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(Incorporating The Journal of Preventive Medicine and Sociology)

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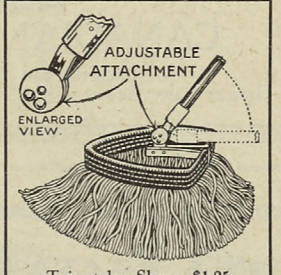

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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

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Editorials

HOSPITAL INTERNE YEAR

THE following colleges now demand of their medical students a fifth year, which shall be spent as hospital internes: The University of Minnesota Medical

School; the Leland Stanford, Jr., University School of Medicine; the Rush Medical College (University of Chicago); the Northwestern University Medical School; the University of California Medical School, and the University of Vermont. The licensing boards of Pennsylvania and New Jersey require that every candidate to be eligible for license to practise medicine in these states must have served at least one year as an interne in an approved hospital.

Doctor James Ewing, Professor of Pathology in Cornell, holds that the general adoption of a fifth clinical year, as it has been established in certain localities, is not for the best interests of medical education and would create a serious menace from which the American profession would find it difficult to recover. Universities should not, he holds, relinquish to hospitals any control of medical education. To place students at the service of the hospitals, with definite routine duties in the interests of the hospitals, is to introduce an unsound educational principle. Even though carefully guarded, as it is in the University of Chicago, Doctor Ewing fears that a practical course cannot be so effective as a genuine advanced university course of instruction freed from the necessary restraints and accidental interruptions of hospital routine. Doctor Ewing holds that hospitals are not ideal places for conducting medical education: the discipline of hospital life is far removed from the careful adjustment of means to ends that dominates university education. Only a few hospitals are under

the control of universities. To consign students to some hospital would be to do them more harm than good. To surrender the fifth year to hospitals places undesirable influence in the hands of hospital doctors who cannot qualify for positions on a university faculty. If license to practise depends on a fifth clinical year it will be difficult to induce students to enter laboratory careers. Ewing's chief objection to the fifth clinical year lies in the excessive emphasis it places on clinical training and the relative subordination visited on the fundamental sciences and on general medical knowledge. The scheme, according to him, does not provide for relief for the crowded curriculums of the first three years. Pathologic anatomy, he goes on to say, is nearly a lost art, and although it forms the foundation stone of internal medicine, few internists and fewer surgeons are reasonably familiar with what disease does in the body.

The fifth clinical year makes no provision for substantial courses in chemical pathology, immunology, hygiene, preventive medicine, forensic medicine, or other specialties, which have long been waiting patiently for recognition.

In short, Ewing claims the fifth hospital year is planned to develop practical training at the expense of medical knowledge. The issue, he contends, is clearly before us: shall the medical school undertake to train practitioners thoroughly, or to educate physicians? If the former is the central principle, the

extra hospital year should be insisted upon. The student will thereby learn to meet the exigencies of the sick-room; that he will be able to meet the demands made of the educated physician is unlikely.

This protest of Doctor Ewing shows that much well-grounded difference of opinion may exist concerning the question. But, argued even on general grounds, the decision must surely stand in favor of the fifth year medical interne.

It appears that the subject is one of acute interest in England at the present moment. Because of the shortage of hospital internes caused by the war demands upon their services, fifth year medical students have been acting in that capacity. It is now proposed that their term of hospital service be included as a qualifying portion of the medical curriculum.

The English hospital authorities claim that the proposal is really in accordance with the intention of the British Medical Council when adding a fifth year to the curriculum.

No one will dispute that the fifth year spent in this way, in close association with practical medical and surgical work under hospital oversight, means the best possible utilization of the last twelve months before the final examinations, and the bestowal of a diploma which guarantees the recipient to the public as a responsible and duly qualified practitioner.

This compulsory hospital year, even though spent in an average hospital, will lower our mortality sta-

tistics. The next step will be the improvement and standardization of these hospitals, their affiliation with teaching colleges and universities with skilled medical faculties and well-equipped laboratories. Then we shall produce the trained practitioner who shall also be the educated physician.

HOSPITAL NOTES

THE British Hospital Association has abandoned the idea of holding its annual conference this year in view of the fact that the majority of the hospital superintendents are too much occupied by the demands made by the war to attend the meetings. The Association's Executive Committee will, however, consider and advise on the interests of the hospitals throughout the year.

The often advanced plea that state-supported hospitals will check the flow of private benefactions has been most effectively and ingeniously met by the Cape Colony Government. Hospital boards have been established for each district, and these boards may be subsidized by the Government to the extent of thirty shillings for every pound of voluntary contribution; one pound for every pound in all bequests; and one pound for every pound received as fees from patients. This is a scheme worthy of inception in the most up-to-date American brain.

One proprietary medicine, at least, deserves grateful recognition from the medical profession. Mr. J. C. Eno, proprietor of "Eno's Fruit Salts," who died recently leaving an estate of one million and a half pounds, has bequeathed over one hundred and ten thousand pounds to three well-known London hospitals.

Punch, in a recent issue, quotes gleefully the following passage from a Sydney (Australian) paper: "The *Gunandal* came in on Saturday afternoon with twenty-five baskets of fish, averaging about sixty-five pounds, and only five per cent. were not edible. These were distributed among the hospitals," *Punch* supposes, "on the theory that as the patients are ill they may as well be very ill."

The British Medical Association has appointed a War Emergency Committee whose place is to deal with all matters relating to place and service of the medical profession in connection with the war, and to give organized help to the military authorities. It is taking up such matters as the shortage of hospital internes and staff physicians because of the war; length of medical service at the front and remuneration for the same. It is endeavoring to formulate plans by which further medical help may be secured, both for the War Office and depleted civil hospitals.

The suggestion arises whether a similar committee appointed by the Medical Council or the Academy of Medicine might not render excellent service to the Department of Militia. There are undoubtedly problems to solve and evils to abate in connection with the present Canadian Army Service system. The voice of these bodies should carry weight, and there is much work the organized profession could do, provided official obstacles were put aside.

Rubber goods should be purchased frequently. On account of their perishable nature they tend rather quickly to deteriorate. They should always be of first-class quality. The purchasing agent should know what he is getting.

Rubber goods should not come in contact with oil or grease. Rubber sheets should not be dried on steam radiators; this ruins them.

In an occasional modern hospital a drying closet is found in connection with the utility room. These closets may be built in the wall. The warming coils should be out from the walls and far enough apart to render cleaning easy. Above the coils a spanner ought to be placed. The rubber goods being thrown over it are prevented from coming in contact with the hot coils and being burnt.

Original Contributions

LITTLE JOURNEYS

By Dr. John N. E. Brown,
Superintendent, Henry Ford Hospital, Detroit.

An Afternoon Call at Ann Arbor.

Dr. Warthin, Professor of Pathology of the University of Michigan, showed us the dead, black silver-stained spirochete pallida in an ochre colored background of heart muscle from a patient who had died of inherited syphilis without symptoms. Dr. Warthin believes many people have syphilis, and are not aware of the fact. He has been informed that there are over two hundred and fifty medical practitioners in Chicago alone who are innocent sufferers from the disease. He instanced the case of a woman who was confined at the University of Michigan Hospital whose baby gave evidence of syphilis at the autopsy. On the assertion of the obstetrician who thought it quite impossible, as the people were most respectable, judgment was reserved until the next baby came. It, too, was dead, and when autopsied showed unmistakable signs of syphilis. Careful inquiry was made into the family history of each of the patients, and the fact was elicited that the mother's father had been a drunkard, and had been a sufferer from the disease. This daughter was an innocent sufferer, unaware of her infection, and showing no signs of the disease.

Dr. Warthin's observations go to show that most cases of syphilis are acquired by men while under the influence of drink. He cited the case of a prominent man who consulted a physician for a hard chancre. The patient gave a history of having imbibed freely of champagne in a well-known Chicago hotel at which collation sporting women were present. Owing to his intoxication he could not remember—he averred—having had any illicit intercourse with any of them; but undoubtedly,

he had contracted the disease from one of them. Upon learning the fact he shot himself.

Dr. Warthin is strongly opposed to intemperance in alcoholic liquors. He also vigorously objects to the use of the cigarette. Smoking is not allowed around his laboratories and class rooms. A "No Smoking" sign hangs in the main corridor. He is considered a crank on this and certain cognate habits. He told us that some of his students are such slaves to the cigarette that during the afternoon class period—from one to five—these boys become so restless they are obliged to go out of doors and calm themselves—Tolstoi would say "stupify"—with a smoke.

Dr. Warthin finds cigarette smoking closely allied to sexual troubles. Most cigarette fiends, he claims, are masturbators.

Dr. Warthin gives a talk once or twice a year to the male students of the University on sexual matters. His lectures on this subject are listened to with the keenest interest. The writer heard him give one of these addresses to an audience of business and professional men, all of whom were profoundly impressed with his message. The wish was expressed that this lecture of Dr. Warthin might be published. Dr. Warthin, however, like some other great teachers and professors, has not seen fit to publish anything on the matter. If he does not, no doubt, some day some of his pupils will.

Following the Professor's first talk at the University, some twenty years ago, to an audience of several hundred students, for several days he was consulted by scores of them regarding their own sexual troubles, which since the advent of pubescence had been very unduly and unnecessarily worrying them. In Michigan, in those days, the ignorance regarding sex hygiene was appalling, thus rendering many young lives miserable; but conditions since then have infinitely improved. These young men who heard the Professor at that time have gone out from the University, married, raised boys of their own to whom at the proper age they have passed on the wholesome advice given by the Professor. The result is that a large proportion of the boys who listen to Dr. Warthin now, having already been posted on the subject, do not require to consult him on this—to them—a vital subject.

Asked as to his idea on hospital buildings, Dr. Warthin declares himself in favor of the pavilion type—preferably two storey—as is often seen in Germany. This system, according to him, compared with the block, or multi-storied building, permits of a better separation, classification and segregation of patients; it is more hygienic, and the buildings are more easily ventilated. Dr. Warthin finds the interior of the block buildings filled with smells (he instanced a well-known hospital in New York). Infection is more liable to travel from storey to storey in these high buildings. Then, too, from a psychological standpoint, the low building is preferable. As a rule patients prefer being near the earth with its trees, flowers and grass; close to the activities of gardeners, the recreation ground of convalescent patients, the play at tennis, croquet and the like, of doctors and nurses. These absorb the patients' attention, divert their minds from their own troubles and make for cure.

Dr. Warthin admits the cost of administration may be greater in this type of hospital, but this loss is more than compensated for by the pleasure, comfort afforded the patients and their more speedy recovery.

The Contagious Disease Unit.

This little hospital has been erected within the past year and a half. It is the second of its sort in America. The work here is carried on as it is in the Contagious Disease Hospital, Providence, R.I., under Dr. Richardson—on the theory that the spread of contagious disease is due to the carrying of organisms by direct contact rather than through the air. So a rigid technique is carried out by doctors, nurses and attendants. A nurse trained at the Providence institution is in charge of the nursing.

Dr. Belfield, who has had special experience in diseases of children and contagious diseases, both in America and abroad, has charge of the medical treatment. We applied for admission at the first floor entrance, but were directed to the basement entrance just below. We entered a corridor running lengthwise through the centre of the building.

On each side of the corridors are a number of small rooms. One pair is used by visitors. In one of this pair they are given gowns; in the other, they leave their gowns and scrub their hands before leaving. Another pair is devoted to the disinfecting of used mattresses, soiled linen, patients' clothing—apparel. A large steam and formalin disinfector intersecting the intervening walls connects the two rooms and allows for the disinfection of these items in a well-known way. They are disinfecting by formalin, having found that the steam set the stains in the linen. Storage rooms and laboratories are also found in the basement.

The dishes used by the patients are sterilized in an ordinary utensil sterilizer located in the diet kitchen. The refuse having been cleaned off, the trays with their dishes are set one over the other inside the sterilizer. The dishes are boiled for fifteen minutes. The trays are aluminum and seem irremedially discolored by the action of the boiling. We are informed that this was due to the hardness of the water—probably to the presence of lime.

The food leavings are buried by an attendant without having been sterilized.

On the first floor are small wards on either side of the corridor. Here were scarlet fever, chicken pox, mumps, diphtheria; the same nurse going from one case to another irrespective of the disease. Medical asepsis is practised. The chief precaution taken is a careful scrubbing of the hands by doctors and nurses at the lavatories provided in each ward, after contact with every patient; the allotment to each patient of his own utensils, books and playthings, which must not be used by another patient, the sterilization of all infected dishes, utensils, clothing, etc., in short, a carrying out of a technique similar to that carried out in the modern operating room and surgical wards by doctors and nurses.

The Psychopathic Unit.

This is the pioneer hospital in America for the special study of acute mental diseases in a separate building in connection with a general hospital—apart from asylums or state hospitals.

There are several such institutions now—Pavilion "F" at Albany, under the direction of Dr. Mosher; the Boston Psychopathic under Dr. Southard, and the Phipps Psychiatric, at Johns Hopkins under Dr. Meyer.

Several general hospitals have wards for these psychopathic cases.

Dr. Barrett, the physician in charge, thinks every large general hospital should make provision for taking care of the cases of delirium and other acute disturbed mental conditions developing within its own walls.

He would not make provision for admitting cases of delirium tremens. He is not much in sympathy with this sort of case, seeing the victims have themselves to blame largely. Provision should be made, of course, for the care of hysteria, neurasthenia and other functional nervous diseases.

In a city of 500,000, in connection with a large general hospital a pavilion for fifty patients suffering from acute mental disturbance would be a great boon—especially for people in only moderate circumstances. These people cannot be admitted, as indigent patients are, at Ann Arbor; and, on the other hand cannot pay a rate of $45.00 per month, which is charged by many sanitariums.

Dr. Barrett showed us a boy aged thirteen, who had been in jail for stealing—a mental defective, the son of a syphilitic father. Another small boy, aged ten, bright mentally, had a knowledge of sexual matters and had abnormally indulged in the same, like an adult habitue. A woman was shown in a delirious condition the result of an acute infection of the kidneys. A young woman in a continuous bath was recovering from a manic attack. The pavilion was full of patients—all quite free from restraint, being treated as other sick people are.

Dr. Barrett holds that there is a great need for social service work in homes whence these patients come, and whither they return after treatment. Some of the patients, like the two boys shown, have no proper place to go. Without a proper environment they will relapse into their former condition.

THE BUILDING OF THE HOSPITAL: ORGANISATION AND METHODS

By Oliver H. Bartine,
Superintendent, The New York Society for the Relief of the Ruptured and Crippled.

Of the vastness of the annual hospital building programme little is known by even those actively engaged in hospital work and no conception of it is grasped by the general public. When we seriously consider that there is annually spent in this country one hundred and twenty-five millions of dollars for the erection and equipment of new hospital buildings in an endeavor to accommodate approximately six hundred thousand additional patients then the magnitude of the work is forced upon us. We are agreed, I assume, that the demand for hospital treatment is steadily increasing and that it is to the interests of the sick that hospital treatment should become more general.

It is, then, well worth while that we should examine carefully into the general customs connected with the erection of hospital buildings and determine beyond a doubt whether the maximum of efficiency is being reached and that there are no unavoidable wastes, extravagances or short-comings. For just in proportion as wastes, extravagances or short-comings prevail the service which should be obtained from the vast expenditure mentioned and the general usefulness of the hospitals are curtailed.

It is common knowledge that much of the funds given for charitable or beneficent purposes are lost to the beneficiaries through extravagances and inefficiency in management, but it is the feeling of the writer that this applies with less force to the field of the hospital than to any other branch of charitable work. Nevertheless, in so far as such is the case the resultant suffering falls altogether on the sick, those for whom alone the work is carried on. Their good or ill is in the balance. No work of helpfulness more readily commands our sympathies, therefore shall it not also command the maximum of our skill and efficiency.

Naturally the first step looking toward the erection of a hospital building is the appointment of the Building Committee. Herein may lie the success or failure of the entire project, therefore the greatest judgment of the Board of Trustees should be brought to bear upon this most important matter.

The duties of the committee are vastly diversified and call for rare judgment, experience, skill, patience and generosity in the giving of time. These duties include the major control of the financial problems, the selection of the Architect and Consulting Engineer, the selection of the site and the selection of materials for the building (in consultation with the Architect), the letting of the contracts, the procuring of furnishings and supplies and the determining of a thousand and one knotty problems.

For the successful accomplishment of this work an efficient and thorough organization is absolutely essential. Without it the best final results are impossible.

Whether the funds are already available or no may have a direct bearing upon the selection of members of the Building Committee. If the money must be raised one or two members of skill and notable standing in the financial world are most desirable. If the fund is already available the problem becomes one of hospital building construction and equipment only and the appointment of the Committee is to be determined accordingly.

The Building Committee should not be large (a large Committee always proving unwieldly) consisting of three or five members, or possibly four members, preferably all men, members of the Board of Trustees, thoroughly familiar with the field of work and needs of the hospital. It is especially to be desired that the membership of the Building Committee should contain two or more men who have had a broad experience in building operations, and operations of a similar nature. It is also most desirable that one member of the Committee should be a lawyer. If he be experienced in, or familiar with, contract law so much the better.

The Building Committee having been appointed it should promptly organize by the election of a Chairman and Secretary unless the designation of these officers has been made by the

Board of Trustees. It is recommended that a regular date of meeting, either monthly, semi-monthly or weekly, as will best meet the demands of the work, be determined upon. The services of a stenographer, who may also serve as a Clerk to the Committee, will be found most helpful. Detailed minutes of the meeting can then be made and a copy thereof should be sent after each meeting to each member of the Committee for filing and reference.

Inasmuch as this Building Committee, in reality, but represents the oard of Trustees in all its transactions, copies of the minutes of each meeting of the Building Committee should be promptly filed with the Secretary of the Board of Trustees. It is also regarded as essential that at least monthly the meetings of the Building Committee should be followed by a meeting of the full Board of Trustees, at which meeting the general plans and work of the Building Committee and important matters before them could be broadly discussed and helpful advice could be obtained from the other members of the Board of Trustees. Discussion of details is not contemplated in this recommendation.

The erection and equipment of a hospital building involves a vast number of details which no one or two men can be expected to master unassisted. To obtain the best results and the advantages of the greatest possible amount of experience and information the appointment of an Advisory Committee or Staff, as such, is urgently recommended, this Advisory Committee to be so constituted as to include men of experience in so nearly as possible all the details or problems involved.

First and foremost the Superintendent of the hospital should be a member of this Committee.

The Surgeon-in-Chief, President of the Medical Board, Architect, Consulting Engineer, Builder and Operating Engineer should constitute the remaining membership of the Advisory Committee. In the case of certain classes of hospitals, particularly those partaking of the nature of homes, or those especially intended for the service of women, one, or possibly two women, may be included in the membership of this Committee, assuming that there are available women acquainted with the work and needs of the hospital. It cannot

be denied that the Directresses of Nurses, of many hospitals, have rendered most valuable help in the building of the newer hospitals, and they should also be favorably considered for the membership of the Committee.

In mentioning the Superintendent of the hospital it is assumed that the building proposed is being erected for an existing institution. If such is not the case the first step of the Building Committee (or the Board of Trustees) should be the selection of a Superintendent for the new hospital. It is inconceivable that a body of laymen can hope to erect and equip a hospital building without the constant advice, co-operation and co-ordinating work of an efficient Superintendent. No other man can better appreciate the combined administrative, surgical, medical and general service problems, the needs and idiosyncrasies of patients and staff, the correlation of departments, the essentials and the non-essentials incident to the building, and the very many big and little details which will make or mar the future of the building.

The charge that the Superintendent will, if given opportunity, make excessive or extravagant demands for space or equipment is entirely without foundation. The worthy Superintendent quite as well realizes the limitations of available funds as can any member of the Committee, and he is much better able to distinguish between the essential and the non-essential. In any case better the risk of some slight excess of space or equipment than the omission of some essential feature of the hospital or such an unfortunate correlation of units or departments that the entire future usefulness of the hospital is unnecessarily limited.

The Superintendent should consult with the heads of all the departments of the institution, and in the visitation of other nearby hospitals he should invite them to accompany him. It may not be questioned that these associates will absorb many ideas and that they will thus be able to offer many suggestions to the Superintendent, whose duty it is to classify and select those of value, which he should in turn offer to the joint Building and Advisory Committee, including the Architect, Consulting Engineer and Builder.

The Surgeon-in-Chief and the President of the Medical Board, must, of necessity, be most important factors in the work of the Committee. No one connected with the institution will understand as will they the special requirements of their departments and work. This understanding should, however, be supplemented with a thorough and elaborate study of the most modern hospitals, equipments and work as illustrated in the newer hospital plans and construction. They should also advise freely with their associates, whose helpful suggestions should be submitted to the Superintendent and Advisory Committee.

Practical experience has demonstrated that it is not feasible to include a greater proportion of the hospital staff in the membership of the Advisory Committee. Much confusion will be eliminated by requiring the Surgeon-in-Chief and the President of the Medical Board to consult with the other members of the staff, sort out and harmonize the conflicting recommendations and present the worthy suggestions in proper form. Many a hospital has suffered irreparably by an attempt on the part of the Building Committee or Architects to provide for a mass of undigested demands. Naturally the final results have been chaotic and most unsatisfactory.

The Architect, the Consulting Engineer and the Builder should also be active members of this Advisory Committee, because they are vastly important factors in the development of the plans and in the construction and equipment of the building. Too often these parties are deemed as hirelings only, viewed with distrust and kept at arm's length. Many an Architect and Engineer can tell of instances where they have been instructed by the Building Committee to refrain entirely from consultations with the Superintendent of the hospital, its staff, or its Operating Engineer. They are told that, being employed as experts, such association should be unnecessary and will lead to the adoption of extravagant demands. No wonder that many hospitals are built with rooms and equipment that will never be required or are put to later and excessive expense in making changes or adding equipment that should have been originally provided. Cordial co-operation of all those associated

in the work may alone be depended upon to assure a complete plant and building.

The Architect is a specialist in esthetics, planning and construction, but most certainly he is not a Doctor, Surgeon, or Hospital Superintendent, nor is he acquainted with their work. Granting that the particular Architect in question has planned one or a dozen hospitals it does not follow that he knows all about the needs of the new hospital. Most assuredly experience in the design of hospital buildings on the part of the selected architect is a desirable asset to the new hospital, but it is not an uncommon thing to find that entirely too much reliance and responsibility has been placed in the Architect, on the theory, that as an expert he knows just what is required and what will best meet the requirements, needing no suggestions or guidance. Such a plan waives aside entirely the immense amount of most valuable information and experience which the Superintendent, Doctors and others associated in the hospital have accumulated through years of work and observations in their own and other hospitals.

Within his particular field, the Consulting Engineer, though he may and should be, an Engineer experienced in hospital work, should not be expected to, or allowed to, carry on his work without intimate contact and association with the other members of the Advisory Committee, and for reasons similar to those stated in the case of the Architect. Especially should the Consulting Engineer and Operating Engineer work in close association and harmony.

The suggestion that the builder should be a member of the Advisory Committee may seem novel but there are very good reasons why this should be so. The builder can give the most reliable information concerning the effect of different sites upon cost of building the hospital, the cost of various materials, the time required for building, the effect of the selection of different materials upon the time element, and other practical questions. Only a careful selection of the builder by the Building Committee, acting with the advice of the Architect, is necessary to secure reliable unprejudiced practical building advice by this means.

By all means should the Hospital's Operating Engineer be a member of this Committee, assuming that the Hospital has such. Too much praise cannot be given to the Operating Engineer of the larger hospitals. His experience in the operation and maintenance of existing equipments and appliances, and in the arrangement of plants will serve as the basis of many suggestions of material help to all concerned.

It is to be most emphatically recommended that when the construction of the building has advanced to the stage that the installation of the mechanical equipment is commenced, the Operating Engineer should be placed upon the work as the Hospital's inspector. In this capacity he will be of inestimable help to the owners, architect, consulting engineer, builder and equipment contractors alike. When the stage is reached that the heating or power plant must be put in operation for drying out the building or other service the Operating Engineer should be placed in charge thereof. The plant at this time should be operated preferably by the owners, but the same purpose can be accomplished by providing in the specifications that the builder shall employ the Hospital's Operating Engineer for this purpose.

Such a plan assures the best of workmanship and materials in every detail of the mechanical equipment, more positively than can be done by the usual architectural and engineering supervision, but more important and valuable still, it enables the engineer to become familiar with every detail of the construction and equipment. When the building is completed and occupied he will, beyond question, be able to conduct and maintain the plant to the best advantage and in a more economical manner.

This service on the part of the operating engineer is not intended to supplant, but rather to supplement the work of the Clerk of the Works or Superintendent of Construction, who is selected by the Architect but employed by the owner at an extra compensation, the duty of the latter being to give his immediate and constant attention to all construction work and the materials and labor employed therein. The operating engineer is rarely capable of supervising the general building construction work, and rarely is the clerk of the works an expert on the installation

of the mechanical equipment. Thus the work of one supplements the work of the other.

In some cases it may seem advisable to treat the architect, consulting engineer, builder and operating engineer as ex-officio members of the advisory committee, but inasmuch as the committee is advisory only this does not seem necessary.

Special meetings of this Advisory Committee will, without doubt, be required from time to time to thresh out multitudinous minor questions, but in general the meetings of this committee should be held jointly with those of the Building Committee, the officers of the latter acting as officers of the joint committee. Manifestly special or separate meetings of the Building Committee will be required, for it is upon the Building Committee, as the direct representatives of the hospital, that falls the responsibility of becoming final arbiter over all questions, save only those requiring the action of the Board of Governors. Weekly meetings of the joint committee are strongly urged, especially in the early stages of the work. Only thus will delays be avoided and will all necessary information be forthcoming at the proper time.

Consultations of the Surgeon-in-Chief and President of the Medical Board with their staffs and with the Superintendent should be full and frank, but without too much self-assertiveness and none of self-prejudice, and this attitude should prevail among all of those associated in the work. All praise to the big, able and generous men who have given much of their time and of themselves to the work of hospital construction; but many hospitals have been erected which have been the subject of serious and just criticism because someone of unusual force, position or apparent authority, whose judgment the other members of the committee fear to question, has been permitted to impress his biased recommendations or views upon the work of the committee. In such cases the hospital and its patients are the chief sufferers, and the staff of the hospital are called upon to offer many apologies.

(To be continued.)

Society Proceedings

AMERICAN HOSPITAL ASSOCIATION

PROPOSED CHANGES IN THE CONSTITUTION AND BY-LAWS.

AT the San Francisco meeting the Committee on Constitution and By-laws offered certain amendments. As amended the leading sections read as follows:—

Trustees.

There shall be a Board of five Trustees, which shall have charge of the property and financial affairs of the Association and shall hold title thereto under the name of "Trustees of the American Hospital Association." The President and Treasurer shall constitute two of said Trustees, and one Trustee shall be elected annually, at the convention, to serve for three years, excepting that in 1915 one of said Trustees shall be elected for one year, one for two years, and one for three years. Trustees shall serve until their successors are elected.

The Board of Trustees shall have general control and management of the business of the Association and may appoint and fix the salaries of such officers and agents as it may deem necessary or expedient and establish rules and rates for the use of such facilities as it may in its judgment provide.

ARTICLE VI.

Sections.

In order to facilitate the work of the Association, Sections may be formed and discontinued from time to time, as the Trustees may by vote determine. Such Sections may be geographical, in order that recognized meetings of the Association may be held in various parts in places not easily accessible to all members, or may be departmental in their nature and

devoted to any recognized branch of hospital work. Proceedings at any authorized Section of the Association approved by the Executive Committee may become a part of the proceedings of the Association, and any resolution adopted by a geographical Section shall be recognized as a motion duly made and seconded at any general session of the Association, and a vote of the general Association shall be taken thereon.

ARTICLE VII.

Annual Dues and Charges.

In order to provide funds for the maintenance of the Association, members shall pay annual dues as may be determined by the By-laws; and the Trustees may establish such charges for the use of the facilities of the Association as it may determine.

ARTICLE VIII.

Vacancies.

All vacancies in office and in the Board of Trustees shall be filled by vote of the Executive Committee.

ARTICLE IX.

Section 5.—The Treasurer shall receive all dues and other moneys of the Association, and shall deposit and account for the same, under the direction and control of the Board of Trustees. Whenever so required by the Board of Trustees, he shall give a bond to said Board for the faithful performance of his trust. Such bond shall be in the custody of the President. All disbursements and expenditures shall be made under the direction of the Board of Trustees and subject to its rules and requirements. The Treasurer shall keep proper books of account, and shall present a report of the finances of the Association at the annual convention.

Section 5.—The Committee on Hospital Progress shall observe the development of hospital work in the United States and Canada, and shall submit a report of its observations at the annual convention of the Association.

The Committee on Hospital Progress shall be subdivided as follows:

(*a*) A committee of one on hospital construction;

(*b*) A committee of one on hospital efficiency, hospital finances, and the economics of administration;

(*c*) A committee of one on medical organization and medical education;

(*d*) A committee of one on the training of nurses;

(*e*) A committee of one on out-patient work;

(*f*) A committee of one on hospital accounting.

Section 6.—The Committee on the Development of the Association shall present annually a report on the further development of the Association's work.

No paper shall be published in the minutes or in any magazine or paper as a part of the transactions of this Association except with the consent of the author and with the approval of the Publication Committee. All papers read at any session of the Association or its Sections shall become the property of the Association and, when so requested by the Committee on Publication, the Board of Trustees shall cause the same to be copyrighted in the name of the Trustees; but, unless prohibited by the Committee on Publication, the authors of all papers read at sessions of the Association or its Sections may cause the same to be published, and, if approved by the Committee on Publication, they may be published as a part of the transactions of the Association. No paper or magazine shall be entitled to the exclusive publication of any paper read before the Association or its Sections except by vote of the Trustees.

The American Hospital Association Meeting.

Rabbi Martin A. Meyer delivered the invocation at the opening of the San Francisco meeting. He prayed that the delegates who had assembled in "Our Rainbow City" should be so invigorated in spiritual grace that they might see their brothers and know them and understand them across the differences of opinion; that mind might draw near mind over the chasms which separate them in the pursuit each of his own

ideal; that they might go forth laden with golden sheaves of new ideas and of possibilities for finer and larger achievement.

Dr. John A. Hornsly presented the report of the Committee on Inspection, Classification and Standardization of Hospitals. One great group of hospitals—the Sisters'—had begun to raise their standards. They had formed an association which was meeting now; he hoped this new association ere long would amalgamate with the American Hospital Association. The new movement of the Sisters would extend to Canada and Latin America.

That large class of hospitals under the direct control of municipalities were conscious of their disgraceful condition; and this was the first step toward progress. "The first direction toward improvement in these municipal hospitals must be the assumption on their part that they are not charitable institutions any more than the fire department or the police department are."

The smaller hospitals of the country, unlike the large urban institutions, were often influenced strongly by that member of their staff who had the largest clientele. Such men were losing authority, and group work was beginning to manifest itself. Hospitals were more and more catering to the large middle class of people. Hitherto stress had been laid on attention to the rich and to the poor—the man of moderate means having been overlooked.

The Mayor's secretary then welcomed the delegates. San Francisco, he said, was one of the cleanest hospitals in the world. Dr. Blue had made it one of the loveliest. These two factors did much toward keeping patients out of hospitals. San Francisco had a system of emergency hospitals. The city owned and operated them all. The visitors would be welcomed to visit them.

Dr. James L. Whitney read a paper entitled "List and Nomenclature of Diseases, and System of Filing in Use at the California Hospital." Those of our readers who wish to procure this list may do so by writing to Doctor Whitney, care of the University Hospital, for it.

Doctor Kilgore, who assisted in the compilation of the

report, said it was most desirable that there should be a uniformity in hospital nomenclature. Elasticity and ability to change according to later knowledge of the etiology of a disease was a very important thing. This new system fully covered this point.

Progress in Nursing.

Miss Harriet Leek, Principal of Nurses, Grace Hospital, Detroit, read a paper on this subject. Miss Leek said in part:

"But what are we preparing our nurses for? This might well be classified by what the three great organizations of nursing, with which we hold a joint meeting, represent—The American Nurses' Association, which is the alumni of our schools; the Educational League of Nursing, which is the institutional worker; and the National Public Health Nursing organization, including the school nurse, infant welfare nurse, tuberculosis nurse, social service nurse, etc. Now the alumni of our schools are three-fourths private duty nurses. This ratio may be a little high, since the public health nursing field has grown so rapidly, but the training applies to both. How are we preparing them for their field of work? The answer comes by looking at our graduate-special nurses in our hospitals. Are we satisfied with our own product? If we find it so hard to deal with these nurses in the hospital, how are they getting along in the home? How economical are they with supplies? How well do they adapt themselves to the patient, family, servants, etc.? Why do so many patients able to pay for a graduate nurse not want one? The trouble lies chiefly in the fact that the average graduate does not know how to make a home; she lacks the home spirit; she does not know enough of nursing ethics; she has not studied the law of human kindness, of unselfishness, of bearing and forbearing. How much of this spirit is generated in the training schools? In other words, how much real motherly, homey interest do we take in our nurses? Getting the work done thoroughly and the class work attended to is our chief concern. The *spirit* is *first*, and if that is taken care of the rest follows without any trouble. We get the 'cart before the horse.' I fear that is what is the matter

with our private duty nurses. Not long ago a prominent doctor said to me, 'Deliver me from a nurse whose god is her salary, who can see dirt outside the sick-room and not lift her hand to obliterate it, who would not stoop from her professional work to lift a crying child or relieve a tired mother.' The majority of our pupils come from well-regulated Christian homes. They are literally thrown into the cold routine stream of hospital atmosphere. How can you expect them to swim safely ashore amid the temptations without careful watching of all sides of their make-up, the mental, moral and spiritual? Now, I do not mean that we should preach religion, but I do mean that we should generate an influence of justice, of right living and high thinking, of interest, sympathy, unselfishness, of love in its true sense—is there any greater essential in the building up of home life? The school and hospital should be literally saturated with this home spirit."

Miss Anne A. Williamson, R.N., Superintendent of Nurses in the California Hospital, Los Angeles, California, prepared a paper on "The Eight-Hour Law; Its Present and Its Future," which was read by Mrs. Mitchell, of the Pacific Hospital, Los Angeles. Mrs. Mitchell said that all superintendents of training schools were enthusiastic over the eight-hour schedule, but the majority of them were burdened with the forty-eight hour law. To those who wanted advice from the speaker's experience, she would say: Get your eight-hour schedule adopted before there is a forty-eight hour law.

Dr. Cleveland Shutt, Commissioner of Hospitals, St. Louis, said there seemed to be an effort to reduce the profession of nursing to a trade. Why, he had not been able to decide. He presumed the medical, preaching and legal professions would become reduced to trades sooner or later, unless they solidly objected. The doctor, in the midst of an appendix operation, at the end of his eight-hour shift would quit and hand the completion of the operation over to another! It was as logical for a doctor to quit as for a nurse. Unless the medical profession protected themselves from these people who were conducting this unionistic propaganda, the people would protect themselves from the profession. There was a tendency already on

the part of certain surgeons to train their own nurses—they are fearful of calling on a nurses' directory. He had known surgeons to refuse certain nurses offered to them because such nurses "had had a training—not a teaching" (sic). Why should we have eight or any number of hours for any profession? Why should we not have that which was reasonable and just to the individual—no more and no less?

Should a nurse not be trained at the bedside, as doctors are? Many persons who are able to employ nurses do not, for the simple reason that the graduate nurse is not acceptable in the home. She has had a lot of teaching—can give the etiology, causes, symptoms and treatment of typhoid fever, possibly better than the doctor she is nursing for, but may not recognize a typhoid perforation when it occurs. The patients are going to demand nurses who are not union.

Miss Jamme: I should like to say in regard to the statement that we are endeavoring to put the nursing profession in the rank of a trade, that the Legislature of California, when this question was brought up for discussion during the long hours of one day and way into the night, had this matter brought before the legislators. It was said that they were endeavoring to put the nurses in a class with the canners. The answer was, "You are already in the class of the canners; you are working your nurses as the canners work their women, for gain for your hospitals." It was on that basis only that the eight-hour law was passed in California.

(*To be continued.*)

Selected Article

HOSPITALS AT THE FRONT

By Lieut.-Col. McPherson, Toronto, of No. 2 Field Ambulance.

How Wounded Are Moved and Cared For.

Particulars of the wonderful system which has been worked out in connection with the care of the wounded in the hospitals at the front are contained in the following letter received from Lieut.-Col. D. W. McPherson, C.A.M.C., of No. 2 Field Ambulance.

"When a brigade goes into the trenches," says the Colonel, "the field ambulance sends forward a section of usually two officers, forty men, three horse ambulances, two motor ambulances, and six wheel stretchers to establish an advanced dressing station. This station is placed as close to the trenches as possible, and is self-contained as far as its equipment is concerned. Back about two miles we have the main dressing station, which will accommodate about 150 patients.

"When a man is wounded he is attended by whoever is near the line. On the inside of the skirt of every soldier's coat is a first aid pack containing gauze, cotton, adhesive plaster and bandage, oil protective and safety pin. The stretcher bearers convey him back to the regimental aid post. Here the doctor of the regiment has his supplies, usually in a dugout or cellar. The regimental officer now examines the dressing. A tag is placed on the man with his name, number, regiment, religion, nature of wound and treatment. Usually at night time, or whenever possible, the ambulances from the advanced dressing station, with an officer and bearers, come up as close as possible to these regimental aid posts and convey the wounded back. There are usually four to six of these regimental aid posts to clear from.

"At the advance dressing station a medical officer again examines the dressing and condition of each man and enters on his tag any treatment he receives and redresses the wounds. The officer enters in the admission and discharge book full particulars of each case as on the tag. From here the wounded are sent to the main dressing station. Here again the wounds are redressed, and twice a day the motor ambulance convoy of the Red Cross comes up from the casualty clearing station, usually about six to twelve miles back from us, and clears all the wounded out of our dressing station.

"From these dressing stations and the casualty clearing stations the wounded are sent to stationary and general hospitals, and by transport ambulance ships to base hospitals in England.

"When we are out with the brigade at the trenches we are looking after the sick of the Canadian Division who will be better in, say, four days, and any who are going to be sick longer are sent to the field ambulance, which is running a convalescent station. Here they only keep those who will be ready for duty in ten days, more serious cases being sent back daily to the casualty clearing station.

"The hardest man or officer, I should say, is Captain W. H. Fox, the Quartermaster. He must see that the company has sufficient food and supplies at all times, and is responsible for the transportation of it all when we move, as well as all the equipment of the unit."

Lieut.-Col. Herbert A. Bruce attached to Hospital at Le Treport

Lieut.-Col. Herbert A. Bruce, A.M.C., of Toronto, who was ordered to France the latter part of August, is now attached to No. 2 Canadian Hospital at Le Treport. It is understood that Lieut.-Col. Bruce will go later to Etaples. While in England he was at the Duchess of Connaught's Hospital at Cliveden and at Shorncliffe.

Book Reviews

Chemistry and Chemical Urinalysis for Nurses. By Harold L. Amoss, S.B., M.D. Philadelphia: Lea & Febiger.

This book comes out from the hands of Lea & Febiger, Philadelphia and New York, in a neat shape, with good clear type, 268 pages in extent, quite handy for a pupil's textbook. As to the subject matter, it must constantly be borne in mind by specialists in any science, art, or craft, when directing their instruction, that every other specialist under the sun thinks also that nurses must have an intelligent, if epitomized, knowledge of his specialty too. Yet the bulk of the nurses' work is to be done with her hands. If only somebody with an Edisonian mind could put on a moving film record the representation of hands, clever demonstrating hands, showing on a magnified scale in a still picture the important details of position, name, shape, etc., in all of a nurse's manual labors. It is very necessary to have reference books for the training school library such as these written by doctors of science, and all physicians, supervisors or dietitians teaching in a hospital should be thoroughly familiar with them.

Doctor Amoss wisely begins with a preface addressed to instructors, whom he thus acknowledges to be his agents. The subject is developed clearly and slowly from the simple phenomena of slaking lime, or oxidation of silver, to the point where the nurse may understand the digestive processes of the body, the values of foods, the principles of caloric feeding, etc.

An interesting chapter relates to urines, their analysis, the intake affecting them, their amount, color and abnormal contents. However, the fact still remains that the duty of the nurse is rather that of obtaining a specimen at the right time and in a suitable container than finding out what it contains. A well-trained nurse working for a very exclusive physician among his fashionable clientèle has nothing more to do than to fit a little enamel bottle in a fine leather case, call a special

messenger and send the specimen of her patient to just such a laboratory as probably is conducted by the assistants of a clever pathologist like the author himself. And if she were in a country district, the physician would not ask for nearly so many specimens, but would examine them himself, we hope, even cursorily, after his twenty-mile drive. There is a great danger of giving nurses the impression that they are to do things with a pen, or pencil, a test tube, or a telephone, the patient being eliminated. The chief difference between the nurse turned out twenty-five years ago and now is that the callous, gay, chemist-clerk-mathematician-surgical assistant nurse of to-day does not love to rub backs, turn mattresses, cheer up neurasthenics, or feed ghastly marasmus babies, none of which requires a knowledge of chemistry. The whole country will perish on this rock, wanting to get away from work with the hands. Everyone wishes to be an organizer instead of a doer. Who will then soon be doing our nursing, Japs, Indians, Chinese, or colored girls? All books written for nurses should be submitted to the Nurses' Association for standardization.

Care of the Baby: How to Keep Your Baby Well. By J. P. Crozer Griffith, M.D., University of Pennsylvania. Sixth edition. Cloth, $1.50 net. Philadelphia and London: W. B. Saunders Company.

This book, first copyrighted in 1895, has now seen twenty years of use, and by growing in favor required revision and recopyrighting several times. No subject strikes home so deeply, and no subject is so diversified, as the care of infants. Besides, the last twenty years have seen such a marked change in the civilized life of this New World that everything affecting the conception, gestation, birth and development of child life requires more study and nursing than in any other civilized race in the whole history of the race.

The book takes up the hygiene of pregnancy, the confinement, the care of the infant as to bath, clothing, airing, feeding,

sleep, and the early control of his habits and thought. The essentials in good nursing are fully discussed, the author wisely saying that the woman who conducts an obstetrical case successfully must have great tact with relatives and servants. However, it is rather quaint to hear her called a "monthly nurse," in sharp distinction to what a graduate of a first-class general hospital, with special training in a great maternity hospital, would slangily call herself, "an obstet. nurse," and in no word or line of this chapter is any knowledge of the author betrayed of the skill, reliability and lovableness of some of these *young* women, who go again and again to the same families, and are sometimes even entrusted with the entire care of children and household, while the parents are in Europe. One can be a good "obstet. nurse" and wear smart clothes, and be young at the same time.

Then, too, some of the pictures used to illustrate the book represent articles of clothing and furnishings for the nursery entirely too fussy and frilly to be comfortable or sanitary for the baby.

One excellent point, in passing, is the mention of the leaden nipple shield for cracked nipples, which would cause any mother great torture were it not for this simple but wonderful cure.

There is a very useful category of all the diseases to which a child falls an easy prey, each handled very clearly, with good illustrations.

In an appendix follows a list of useful recipes for whey, junket, etc., which can never be too frequently read.

Further on comes a very clear, lucid chapter on modification of milk. However, pediatricians now have departed from the "top milk" method herein so minutely described, and are using "whole milk" entirely, on the basis of ℥iss (ounces one and a half) for every pound of baby as a total of milk for the twenty-four hours, this being diluted as required.

On the whole, the book is accurate, useful and voluminous, and would prove a valuable help for any mother or nurse.

A. A. S.

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

A Letter

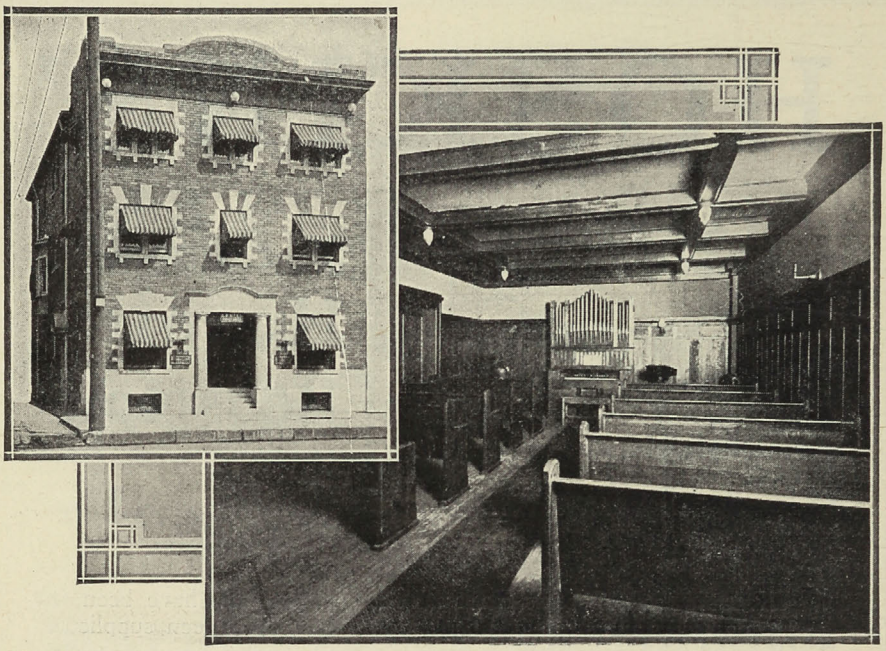
Doctor,—When consulted by patients on the important question of the laundry, won't you bear in mind the following facts regarding Taber Laundry Works, 444 and 446 Bathurst Street, Toronto: Our laundry is one of the most up-to-date and best-equipped institutions of the kind in Canada. Every department is conducted along the strictest sanitary lines. Each and every piece entrusted to us is not only washed but sterilized and dried with super-heated air, rendering impossible the transmission or existence of germ life. Taber Laundry Works exercise also the greatest care in not taking work from houses or places where there exists contagious disease. Our patrons are protected in this way from danger. It has been our rule for years that each and every customer receives personal attention. Telephone College 8333 and 5143 for our van service. Note.—In the past few years laundry chemists and engineers have developed the modern power laundry so that it now ranks high in the public service. Sanitation has been the mainspring of their efforts. We invite professional men and visitors to call on us. For the above reasons, we ask the endorsement of physicians.

A New Hospital Mattress

The Adjusto Mattress, of which a cut appears on page ix of this issue, is proving more popular every day with hospitals and other institutions where large numbers of patients or inmates have to be taken care of, for the reason that it can be so readily adjusted to the size of the spring, both in width and length, and thus does away with that untidy appearance in the make-up of the bed, due to a "spreading" mattress, which is so objectionable to doctors, patients and nurses alike. It is the only adjustable mattress on the market and, besides this advantageous feature, has wearing, resilient, sanitary and artistic qualities unsurpassed by any other mattress manufactured. The felt and the ticking are of the very best quality obtainable, and the workmanship the best efforts of skilled labor. In short it is "the perfect mattress made perfect."

Adjusto was invented and put on the market by the Ontario Spring Bed and Mattress Co., Ltd., London, Ontario, pioneers in the craft of mattress making in this province. The Company also manufactures institution beds and springs, and attachments for raising or lowering patients in bed; also sanitary pillows, bolsters, pads and especially designed clinical beds when required.

For full information write the head office of the Company, 90 York Street, London, Ontario.



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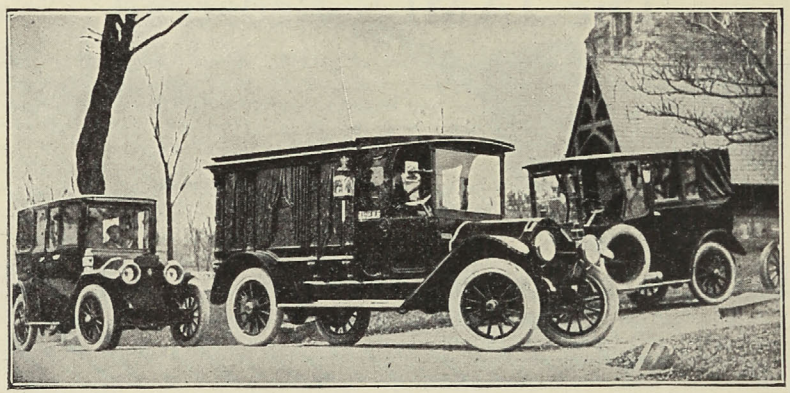

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