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# THE HOSPITAL WORLD

Vol. XVIII

Toronto, October, 1920

No. 4

## CONTENTS

The American Hospital Association

Montreal, October 4-10

Chronic Invalidism is a very frequent sequel of  
Influenza.

### Fellows' Symp of the Hypophosphites

supplies the indispensable mineral salt required by  
the system together with the two potent dynamic agents,  
strychnine and quinine. It accelerates convalescence  
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*As a deodorizing antiseptic lotion*

*As a mouth-wash, gargle, spray or douche*

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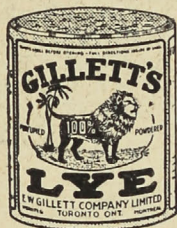
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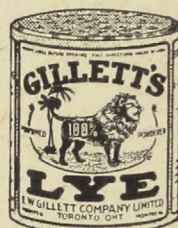
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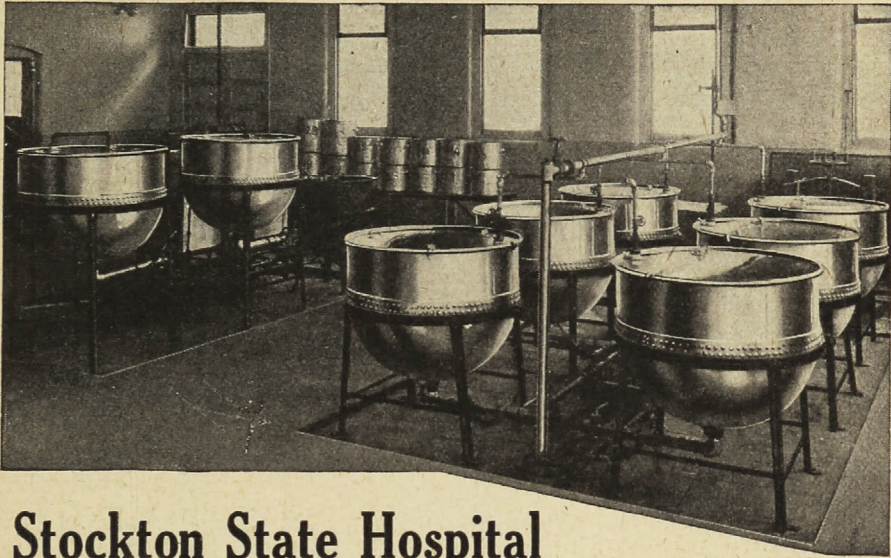
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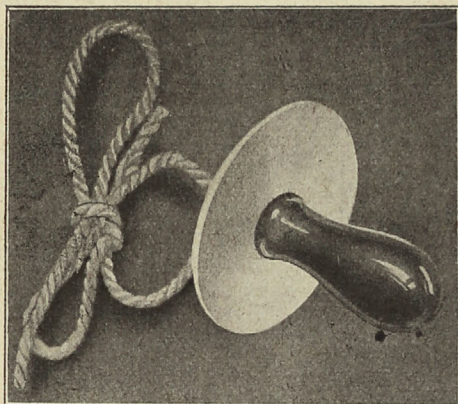
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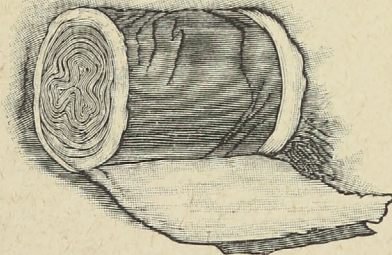
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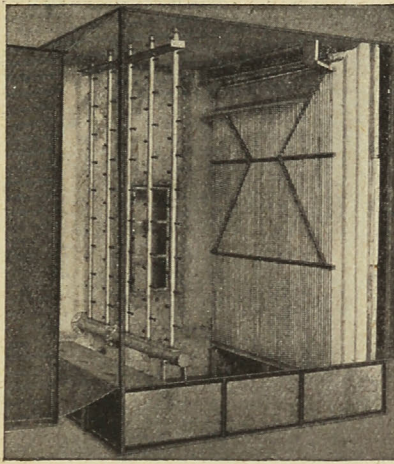


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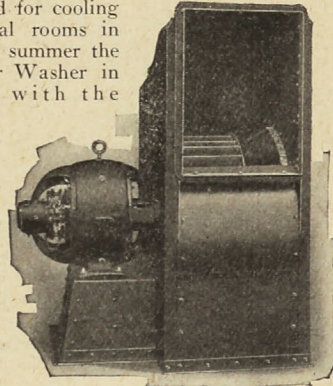




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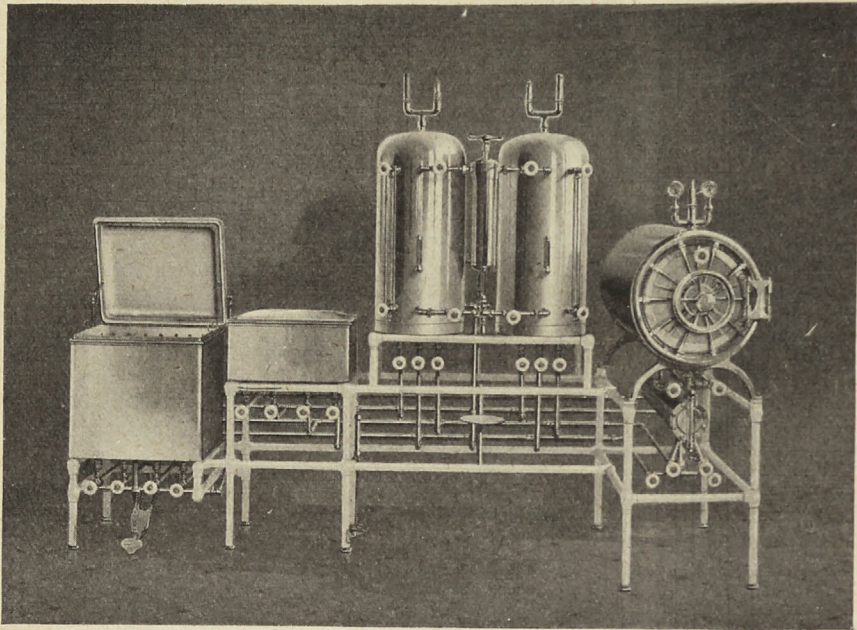
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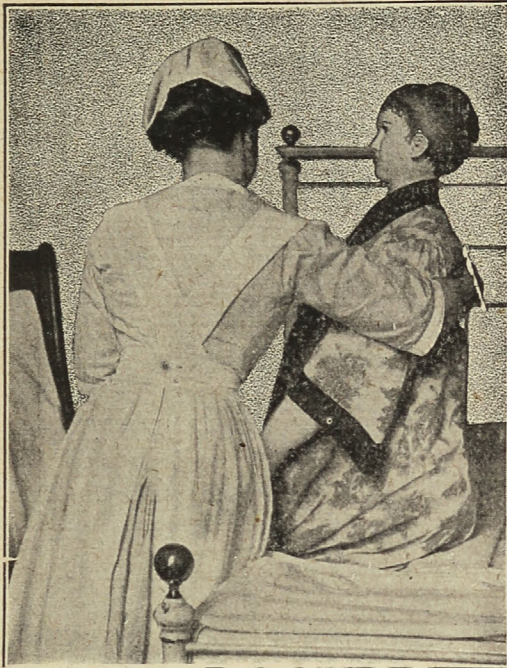
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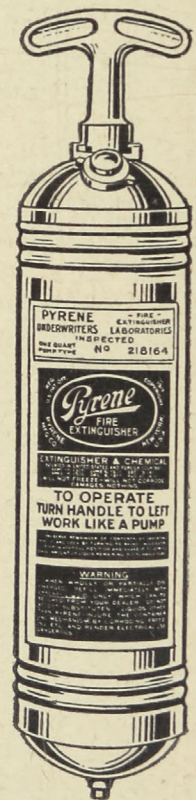
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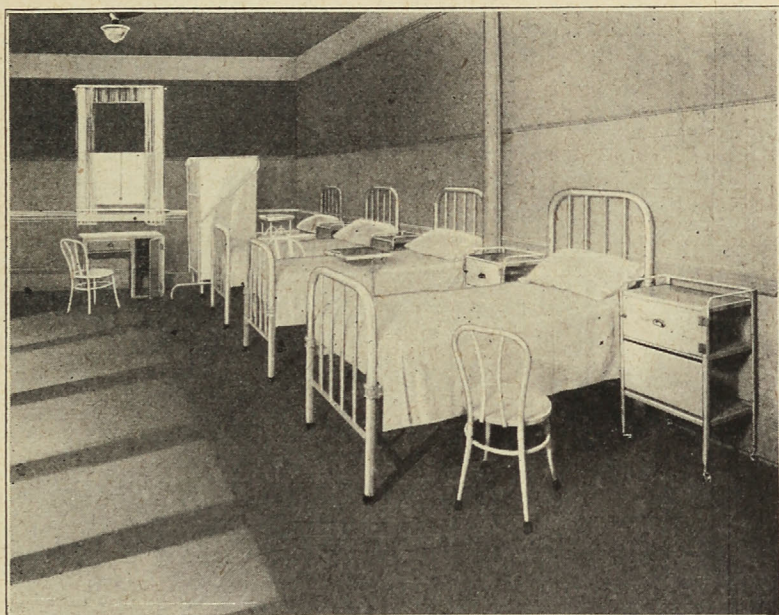
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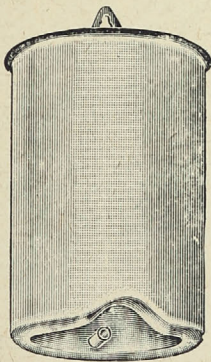
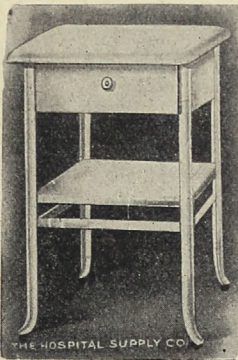
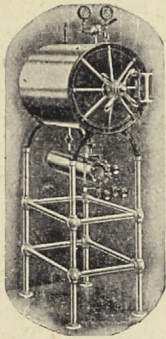
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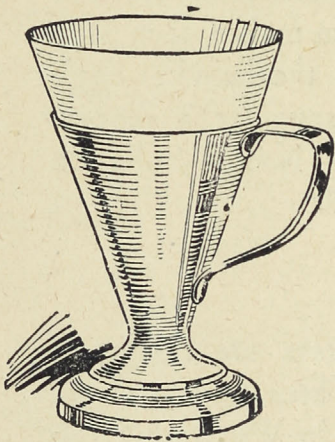
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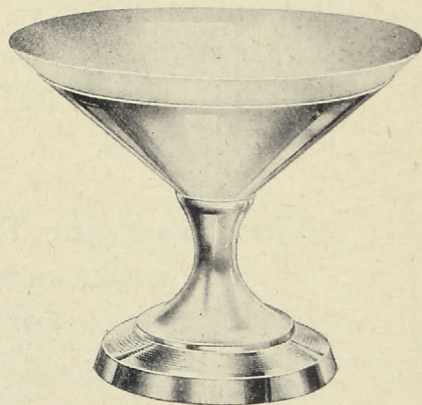


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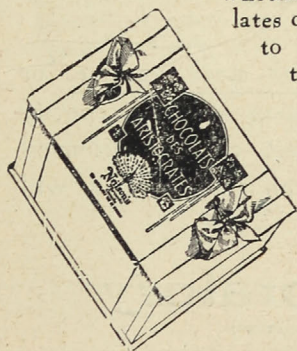
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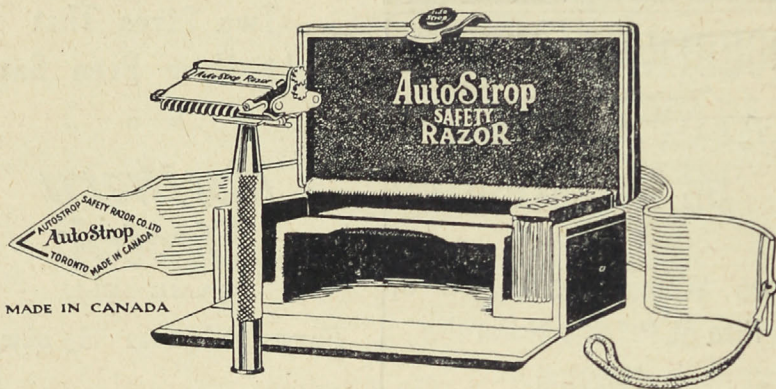
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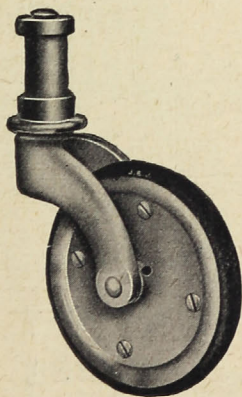
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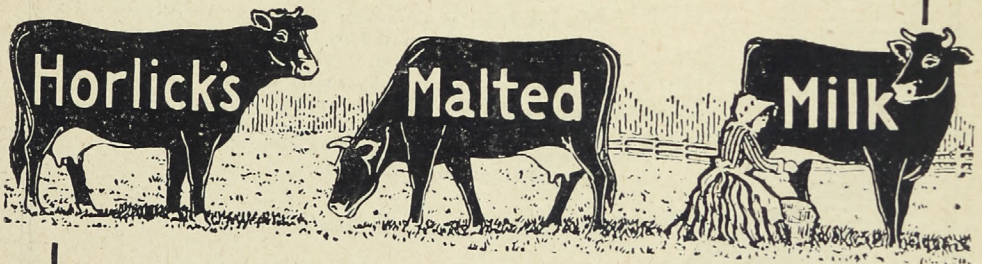
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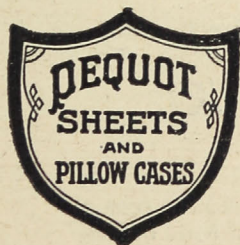
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# The Hospital World

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A Journal published in the interests of Hospitals, Sanatoria, Asylums  
and Public Charitable Institutions throughout the British Empire

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Vol. XVIII.

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No. 4

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## Editorials

### THE FUTURE OF THE AMERICAN HOSPITAL ASSOCIATION

To predict what the American Hospital Association will become is difficult, but its past history may give one some clues as to possibilities. Its membership, both corporate and individual, is sure to increase. Its scope of work will widen, and subjects still *sub judice* will be more intensively studied. Its pronouncements on various points in hospital construction and equipment will be many and varied from time to time. There are yet many debatable topics—such as the site—urban or suburban; type of building one-storied or more—detached low pavilions or skyscraper blocks; materials of walls, roofs, floors; best windows; power plant—type of boiler and engine; refrigeration—ammonia or CO<sub>2</sub>; heating—hot air, water, or steam—direct or indirect; ventilation—amount of air required, temperature and humidity,

fresh or washed; color schemes of walls and ceilings; lighting—direct or indirect, natural and artificial; special lighting of operating rooms. Landscaping of grounds; planning special departments—out-door, admitting, venereal, social service, and all special departments; signal systems, arrangement of telephone service, etc., etc.

Then as to equipment—furniture, utensils, laundry machinery, kitchen outfit, sterilizers, instruments of all kinds; household supplies.

About record-keeping and history-taking, accounting and bookkeeping the last word has not been said.

On all the above, and upon an almost infinite number of other items the association will have to pronounce from time to time.

Questions of organization—medical, surgical and special—will come up perennially. Likewise the problems of nursing the patients. No one has come to dogmatic finalities regarding very many of these topics so absorbingly interesting to hospital workers.

Undoubtedly from the Great War many lessons will have been learned. It was an epochal event, not only in world history, but also in hospital annals. Many practical lessons have been learned by all the doctors and nurses who did such splendid work in building as by magic great military hospitals, equipping, managing and maintaining them amid tremendous stress and strain. For them, new types of

building were constructed, new ward plans, new disinfectants tried out, new splints used, new surgical procedures tried out, serums and vaccines tested, and new sanitary apparatus put into commission. The organization of surgical teams was introduced and the passing of the recruits under the inspection of numerous specialists—both, no doubt, will more and more be adopted by progressive hospitals.

The permanent headquarters of the association, under the direction of the secretary, will become more and more a centre to which all hospital workers may look for assistance in regard to the many problems which continually confront them. Here will be found the most authoritative and authentic information on any and every subject connected with hospitals.

The writer dares add that inside a decade a goodly number of the members will visit the place of annual rendezvous in aeroplanes. The association will be held in the full of the moon. To the 1930 meeting in New Orleans, the Chicago, San Francisco, Montreal and Boston delegations will leave their home cities the evening before the day of opening, and in gigantic, palace airships will speed in the moonlight above the cloud flocks toward the place of meeting. After feasting their eyes on the wondrous snow-capped Sierras, or the majestic St. Lawrence, or the rolling prairies dotted with scintillating towns and cities, they will lie down, sleep peacefully for the remainder of the night, arriving in the Crescent City for breakfast.

### THE GROWTH OF THE AMERICAN HOSPITAL ASSOCIATION

A HANDFUL of men laid the foundation of the American Hospital Association. While the object of the earlier meeting was to discuss economy and efficiency in hospitals in a formal programme of papers, there seems no doubt that the founders had in mind the festive aspect of the meeting as well, judging from the jolly conviviality indulged in by some of them. They were opposed to commercial exhibits and were rather inclined to make a close communion establishment of the association and to stress the entertainment point of view. The admission of trustees, superintendents of nurses, etc., etc., was not thought of and the corporate membership idea (advocated first—we believe—by the *Hospital World*) was undreamed of.

The association has travelled a long way in twenty years. It has widened its door of admission, made room for exhibits—commercial and non-commercial—has amplified its by-laws, has appointed a paid secretary, and its active members have been instrumental in starting state, city and district hospital associations all over the continent. Then, too, the association has adopted the sectional idea, which enables those administrators and workers interested in any particular department of hospital work to listen to papers and discussions in that particular subject.

In 1906, Mr. Geo. Ludlam, president, suggested that the name be changed from "Society of Hospital

Superintendents" to "American Hospital Association"; and at the Boston meeting in 1913, Dr. F. A. Washburn asked, "Can we ever be all that name implies until we admit members of our staff and superintendents of nurses?"

Dr. H. B. Howard, in 1910, stated that hospitals could best be placed upon a high plane and kept there if some system of inspection was adopted. This important suggestion has come to fruition in the work of the American Association of Surgeons, with which work the American Hospital Association has a co-operating committee. The result is that a survey has been made, is going on, and will go on until the work of physicians, surgeons, internes, nurses, will be of a high order; and the influence of their work will be communicated to all workers in the hospital. A complete record of cases will be kept; best systems of accounting will be adopted; the work of the O. P. D. will be enlarged and extended; social service will be more than ever stressed; and the community at large will be forced to become absorbingly interested in the care of the sick and the prevention of disease. Thus the means to provide new hospitals, and supply funds for maintenance, will be readily procured—whether from voluntary sources or general taxation, or both.

*The Hospital World* wishes the American Hospital Association members the warmest possible welcome to Canadian territory; is sure they will find the occasion one of great profit and much pleasure, and hopes in a few years to have them as guests again.

### NURSING ETHICS

ETHICS has to do with conduct and duty. In respect to the nurse it may be considered from several points of view—as related to herself, to her patient, to the physician, to her profession, and to the public. We shall speak on the first two of these.

A nurse's duty to herself may be summed up in the rather comprehensive expression, self-culture. This involves the cultivation of those physical and mental qualities which should be possessed by every woman, plus certain qualities the nurse should possess in a pre-eminent degree.

Let us consider briefly some of those qualities upon which emphasis should be laid.

The first is cheerfulness or optimism. This has to a large degree a physical basis, that of good health—a requisite now demanded of all candidates for training.

Taking it for granted that a nurse has a sound body at the beginning of her course, how is she to maintain her health unimpaired during her three years of arduous and dangerous service?

We would reply,—By care in respect to her diet, in respect to sleep, in respect to the air she breathes, and in respect to rest.

The nurse should eat only plain food, especially well cooked. Her meals should be eaten regularly, and time taken to thoroughly masticate them.

She should possess good teeth. She should visit the dentist every two or three months in order that



precautionary measures may be taken against caries, pyorrhœa and the like. She should learn from him what sort of cleansing preparations are best and receive specific instructions as to how the teeth should be cared for. Much ill health is due to improper care of the teeth and of the oral cavity.

The care of the feet probably comes next in importance, and the care of the skin next.

Sleep—Nursing the sick is a severe tax on the nervous system. The nurse is constantly under more or less strain. How shall she recuperate her lost nervous energy? On a par with diet, we would almost place sleep. "He who sleeps eats" runs the old proverb. As much as possible should be secured in the earlier half of the night. The daily hour off may well be spent in this way. Before one of the great naval battles between the English and the French at the mouth of the Nile, the English commander bade his soldiers sleep for twenty minutes. Victory followed their forty winks. What portion of the glory may be ascribed to sleep, we do not know, but it helped, no doubt.

Fresh Air—Nurses should sleep with windows open as wide as possible, better in the open air under sheltered verandahs. More and more are people sleeping in the open; and those who have experienced the benefits resulting from the practice refuse to return to their room. Oxygen increases will power and destroys the toxins by which hospital workers are so liable to be poisoned. For their own, as well as for their patients' sake, they should see to it that

their wards and sick rooms are well ventilated and that continuously.

Rest—By rest we mean more than sleep; rather the getting away from the sick room daily, weekly and yearly. This is often difficult to accomplish. The off hour, the half-day off, the summer vacation should mean the exclusion of all thought concerning the sick. Some diversion should be sought or some avocation pursued which will engross the attention. This will rest both mind and body. Our recommendation would be that the nurse should take up some form of manual effort, such as basket-making, book-binding, or painting, instrumental music, or some out-of-door study, as botany, entomology, or work in the garden.

Where nurses do twelve hours or even twenty-four hours' duty (which under present conditions it seems they are obliged to do), rest and recreation are imperative, else nature will rebel, and there will be a physical breakdown.

We have often wished to see a rest home established in the country for tired hospital workers. Such a place would be more than acceptable as a recruiting station for nurses.

Of course, one can point to marked exceptions to the rule that sound health alone spells cheerfulness and optimism. Take Robert Louis Stevenson, for instance, who was all his life an invalid and seemed constantly to have remained bright and buoyant, working in good heart. Numerous other examples will doubtless occur to one, where people have proved

sweet-tempered and optimistic when the days of their life were grey and the sun hidden by clouds.

The next quality we would emphasize is self-control. And here also it is the nurse who feels well in body, rested and refreshed, who will be most likely to excel in this virtue.

The frown, the unguarded word, the sharp retort or impatient act—all indicate lack of inhibition. Some nurses (though full of energy) naturally possess the quality of imperturbability. Dr. Osler has written a book for doctors entitled "Equinimitas." Nurses have the same need as physicians of securing possession of this admirable qualification.

Following optimism and self-control, we shall speak of honesty—more important from an ethical standpoint than either of the former two. A recent writer says, "What a nurse is is more than what she can do." What a nurse is will be an index of what she can do, of the things she will decide to do, and of the way she will do them. Therefore, before inquiring into the question concerning the right and wrong of a nurse's actions (the question of ethics) it is important to inquire first what the nurse is, what are her predominant characteristics. If we discover these, we can predict fairly how she is likely to get on in the profession.

Is the nurse honest? If so, she will in so far as she is able give her whole time and attention to the work in hand. This means that she will be punctual; that she will observe closely her patient's condition and record carefully signs and symptoms of improve-

ment or the contrary. Most important is it that she should notice any unfavorable symptoms and report them at once.

She will be obedient to her superior nurses and to the doctors under whom she works, carrying out all orders implicitly.

An honest nurse will report such matters as a mistake made in giving a dose of medicine, burning a patient with a hot water bottle, neglecting the carrying out of an order or falling asleep on duty; she will confess the error, and give promise that it will not be repeated. If a nurse fails to do this she is not honest and should not continue in such a profession as that of ministering to the sick.

If a nurse is honest, she will be careful of hospital supplies; she will not be willfully extravagant with food or drugs, dressings, linen, gas or electricity. Neither will she use for herself delicacies belonging to the patient.

It is rankest dishonesty for a nurse to take a patient's temperature without a thermometer, guess at the pulse rate or to record on history paper work that has not been performed. We are sorry to say that we have heard of this being done.

We have stated that an honest nurse will not be willfully extravagant; and here comes the opportunity for her superiors in the hospital in which she works to train their pupil nurses in economy.

Still again, if a nurse is honest she will take pains. Some one has said that "Genius is the result of taking infinite pains." The greatest care is needed

where human life is at stake. We who live in hospitals too often look upon patients as cases only, and have a tendency to treat the sick in a routine and perfunctory manner. This malady in a hospital is called institutionalism or hospitalism. It is the worst disease which can attack the staff of any hospital.

Sometimes a nurse, doctor, or other hospital employee has to fall very ill himself in order to gain an idea of what it means to be taken from home and relatives to an institution the business of which it is to care for sick people; to be formally admitted, to be carried to a ward, and laid alongside of other sick people, to be ministered to by strange hands in a routine way.

To escape the canker of this institutionalism we need to exercise the greatest watchfulness.

The care of the sick calls for a quiet manner, a quiet voice and quiet surroundings in so far as the nurse can enforce quiet. To this end she should see that there is no door slamming, rattling dishes, noisy walkers, whistling, singing and the like. All noises are disquieting to the patient and militate against his recovery.

And this leads us to the next topic—Considerateness. This embraces kindness, sympathy and patience.

Many people have an idea that these qualities are the most essential in a nurse. They are very important it is true. (It is a little difficult to rank some of these virtues.)

A considerate nurse will not only perform her

work well but will give evidence to the patient that she has the patient's welfare at heart. Most patients are quick to notice the signs of the mothering instinct—an intonation of the nurse's voice, an expression of the countenance, a sensation conveyed by the touch—these are translated immediately into a cordial relationship or the reverse. The patient feels that he is the subject of warm personal interest; this is the first step toward his recovery in so far as the nurse is concerned. A feeling of mutual interest should always exist between nurse and patient. Its strength will vary in degree, dependent upon the character of nurse and patient. It should be unnecessary to say that the nurse must decide in all kindness to what extent this reciprocity of sentiment shall obtain. No nurse should allow her sympathy to run away with her judgment; and, on the other hand, no nurse should be so unresponsive as to repel the patient.

It is the cranky, irritable, fault-finding patient who tries the nurse. This is the type of case in which she must exercise much self-control, and refrain from punishing the patient, even by neglecting some of his lesser needs. The utmost patience and tact are required. These sometimes become exhausted, and discipline must be enforced. Fortunately, such instances are rare. One of the best tests of a nurse's temperament is her ability to preserve harmonious relations with her patients.

The pleasure of a journey is not at the arrival at its end, but along the road; so the chief pleasure

in nursing should be that which comes day by day as the result of conscientious work, and not at the end of the case. "Work is as it is done." To do the right thing in the right manner is an art, the execution of which in any sphere gives a high degree of pleasure. Some nurses are artists—as shown in such duties even as bed-making, administering a hypodermic injection and in the one hundred and one things she has to do daily. A nurse's training should develop her best qualities and atrophy her faults; should help her very much in the discernment between the true and the false, and to follow the good which is its own instant reward.

# The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

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J. H. ELLIOTT, M.D., Asst. Medicine and Clinical Medicine, University of Toronto.

H. A. BOYCE, M.D., Kingston, Ex-Secretary American Hospital Association.

GEORGE D. PORTER, M.D., Toronto, Secretary Canadian Tuberculosis Association.

G. MURRAY FLOCK, M.B., Physician-in-charge, Essex County Sanatorium, Union-on-the-Lake, Kingsville.

C. M. HINCKS, B.A., M.B., Assistant Medical Director of the Canadian National Committee for Mental Hygiene, Toronto.

### British Columbia

ARTHUR G. PRICE, M.D., Medical Health Officer, City of Victoria, Victoria.

M. T. MacEACHERN, M.D., Superintendent, Vancouver General Hospital, Vancouver.

H. C. WRINCH, M.D., Superintendent, Hazelton Hospital, Hazelton.

### Great Britain

CONRAD THIES, Esq., late Secretary, Royal Free Hospital, London, England.

DONALD J. MACKINTOSH, M.D., M.V.O., Medical Superintendent, Western Infirmary, Glasgow, Scotland.

### United States

CHRISTIAN R. HOLMES, M.D., Cincinnati, Ohio.

MISS MARGARET CONROY, Boston, Mass. F. C. ENGLISH, M.D., Director of Surveys of Hospitals and Homes for the Aged and Children, Saint Luke's Hospital, Cleveland, Ohio.

THOMAS BEATH, M.D. (late Superintendent, Victoria Hospital, Winnipeg), Raleigh, N.C.

### Quebec

H. E. WEBSTER, Esq., Superintendent, The Royal Victoria Hospital, Montreal.

A. K. HAYWOOD, M.D., Superintendent, Montreal General Hospital, Montreal.

J. R. BYERS, M.D., Superintendent, Laurentian Sanitarium, Ste. Agathe des Monts.

### Nova Scotia

W. H. HATTIE, Provincial Health Officer, Department of Public Health, Nova Scotia, Halifax.

### Manitoba

DAVID A. STEWART, M.D., Medical Superintendent, Manitoba Sanatorium for Consumptives, Ninette.

### Alberta

T. H. WHITELOW, B.A., M.B., University of Toronto, Medical Officer of Health, Edmonton.

A. FISHER, M.D., Superintendent, Calgary General Hospital, Calgary.

### Saskatchewan

J. G. WRIGHT, M.D., C.M., Regina.

M. R. BOW, M.D., Superintendent, Regina General Hospital, Regina.

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## Original Contributions

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### AMERICAN HOSPITAL ASSOCIATION

MONTREAL—OCTOBER 4 TO 10.

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THIS body met once before in Canada—in Toronto in 1908. Canadian hospital workers have been enthusiastic supporters of this association. Two of them, for several years each, served as secretary of the organization, putting much energy into the work, which was rewarded by a greatly increased membership and in a much greater interest in the programme of the annual meetings. We allude to Dr. John N. Brown and Dr. H. A. Bryce, both of whom are now in private practice.

The meeting comes at an opportune time. There is a certain feeling of tension just now between the two countries, especially among the Chauvinists and Jingoës. But good sense is sure to prevail and harmony will be maintained. The visiting hospital workers will find no feeling of animosity toward them in the ranks of Canadian hospital workers. Humanitarians, scientific workers and educated folk, as a whole, are all strong for the Entente Cordiale.

We are glad Montreal has been chosen as the meeting place. Mount Royal will display all her charms to the visitors, decked, as she will be in her autumn robes of red and yellow. Then there are the glories of the St. Lawrence, and the picturesqueness and quaintness of the *milieu*, novelty and surprise. One is pleased, too, with the happy volubility and perfect courtesy of the French residents. The hospitals, also, will be a great source of delight and interest. The *piece de resistance*, of course, is the Royal Victoria, perched like some old chalet, chateau or castle on the mountain side. Here a special welcome, no doubt, will be extended to all the guests; if the one given to the Canadian Hospital Association when it met in Montreal a few years ago is a criterion to go by, the occasion will be one long to be remembered.

Seeing that our own national association has not been called together for several years (on account of the war) we would suggest that a meeting of this body be held at the same date. The programme might be merged with that of the sister body, but a business meeting or two might be held at which re-organization might be effected and arrangements made for a meeting somewhere (to be selected) in the year 1921.

The first annual conference of the American body was held in Cleveland in 1899. It was convened by Dr. Jas. S. Knowles, Superintendent of Lakeside Hospital in that city. Only a handful of superintendents attended the earlier meetings. But the organization grew like a green bay tree. Its influence has been such that numerous state and city societies have arisen all over the continent, having its same *motif*—"the promotion of economy and efficiency in hospital management."

During the earlier years of the association's existence its policy was to exclude scientific exhibitors. During recent years, however, they have been allowed to come to the meeting place and display their wares. Visitors find the show very instructive. The exhibitors do a goodly sort of advertising, and the Association reaps a pecuniary benefit, which enables it to afford a salaried full-time secretary.

The meeting this year is to be presided over by Dr. Jos. B. Howland, of the Peter Bent Brigham Hospital, Boston, an excellent type of hospital worker. The energetic secretary is Dr. A. R. Warner, who may be addressed for information at the Lennox Building, Cleveland, Ohio.

The following is the provisional programme to the date of this issue going to press:—

#### PROGRAMME.

TWENTY-SECOND ANNUAL CONVENTION OF THE AMERICAN  
HOSPITAL ASSOCIATION, MONTREAL, OCTOBER 4-10, 1920.

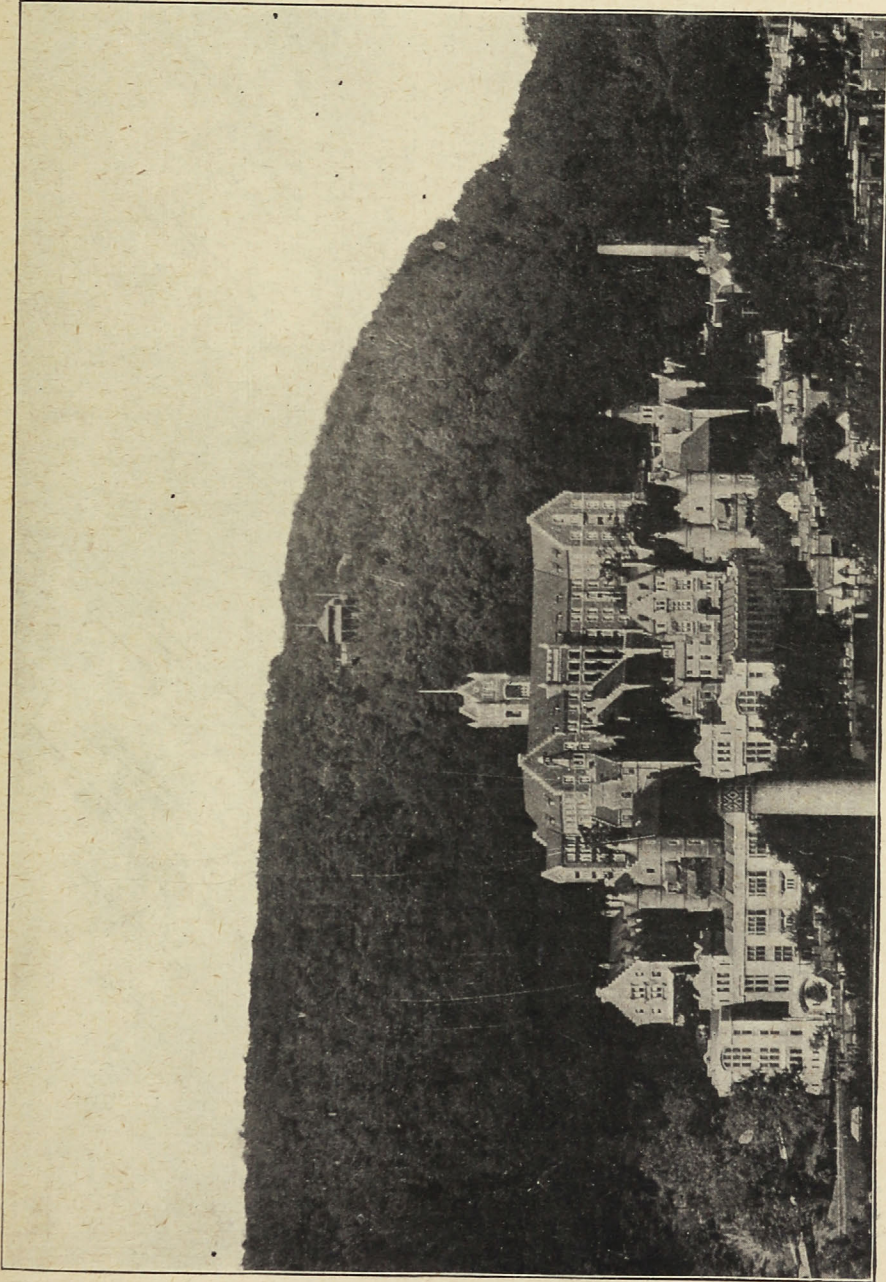
MONDAY, OCTOBER 4, 1920.

*Registration.*

*Inspection of Exhibits.*

*Entertainments*, moving pictures in Convention Halls.

*Evening Informal Reception*, by local committee in exhibit and meeting halls.



The Royal Victoria Hospital, Montreal.

TUESDAY, OCTOBER 5, 1920, 10 A.M.

General Session—large Convention Hall.

*Invocation.*

*Address of Welcome*, by Mr. E. R. Decarey, Chairman of the Board of Administration Commissioners of Montreal.

*President's Address*, by Dr. Joseph B. Howland, President; Superintendent, Peter Bent Brigham Hospital, Boston, Mass.

*Report of Trustees*, read by the Executive Secretary.

*Executive Secretary's Report*, by Dr. A. R. Warner, Executive Secretary.

*Routine Business.*

TUESDAY, OCTOBER 5, 1920, 2 P.M.

General Session—large Convention Hall.

"Community Hospitals as a Solution of the Rural Health Problem," by Dr. F. E. Sampson, Superintendent Greater Community Hospital, Creston, Iowa.

Discussion by Dr. John A. Hornsby, Editor *Southern Hospital Record*.

Discussion by Dr. Louis B. Baldwin, Superintendent University Hospital, University of Minnesota.

"The Place of the Dispensary in the Public Health Programme of the Future," by Mr. John A. Lapp, Editor *Modern Medicine*.

Discussion by Dr. C. G. Parnall, Medical Director and Superintendent University Hospital, University of Michigan.

Discussion by Mr. John E. Ransom, Superintendent Michael Reese Dispensary, Chicago, Ill.

SECTION ON HOSPITAL ADMINISTRATION.

*Chairman*—Dr. R. B. Seem, Director Albert Merritt Billings Hospital, Chicago, Ill.

*Secretary*—Dr. A. C. Bachmeyer, Superintendent Cincinnati General Hospital, Cincinnati, Ohio.



Entrance to Toronto General Hospital.

TUESDAY EVENING, 8 P.M.

Section Hall—near Registration Room.

“Some Essential Factors in Efficient Hospital Administration,” by Dr. Malcolm A. MacEachern, Superintendent Vancouver General Hospital, Vancouver, B.C.

Discussion, Mr. Pliny O. Clark, Superintendent Presbyterian Hospital, Denver, Col.

“The Selection and Organization of the Hospital Personnel,” by Dr. C. G. Parnall, Medical Superintendent and Director University Hospital, University of Michigan.

Discussion, Dr. Winford Smith, Superintendent John Hopkins Hospital, Baltimore, Md.

“How Hospital Administrators May Keep Abreast of Administrative Progress,” by Dr. Harold W. Hersey, Superintendent New Haven Hospital, New Haven, Conn.

Discussion.

## SECTION ON OUT-PATIENT WORK.

*Chairman*—Mr. John E. Ransom, Superintendent Michael Reese Dispensary, Chicago, Ill.

*Secretary*—Mr. Clarence Ford, Superintendent Division of Medical Charities State Board of Charities, Albany, N.Y.

TUESDAY EVENING, 8 P.M.

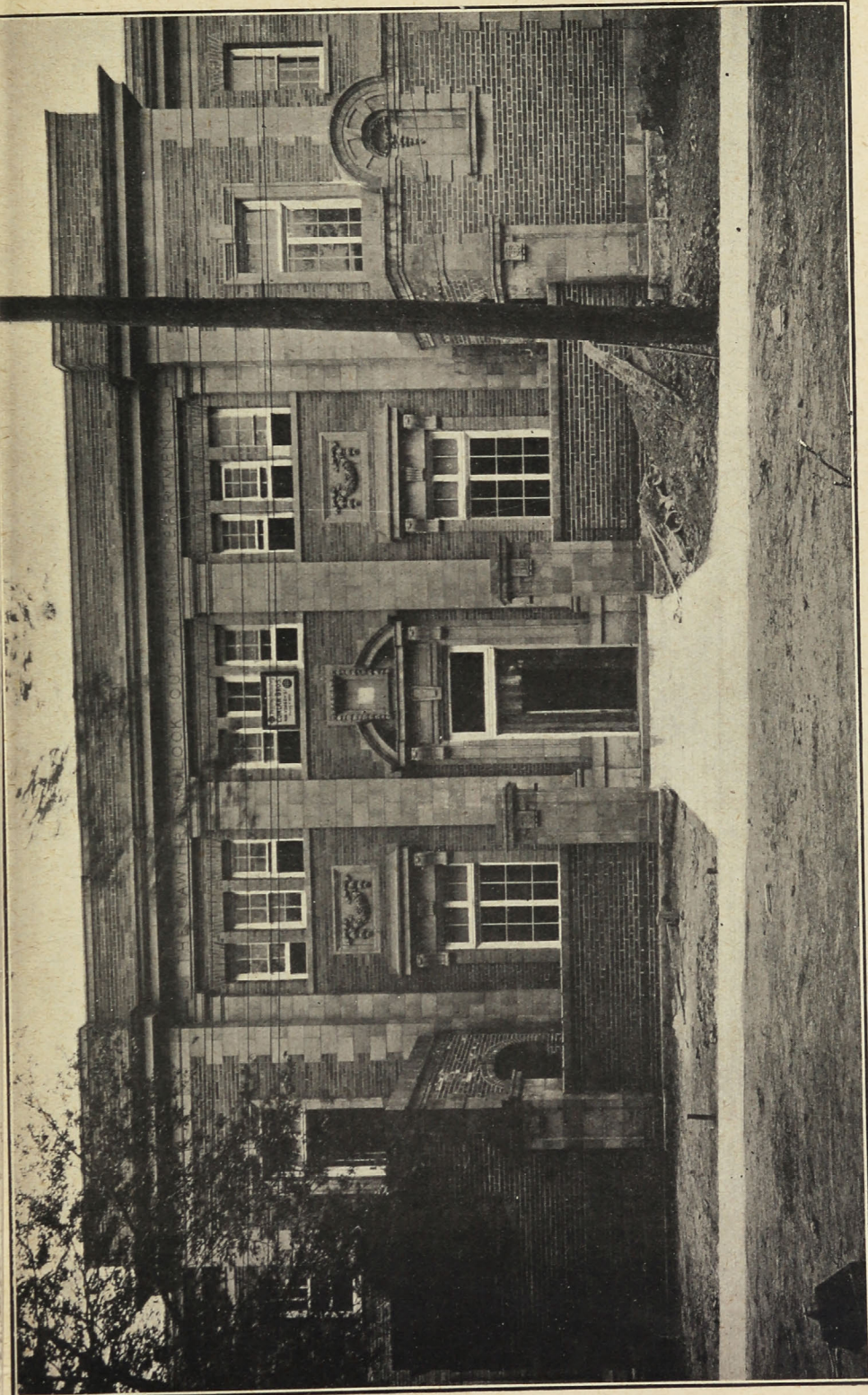
Large Convention Hall.

“Report of the Committee on Out-Patient Work,” by Mr. John E. Ransom, Chairman, Superintendent Michael Reese Dispensary, Chicago, Ill.

General Discussion.

“The Relation of the Out-Patient Department to the Hospital Proper,” by Dr. Ralph B. Seem, Superintendent Albert Merritt Billings Memorial Hospital, Chicago.

Discussion.



Entrance Out-Patient Department, Toronto General Hospital.

"Travelling Clinics," by Mr. J. J. Weber, Editor *The Modern Hospital*.

Discussion.

WEDNESDAY, OCTOBER 6, 1920, 2 P.M.

General Session—large Convention Hall.

"Community Funds for Capital Expenditures," by Mr. Pliny O. Clark, Superintendent Presbyterian Hospital, Denver, Colo.

Discussion, "Money Obtained from Public Taxation," by Mr. Howell Wright, Executive Secretary, Cleveland Hospital Council, Cleveland, Ohio.

Discussion.

"Industrial Clinics in General Hospitals," by Dr. Wade Wright, Industrial Hygiene Department Harvard Medical School, Cambridge, Mass.

Discussion.

"Hospital Occupational Therapy," by Miss Idelle Kidder, Director Missouri Association of Occupational Therapy.

Discussion by Dr. Louis H. Burlingham, Superintendent Barnes Hospital, St. Louis, Mo.

WEDNESDAY, OCTOBER 6, 1920, 2 P.M.

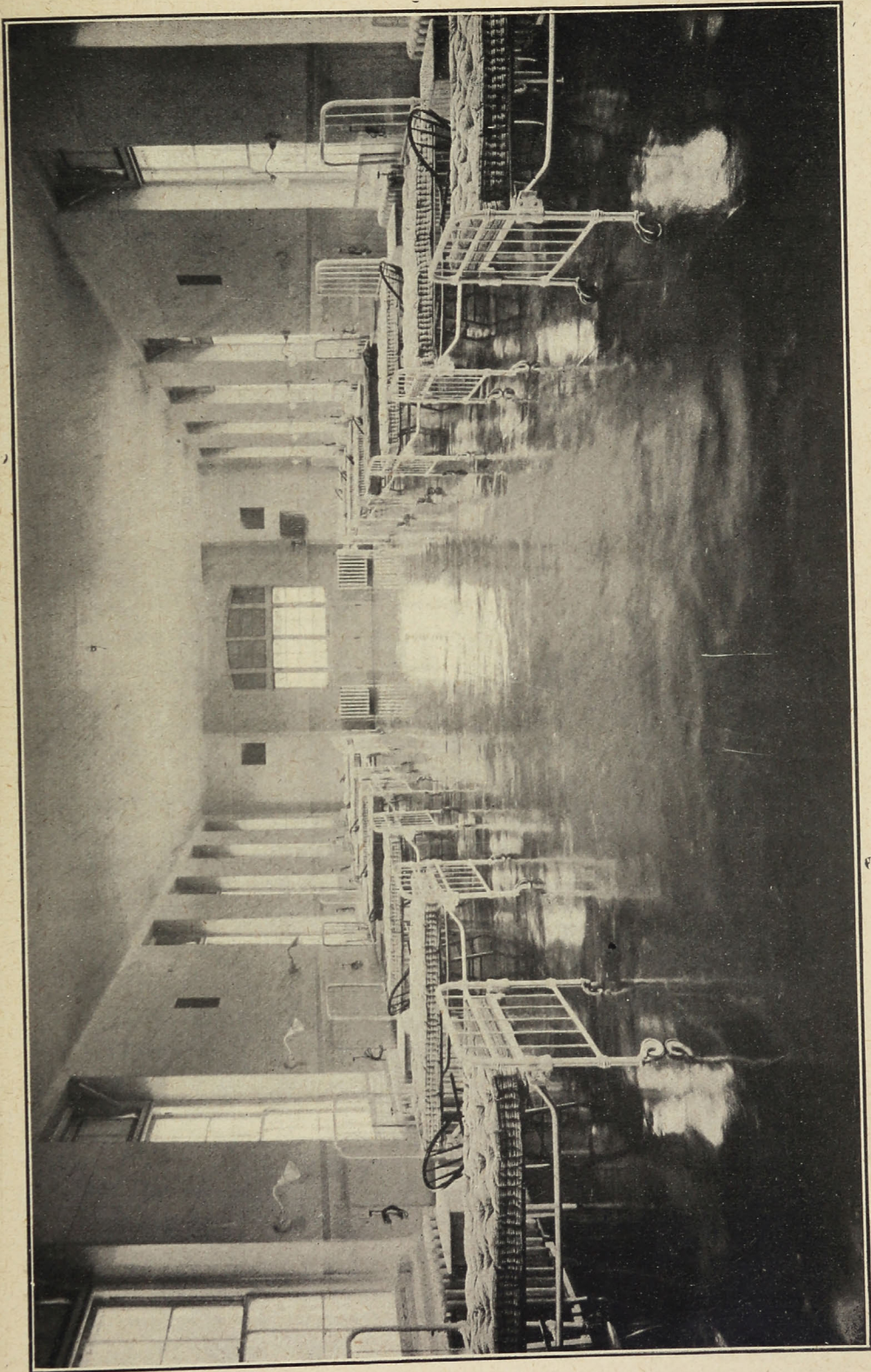
"Entertainment by the Local Committee," trip on the St. Lawrence River.

#### SECTION ON HOSPITAL CONSTRUCTION.

*Chairman*—Dr. George O'Hanlon, Superintendent Bellevue Hospital, New York, N.Y.

*Secretary*—Mr. Oliver H. Bartine, Hospital Consultant, New York City.





A Hospital Ward, as it should be, Flooded in Sunshine.

WEDNESDAY EVENING, 9 P.M.

Section Meeting Hall—near Registration Room.

“Distribution of Food in Hospitals as Related to Hospital Construction,” by Mr. Frank Chapman, Superintendent Mount Sinai Hospital, Cleveland, Ohio.

Round table discussion of hospital construction.

## SECTION ON NURSING.

*Chairman*—Miss E. M. Lawler, Superintendent of Nurses Johns Hopkins Hospital, Baltimore, Md.

*Secretary*—Miss Elizabeth Flaws, Superintendent Wellesley Hospital, Toronto, Canada.

WEDNESDAY EVENING, 8 P.M.

Large Convention Hall.

“Affiliation Between Schools of Nursing and Universities,” by Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, Toronto, Canada.

“The Use of Ward Assistants in Hospitals,” by Miss Claribel A. Wheeler, Superintendent of Nurses, Mount Sinai Hospital, Cleveland, Ohio.

“The Preparation of the Student Nurse for Public Health Nursing,” by Miss Anne W. Goodrich, Director of Nurses, Henry Street Settlement, New York City.

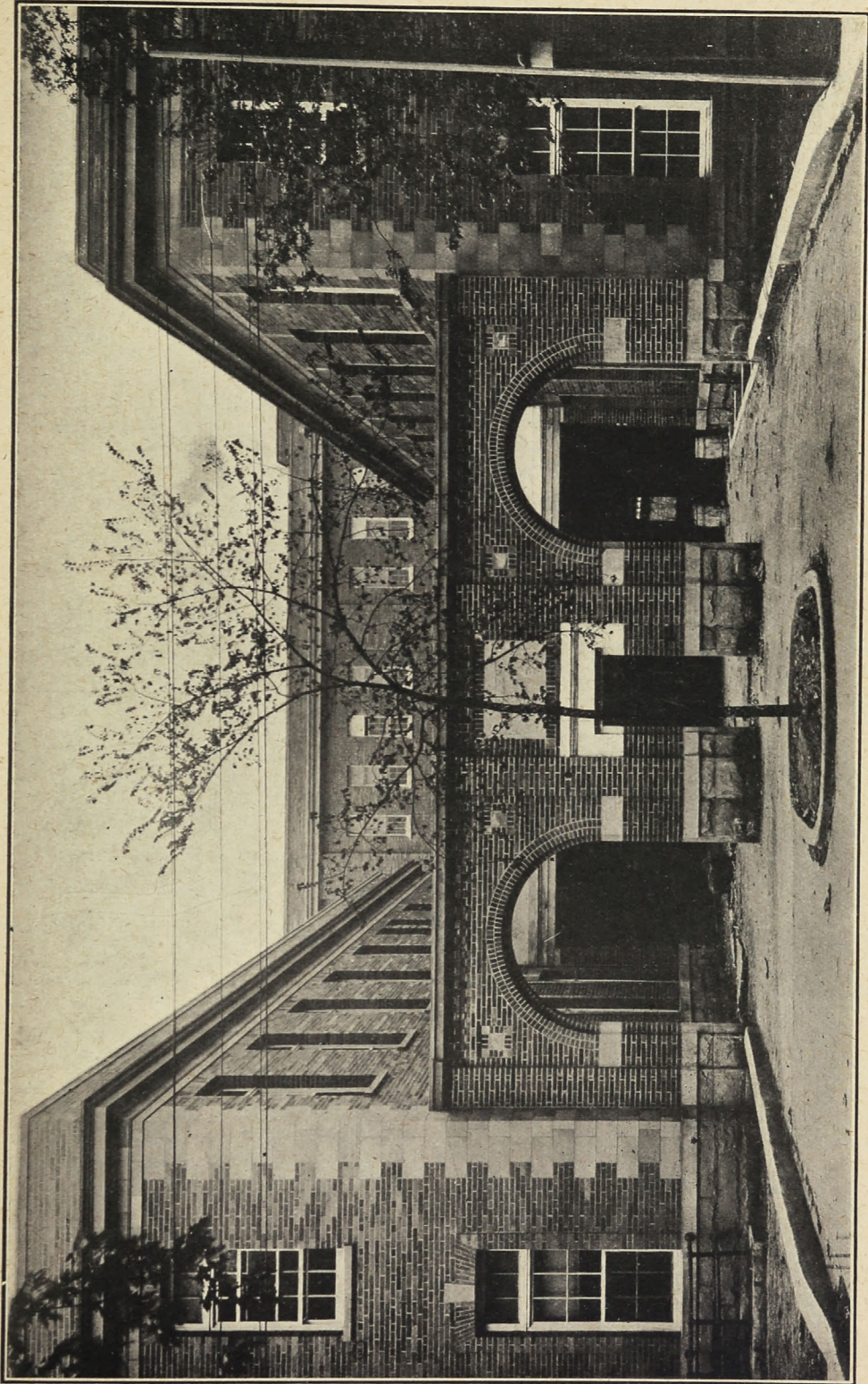
“The Student Nurse Recruiting Movement.”

THURSDAY, OCTOBER 7, 1920, 10 A.M.

General Session—large Convention Hall.

“Function of the Social Service Department in its Relationship to Administration of Hospitals and Dispensaries,” by Miss Ida M. Cannon, Director Social Service Department, Massachusetts General Hospital, Boston, Mass.

Discussion.



Shields' Emergency Hospital, Toronto.

"Organization and Standardization of Hospitals," by Dr. James C. Fyshe, Superintendent Edmonton Hospital Board, Edmonton, Alta.

Discussion.

"Report of Social Service Survey," by Mr. Michael M. Davis, Jr., Chairman, Director Boston Dispensary, Boston, Mass.

Discussion.

#### ROUND TABLE.

THURSDAY, OCTOBER 7, 1920.

Beginning 2 p.m.—Ending 12 p.m.

Large Convention Hall.

*Chairman*—Mr. Asa Bacon, Superintendent Presbyterian Hospital, Chicago, Ill.

This session has proven so popular and helpful in past years that longer time and more preparation was given to it. Mr. Bacon, the Chairman, has already received from members a large number of live questions to be discussed, and selected persons to open the discussion of these who are especially qualified to talk on these subjects. The session will be continuous from 2 p.m. to 12 p.m.

#### SECTION ON SOCIAL SERVICE.

*Chairman*—Miss Imogene Poole, Director of Social Service, University of Michigan Hospital, Ann Arbor, Mich.

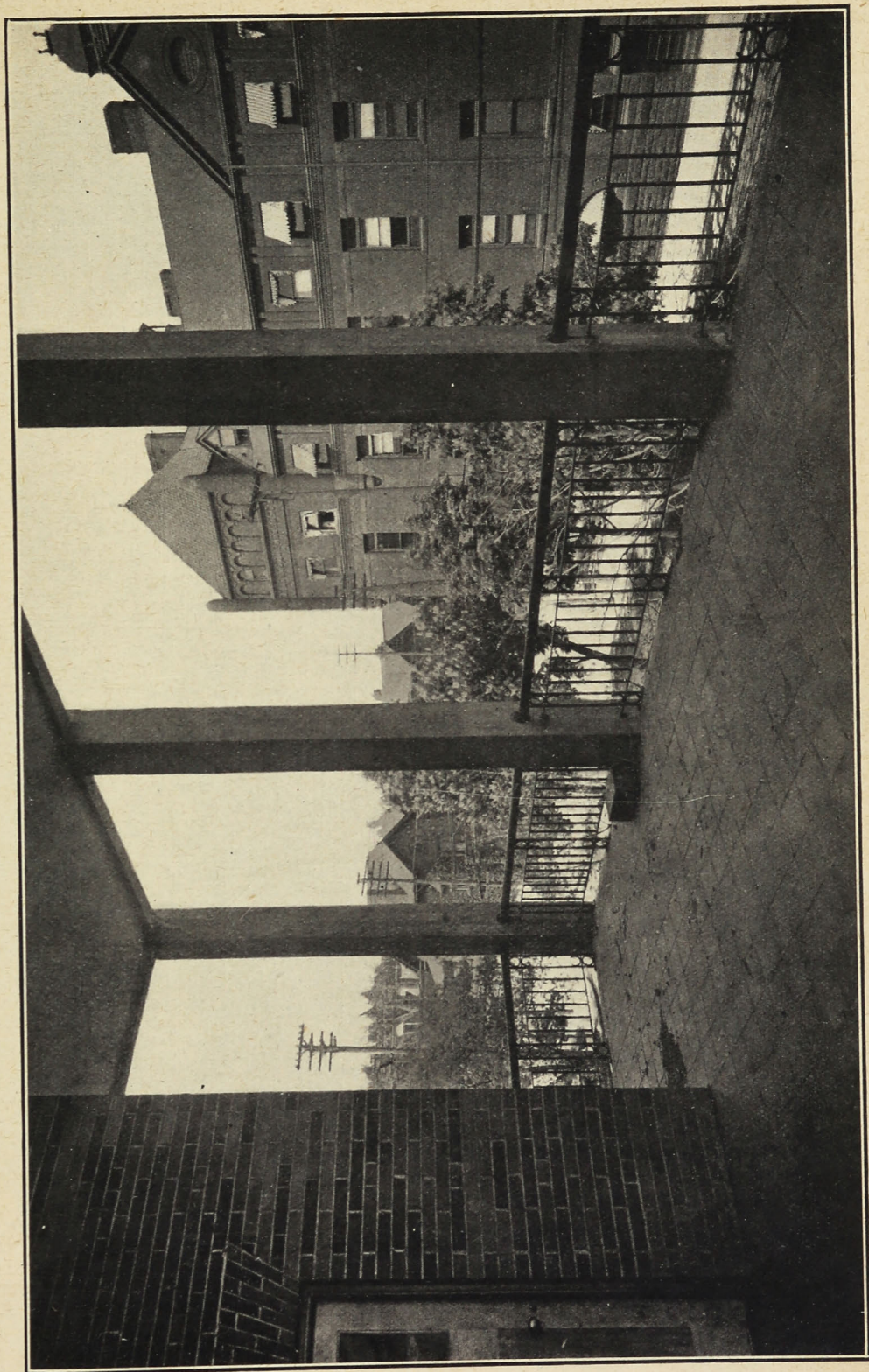
*Secretary*—Miss Alice Rushbrooke, Director of Social Service Royal Victoria Hospital, Montreal, Quebec.

THURSDAY, OCTOBER 7, 2 P.M.

Section Hall—near Registration Room.

"Medical Social Work as a Therapeutic Factor," by Miss Edna G. Henry, Director of Social Service, Indiana University, Indianapolis, Ind.

Discussion.



Verandah, Toronto General Hospital.

on\* in the United States and Canada. An information service is planned that will give ample opportunity for delegates to the Convention to discuss with experienced hospital social workers the various phases of the subject.

A special information service will be arranged for such topics as "Psychiatric Social Work," "Social Work with Syphilis and Gonorrhoea," "The Organization of a Social Service Department," "Training of the Hospital Social Worker."

Record forms, reprints and reports from various departments will be available for distribution.

The exhibit and opportunity to bring local problems before those qualified to really help, together with the fact that the American Association of Hospital Social Workers is calling a semi-annual meeting in Montreal in co-operation with the American Association makes this Convention especially interesting to all engaged or interested in Hospital Social Work.

#### MODEL VENEREAL DISEASE CLINIC.

The most significant development in the dispensary field during the last few years, has been the establishment of a large number of clinics for the treatment of venereal disease. On the other hand there are many hospitals and dispensaries in communities greatly needing such facilities that have not yet developed them. Recognition of these facts has led the Committee on Out-Patient Work of the American Hospital Association to make a part of its service to the Association at the Montreal meeting the operation of a model or demonstration venereal disease clinic.

The purpose of the clinic will be to demonstrate to hospital people the best treatment procedure, equipment, clinical organization, record systems and forms, social service, in fact everything that goes into the structure of an efficient clinic for the diagnosis and treatment of gonorrhoea and syphilis.

The clinic will be conducted by the Division of Venereal Disease of the United States Public Health Service. This organization which has done such valuable work in establishing and maintaining venereal disease clinics the country over, will provide personnel for the clinic; assigning a physician to be in



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Operating Theatre of the Old Toronto General Hospital, Gerrard Street East.

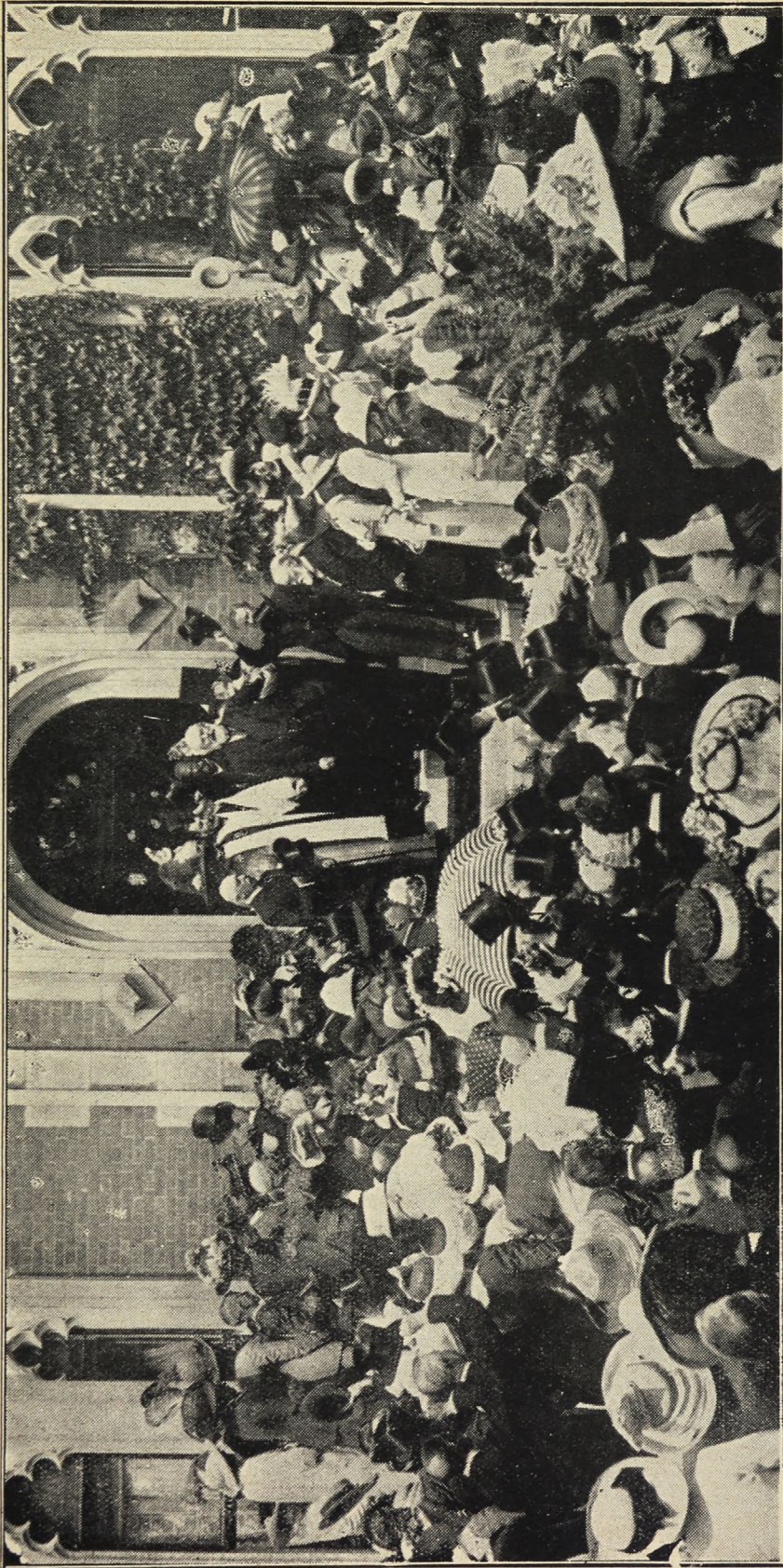
charge, a nurse and a technician to demonstrate the work of such a clinic, including the methods of preparing for clinical use and administering the various brands of arsphenamine.

Social Service in relation to venereal disease clinics will be demonstrated by the Social Service Section of the Association in co-operation with the Social Service Department of the United States Public Health Service and the American Association of Hospital Social Workers. Opportunity will be afforded all inquirers to obtain expert advice on all phases of venereal disease clinical work. Those who wish will be put in touch with hospital people who have had experience in dealing with the various problems related to the organization of such clinics in different types of hospitals. Record forms both medical and social will be available for inspection.

#### MODEL DISPENSARY.

Another feature of the Montreal meeting will be an exhibit of a Model Dispensary. The function of the exhibit will be to show the best plans of dispensary organization, including administration and staff organization, equipment, admission systems, record systems, night clinics, etc. Outside of the venereal disease clinic there will be no attempt to demonstrate actual clinical procedure. In co-operation with the Service Bureau on Dispensaries and the Community Relations of Hospitals, an information service will be organized by means of which those persons who wish to consult persons especially familiar with certain phases of dispensary work will have the opportunity to do so. In co-operation with the Section on Social Service, a similar exhibit and information bureau in relation to hospital and dispensary social service will be arranged.





Formal Dedication of Wellesley Hospital, Toronto, August 27th, 1912.

**ADDRESS TO THE GRADUATING CLASS OF  
THE ROSS MEMORIAL HOSPITAL, LINDSAY**

*June 1st, 1920.*

BY J. W. S. McCULLOUGH, M.D., D.P.H.

*Mr. Chairman, Ladies and Gentlemen:* I am honored in having the privilege of addressing the graduates of this hospital, so well equipped and managed in the interests of the public of the flourishing Town of Lindsay. Although I have in my capacity of a public servant nothing to do with the administration of hospitals, the work of curing the ills of mankind carried on in the modern hospital is so closely allied to that of the prevention of disease in which the Board of Health is concerned that the Board has a lively interest in hospital work and particularly in the work of nurses. For the present day nursing is not merely in caring for sick people alone. The field is daily becoming wider and too many nurses cannot be trained. Indeed, the facilities in all the training schools for nurses on this continent are quite insufficient to provide the training for the nurses required, and at no time since the days of modern nursing began has the demand for nurses been anything like as keen as at the present time. Primarily the nurse was for the sick alone and by degrees she became the faithful ally and strong right arm of the physician. Now she is in constant demand as a public health nurse, as a school nurse and as a social worker who follows like a sleuth upon the tracks of disease in order, not merely to cure, but what is of infinitely greater importance, to prevent, disease.

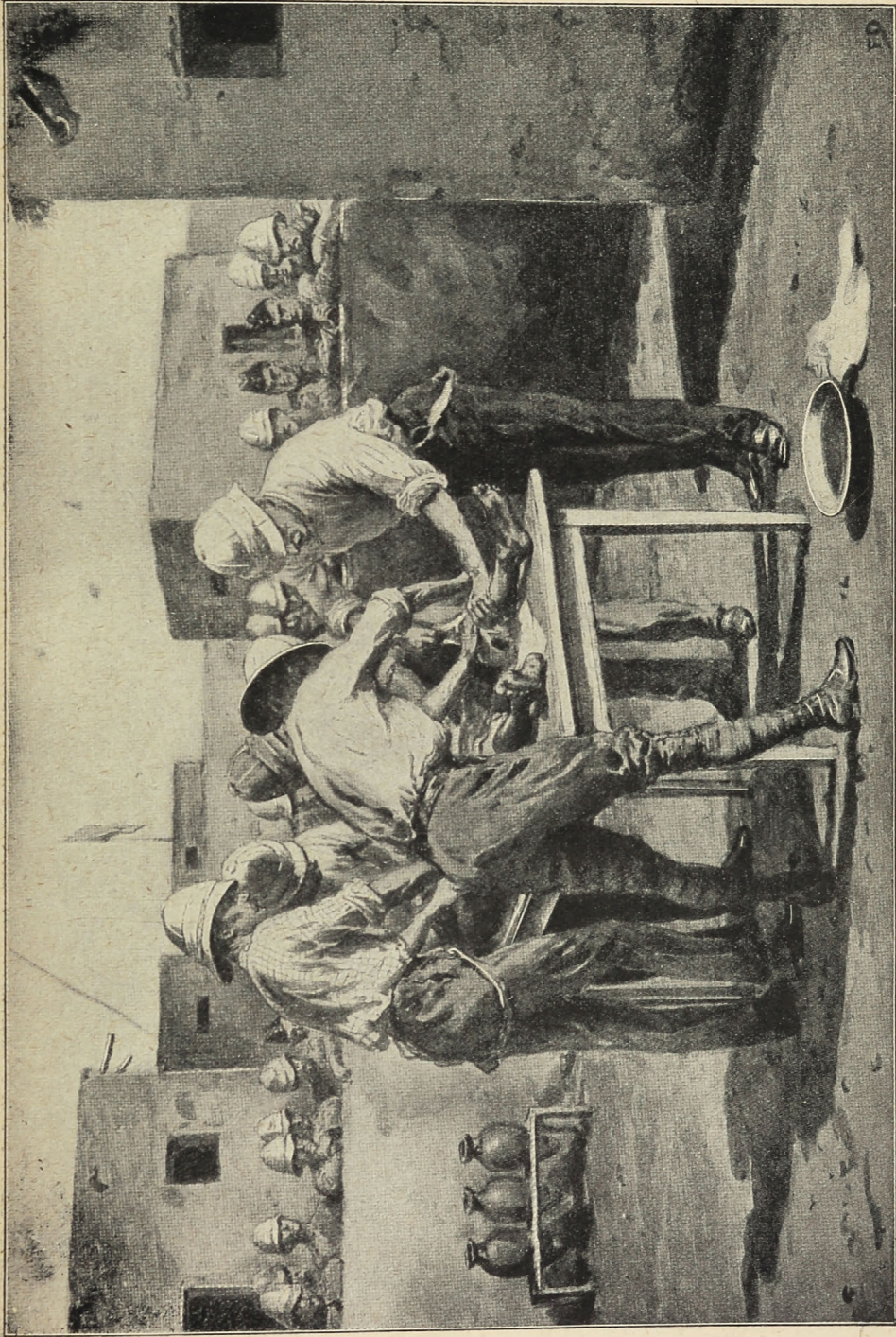
Public health work in Ontario had its beginnings about forty years ago. In its early days the chief function of the health officer was to battle against outbreaks of communicable disease, to clean up unsightly backyards, and to lessen unholy smells. Little by little it was learned that it was of great importance to get at the causes of disease and death, and to endeavor to remove these causes. It was discovered that typhoid fever was



"Its" First Dose of Medicine.

caused entirely by the presence of the body excretions in public and private water supplies, in food whence it was carried by flies, and from contact with active or passive cases of the disease. Having learned this, the way of prevention became clear, and now a case of typhoid fever in a community is a sign of someone's negligence. Malaria, a disease which was common enough in the early days of this country and more particularly in more southerly countries, was found to have been carried by mosquitoes which had their breeding places in the water of low-lying undrained lands. The same is true of yellow fever carried by another form of mosquito. This discovery and the means of the destruction of the mosquito is rapidly making these diseases a thing of the past. Increased knowledge of the causes of diseases like diphtheria, tetanus or lockjaw and of the means of their prevention and cure, have reduced the mortality of these diseases to a very low figure and a steady and vigorous application of the principles of prevention and cure will, I am convinced, rapidly wipe out these diseases entirely. Smallpox, formerly so fatal, is the most readily controlled of all communicable diseases if the public refuse to be stampeded by prejudice and ignorance. Vaccination against smallpox should be carried out in infancy. Every infant should be vaccinated before the age of three months. If this is done we shall hear little of sore arms and if the process is repeated in everyone at the age of seven or eight years, we should soon come to regard a case of smallpox as a rarity. Why is it advisable to vaccinate the child at so tender an age? Because at the age mentioned (three months) the child's nervous system is little developed and it has no terror of having the operation performed, but of greater importance is the fact that the baby is in its mother's arms, and under constant supervision and there is little danger of getting dirt and infection into the little wound, or of having the scab knocked off and the entry of infection invited.

In medical inspection of schools the trio necessary for successful operation are the teacher, the nurse and the doctor. The teacher, for years of the child's life, is more than the child's mother, because the teacher has the child under supervision daily for a longer period than has the child's parents. It is the



An Improvised Operating Room "at the Front."

teacher who has the earliest opportunity to detect signs of illness and of mental and physical defects in the school child. The child is referred to the nurse and by her, if necessary, to the school doctor or to the parents. The nurse follows up all cases and should be not only a school nurse, but a general public health nurse. She should carry on school work merely as one part of her duty. It is economically wasteful to have a school nurse for the school child alone. She should be under control of the local health authorities and in the course of her duties have supervision, not only of the school child, but of the entire family.

So far we spend far too little upon the prevention of disease and what we do spend is often wasted because of faulty methods due to want of knowledge and imperfect organization. In this province medical inspection of schools, whatever little we have of it, is, with a few notable exceptions, under the control of the Boards of Education. It is a public health work and should, like other public health work, be under the control of the health authorities. The City of Toronto, not always the wisest centre in the management of its public affairs, has, however, set an example to the rest of Ontario in discarding the wasteful system of having two sets of nurses, the one for the schools and the other under control of the Department of Health, by placing the entire public health nursing service under the control of the health authorities.

But these salutary means of prevention will as we grow older and wiser be in turn discarded by applying our public health methods at an earlier and more effective period of child life, and it is here that our most valuable, effective and scientific use of the nurse will be inaugurated. We shall begin, not with the child, but with its father and mother. It would be even more effective to begin with its grand-parents, but they shall have possibly in most cases passed beyond our reach, so we shall be forced to begin with the father and mother, chiefly with the mother.

The loss of life among young children, children in the first year of life, and particularly in the early months of life, is appalling. It is bad enough in this country, but it is infinitely

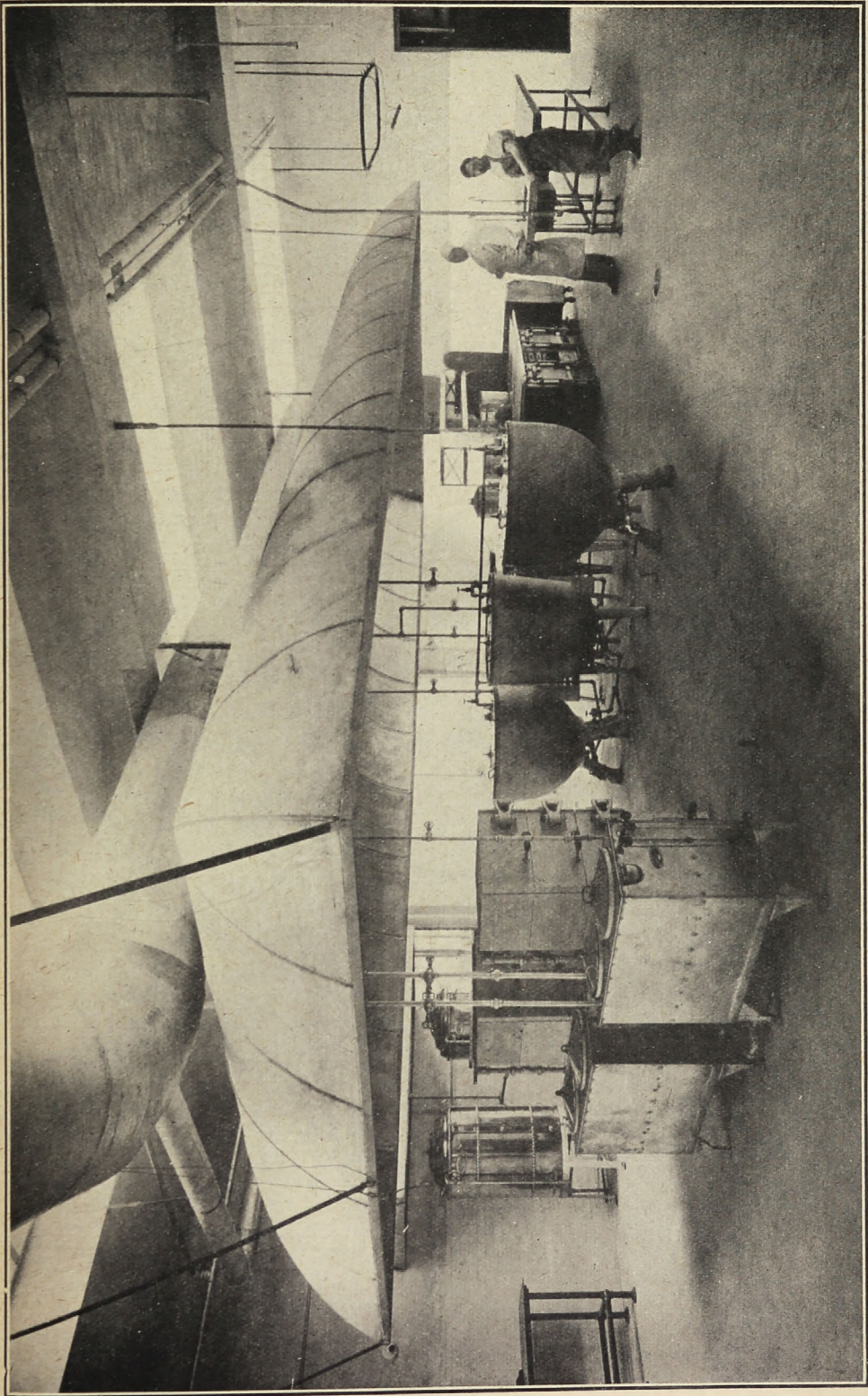


Operating Under Difficulties Aboard Ship.

worse in other places. The lowering of the birth-rate, while not serious enough with us to cause alarm, has long been a source of anxiety in countries like France and is now a matter of serious consideration in Great Britain. Neither of these subjects, relatively of greater importance to a country than any other single factor, cannot be considered as due entirely to either want of education, wealth, prosperity or ignorance. There is no country where the mass of the people are so generally well-educated as Scotland. The Scottish people have the best educational system in the world. There was no place more prosperous during the war than the intellectual City of Edinburgh, where the greatest physicians of the United Kingdom, the great statesmen, church and business men had their origin and education, yet in the period of the war the birth-rate of Edinburgh and of Scotland generally, sank to the lowest in its history and the infant mortality rate rose to a figure unprecedented in modern times. Such is the case in respect to education and prosperity. Turn to the province of Connaught in Ireland during the same period. Here the people are extremely poor; they are mostly illiterate, yet the birth-rate was more than  $2\frac{1}{2}$  times that of Scotland and the infant mortality rate about  $\frac{1}{3}$  that of the sister nation.

You will by this time be enquiring the reason for this great difference. It is summed up in the phrase "The mothers stayed at home and nursed their babies." In Scotland and in England, where conditions in respect to the birth and death rates were much the same, the mothers were at work and the babies suffered in consequence. They were fed by artificial means, upon which no baby has a fair chance. With us until recent years, the mother did not go out to work. This custom is increasing and its continuance and increase are a menace to the future of the nation. No mother can meet the needs of her future child if she works in a factory, and no baby has a chance without the breast-feeding and mothering which none but a mother can give. The modern pleasure-loving customs of our civilization interfere with the mother-care even among the well-to-do and it has become all too common to dispense with breast-feeding of the baby for the convenient expedient of feeding by hand.

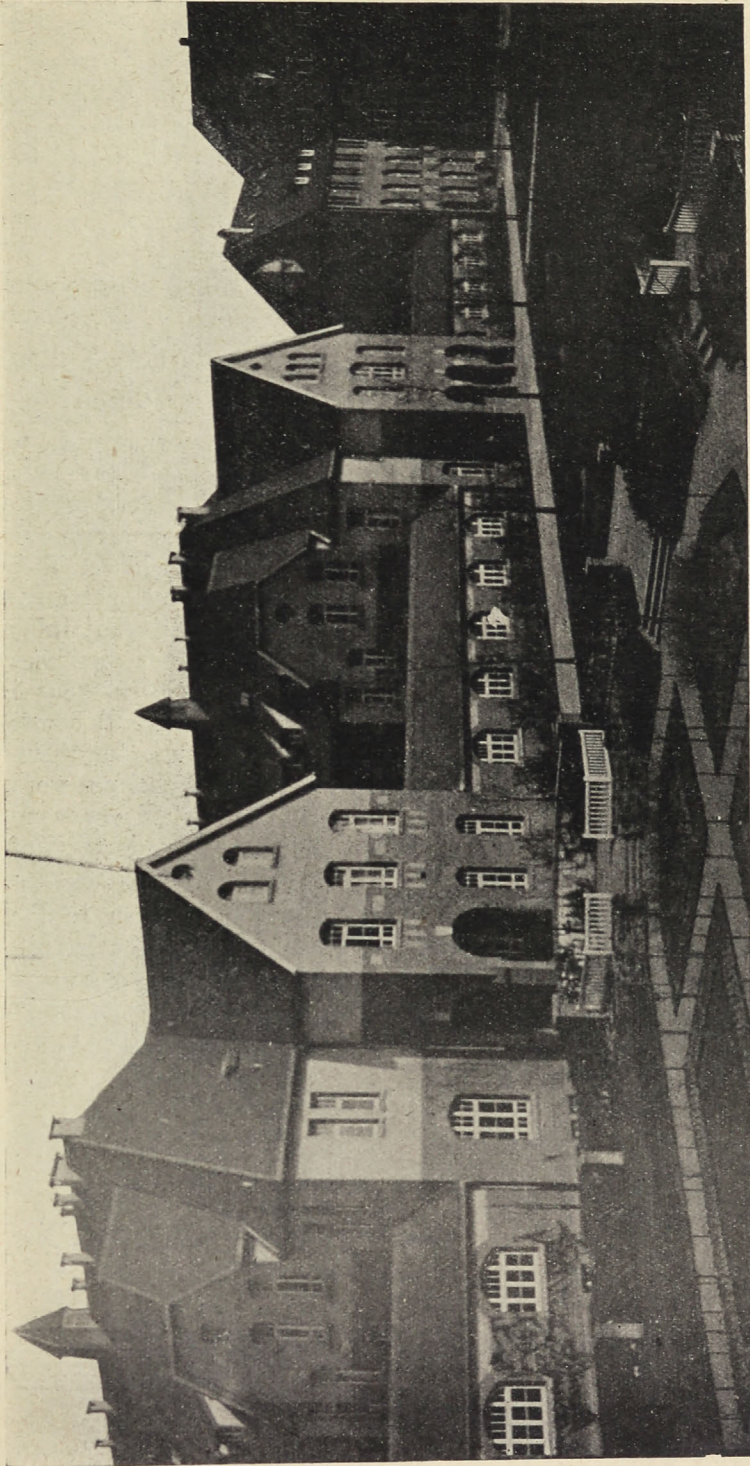




An Up-to-date Hospital Kitchen.

Is it possible to mitigate these evils? The example of such countries as Norway, Sweden, Denmark, New Zealand and Australia, as well as the results of public health work in this and other countries, make it certain that these evils may be largely removed. The infant mortality rate of large centres such as Edinburgh, Bradford in England is about 132 per 1000 births. That of Ontario is about ninety-nine. Montreal runs into the 200 class, while New Zealand and Australia are from thirty-five to fifty, and Norway, Sweden and Denmark about sixty.

Let me tell you how success has been reaped in some of these countries. New Zealand is a shining example to the world. It is true the population is a favorable one for such an experiment, being mostly English, Irish and Scotch. The climate is a good one. There is no great poverty and no great riches. Some twenty or thirty years ago, the wife of the Governor of New Zealand, Lady Plunkett, with the advice and assistance of a local physician, a doctor from Edinburgh, conceived the idea of doing something for the babies of New Zealand. She was not socially popular. She did not, much to the disgust of the fashionable circles of the capital, enter into the social life there. As she explained, she had seven children and had no time for social affairs. So she and Dr. Truby King gathered together a few nurses, trained them in maternal and child welfare work, and set out to train the mothers of the country. They began by having these nurses form community health centres where the mothers were induced to come for instruction, where young girls were trained for the duties of motherhood, and where the ills of childhood were detected and means devised for their correction. A small hospital was established where for a week or two a tired mother worn out with the struggle of caring for an ill-fed baby might come to learn how properly to care for her baby. The community was induced to secure a trained nurse to do public health and follow-up work after the nurse instructor had moved on to carry out her work elsewhere. The work at first was, and largely at present is, chiefly managed by voluntary aid. It has grown tremendously and its results are seen in the lowest infant mortality rate in the world, and in the sturdy



A Hospital Landscape—Pavilions Connected by Closed Corridors.

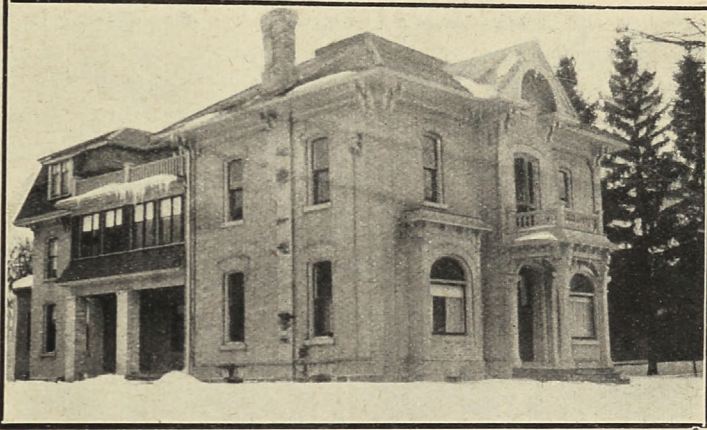
fighters furnished by that young Dominion to the aid of the mother-country in the Great War.

The Board of Health is just entering upon work of the same character and in a somewhat similar manner in Ontario. At the session of the Legislature just closed the Board has induced the Government to provide the sum of \$40,000 for the purpose of beginning the organization of a Maternal and Child Welfare Division.

It is proposed to organize the work somewhat after the following plan: Well-trained nurses to the number of eight or ten, will be secured, paid good salaries, and given a course of two or three months in the type of work they are to do along the lines of the course pursued in New Zealand. These nurses will be called *District Nurses*. Each district nurse will establish herself in a small town or village. She will have a motor car by means of which she will be enabled to get about the adjoining country and encourage the mothers to come to her meetings. The assistance of influential men and women will be secured and a *Community Health Centre* established. The health centre will be encouraged to secure a public health nurse for themselves to carry on intensive public health and baby welfare work along the lines pursued by the district nurse. Every community has men and women willing and anxious to do work of this kind.

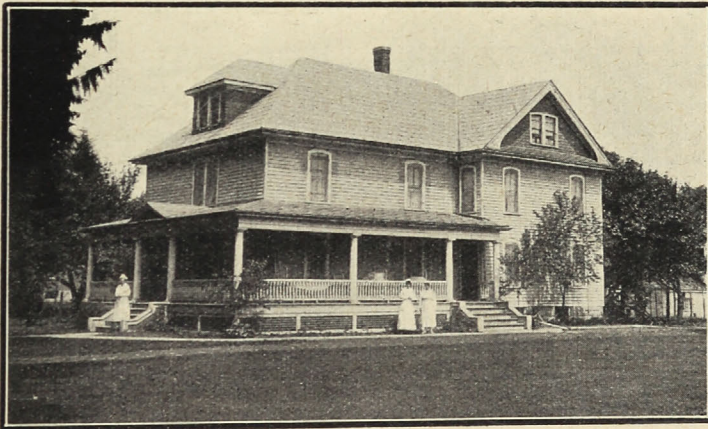
It is proposed to employ a well-trained dietitian in the Board of Health, who will be able to furnish instruction in suitable dietary for children. Letters of instruction will be sent to mothers and prospective mothers detailing information in the care of both mothers and their babies. In short, it is hoped to make the Board of Health a centre of information to which any mother or prospective mother may appeal. If the local health centre is unable at first to raise sufficient funds to employ a nurse, we hope to be in a position to afford some financial assistance.

Each district nurse will be supplied with a small and inexpensive exhibit which will illustrate the proper dress, diet, and generally the means whereby a baby may be properly cared for. The lives of many mothers and of many babies would be



LISTOWEL MEMORIAL HOSPITAL.

This Hospital was opened on February 27th, 1920. The building was generously donated by Mr. Wellington Hay, M.P.P., and by the deep interest shown by several public-spirited citizens, the building has been renovated into a fairly modern, attractive, and well furnished hospital capable of accommodating from twelve to fifteen patients, and erected as a memorial to those who paid the supreme sacrifice in the late war.



HALDIMAND WAR MEMORIAL HOSPITAL, DUNNVILLE, ONT.

This Hospital was opened February 3rd, 1920. The building was donated by Mr. F. R. Lalor, and the operating room outfit by Mr. J. E. Burns. Many of the wards have been endowed by various persons and organizations. The hospital will accommodate about twelve patients, and will serve the needs of the community for some time to come.

spared if the mothers were properly supervised before confinement. The statistics of the last two years of the Burnside Hospital in Toronto illustrates this.

RECORD OF OBSTETRIC CASES, BURNSIDE LYING-IN HOSPITAL,  
TORONTO

*For the Last Two Years.*

	Semi-private cases.	Public Ward non-supervised cases.	Public Ward cases supervised by clinic.
Number of cases..	1,198	505	461
Deaths of the mother	10 (0.8%)	18 (3.5%)	2 (0.4%)
Still-births .....	45 (4%)	40 (7.9%)	6 (1.3%)
Eclampsia (Convulsions) .....	20 (1.6%)	16 (3%)	2 (0.4%)

Patients are required to come to the clinic every two weeks. Regularity counts! The physician-in-charge says: "The most important factor in this work is the Public Health Nurse."

In addition a strong motor-truck will be purchased and mounted with a travelling Baby Welfare Clinic, having a trained nurse and children's specialist. This will be called our *Child Welfare Special*. By means of this equipment we intend to carry on baby clinics throughout the country villages and towns, thus bringing the advantages of the city directly to the country. It is not our intention to treat cases. We do not propose to interfere with, but rather to assist the doctor. The clinic is designed to point out to the mother existing defects in the growth or development of her baby, so that she may be encouraged to secure proper medical care for her child. This clinic will supplement the work of the district nurse, and if the entire plan is as successful as we are encouraged to believe it will be, it is hoped that its success will encourage the public and their representatives in the Legislature to afford the Board of Health adequate funds to carry this work throughout the length and breadth of Ontario.

The Board has been much encouraged by the interest which has been aroused with respect to public health during the last ten years. In 1910, the appropriations for public health in Ontario were about \$50,000. For this year those appropria-

tions are \$531,000, a sum which is much greater than that supplied for public health work in all the other provinces and of the Dominion of Canada put together.

The value of Maternal and Child Welfare work to a country may be summed up in the words of the eminent and world-renowned progenitor of the modern nurse, whose centenary has just been celebrated, Florence Nightingale, who said: "If the babies of England are kept well and clean for the first two years they would be the greatest asset of England.

The value of work of this kind has become so appreciated in England that at the beginning of this year there were 1,718 Maternal and Baby Welfare Clinics established in that country, of which 331 are conducted by county councils, 679 by voluntary societies and 708 by the health authorities.

To the young women who have received their diplomas from this hospital to-night, I should like to offer my congratulations upon the completion of their long and arduous course of study, and to offer them a very few words of advice. In the pursuit of your chosen profession you will gain in many cases the innermost circle of family life. You will have the nursing of sick people, who, because of pain and suffering, are troublesome to manage. This work will be difficult and tiresome. In country districts, particularly, and in most of homes, the convenient facilities of a hospital will not be at hand. You will, on the one hand, find it necessary to be loyal to the physician in charge, and to conciliate the too frequent complainings of anxious relatives of the sick patient. You will need to have wisdom, the capacity to see and hear of things which must not be repeated. You will require to be possessed of tact, endurance and patience. In the performance of your duties in which there can be, if success shall follow, no slackening of effort, you must be careful of your own health, the loss of which would be fatal to success. Be reconciled to all this, however, in view of the fact that many before you have successfully trodden the thorny path I have pointed out. I have had a somewhat extended experience of nurses and invariably they have fulfilled all that has been required of them. Their record with the army has been one of which Canadian nursing schools may well be proud. Every

soldier who has been unfortunate enough to enter hospital has nothing but praise for their fortitude, endurance, patience and devotion to duty. They have been angels to the wounded and sick men. Under the most dangerous and difficult conditions on all fronts of the war, nothing but the greatest praise can be given to the 3,000 Canadian girls who volunteered for service.

My best wishes and sincerest hopes for your future success and happiness are given you. Earnestly set your face to the daily duty and you shall not fail.



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### **Keep on Smiling**

A VERY popular organization of modern times is the K. O. S. which was started in Great Britain in recent years. The letters stand for "Keep on Smiling," and the society is now said to include 8,000,000 registered members. It is safe to say that most of these members are smokers. On the principle that prevention is better than cure, an excellent prescription for men who are beginning to feel blue is to smoke a pipe of good tobacco and keep on smiling.

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### **The Auto Strop in the Operating Room**

How often has it occurred where, through undue hurry on the part of the House Surgeon who is getting an appendectomy case ready for the operating table, the abdomen has been shaved with the old fashioned razor and the skin "nicked," resulting in a good deal of irritation from the iodine, something which could have been avoided had a safety razor been used? There can be no doubt that such a "safety" as the Auto Strop should be part of the armamentarium of every operating room and hospital ward. It is always aseptic, can be handled by any probationer nurse and avoids lots of trouble.

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No doubt many of our failures are due to our neglect to impress the patient with the importance of the matter, or to explain clearly enough the method of procedure. For instance, when we order the patient to take vaginal douches if we do not at the same time order a proper syringe and explain its use the chances are that the result will be failure to get any good effect—if not indeed to excite disgust for the whole matter. A vaginal



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douche may be a great comfort to the patient as well as a valuable curative measure—as it may also be a dismal failure or worse. When we say order a *proper* syringe we mean of course the Marvel for there is no other syringe nearly so well adapted to this purpose. The Societe d'Hygiene de France in 1902, awarded it the Gold Medal as the best syringe to cleanse the vagina. Owing to the peculiar construction, it dilates and flushes the vaginal passage with a volume of whirling fluid which smooths out the folds and permits the injection to act on the entire surface.

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### Canadian Manager Appointed

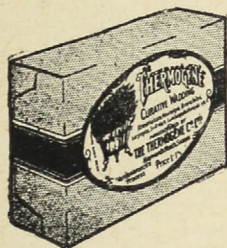
MR. HOBART P. DOWLING has been appointed manager of the Canadian Branch for The Abbott Laboratories, with headquarters at 57 Colborne Street, Toronto. Mr. Dowling has surrounded himself with an excellent sales staff, who are calling upon physicians, and stocking the druggists for prescription purposes. Mr. Dowling reports a very cordial reception on the part of the Canadian medical profession for the Abbott pharmaceuticals. Calcidin for coughs and colds, and Chlorazene, the great Dakin antiseptic, are seasonable and going particularly well at this time, also Benzyl Benzoate, for whooping cough.

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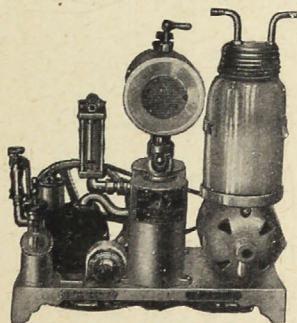
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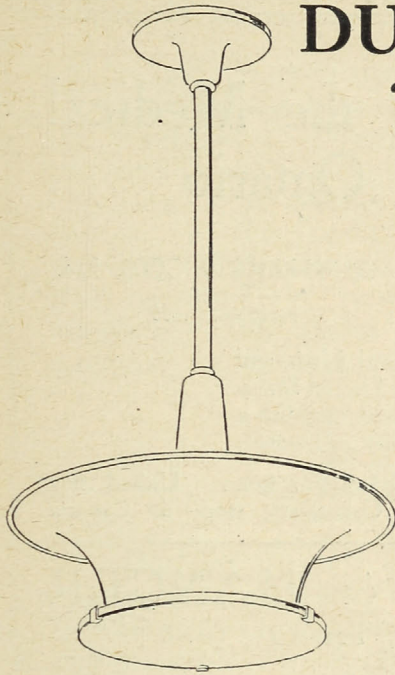
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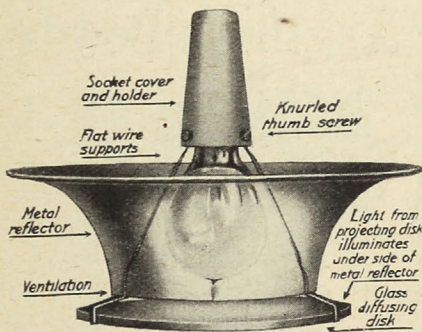
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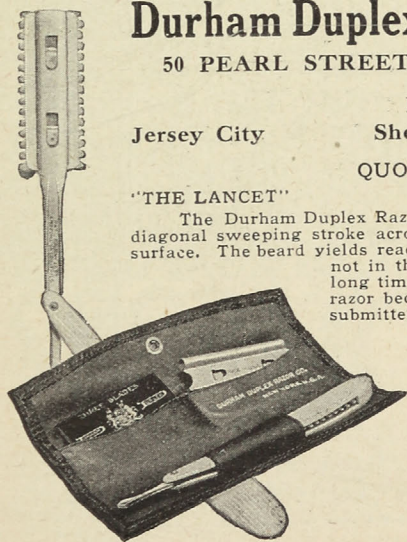
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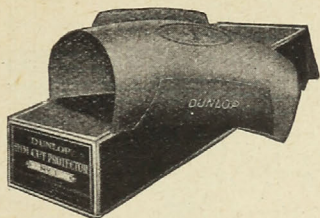


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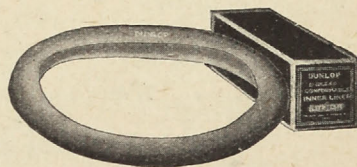
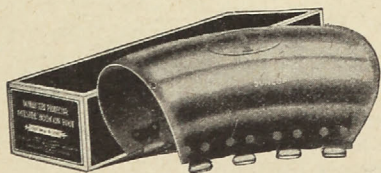
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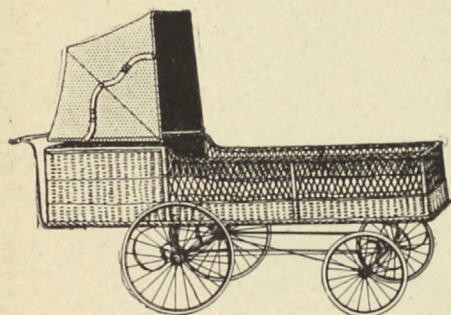
*Uses :* The Adult-Female Model is being used in hundreds of hospitals throughout the country to demonstrate baths of every description, stupes, dressings and bandages, binders, slings, supports, fracture appliances, packs, making and changing of beds, and transferring of patients from one bed to another. It is used to demonstrate positions for major and minor surgical operations and for gynecological positions; how to prepare the patient for operations, and how to care for her in the etherizing room. It is used to teach the proper methods of giving enemata, douches and rectal irrigations, as well as a great variety of other work.

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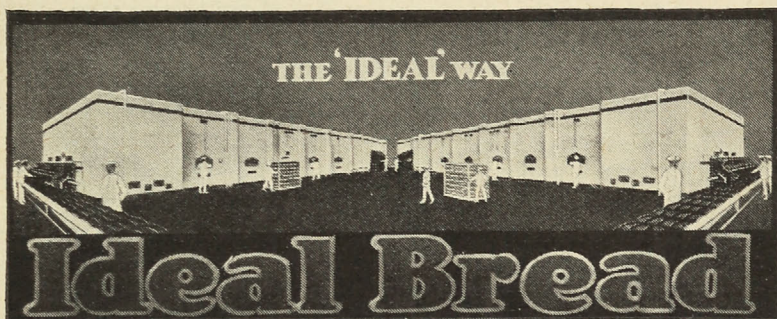
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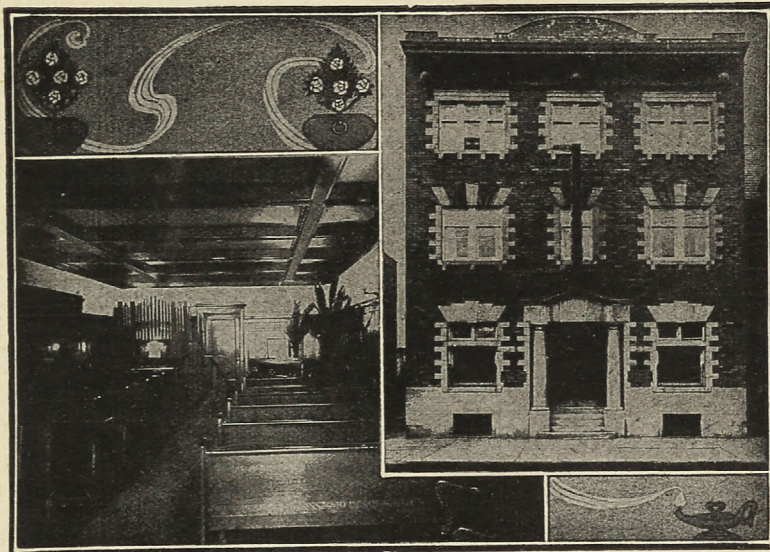
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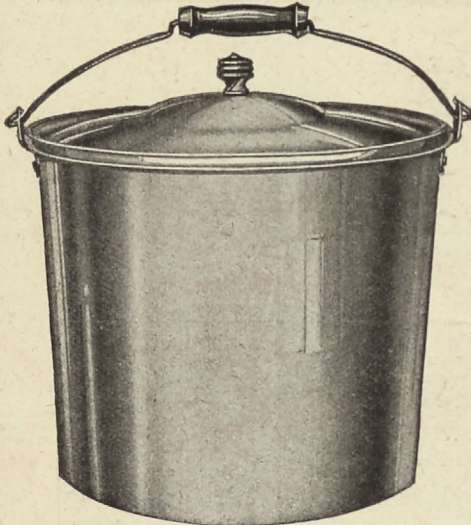


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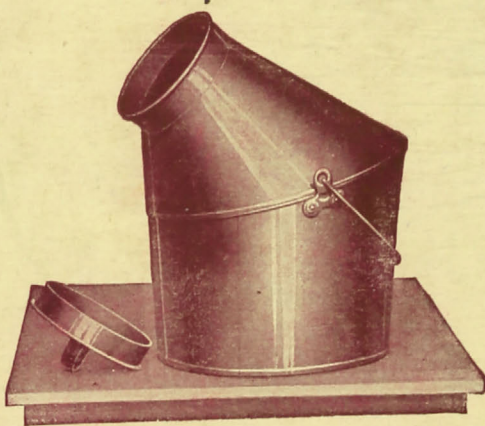
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