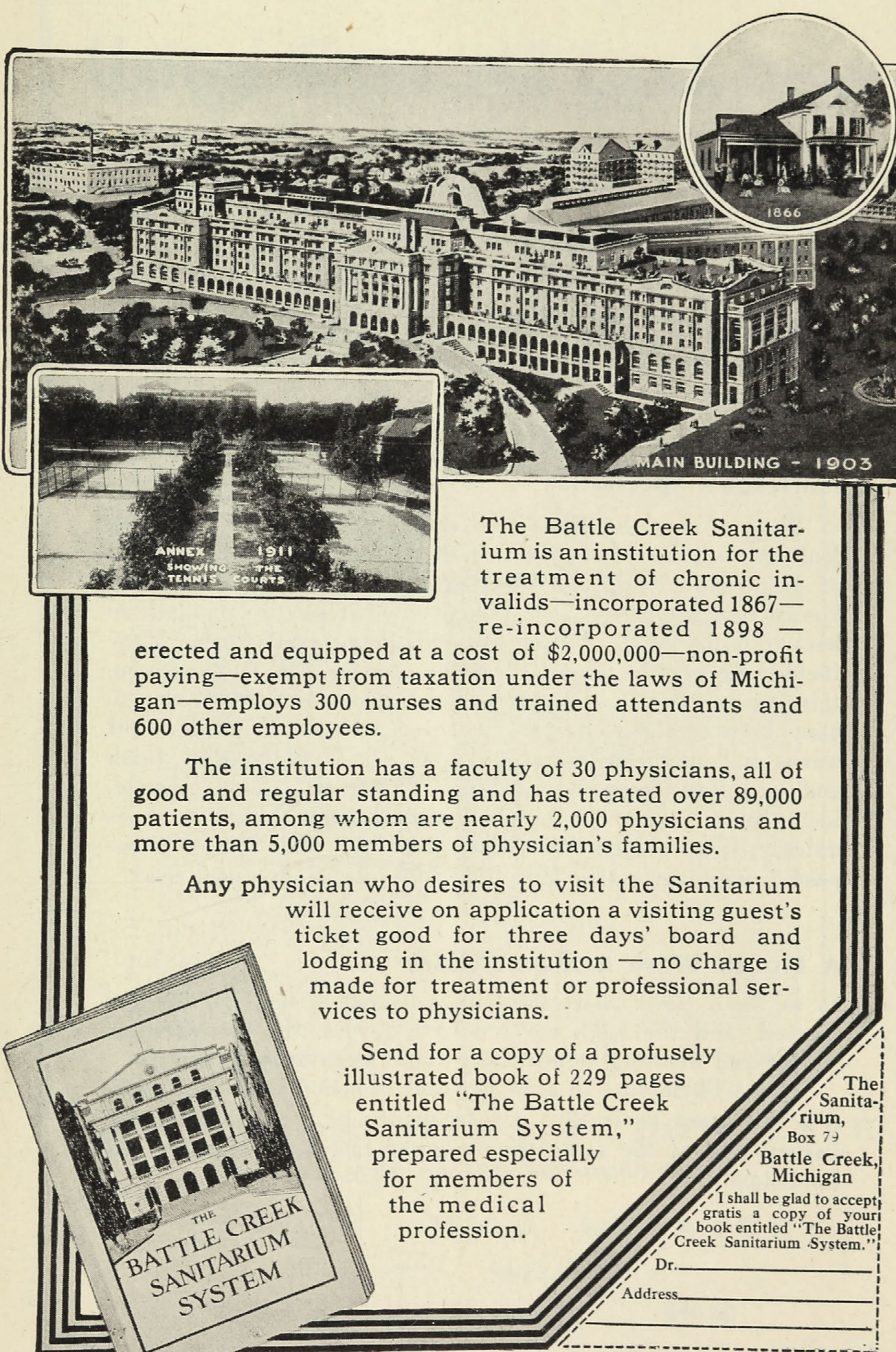
We could add another

Don't buy matches which will light easily if trodden upon.

If you buy and use Eddy's ''Safety'' Matches you will have no need to bother your head with a list of don'ts, for they are ''Safety'' matches in the utmost sense of the word, in that they will light only on the box, do not splutter or flare, and the heads will not drop off.

Bacillus Bulgaricus in Gastro-Intestinal Diseases

The method of treating intestinal infectious processes by implanation of the bacillus lactis bulgaricus appears to be growing in favor with practitioners. Clock's experience in upward of a hundred cases of infantile diarrhea at the Babies' Hospital of the City of New York, as related by him in the *Journal of the American Medical Association* of July 19, 1913, has undoubtedly played a considerable part in focussing attention upon bacillus bulgaricus therapy. In the instance referred to, 117 cases were treated by the outpatient department staff of the hospital, under Clock's personal supervision. Of this number 116 recovered, the one death occurring in a severe case of enterocolitis which had persisted for two weeks before treatment began. Noteworthy among the results of the treatment were the gain in weight by the patients, despite the number of stools; the rapid change of the stools to yellow; the rapid subsidence of fever; absence of mucus and blood from the stools at the end of forty-eight hours. "The implantation method of treatment," declared the author, "has progressed beyond the experimental


1866
MAIN BUILDING - 1903
ANNEX 1911
SHOWING THE
TENNIS COURTS
The Battle Creek Sanitarium is an institution for the treatment of chronic invalids—incorporated 1867—re-incorporated 1898 —erected and equipped at a cost of $2,000,000—non-profit paying—exempt from taxation under the laws of Michigan—employs 300 nurses and trained attendants and 600 other employees.
The institution has a faculty of 30 physicians, all of good and regular standing and has treated over 89,000 patients, among whom are nearly 2,000 physicians and more than 5,000 members of physician's families.
Any physician who desires to visit the Sanitarium will receive on application a visiting guest's ticket good for three days' board and lodging in the institution — no charge is made for treatment or professional services to physicians.
Send for a copy of a profusely illustrated book of 229 pages entitled "The Battle Creek Sanitarium System," prepared especially for members of the medical profession.
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Dr.
Address

stage, and the results of its use can no longer be questioned or disputed. The treatment has proved of practical, clinical and scientific value, and its simplicity should appeal to every practitioner."

Parke, Davis & Co. offer bacillus bulgaricus (a pure culture) in tablets, the form used by Clock and others in the treatment of gastro-intestinal diseases, numerous cases of which have been reported in the medical press. Physicians will do well to write them for literature.

Jamieson's Specialties

Few, if any, hospitals in Canada have not had business dealings with the well known firm of R. C. Jamieson & Co., Ltd., of Montreal. They and their goods are well and favorably known throughout the Dominion, and we feel sure that all we have to do is but to mention three of their special lines. They include *Jamieson's Liquid Floor Wax* for hospital floors; it contains no beeswax, will not collect the dust, and is very easy to use; *Velvex,* a perfect flat enamel for the walls of hospital wards and operating rooms—it gives a soft and restful finish and will stand repeated washing; *Jamieson's Floor Enamel,* ideal for finishing floors, porches and verandahs; it dries quickly, takes a high gloss, wears like iron and will stand repeated washing. Mr. Hospital Superintendent—nuf sed!

A Mouth Wash in Fever Cases

In all fever cases where the tongue is coated, the lips dry and cracked, and the teeth covered with sordes, the use of some cooling and soothing mouth wash would seem to be indicated.

Glyco-Thymoline in a 25 per cent. solution with cold water fills this want perfectly. Its frequent use is grateful to the patient and at the same time a great factor in relieving the condition.

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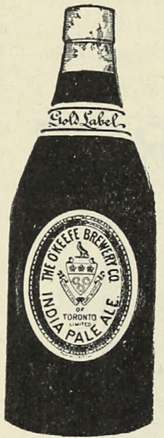

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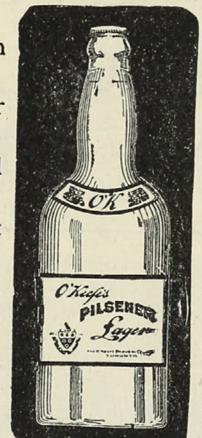

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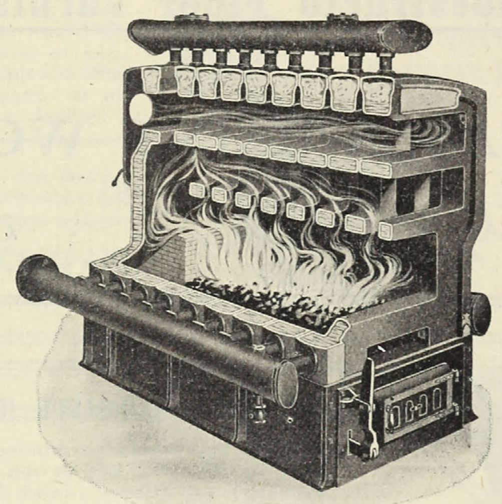

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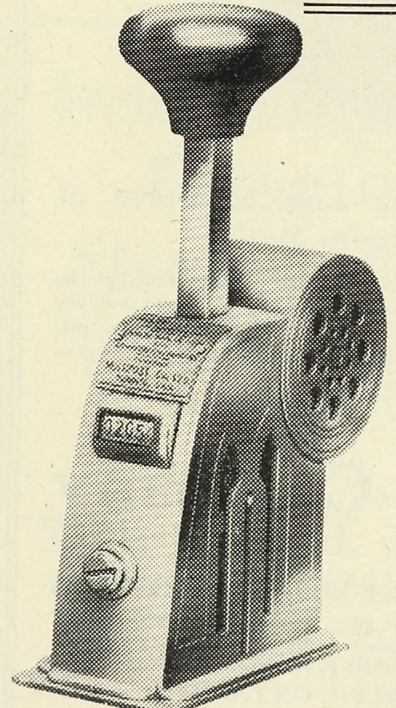

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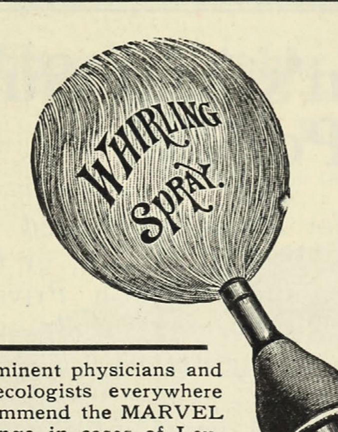

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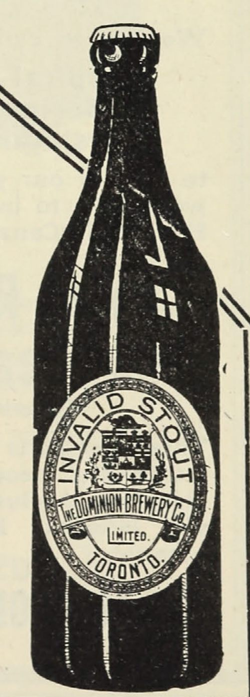

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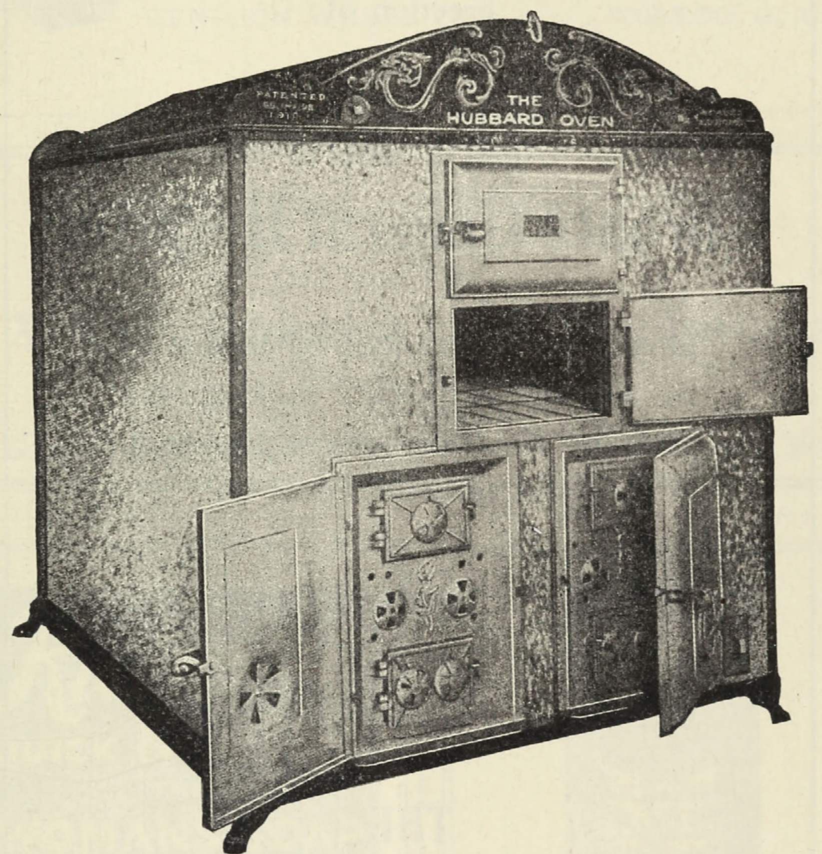

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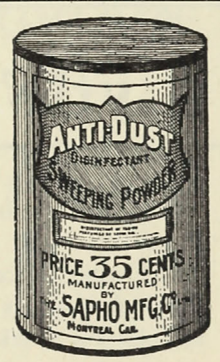

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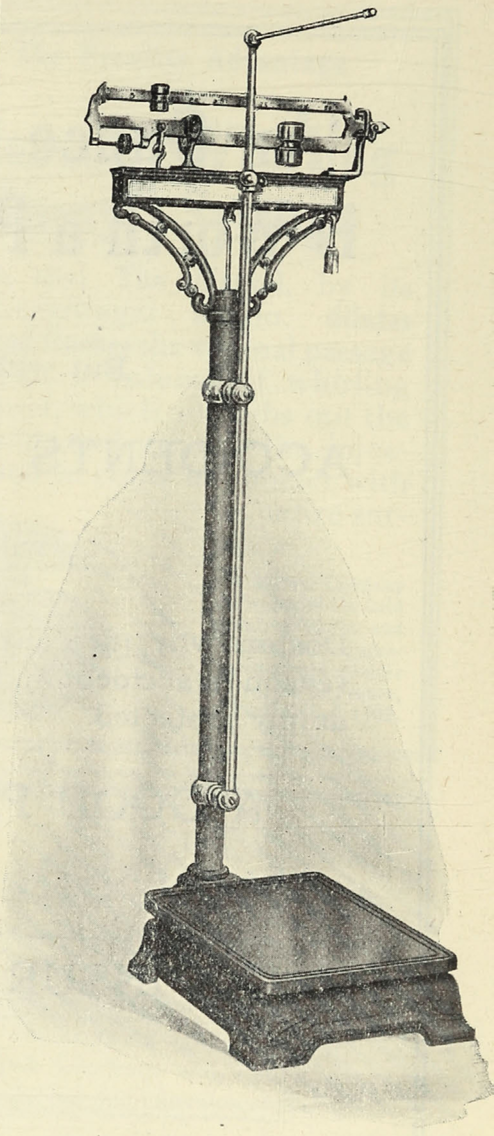

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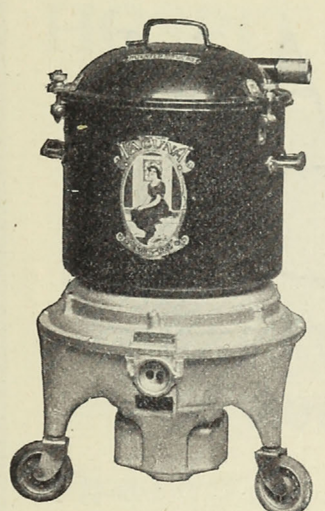

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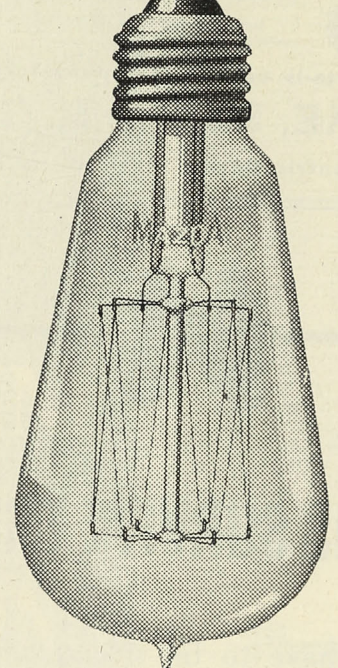

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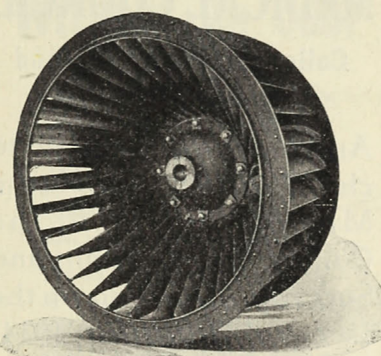

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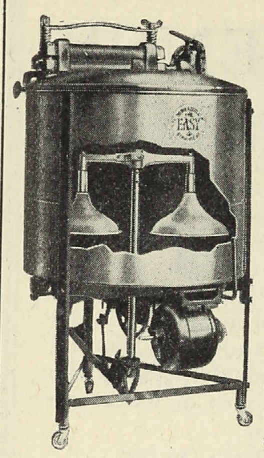

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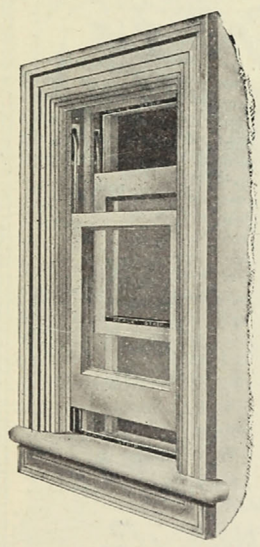

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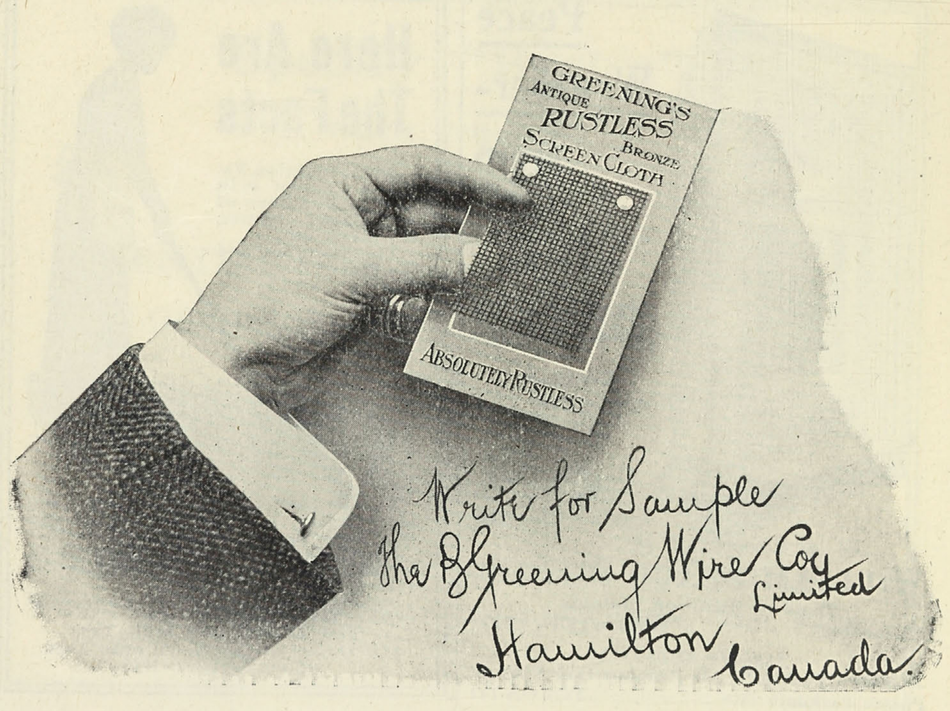
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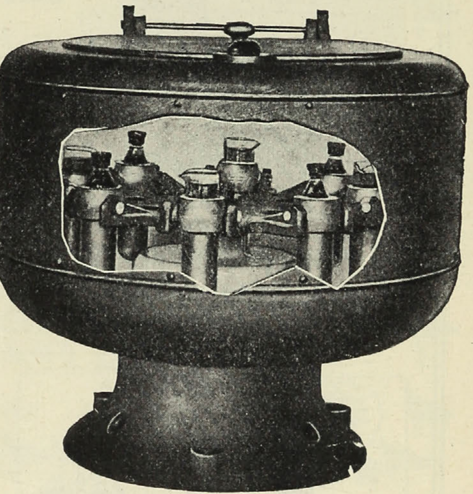

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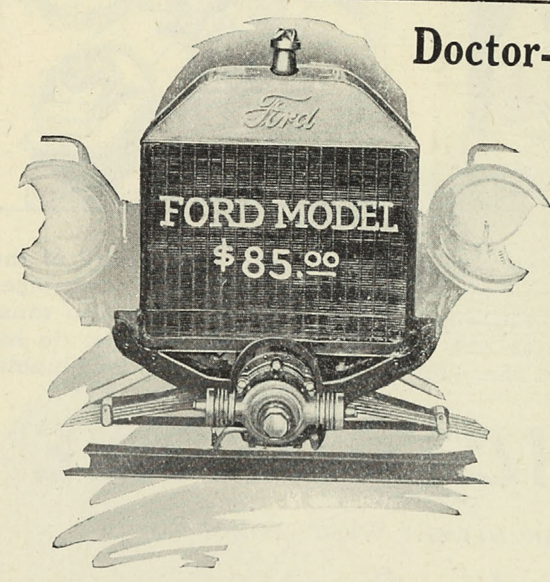

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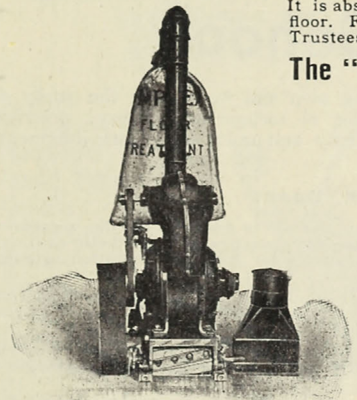

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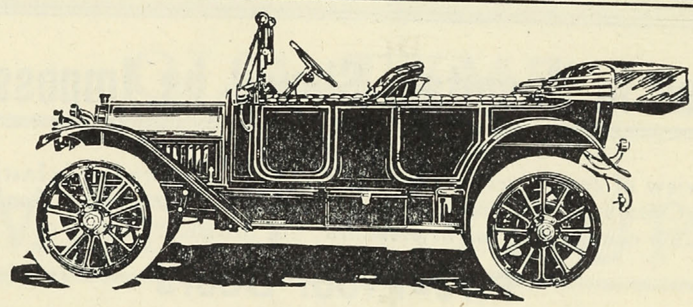

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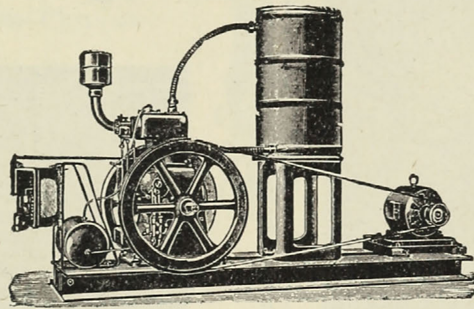

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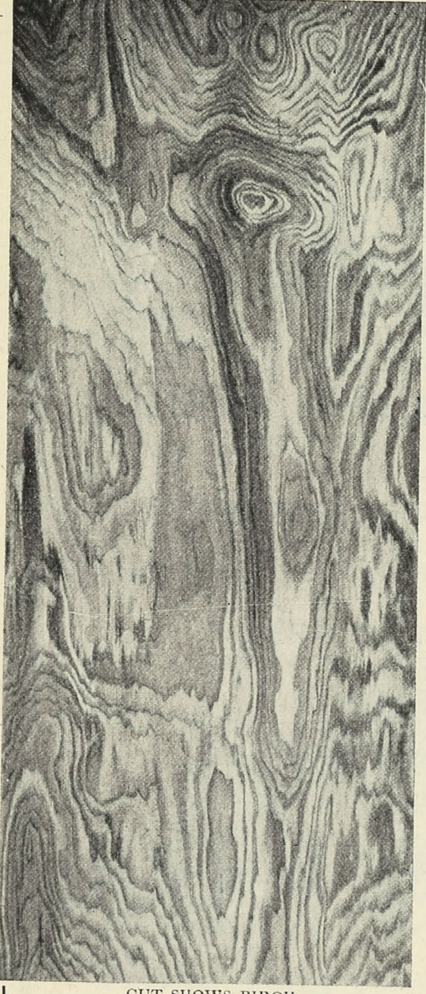

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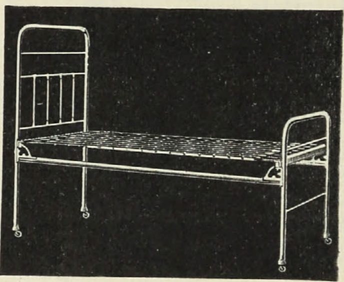

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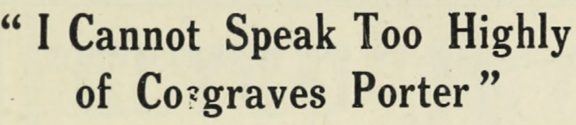
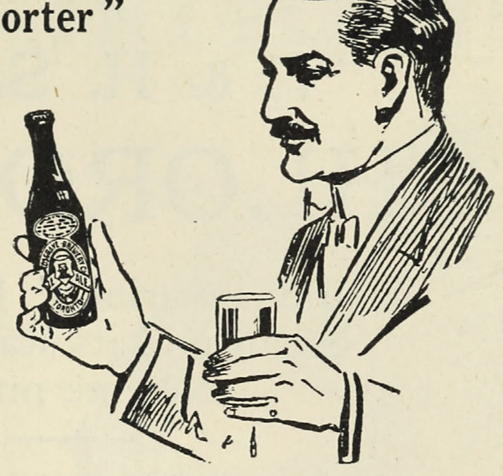


The above quotation is taken word for word from a letter of a practising Toronto Physician.



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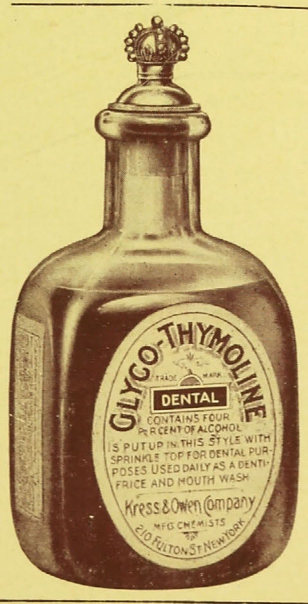

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