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THE HOSPITAL WORLD

(Incorporating The Journal of Preventive Medicine and Sociology)

THE OFFICIAL ORGAN
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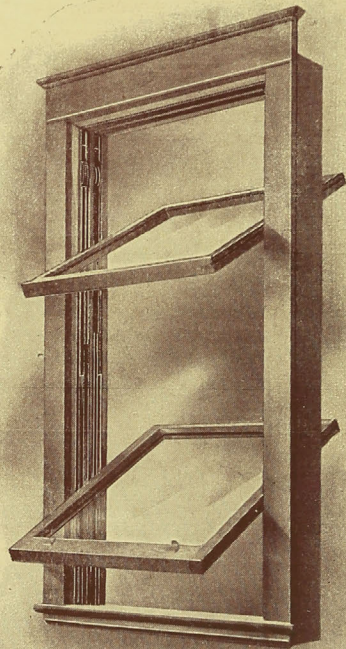
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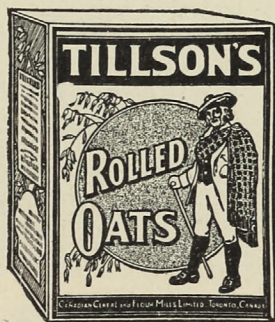
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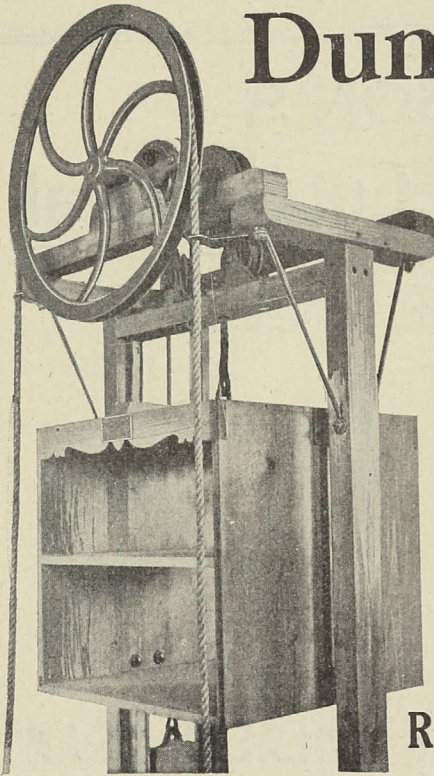
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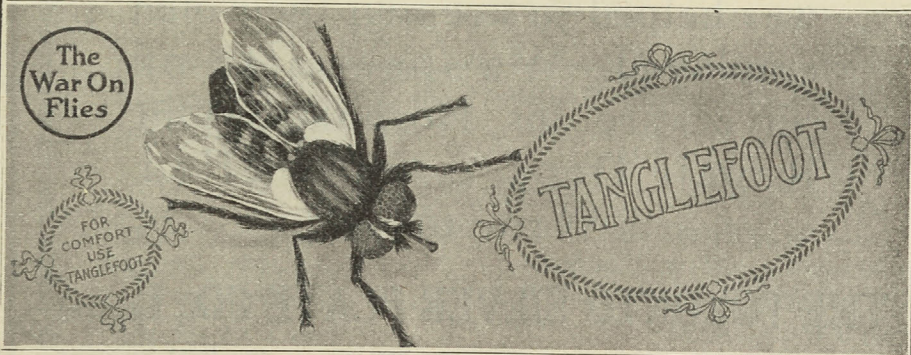
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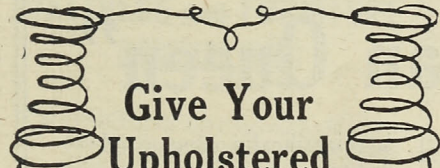
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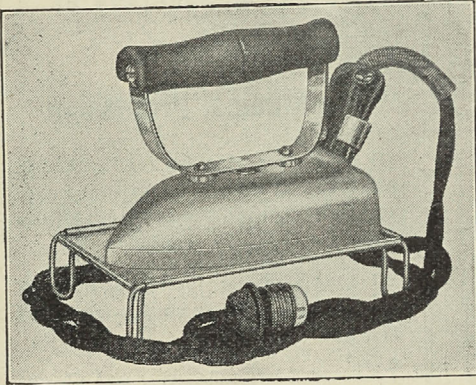
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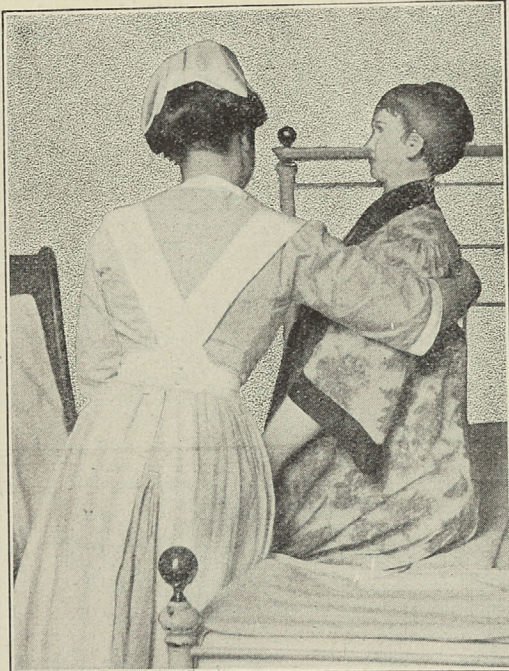


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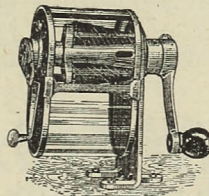
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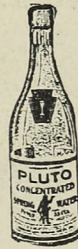
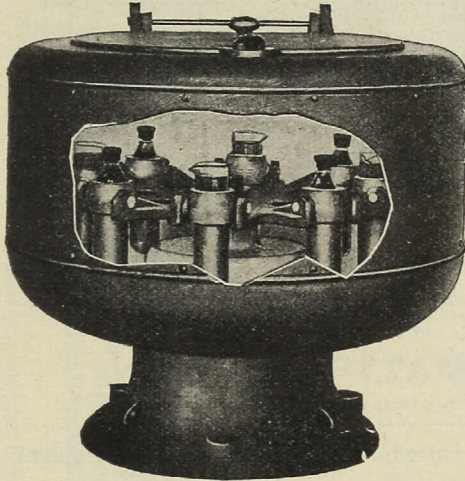
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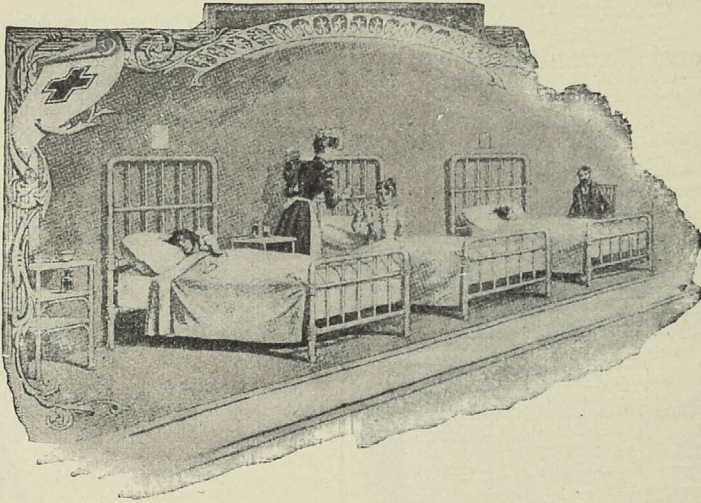
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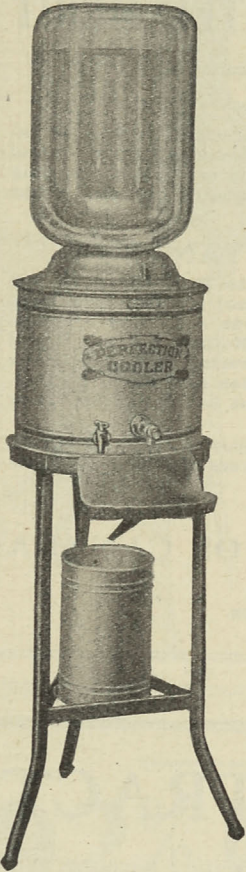
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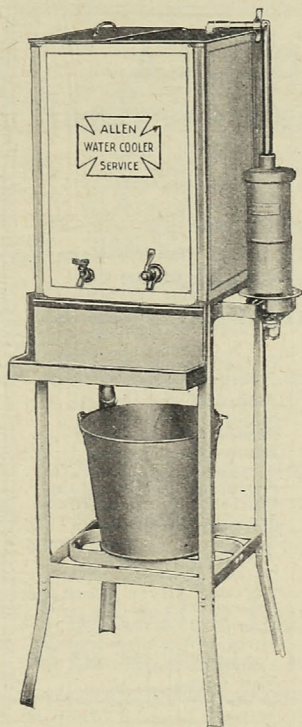
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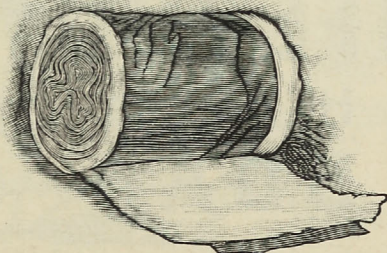
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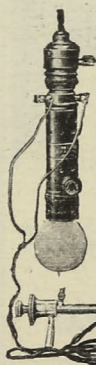
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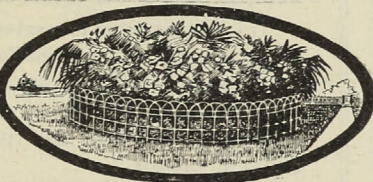
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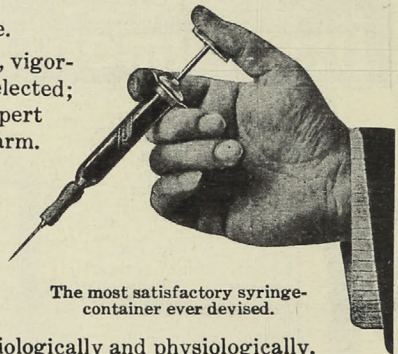
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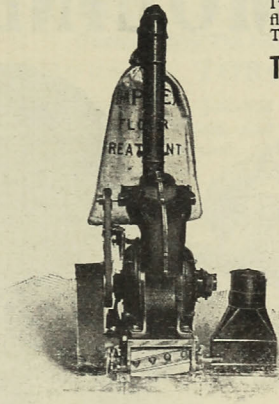
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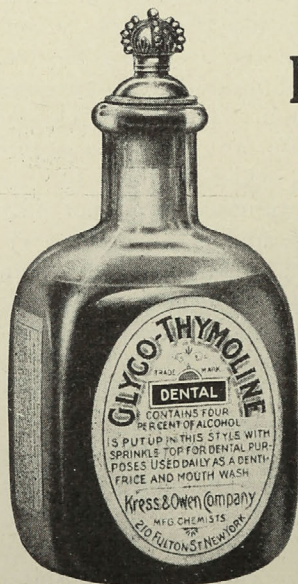
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No. 6

Editorials

THE HANDICAPPED HERO

THAT those who risk life and bodily faculties in the nation's welfare should have provided for them all that is possible of adequate means of recovery in

event of disability has been a matter of national concern.

The care of the sick and wounded of the allied forces has been organized to a degree unknown at any former period of war. But with our thought and planning devoted to present conditions in this respect, we are as yet making no provision for the care of permanent war invalids. We fail to realize that in a large measure it is the fear of permanent invalidism, and the consequent inability to make a living for themselves and families, rather than the fear of death, that deters many men from joining the colors.

Germany is already taking forehanded measures in this matter, which it would be well for Britain and her allies to consider.

First, of course, comes the hospital treatment, which includes the application of orthopedic and mechanical appliances to restore deformity of crippled parts. In many instances the authorities are furnishing artificial limbs where necessary.

The Bavarian Government is taking extensive steps in this direction, and has already established local committees throughout the kingdom, who are devoting their energies to a consideration of methods by which each permanently invalided soldier may be taught and furnished employment suiting his capacity. In fact, Bavaria is undertaking, as a Government measure, the work for those handicapped that has been in operation for several years in one or more of our leading American hospitals.

An official "trade adviser" is attached to the large Bavarian hospitals, who combines service with the hospital physicians in considering the degree of disability of the convalescent soldier, his chances to earn a living, and in what fashion. Workshops for trade instruction are being arranged in, or in close connection with, the hospital; and the crippled convalescent soldier is allowed, under careful medical supervision, to try out his powers as his strength permits, and to select what he can best do. Opportunity for further instruction in this direction is then continued after he leaves the hospital.

Courses of instruction are being given in left hand writing; the blind are being taught by experts; and special courses are being established for the deaf. All of this is systematically begun while the patient is still in the hospital, and continued under Government auspices after the patient leaves. The whole purpose is to make the crippled soldier a self-supporting and self-responsible man again.

The care of invalids, says Bavaria, is a function of the entire community, primarily of the Empire and the State, and this is especially true of war invalids. By this early movement which is being rapidly extended Germany hopes that the number of invalids who must be dismissed from her economic life, and who need care in institutions, will be very small.

From the earliest moment of his convalescence to give the invalid the right mental attitude, one of hopefulness of further service, to assume his further

economic value to the community and help him to realize the same, and to open up organized avenues of responsible and worthy work for him is an undertaking that yet remains for Greater Britain's most serious consideration.

AN UNSEASONABLE LOSS

A GENERAL and sincere sympathy will be felt with Mr. John Ross Robertson in the recent destruction by fire of the Lakeside Home of the Sick Children's Hospital, Toronto. This gentleman's munificent philanthropy in the cause of sick children is too well and widely known to need comment. That the results of his untiring effort and princely generosity should, in so large measure, be destroyed will be much and widely deplored. In spite of the many claims this unhappy year is making upon Canadian giving, it is to be hoped that Mr. Robertson will, in spontaneous fashion, be given the financial support necessary to enable him to replace the burned building.

It was an unfortunate timing for such a loss. From one to two hundred sick children, and not a few nurses, grown weary of looking out upon brick walls and a noisy thoroughfare, were living in anticipation of the spacious outdoor living and the lake breezes and sky views that would be theirs in only a few short weeks. The convalescence of the sick child, the gradual return of health and strength that is his rightful heritage, is one of the pleasant things to con-

template, and it is a matter of deep regret that so valuable an accessory to this end as is the Lakeside Home should be lost, even for one season, to the children of Toronto.

THE TOLL

AT this moment of writing when all Canada is both deeply proud and deeply mournful—ablaze with enthusiasm yet wrung with an indignant grief—it is fitting that this journal should express, however inadequately, its sympathy with the losses sustained by so many Canadian families among our men at the front.

Before this brief note appears in print these losses may have been doubled or trebled. But while we face the coming weeks with great anxiety, yet we do so with pride, knowing that what our boys have done they will continue to do.

To the parents of these sons who have so splendidly laid down their lives, this Journal offers all it can convey of both sorrow and congratulation.

To Dr. G. Sterling Ryerson, of Toronto, as a well known member of the medical profession, we wish especially to extend our sympathy. Dr. Ryerson's long leadership in the Canadian Red Cross movement, his interest in all national and patriotic matters, as well as his U. E. L. ancestry, ensured that his sons would be among the first to respond to the call to arms; and their gallant conduct has given their par-

ents the proud joy of knowing that in the annals of this awful war

“ Whatever record leaps to light,
They never shall be shamed.”

FOR ANIMAL RESEARCH

OF great significance to the medical world of this Continent is the announcement that the Rockefeller Foundation has recently been empowered to establish an institute of animal research on a scale and with equipment that will make it one of the great laboratories of the world for the study of comparative pathology.

The institution is to be built on grounds adjacent to Princeton University, and although it is stated that it will operate independently of the university, there is no doubt that the two laboratories will work in cordial co-operation, while the new institute will, of necessity, prove a strong stimulus to the Biological Department of Princeton. The plans of organization are not yet complete, but the large scope thus far outlined point to the fact that the new institute aims to compare with the famous Pasteur laboratories in its influence on medical science.

The plans include a completely equipped Foundation for the study of bacteriology in its relation to animal industry; and as such diseases are frequently cognate to human disease,—bovine tuberculosis, for

instance,—the result of such a widely comprehensive investigation will be far-reaching in its influence.

It is stated that Dr. Theobald Smith, of Harvard, one of the most eminent bacteriologists in this country, is to be in charge of the scientific work, and will gather a corps of assistants. Over a million dollars will be put into laboratories and equipment as a beginning.

The establishment of this animal bureau will probably revive the frequent and warmly debated subject of vivisection—in how far experimentation upon animals should be utilized to serve the human race, when such involves the suffering of animals. A volume on this topic entitled “Animal Experimentation and Medical Progress,” from the pen of Dr. W. W. Keen, just issued from the press, endeavors to show that the charges of animal cruelty made by the anti-vivisectionists are often founded on misconception, and lack of knowledge of operating technique. The writer offers very convincing arguments in defence of such method of research, and shows how great things have been accomplished for the human race during the past half century through such experimentation. As proof thereof, Dr. Keen mentions the control of yellow fever, of tetanus, of typhoid fever, and of malaria, in which scientific progress has come from experimenting upon the lower animals.

What the founding of this new Rockefeller Research Laboratory means in opportunities for ad-

vanced studies in biological science only the medical world realizes; what it will bring of development to the human race cannot be prophesied.

DR. H. A. BOYCE RESUMES GENERAL PRACTICE

DR. H. A. BOYCE has resigned his position as Superintendent of the Kingston General Hospital after seven years' service. Dr. Boyce is well known to the hospital world, having been President of the Canadian Hospital Association, and for two years officiated as Secretary of the American Hospital Association. In American parlance Dr. Boyce is a "live wire," having worked with great energy and enthusiasm.

Dr. Boyce, we learn, purposes opening private practice in Kingston—a good man lost to the hospital field.

The HOSPITAL WORLD wishes Dr. Boyce much success in his new vocation.

Original Contributions

THE PRIVATE HOSPITAL AS A PUBLIC INTEREST *

BY W. T. GRAHAM,

Superintendent, Iowa Methodist Hospital, Des Moines, Iowa.

THE increasing hold of the hospital idea upon the mind of the public makes the successful presentation of a hospital enterprise much easier to-day than a decade since; while the multiplicity of the calls upon the purse for civic or social betterment makes it more necessary that the appeal be clean cut and convincing.

Exciting public interest is largely a matter of education, where a new hospital is in view. Where an established hospital seeks funds for expansion, it becomes a matter of giving publicity to the project.

A prominent advertising specialist recently said: "A successful advertisement arrests attention, keeps attention to the end, and is convincing. Furthermore, a successful advertiser must have *something worth the price asked*. You cannot boost a bad thing by good advertising. Let us see how this applies to the hospital: Support for a hospital enterprise requires good advertising: Ethical, dignified, tactful, convincing expressions of policy; record of service and illustrations of its public utility will secure sustained interest.

Let me suggest some of the motives influencing gifts to hospital work, as indicating the nature of the effort necessary to secure attention.

Let us assume, that underlying all motives is that of the Good Samaritan—true benevolence—or the conception of responsibility to God for the furtherance of His Kingdom on earth. This is undoubtedly the most common and admirable of all motives. However, there are those who seem to be only in-

*Read at the meeting of the American Hospital Association, St. Paul, Minn.

fluenced by self-interest—the expectation of gain direct or indirect—the love of personal prominence in a desirable association or notable movement. A hospital may favorably influence the value of real estate in a neighborhood, or it may mean a demand for supplies that would profit the prospective giver.

Pride in some denomination, some fraternal order, or some peculiar professional practice, is often appealed to successfully; civic pride that a city should have hospital accommodations equalling those of some other ambitious rival; or the intelligent appreciation of the true value of the hospital to the community; or the motive may be the desire to erect a memorial to some loved name.

The raising of funds for a well discerned public necessity, ably managed, needing support for the enlargement of its work, is easier now, than securing assistance to duplicate efficient existing hospitals. This is one of the significant indications of the value of the effort of hospital workers to educate the public to a better understanding of sane hospital establishment.

The sympathy of the public is large; it is often incredulous and suspicious of the motives of those seeking funds, but is responsive to the proper touch.

Nothing appeals to this emotion more strongly than the exhibition of sympathetic service to the needy. Hence it is natural that as an appeal nothing should be more used or abused. So, people are beginning to look more closely into appeals made from that source. They are giving as never before, and inquiring in the same way as to the uses made of funds subscribed to ameliorate the condition of the unfortunate.

Needed funds will go with greater facility to the hospital of efficient service; and in the public mind this means more than the giving of a dose of medicine on time, or an operation at an opportune moment. Technical skill will count for much with the trained worker, but the public in general judge hospital care by what it can see and understand. Intelligent sympathy is the keynote of success in hospital work. The feeling of security that a patient's welfare is being safeguarded at all times will do more to enhance the reputation of a hospital than any one

single agent. The reputation for courtesy is one of the best assets a hospital can acquire. Courtesy and tact will sound its name farther than any subtle appeal.

The successful hospital is accommodating—willing to pause long enough to consider reasonable requests, and to grant them, if they do not interfere with some greater right. Kindness never appears better than when clothed with firmness; and kindness and consideration should never mean a departure from a well digested plan of practice.

Frankness in dealing with the public will do much to promote confidence. The public must be taught to feel instinctively that statements represent exact conditions; that there is no juggling with figures presented.

Probity within the institution must be unquestioned—that funds given for specific purposes will not be diverted to some other use, however laudable. The public must have confidence in the wisdom of the managers—that enterprise and ambition will be governed by conservative consideration in every proposal involving considerable expenditure, or exchange of policy.

Impartial consideration, in the relation to patients, physicians, friends, and nurses, will do much to cultivate friendly interest. Nothing furnishes better food for the vicious than the exhibition of favoritism to others. Recognition of ability, of kindness of purpose, of interest, is laudable; but the distribution of favor must be founded upon better premises than these. According to their needs—as our ability lies—without preference or precedence.

These things, however well developed, will not take the place of technical efficiency. They will not apologize for blunders in the reception of patients, omissions in expected attention, or lack of compliance with orders.

The business conduct of the hospital is important to that large class of prospective givers, who have amassed a competency by the practice of economy and business forethought.

The hospital should welcome friendly inquiry as to its methods.

Business success comes from a close study, and comparison of resources, collections, and expenditures.

physicians. There are always men who will need more time and attention than others; but it should be of the same quality throughout. Let the medical men know that their co-operation is appreciated. The value of the hospital connection as an important factor in the community, and the conviction that the hospital and the physician represent the best combination for recovery, is a fact of growing significance. Let conservative consideration and deliberate action be the answer to impatient request; that the resulting equipment may be of generally recognized utility with the absence of expensive discarded experiments. The hospital without adequate funds cannot afford to experiment; but no hospital can afford to be without necessary equipment. Imbue physicians with the value of the hospital to the profession at large; its tendency to improve the general medical atmosphere; to elevate the conception of the physician's responsibility to the public; the stimulation of medical attention to the unfortunate; and a study of social conditions.

Show the public the strength of the hospital as an educational factor in the community, in the dissemination of useful knowledge concerning the nature and prevention of disease; that the nurses are filled with the hospital spirit in extending this knowledge wherever they go; that patients become conversant with better methods of care; that visitors get a new understanding of the value of preventive efforts; that women learn of better domestic methods; and men a better appreciation of their worth.

Establish cordial relations with the various charitable organizations. Make use of their facilities in investigations, and accord them a share of favorable consideration in handling their problems.

Let the practical-minded be shown as a public asset the value of disabled men and women restored to the ranks of workers, with the consequent relief of the burden of dependent children, or helpless adults; of the value of the crippled child restored to health and promise; the lessened burden of public care for chronic invalids, because of early recognition and attention; and the decreasing number of defective progeny by hospital precautions.

In the absence of city and county hospitals, let the public know the economy of aiding the hospital, in caring for public charges, as a lessening of public expense, but, "Beware the Trojans bearing gifts." Such patients should be admitted under general rules, and per capita cost should be insisted upon as the minimum remuneration.

In these days of social survey, the approbation of the representative commercial body or Board of Trade is a most important aid in establishing the need of a hospital enterprise.

The employment of efficient permanent field representatives is of proven worth. There is much in the regularity of presentation; in keeping the hospital on the minds of the people. Prominence in reflection is what brings sales to well advertised articles, and money bequests to hospitals. A field agent has the time to favorably influence large givers; he reaches also that large army of small givers, that total such immense gifts to charity each year. There is an army of modest self-sacrificing givers, without whom our hospitals would be diminished by over one-third. The importance of cultivating this field cannot be exaggerated. No hand too small, no tongue too weak, to help. Hospitals are built by large gifts, but sustained by small.

In cultivating interest we must distinguish between attracting attention, and securing conviction, as to the necessity and amount of funds sought. I question the ultimate value of sensational methods in attracting attention, unless the serious character of the institution be so well understood that it cannot suffer from any reflection of suggested flippancy. The efforts in securing permanency of interest seem more and more valuable—the keeping of the institution before the public by dignified, tactful, regular presentation.

A model hospital bedroom with a nurse in attendance at a fair or exposition; and abundant literature, that will cause people to think, will be worth more in the long run than the emulation of the methods of Jesse James: A window in a prominent location fitted up as a small babies' ward, with trenchant, pointed and easily read statements: A model emergency ward on or near a railroad centre: Illustrations of first aid in common disabilities may furnish novel features on a programme; Lectures and presentations at women's clubs, fraternal associ-

ations, churches, boards of trade, industrial plants, picnics, or conventions, need only to be mentioned as samples of activity.

Newspapers sometimes seek information against the recognized medical ethics of the sacredness of the body, or personal affairs; but if a readiness is shown to furnish them with items of general public interest, they will be found to be friends of great value. Notices of meetings, plans, social and professional gatherings, movements of officers, unusual or pitiful instances of hospital relief, will be found to be always welcome to their pages.

Harmonious co-operation with boards of health, lining up shoulder to shoulder with their efforts to better conditions, is at once the duty and the pleasure of the properly administered hospital.

In this brief sketch I have endeavored to show some of the ways a private hospital may become a public interest. I have endeavored to show how the hospital itself can be an advertisement to arrest attention, to keep attention, to convince, and to be worth the price asked.

Society Proceedings

THE SEVENTEENTH ANNUAL CONFERENCE OF THE AMERICAN HOSPITAL ASSOCIATION

This splendid meeting convenes at San Francisco, Cal., on June 22nd to 25th, inclusive. A magnificent programme has been prepared and it will repay ten-fold any one and every one interested in hospital matters to take the trip and spend a few days with the American Hospital Association, as no one can do so without coming away both a better and a wiser man or woman.

The following comprises the programme, as corrected to date of going to press:—

TUESDAY, JUNE 22, 1915.

9.30-10 a.m.—Registration and Enrollment.

Morning Session, 10 a.m.

1. Invocation.
2. Address of Welcome.
3. President's Address. Dr. A. B. Aucker, 1st Vice-President, Supt. City and County Hospital, St. Paul, Minn.
4. Report of Committee on Inspection, Classification and Standardization of Hospitals. Dr. John A. Hornsby, Chairman, Editor *Modern Hospital*, Tower Building, Chicago, Ill.
5. Report of Committee on Medical Organization and Medical Education. Dr. Joseph B. Howland, Asst. Administrator, Massachusetts General Hospital, Boston, Mass.
6. List and Nomenclature of Diseases and System of Filing. James L. Whitney, M.D., University of California Hospital, San Francisco, Cal.

TUESDAY, JUNE 22, 1915.

Afternoon Session, 2.30 p.m.

1. The Effect of Legislation upon the Schools for Nurses in California. Miss Anna C. Jamme, Secretary, Board of Registration of Nurses, Sacramento, Cal.

2. The Eight Hour Law, its Present and its Future. Miss Anne A. Williamson, R.N., Supt. of Nurses, California Hospital, Los Angeles, Cal.
3. High Ideals of Nursing. Mrs. Alice H. Flash, Supt. of Nurses, Massachusetts Homeopathic Hospital, Boston, Mass.
4. Progress in Nursing. Miss Harriet Leck, Principal, Grace Hospital Training School for Nurses, Detroit, Mich.
5. Report of the Committee to Consider the Grading and Classification of Nurses. Miss Charlotte A. Aikens, Chairman, Editor *Trained Nurse and Hospital Review*, Detroit, Mich.
6. Report of Committee on Hospital Finance and Cost Accounting. Miss Lucia L. Jaquith, Supt. Memorial Hospital, Worcester, Mass.
7. Correlation of Hospital Diet. Miss Grace McCulloch, Dietitian, Peter Bent Brigham Hospital, Boston, Mass.

WEDNESDAY, JUNE 23, 1915.

Morning Session, 10 a.m.

1. Method of Rating Professional Men for Hospital Appointments, for Promotion and for Hospital Reports. Robert L. Dickinson, M.D., Brooklyn, N.Y.
2. Little Things that are Big Things in Hospital Management. Robert J. Wilson, Director, Health Department Hospital, New York City.
3. The Hospital Superintendent and the Architect. Mr. Warren C. Hill, Architect, Kendall, Taylor Co., Boston, Mass.
4. Some Apparently Accepted Hospital Units. Henry M. Pollock, M.D., Supt. Norwich State Hospital, Norwich, Conn.
5. Question Box.

WEDNESDAY, JUNE 23, 1915.

Afternoon Session, 2.30 p.m.

Joint Meeting of American Hospital Association with American Nurses' Association, at Greek Theatre, Berkeley, Cal.

WEDNESDAY, JUNE 23, 1915.

Evening Session, 8 p.m.

1. Modern Hospital Illumination. David Crownfield, Pettin-gill, Andrews Co., Boston, Mass.
2. The Possibilities of Future Development in the Service Ren-dered by a Hospital to the Community. A. R. Warner, M.D., Supt., Lakeside Hospital, Cleveland, Ohio.
3. State Aid to Private Charitable Institutions. W. H. Walsh, M.D., Medical Superintendent, The Children's Hospital, Philadelphia, Pa.
4. Where Should the Housekeeper for the Small Hospital be Taught and Where Trained? Miss Emma A. Anderson, Supt., New England Baptist Hospital, Boston, Mass.
5. The Relation of a Children's Department in a Teaching Hospital to Children's Institutions of the City or State. William P. Lucas, M.D., Professor of Pediatrics, Univer-sity of California, San Francisco, Cal.

THURSDAY, JUNE 24, 1915.

Morning Session, 10 a.m.

1. The Question of Efficiency and Simplicity in Hospital Records. Edward Martin, M.D., Professor of Surgery, University of Pennsylvania, Philadelphia, Penn.
2. Clinical Records in Relation to Teaching and Research. A New Plan to Promote Conservation and Utilization of Ma-terial. Eugene S. Kilgore, M.D., Instructor of Medicine, University of California Hospital, San Francisco, Cal.
3. Heating, Ventilation and Power Plants of Hospitals. Mr. Dwight D. Kimball, Consulting Engineer; President, American Society of Heating and Ventilating Engineers; Member of New York State Commission on Ventilation, New York City.
Discussion by Mr. O. H. Bartine, Supt., Hospital for Ruptured and Crippled, New York City.
4. For the Greater Success of the Hospital. George L. Perusse, M.D., Supt. Michael Reese Hospital, Chicago, Ill.
5. Efficiency and Progress in Hospitals. Mr. Howell Wright, Supt. City Hospital, Cleveland, O.

6. Report of Committee on Hospital Information. Dr. Winford H. Smith, Supt. Johns Hopkins Hospital, Baltimore, Md.

THURSDAY, JUNE 24, 1915.

Afternoon Session, 2.30 p.m.

1. The Building of the Hospital. Construction. Mr. Oliver H. Bartine, Supt. Hospital for Ruptured and Crippled, New York City.
Discussion by Mr. Dwight W. Kimball, Consulting Engineer, President, American Society of Heating and Ventilating Engineers; Member of New York State Commission of Ventilation, New York City.
2. Medical and Surgical Efficiency in General Hospitals. Fred-eric A. Washburn, M.D., Administrator, Massachusetts General Hospital, Boston, Mass.
3. Engine Room Economics. Thomas Howell, Supt. New York Hospital, New York City. Mr. Phillip Murray, Engineer, New York Hospital, New York City.
4. Contemporary Mistakes in Hospital Construction. John A. Hornsby, M.D., Editor *Modern Hospital*, Chicago, Ill.
5. Report of Committee on Constitution and By-laws. Mr. Richard P. Borden, Chairman, Fall River, Mass.
6. The Company Hospital. R. W. Corwin, M.D., Minnequa Hospital, Pueblo, Col.

THURSDAY, JUNE 24, 1915.

Evening Session, 8 p.m.

1. The Need of Pay Clinics for Persons with Incomes from \$900 to \$3,000. Richard C. Cabot, M.D., Massachusetts General Hospital, Boston, Mass.
2. Care of Cases of Mental Disease in General Hospitals. Henry M. Hurd, M.D., Secretary, Johns Hopkins Hospital, Baltimore, Md.
3. Report of the Committee on Out-Patient Work. Michael M. Davis, Jr., Ph.D., Boston Dispensary, Boston, Mass.
4. Report of the Committee to Consider Suggestions in Dr. Howell's Address Last Year. Dr. Robert J. Wilson, Director, Health Department Hospitals, New York City.

FRIDAY, JUNE 25, 1915.

Morning Session, 10 a.m.

1. Hospital Efficiency. Mr. Richard Waterman, Secretary, Committee on Efficiency, Philadelphia Medical Society.
2. Purchasing Hospital Supplies. Louis A. Burlingham, M.D., Asst. Supt., Peter Bent Brigham Hospital, Boston, Mass.
3. A Few Hospital Problems and Their Solution. J. McLean Moulder, M.D., Supt., Methodist Hospital, Indianapolis Hospital, Indianapolis, Ind.
4. Fire Protection and Prevention in Old Hospitals. John M. Peters, M.D., Supt., Rhode Island Hospital, Providence, R.I.
5. Medical Social Service Department Problems in a State University. Louis Morrow, M.D., University of California, San Francisco, Cal.
6. Interdependence Between Hospital and Outside Work. Richard M. Bradley, Thomas Thompson Trust, Boston, Mass.

The afternoon session on June 25th will be devoted to Committee reports.

The Royal Edward Institute, Montreal

We recently received the fifth annual report of The Royal Edward Institute, 47 Belmont Park, Montreal. As our readers are aware, this splendid institution is "for the study, prevention and cure of tuberculosis." The report contains a photo of the late Col. Burland, the founder of the institute and the President of the Canadian Association for the Prevention of Tuberculosis. The pamphlet is most interesting and gives a full account of the work being done.

War Hospitals

The Difference between a General and a Base Hospital

The position of a General Hospital on the line of communication is about two-thirds of the distance between the actual firing zone and the base.

Intervening between it are the following units: The Regimental Surgeon—his duties are to render first aid to the unfortunate members of his regiment. The wounded are then carried by means of the Regimental Stretcher Bearers to a position of safety, known as "Aid Posts," and at these specific points they are left and the regimental surgeon returns to his regiment. The wounded are then transported by means of the Stretcher Bearers belonging to the Field Ambulances, and are carried by means of transport to the dressing station of this unit where the injured are carefully examined and the more serious cases receive attention.

They are then passed on to the clearing hospital, which is usually some building requisitioned for that purpose. As this station is only maintained for the purpose of distributing the wounded they are therefore, detained there as short a time as possible, consequently no beds are provided.

Such wounded as need immediate attention are then carried by means of transport, such as motor ambulances, etc., to the nearest rail head, whence on special ambulance trains they are sent to the next hospital, known as the Stationary Hospital, which has a capacity of about 200 beds.

This Stationary Hospital is complete in every respect, and in it such cases are treated as are likely to be returned to the firing line again in a comparatively short space of time; but such cases as would require serious operations and longer detention are sent forward by rail to the nearest hospital, known as General Hospital. This hospital has a capacity of five hundred and twenty beds—twenty of these being reserved for officers. This unit is usually placed in some large building acquired for this purpose, and the equipment is such as is to be met with in any first-class civil hospital.

This General Hospital is also supplied with tent equipment so that if circumstances and conditions prove satisfactory, the whole unit would be under canvas. From these facts it must be realized that the equipment carried by such a unit as this is enormous. The personnel consists of twenty-one officers, made up of surgeons, physicians and specialists; and amongst this latter group may be mentioned an orthopedist, a neurologist, a radiographer, a sanitary officer, an oculist, an anesthetist and dentist.

The patients from this hospital as soon as possible are sent either by rail or boat to what is known as a base hospital, which is very far removed from the scene of action.

Such base hospitals in the present campaign are, so far as the British forces are concerned, situated in England, and it is here that these brave soldiers convalesce. They are transported to England by means of hospital ships, which are so arranged as to accommodate over two hundred patients and with each ship is a personnel of surgeons and nurses to take care of the wounded during their transportation.

Cliveden Hospital

Sixty Canadians in this hospital are now making rapid recovery from their wounds, under the influence of skilful treatment, careful nursing, and the splendid air. The hospital is crowded to its capacity with three hundred and twenty-two patients.

Construction work on the new building is proceeding rapidly. This will provide additional accommodation for six hundred patients. The new structure is of the hut style, is to be covered with asbestos sheeting, and will have steam heat, electric light, hot and cold water, and other hospital conveniences. There will be four wards, a big administration building, a stores department, etc. The staff will be increased to forty-nine nurses, twenty-five officers, and three hundred orderlies.

The following conditional Red Cross nurses left London on May 8th for Malta; Miss Adams of Grenville, Sask.; Miss Jacobs, of Toronto; Miss Bolster, of Regina, Sask.; Miss Dixon, of Hamilton; and Miss Aikman, of Winnipeg.

The Woman's College Hospital

The Woman's College Hospital and Dispensary Board have purchased a very suitable property at 125 Rusholme Road for the extension of their hospital work. Extensive alterations have been made, including thorough overhauling of the heating plant, the installation of the Nurses' Silent System. There will be two public obstetrical wards—on the top floor. The roof and outside walls of these have been lined with linofelt, to insure coolness in summer, and extra warmth in winter. The hospital will accommodate twenty-one patients (public, semi-private, and private). It is anticipated that it will be opened early in June. The dispensary work will be carried on for the present at 18 Seaton Street.

A BATH ROOM SCALE FOR SALE

Any hospital desiring to purchase a new bath room scale that has never been used can obtain full particulars from *THE JOURNAL*. It can be bought for one half of the list price.

PHYSICIAN WANTED—HOSPITAL APPOINTMENT

A physician is required immediately to fill the position of Medical Superintendent at the Emery Hospital, Anand, Gujerat, India. Anand is on the main line between Baroda and Ahmedabad. The Emery Hospital was established by Dr. Andrews about twelve years ago as a small dispensary and dressing-room in his bungalow. It was named after Miss Emery, who founded it in memory of her sister and 1st ward after its donor, Mrs. Pennell, the mother of Dr. Pennell, of Bannu. The Hospital at present has accommodation for forty in-patients and the work is growing daily. The applicant must be a Christian and interested in Foreign Mission work. Full particulars on application to Colonel Gaskin, Salvation Army headquarters, Toronto, Ontario.

Obituary

THE LATE DR. W. O. MANN

Dr. William O. Mann, President of the American Hospital Association and superintendent of the Massachusetts Homeopathic Hospital of Boston, died at the above hospital, April 9th, after a short illness of less than a week. He was operated upon for an abdominal trouble and his chances of recovery were considered very good until his condition became complicated by bronchial pneumonia.

Dr. Mann was one of the best-known hospital superintendents in this country and was appointed president of the American Hospital Association at its last meeting held in St. Paul, Minn., in August.

The work of preparing the programme and arranging the details of the American Hospital Association to be held in San Francisco next June, added greatly to the labors of Dr. Mann during the past year. In addition to his usual duties as hospital superintendent, he had been engaged in planning the construction of a new building for the Maternity and Out Patient Departments of the Massachusetts Homeopathic Hospital. Altogether the year had been an unusually strenuous one for him.

Dr. Mann was 45 years of age. He graduated from the Boston University School of Medicine in 1892. During the next few years he held an appointment on the staff of the Westboro (Massachusetts) State Hospital, and from there went to Fergus Falls (Minnesota), as assistant superintendent of the State Hospital for the Insane.

He returned to Boston in 1899 to become superintendent of the Massachusetts Homeopathic Hospital. During his sixteen years of service there, he developed and enlarged the main hospital and in 1908 supervised the erection of a new building for contagious diseases in connection with the hospital. This

building, located at Brighton, some three miles distant from the main hospital, is known as the John C. Haines Memorial Building.

In 1910 the Robert Dawson Evans Memorial Building for clinical research and preventive medicine was built under Dr. Mann's direction.

Dr. Mann's death will prove a great loss to the American Hospital Association. He has been actively interested in promoting the usefulness of the association from its inception, giving generously of his time on important committees. During the past three years he has served on the committee on grading of nurses, a subject which he considered of great importance, and one involving the welfare not only of the sick committees but of all hospitals as well in the United States and Canada.

Book Reviews

Notes on Dental Surgery and Pathology, with over 150 illustrations. Interleaved with blank pages for the reader's own notes and drawings. By T. W. WIDDOWSON, Licentiate in Dental Surgery of the Royal College of Surgeons, England; Late House Dental Surgeon to the Liverpool Dental Hospital; Contributing Editor to *Oral Health*, Toronto, Canada; Author of "Notes on Dental Anatomy and Dental Histology (a Pocket Tomes)." "The Care and Regulation of Children's Teeth," etc., etc. Published by John Bale, Sons and Danielsson, Ltd., Oxford House, 83-91 Gt. Titchfield Street, Oxford Street, W. London. Price 10s. 6d.

Dr. Widdowson's *Notes on Dental Surgery and Pathology* are very concise. There is no effort to hide the meaning, or lack of knowledge by verbosity. What is known of the subject, the author tells, and where doubt exists the different opinions are given in plain and concise language. The following statement of the contents gives some idea of the subjects covered. The writer first deals with Deciduous Dentition, causes, care and treatment, etc. Then follows a chapter on the permanent teeth, followed by other chapters on disease affecting the teeth and surrounding parts, as Inflammation, Caries, Disease of the Pulp, Treatment and filling of Root Canals; and of the Alveolar Periosteum, Gums and Mucous Membrane. Chapter II deals with Salivary Calculus, which is followed by others on Odontomes, Odontalgia and Neuralgia, Empyema of the Maxillary Antrum, Necrosis of the Jaws, Fractures of the Jaws, Dislocation of the Temporo-Mandibular Joint, Closure of the Jaws. Chapter XIX to the end deals with affections that may arise from dental neglect, as Swelling about the Jaws, Ulcers of Tongue. Some space is devoted to tooth extractions and accidents that may follow, and the subject of cleft palate is not neglected.

The section on "The Treatment and Filling of Root Canals" is up to date. The author first gives attention to the forms of root canals, and the difficulties to be encountered from abnormally constructed roots. In this section the treatment of septic root canals is considered under the section treating of extirpation of the pulp. No adverse criticism can be offered to the method of treatment of septic root canals except to suggest that, instead of the first step being to apply the rubber dam, the cavity should be washed out with water, and the decayed cavity cleared as well as possible by instrumentation. The tricreso-formalin medication is advocated, and the method of procedure clearly outlined. The method of root canal filling is also taken up, and although the author recommends gutta percha, he also gives directions for using other materials with their advantages and disadvantages. The section concludes with a consideration of other medicaments, besides tricreso-formalin for treatment of putrescent pulps.

The volume is highly recommended to those who wish to review their acquaintance with this subject up to date.

Social Work in Hospitals, a Contribution to Progressive Medicine. By IDA M. CANNON, Head Worker, Social Service Department, Massachusetts General Hospital. Survey Associates, 105 East 22nd St., New York.

As its title indicates, this is a volume dealing with that vast new conception of the hospital's responsibilities in its relation to the social needs of its patients as well as the larger social life of the community. It is one of the Russell Sage Foundation publications, and is dedicated to Dr. Richard Cabot, "whose insight, constructive imagination and fearless pioneer spirit have been the chief factor in starting and bringing to its present status in this country organized hospital social service."

The chapter headings are explanatory of the subject-method of the book. The Beginning of Hospital Social Service; Medical-social Problems, Basis of Treatment; Organization; Work-

ers; Future of Hospital Social Service, etc. In each of these the writer speaks, not only from an extended personal experience, but also from that of many able co-workers; so that the volume is a summary of expert knowledge gained in the decade since the inception of the movement.

The value to the general public of such publications as this lies in their absence of technical phrasing. Their interest is thus not confined to the medical sociologist or the professional worker along either of these lines. The lay student can read them with understanding and thereby gain thoughtful stimulus on one of the most progressive and far-reaching of to-day's movements. This book should take its place in all hospital and college libraries; also upon the bookshelf of every physician and social service worker.

The Tuberculosis Nurse—her functions and qualifications. By

ELLEN N. LA MOTTE, R.N., graduate of Johns Hopkins Hospital, former nurse-in-chief of the Tuberculosis Division, Health Department of Baltimore. Introduction by Louis Hamman, M.D., Physician-in-Charge, Phipps Dispensary, Johns Hopkins Hospital. New York: G. P. Putnam's Sons.

It is a great pleasure to read a book written so cleverly about a place and a campaign with which one is already quite familiar. It is like meeting a good friend. The Johns Hopkins Hospital, by one of its endowments, fitted up the large Phipps Dispensary for Tuberculosis patients to meet the growing service of that portion of the general clinic. In time, the social duties of the nurses followed the patients into their homes. Now, the "spit" nurse, as the New York gamine calls her, is as well known on the streets as if she were a Sister of Charity.

A fair way to criticize such a work as this is to set down what you think would be desirable qualifications and duties to fill the bill; you are then impressed with the necessity and importance of the many details you left out, that you find upon "reading the right answer."

The subject is very fully dealt with, in equity towards doctor, nurse, patient, and political systems. It is a summary

of all the good points and a warning against the mistakes made by the nursing body over which the authoress was chief. It gives in minute detail most practical directions about every branch of the work as to records, inspection, patients' occupation, disinfection, nurses pay and vacations, method of securing appointment, etc.

The question of how far the nurse shall co-operate with a physician who does not measure up to *her* standard is a delicate one. Miss La Motte advises that the nurse do her duty according to the teaching of her school; which may mean, overruling the physician-in-charge. She should not do this, however, in such a way that either patient or physician will know it, that is, generally, not at all. Where an A1 school with A1 standards send out A1 nurses into the homes of the poor, they have always shown themselves rather dictatorial to those less well-informed. But they need not carry the patients' burden so far as to scare him or bulldoze him. Pressure should be tactfully applied, when the doctor is delinquent, through the Board of Health, an impersonal body, if relatives cannot be persuaded by gentle hints and insinuations. Let things halt for a little while. Every day in our life brings a kaleidoscopic change of conditions, and the very obstacles that annoy a nurse may pass away.

This book should be on the shelves of every Training-School Library.

The Care of the Sick Room. By ELBRIDGE GERRY CUTLER, M.D. Cambridge University Press.

This small volume of fifty pages, one of the Harvard Medical School publications, is a pocket manual of the title-subject, valuable to both the professional and the home nurse.

Full of practical points concerning the requisites of the sick room and the simple, home-made methods of carrying out the same, every page is readable and easy of understanding. It is concise, simply phrased and easy of understanding, and can be recommended as a valuable manual both for the hospital and the home.

A Clinical Manual of Mental Diseases. By FRANCIS H. DER-CUM, M.D., Ph.D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia; Consulting Neurologist of the Philadelphia General Hospital; President of the Philadelphia Psychiatric Society; Ex-President of the American Neurological Association and of the Philadelphia Neurological Society; Foreign Corresponding Member of the Neurological Society of Paris and of the Neurological and Psychiatric Society of Vienna; Member of the Royal Medical Society of Budapest, etc., etc. Philadelphia and London: W. B. Saunders Company. 1913.

Professor Dercum in this work has presented the clinical manifestations of the various forms of mental disease as they will appear to the general practitioner, and his aim is rather to instruct and qualify the student to practically direct the management of mental illness than to represent the academic doctrines and controversies. He considers insanity in its relation to the prominent epochs of life, as puberty, adolescence, adult age and senescence, and also in its relation to the various diseases of the visceral organs, physiological conditions, as pregnancy and lactation, and to intoxications and disorders of metabolism. The author also has a very interesting account of insanity by contagion which is rarely mentioned in works on this subject, and his observations are helpful and sound. "The mystic paranoic," he says, may be "a man or woman of powerful personality, of force, of natural eloquence and of convincing manner. Under such circumstances he not infrequently secures a following, and one too that may grow to huge proportions. One need hardly mention the divine healers who arise in every age and in every country, nor speak of those who actually found new faiths and creeds. Mystic paranoia is a danger that is real, grave and insidious. The unknown, the mysterious, the occult inspire awe and dread; they also weave a hypnotic spell, they bind in hopeless impotence, chain in blind fascination the simplest workings of the mind. The everyday facts of life and of existence are denied and absurd delusions substituted. Realities are hallucinated away and replaced by the intangible figments of mental disease. The

communicated madness so arising may become epidemic and may last for centuries."

The chapters on the Psychologic Interpretation of the Symptoms and on treatment are excellent, and altogether the volume of a little over four hundred pages will afford an interesting and reliable guide to any member of the profession who may acquire it.

N.H.B.

Selected Addresses—on subjects relating to Education, Biography, Travel, etc., by JAMES TYSON, M.D., LL.D., Professor of Medicine *Emeritus*, University of Pennsylvania. Philadelphia: P. Blakiston's Son & Co. Price, \$1.75.

In this volume Dr. James Tyson has presented to the Profession a series of addresses of the greatest interest. These addresses include such subjects as Memoir of William Pepper, M.D.; Memoir of Albert Holmes Smith, M.D.; Requirements of a Modern College Education; The General Practitioner; Hospital Organization; The Trained Nurse, and a Review of the Progress of Medicine during the last half-century, 1863 to 1913. The book is one that should be in the hands of every physician, and makes most interesting and instructive reading, helping to wile away an evening hour.

The Invalid and Convalescent Cookery Book. By ALYS LOWTH. Longmans, Green and Co., London. 1s. 6d. net.

This book, of about 120 pages, is in binding suitable for kitchen wear, and in good clear type. It is quite up-to-date in its information about the latest kinds of utensils, such as the Thermos flask. If an invalid must have a diet from which certain elements are to be banished, the nurse will have to possess a knowledge of dietetics independent of this book, since it simply classifies the recipes into groups according to their kind, soups, entrées, game, etc., whereas one might work more easily if it were arranged as follows: pure proteids, pure carbohydrates, a well-balanced diet, a salt-free diet, etc. Otherwise, the subject matter is good, and there is a very great deal of sound wholesome advice interspersed throughout.

The Doctor and "Safety First"

Radiographs so clear in detail and contrast that a layman understands them, are especially valuable to the surgeon in an accident case. They not only show him how to handle the case, but form a record for future consideration in court, if necessary.

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Fireproof Construction their Specialty

It should be borne in mind that Messrs. Jennings & Ross, Spadina and King Streets, Toronto, are engineers and contractors who have made, for many years, fireproof construction their specialty. That such class of work is a necessity in hospitals goes without saying, so that we would suggest to hospital superintendents, thinking of erecting a wing to their institution, that they take the firm named into their confidence before breaking ground.

Auto-Intoxication

Sir Andrew Clark called attention to and laid great stress upon auto-intoxication, as an important, but frequently unsuspected cause of disease. At the present time the important role it plays is more generally recognized. Successful treatment involves not merely a single flushing of the alimentary tract, but an elimination of toxins already absorbed. Goutiness, also the common hepatic and biliary disorders, are in most cases merely the cumulative effects of intestinal auto-intoxication.

Pluto Water, well diluted in hot water acts almost as a true specific in such conditions. It is also admirable in the treatment of uric acid diathesis, and other therapeutically troublesome stages of chronic rheumatism. Samples, clinical data analysis and literature descriptive of the hygienic methods em-

* Publisher's Department.

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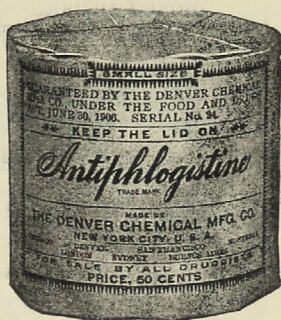
which, for more than twenty years, among progressive physicians, has superseded the old-time, bacteria-breeding, soggy, uncleanly, disagreeable flax seed, bread-and-milk, and

other unscientific, ineffective poultice ; most of which, on removal, leave the skin softened to a degree bordering on, if not actually producing an abrasion with possible infection later.

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ployed in bottling Pluto will be promptly forwarded on application to The French Lick Springs Hotel Company, French Lick, Indiana.

Stewart's Duplex Safety Pins

How often in the day duties of the hospital nurse is trouble experienced with certain makes of safety pins, through the head of the pin or the coil being unprotected and catching in the bandage or gauze? We would hardly venture an answer to this. Surgeons and nurses will welcome for use in the hospital or in their obstetric bag Stewart's Duplex Safety Pins. They are made of a superior quality of brass wire and will not bend or unfasten easily. *Both the head and the coil are absolutely protected* by guards, so cannot catch in the clothing. They are also rust proof, and therefore particularly suited for wet dressings. They are packed, specially for hospital use, in five gross boxes.

Correct Posture Encouraged

Correct posture is almost a forgotten grace. An alarmingly small percentage of adults stand or sit correctly.

At the Battle Creek Sanitarium patients and guests are under an unconscious schooling in correct posture. This is effected by the simple expedient of having chairs that make incorrect sitting relatively uncomfortable. The dining-room, guest-room, lobby and even the chairs and swings on the great lawns are built along lines that insure proper posture in sitting. It is an easy matter to adjust one's self to the right method and the good habit thus unconsciously acquired remains with one long after leaving the Sanitarium.

Correct posture is also considered in the gymnasium exercises. The combined efforts often have the happy result of taking the "kinks" of habit out of one's posture and making him as straight as a James Fenimore Cooper Indian.

The Capsheaf Safety Pin

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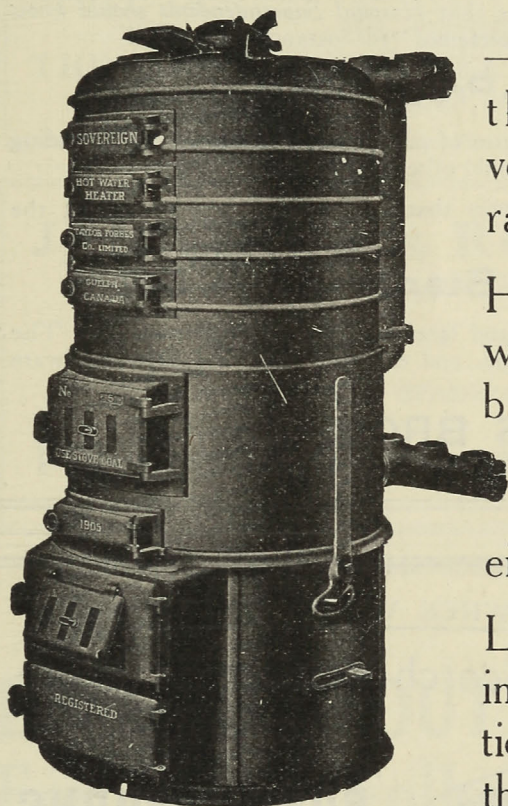
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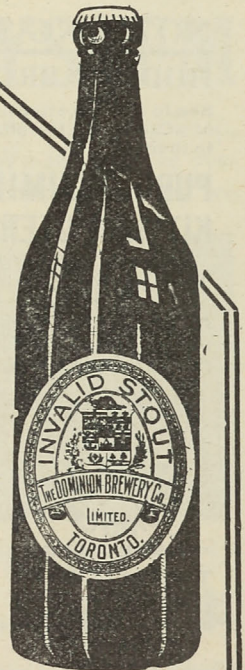
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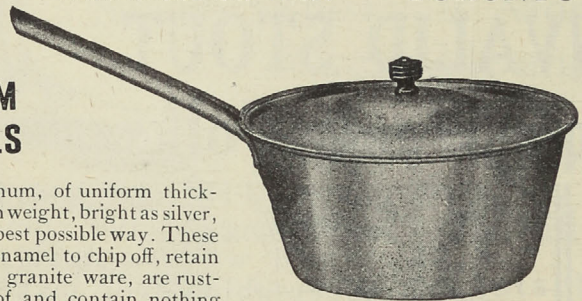
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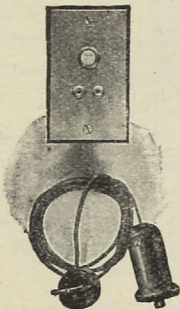
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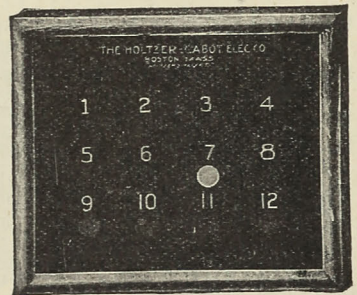
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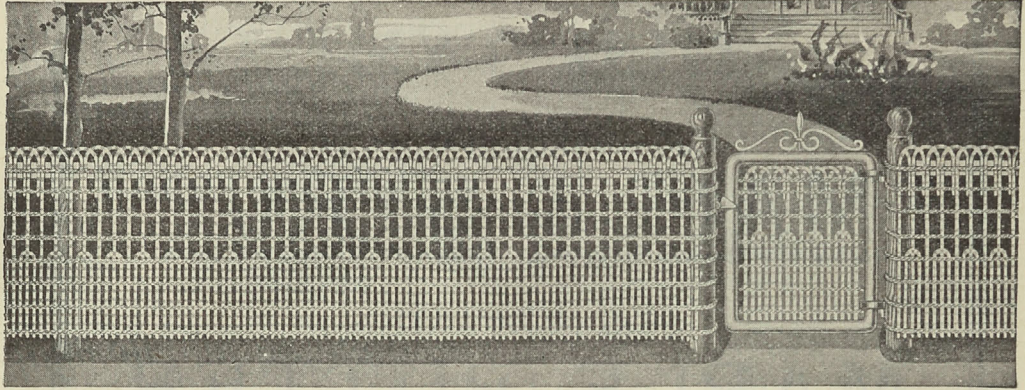


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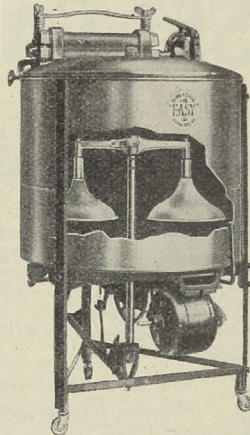
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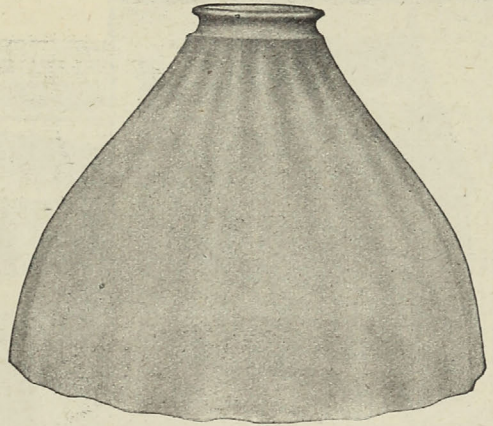
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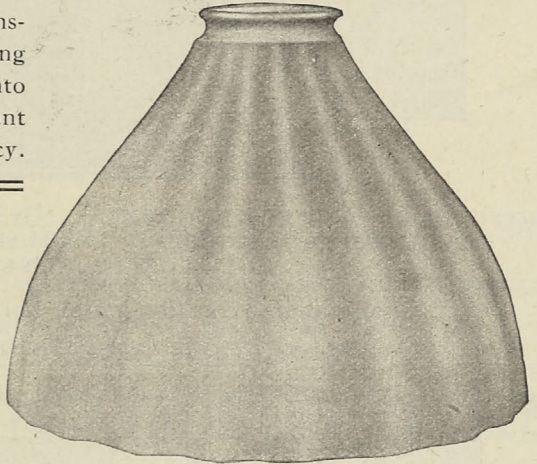
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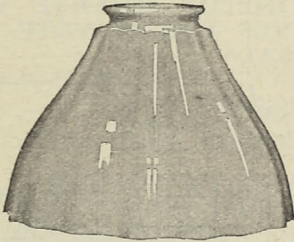
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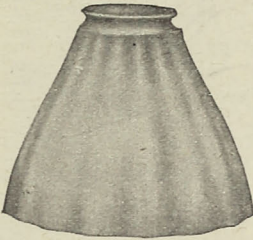
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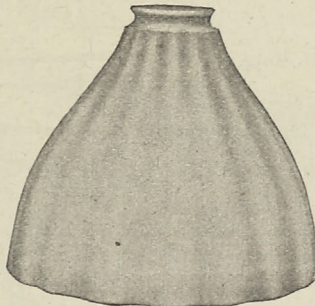
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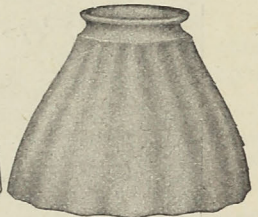
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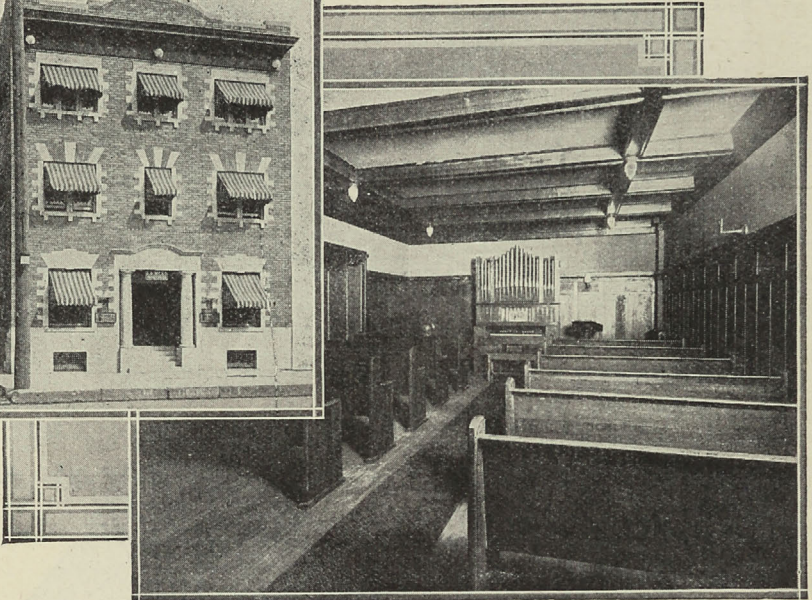
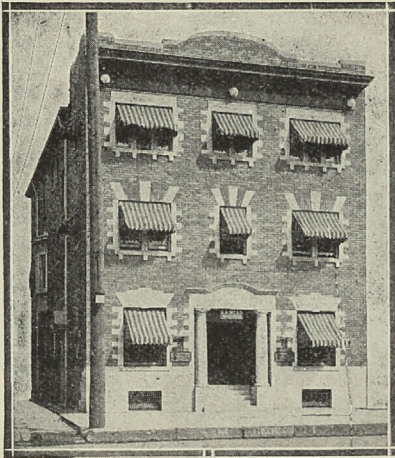
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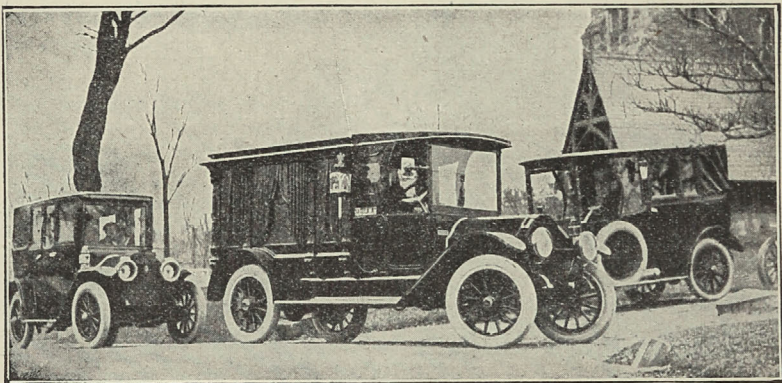


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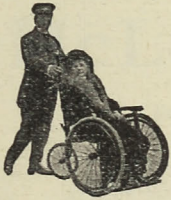
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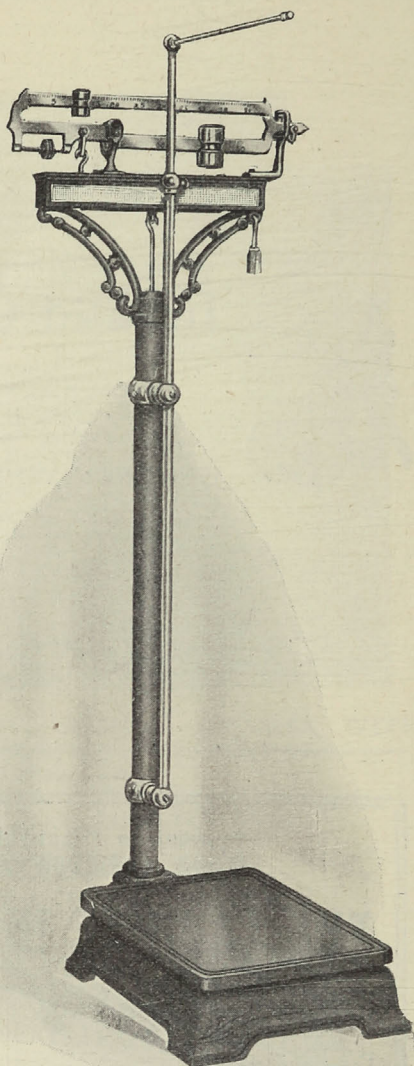
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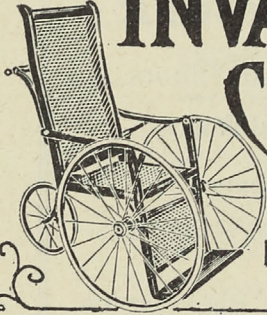


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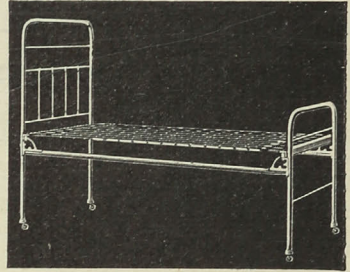


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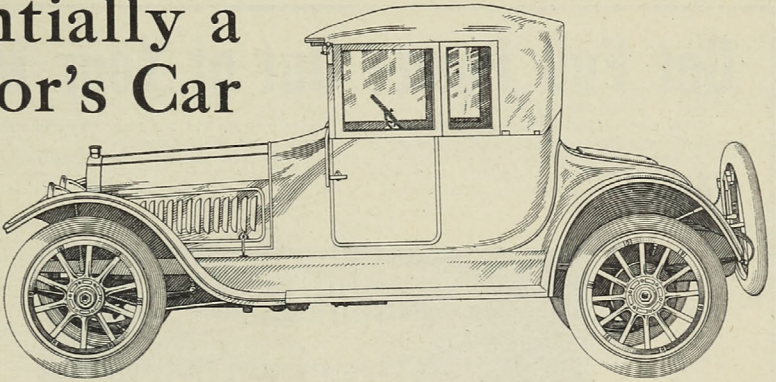
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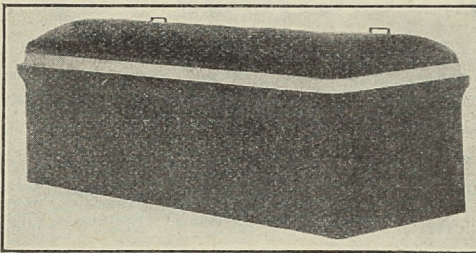
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