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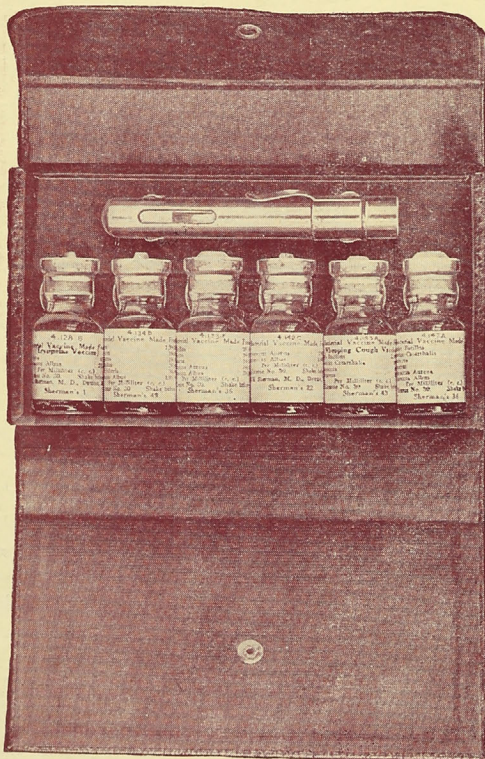
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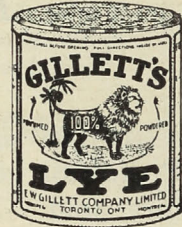
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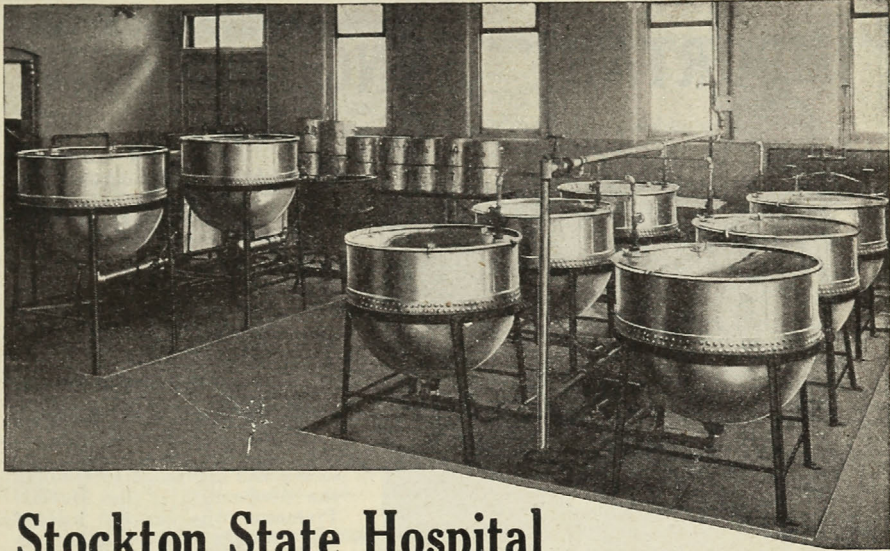
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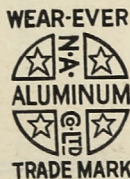
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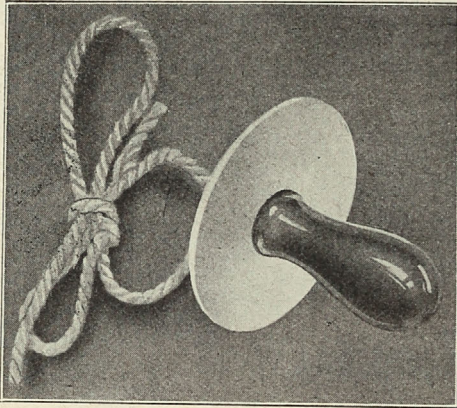


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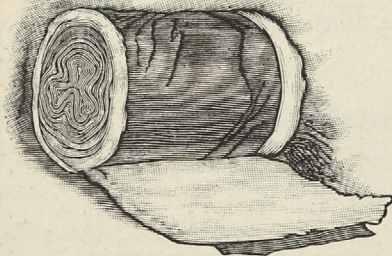
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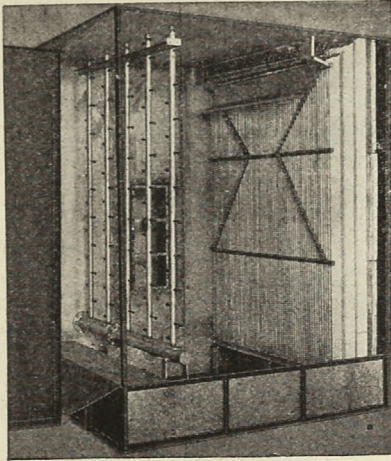
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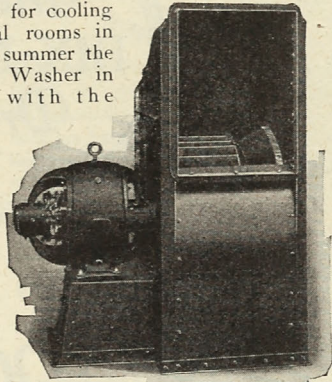
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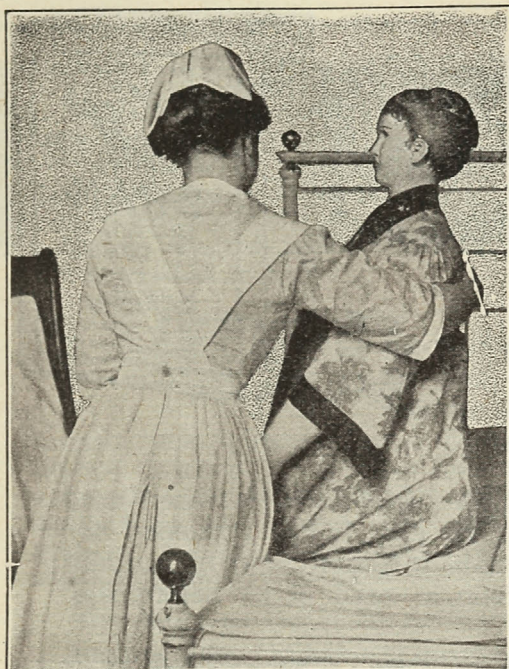
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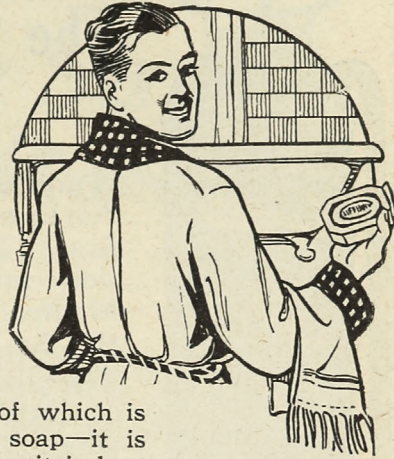
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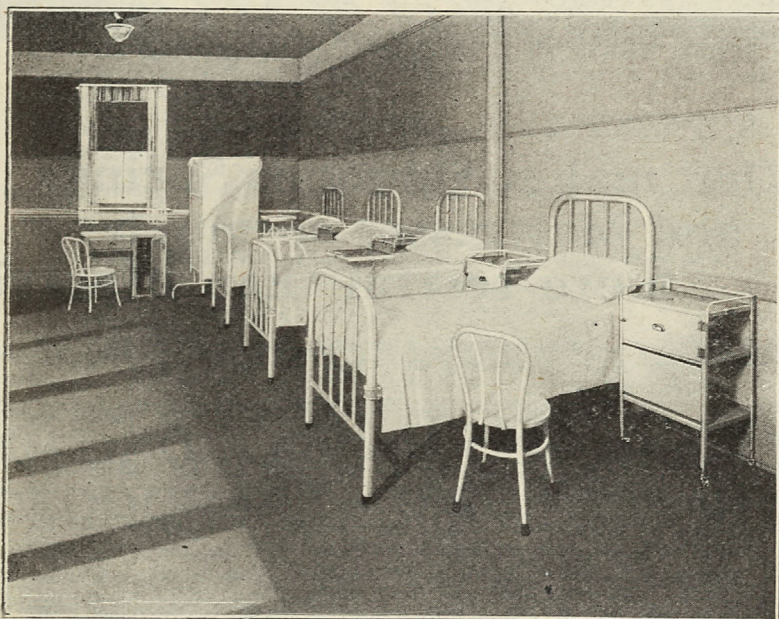
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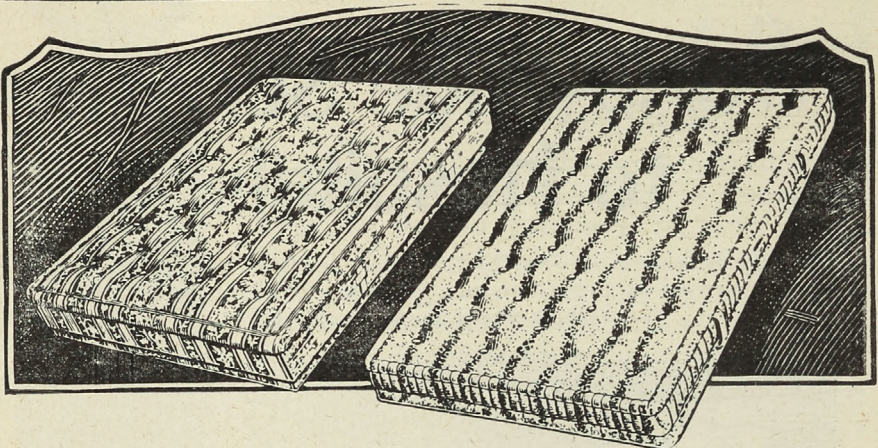
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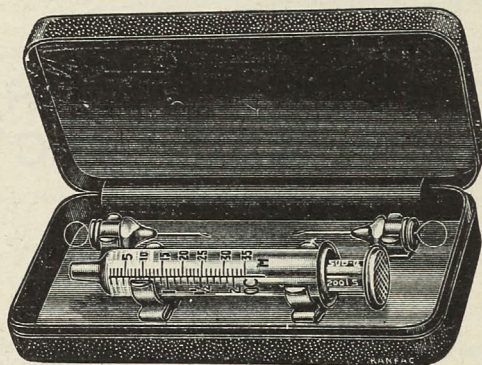
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lent, slightly larger and more distinct than in the previous experiments with condensed milk (Experiments 56 and 57) in which the dilution was greater. They were characteristically uniform in size and like a moderately coarse sand, but not a single curd was larger than a large grain of sand.

(The Coagulation of Cow's Milk in the Human Stomach, Joseph Brennerman, M.D., Archiv. of Ped., Feb. 1917.)

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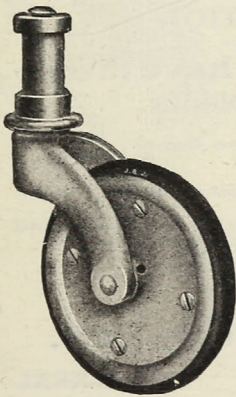
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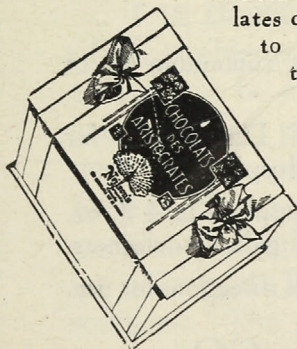
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The Hospital World

TORONTO, CANADA

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and Public Charitable Institutions throughout the British Empire

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Editorials

THE AMERICAN HOSPITAL ASSOCIATION MEETING

THE Montreal meeting was a pronounced success. Owing to our early going to press we are not able to give a report of the proceedings, but hope to in our next issue.

One excellent feature of the Association was the Round Table Conference. Much interest was exhibited.

THE HOSPITAL WORLD attempts to discuss some of the problems propounded: To the question, should a hospital be managed so as to avoid a deficit, we should reply, yes. In personal affairs and in business circles generally, the individual, the stockholders, the executives, all feel better when the balance at the end of the year is on the right side, so, we believe, do hospital executives, trustees and subscribers. The staple argument of those who advocate a deficit is that such a state of affairs consti-

tutes a good reason for appealing to the public for assistance.

How much free work should a hospital do? In the Old Land, in the Voluntary Hospitals, as a rule, no charge is made. We have always opposed this plan. Many able to pay are made the subjects of charity. In Canada and the United States hospitals accept all sick people whom they are prepared for, and endeavor, or should endeavor, to obtain as much remuneration as the patients are able to pay for the accommodation given. Failing to secure pay from the patients by reason of inability to pay, appeal is made to the municipality or state in which they reside to secure a portion, at least, of what is due. In case the municipalities do not help, the social service department of a hospital can assist the collection department a great deal by keeping the latter informed of the financial status of the patient and his friends for two or three years after the debt is incurred, and collection of a portion of what is owing the hospital may often be made.

The pros and cons of a cafeteria? Pros: Saves labor, saves room, saves food, and accounting of food supplies is more easily accomplished. The employees have a choice of dishes and consequently have less ground for kicking than by the old method. Moreover, the food can be more easily served hot. For officers and doctors, the old method may be more satisfactory than sending them to a common cafeteria—mainly for disciplinary and esthetic reasons.

The attitude of the hospital to the press. By all means friendly. No element in the community can help or hinder the work of hospitals more than the newspapers. They are able to give much valuable publicity to the work of the institution. Periodic invitations should be given to the press representatives to visit every part of the place at a suitable time. Information as to needs, contemplated changes in construction, inauguration of new departments or features, financial status, changes in staff of doctors, nurses, or other superior officers should be regularly given by the superintendent or his accredited representative. Regarding the unfortunate incidents or accidents which occur in every hospital, a frank statement of the salient features should be given personally by the superintendent to the press. If his relations with the newspapers have been cordial, upon request, as a rule, the reporters will omit such features as would hurt the reputation of the hospital.

To create good impressions in the mind of the patient upon his entrance to the hospital, prompt and kindly treatment is the keynote. The reception room should be quiet and pleasant—no sights and sounds to jar on the nerves of the hypersensitive guest.

The nursing force should create a sense of guestship in the minds of their patient by manifesting a spirit of kindly welcome, by anticipating needs and by, as far as possible, treating the patient as they would like to be treated were they in the patient's predicament.

The advantage of a system of bookkeeping which will show the expense and income of every department in the hospital is almost too obvious to comment upon. Further, a statement showing the per capita per diem cost of all the principal items used, presented weekly or monthly, will be of the greatest comfort to the chief executive officer, enabling him to see just where extravagance or penuriousness may be creeping in. Every hospital should have an up-to-date accounting system.

Should a hospital make a charge for laboratory service? We would say, yes. Such charges will go a good way to maintain the laboratory and pay the workers in it. Every individual item need not be put on the patient's bill, but a record is kept of them in case the patient asks for an itemized account. The presentation of too many items in an account may tend to irritate some patients. The patient, well treated and who goes out better, will not parley over "laboratory charges," nor will the friends if they realize that everything that could be done has been done for the patient, even though unfortunately he may not be able to leave the hospital alive.

As to the supervision of special articles of diet, all reasonable orders of the doctor should be filled; but all requisitions for unusual, rare or costly delicacies should be referred to the superintendent.

Should a patient be sued for non-payment of a hospital account? We seldom hear of this being done. All means short of this may be tried in a

firm but kindly way, that is where the patient is found to be financially able to pay.

How communicate terms to private patients? If the patient is quite well enough to discuss the matter, as many of them are, they may be informed upon admission at the office or in the reception room by a tactful officer, after choice of accommodation has been made. In emergent cases this matter must be left in abeyance until the friends are seen or, in their absence, until the patient is able to attend to the matter.

Rules regarding visitors are usually printed on a card and may be presented to the immediate relatives or friends as soon as possible, who will be in a position to pass on the information to the more distant friends.

How many women superintendents are present at the business and executives of their boards? All, we should hope.

How far should the average hospital attempt research work? Sufficient to throw all the light possible on the diagnosis of the diseases from which the patients are suffering. If attached to the average hospital there is a doctor or laboratory man particularly desirous and capable of doing research work beyond this amount, we should say he should be encouraged in every possible way by providing him room, equipment and assistance.

Should a hospital encourage autopsy work? Undoubtedly. Written permits should be obtained from the responsible relatives. This requires to be

done by the kindest and most tactful officer—pathologist, superintendent or interne.

Should hospitals operating at a considerable loss buy staple articles—sugar, flour, canned goods, gauze, and linen, for future delivery, or say, a year's supply in advance; or live a sort of hand-to-mouth existence for the next year? The purchasing agent requires to exercise much judgment in such a case. We would advise against the hand-to-mouth existence; but would not give orders too far in advance in a market which may probably fall. Something depends on the time of year, the opportunities for purchase, and the plentifulness of the supplies. In cases of doubt a middle course should be adopted.

How can a small hospital develop a health centre? We should say by showing the need for the same. Interest the doctors, nurses, ministers, teachers, progressive citizens and the press in the project. Secure the services of a health expert and organize for its establishment.

The above questions are only a fraction of those discussed at the Convention. We hope to obtain a report of the Convention's discussion of them for a future issue.

THE OPEN HOSPITAL

THERE are many arguments for and some against the open hospital. Most of the hospitals in the smaller cities and towns are open to all the practitioners of the burg. But in the large cities, as a rule, hospitals are more or less closed. In a few

places they are strictly closed. In the mixed hospital ward patients are closed to physicians not on the staff, but reputable physicians and surgeons have access to the private and semi-private wards in which to treat their patients. In the Vancouver General Hospital, we understand, the policy of opening all parts of the hospital for the admission of patients of any practitioner has been adopted. The working out of this policy will be watched with great interest. In some of the open hospitals in the near past very bad surgical work was done, which brought much discredit on the hospitals concerned, and ill-repute to the would-be surgeons. In times past nurses found a good deal of hardship in waiting upon so many attending doctors and in carrying out their diverse orders. In some institutions this hardship is mitigated by the adoption of a uniform technique by the surgeons and a conformity in the methods of work. In the open hospital there is more difficulty in securing records of work done than in the closed hospital. In the past, no doubt, work of a higher grade of excellence has been done in the closed hospital than has been done in the open hospitals.

The staffs of closed hospitals usually give more time to their patients than the attendants of open hospitals.

Much improvement can be made in open hospitals if the members of the staff properly organize. They should have regular stated meetings and have a small medical executive to meet often with the

superintendent. One member of the staff might attend trustee board meetings (if the superintendent be not an M.D.). They should co-operate and assist one another; coach junior members until they can perform efficiently any procedure or operation which may fall to their lot. They should insist on regularity of visits to patients, punctuality, and should remain long enough to make a thorough study of their patients' symptoms, administer the right treatment and see that orders are properly carried out and their patients discharged as soon as they are well enough to leave the hospital. They should insist on complete record-taking and efficient filing; and reports of interesting and unusual cases should be made to the medical press. Members of the medical board should take an interest in the appointment of internes—in fact, should recommend the graduates who are worthy of such appointments; and, further, should give these young tyros every help possible. Laboratory and X-ray work should also be encouraged. The apparatus should be kept complete, properly cared for and careful records kept of all findings—always to be easily accessible.

Certain members of the staff should be detailed to assist specially in lecturing, teaching and demonstrating in the training school of nurses. All practitioners can give many useful pointers to nurses at the bedside. Such instruction is much valued by the eager young women during their arduous course.

These suggestions as to internes and nurses apply equally, of course, to either sort of hospital.

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Original Contribution

THE FUTURE HOSPITAL FIELD

A. FISHER, M.D.

Superintendent of the Calgary General Hospital.

The Future Hospital as a Health Centre.

THE great war has surely brought home to us the realization that public interest must be placed before private privilege in all departments of human endeavor. We all owe a definite responsibility to the community in which we reside. In keeping pace with the social movement which is bringing all parts of society into more highly organized relations, the hospital of the future will be more and more a community health centre. It is the logical focus of scientific information regarding all matters pertaining to the physical well-being of the community. About it all the important health activities of the community should revolve. The future hospital field will provide not only for the training and teaching of nurses and physicians, but will be an educational centre for all the people on all health questions. It will provide a centre to which future mothers will come to learn what modern science can teach in producing better babies through intelligent pre-natal care, to which mothers will come to be taught how to properly feed and clothe their babies and to wisely nurture their mental development—a consummation devoutly to be desired—to learn to care for the health of their families. It will be a centre to which children may come to learn the first lessons in the proper care of their bodies, and where young men and women may come to learn how to become healthier and stronger citizens.

As the great value of diet therapy is becoming better realized food clinics will be established where people may be taught both the economic and the energy value of the different foodstuffs and thus place them in a position to procure and properly cook

simple nutritious food at a moderate cost. Patients will be taught, while in the hospital, how to feed themselves and how to care for their health after returning home, this work, of course, being followed up through the services of the social nurse. They will have pointed out to them that simplicity in a hospital diet is essential, and false ideas as to the character of the food required for health will be discouraged. Patients suffering from such maladies as diabetes and kidney disorders will be given careful personal supervision in their homes and clinics by the dietitian and the social nurses as to what they must eat to keep well. More specific functions which the hospital will render to the community may be considered under the following headings:

1. More adequate scientific facilities for preventing the spread of infectious diseases.

2. Provision of facilities for co-operating with the public school for the diagnosis and treatment of disease in children. All clinics for healthy babies and for babies out of health will be conducted at the hospital or under the supervision of the hospital, if we are to put at the disposal of these clinics scientific facilities for investigation. No doubt as the municipal hospitals become established they will become centres from which the public health and T. B. nurses will work.

3. Establishment of evening clinics to suit the case of the working man. In our province we look forward to the establishment of special clinics, both in large cities and in the isolated communities, for tuberculous patients, for venereal diseases, and in the larger centres psychiatric clinics will be established for the study and treatment of people threatened with a nervous or a mental breakdown.

4. Co-operation with the medical profession of the community in providing laboratory facilities, etc. In this province the physicians of the community are more closely associated with our open door hospitals than are the general practitioners in the older parts of Canada or in Britain. But in these latter countries this barrier is being broken down. We should endeavor to reap the greatest advantage of the open door hospital by closer co-operation on the part of our medical staffs. Clinical

problems are so varied and not infrequently so involved that their full educational values are most likely to be obtained by a combination of practitioners each of whom is willing to throw his individual experience and judgment into the common stock.

Art is long, and especially long is the Art of Clinical Medicine, and it is because of this that judgment is difficult. Clinical study should be organized; medical men must unite their experience if within the brief compass of an individual life we are to obtain anything like an adequate survey of the wide field within which lie our duties and responsibilities. The scientific laboratory, the medical societies and the circulating library all should be centred at the hospital. Diagnostic clinics might and should be established at the hospitals in our larger centres. To such a clinic the practitioner may bring his patient for investigation by a group of men giving special study to the different departments of medicine, who will endeavor to ascertain the cause of ill health and return the patient to the physician with suggestions as to treatment, or, if necessary, the patient may be passed over to a special department of the hospital for further observation and treatment, such as the tuberculosis department, the psychiatric clinic, the heart department, etc.

Such a diagnostic clinic should, of course, be equipped with the most modern facilities and scientific apparatus for the investigation of disease, the services of which should be free, if possible. The time has gone past when a doctor can investigate obscure disease in a room in his house or in the home of the patient. The cost of modern scientific apparatus has become too great to be borne by the average physician, and the assessment of the significance of the X-Ray and laboratory findings has become a complex problem. Some of our large teaching hospitals provided with elaborate, well-trained special departments still lack a central investigation clinic where the sick man can be studied by a group before being assigned to his proper department. We must remember that the patient does not present himself at a dispensary with a label on him stating to what department he belongs. One of the earliest evidences of heart failure is the appearance of mental symptoms or of

digestive disturbances, and palpitation of the heart is often due to stomach disease. The inter-relation of the organs of the body is so close that we cannot easily divide it up for medical treatment. The man first must be studied as a whole in a most thorough manner before he should be assigned to any special department. "It takes seventeen specialists to make one doctor."

In England the monumental blunder was made of ignoring the institution for the care of the sick, the work being done instead in the office of the panel physician, whose work was regarded as complete in itself, like that of the cobbler.

Another great change in the hospital relation to the community will be brought about when health insurance legislation is more widely introduced in this country. In every important country of Europe health insurance laws are in effect. I believe that in this country we will soon have health insurance legislation. This will mean additional work for physicians and hospitals, because a premium will be placed upon securing immediate intelligent treatment in order to reduce insurance charges, rather than putting off seeing the doctor as long as possible.

The development of the community relationship of the hospital is essential in the post war financing of our institutions. As hospital financing depends in the long run upon the public comprehension of what a hospital stands for, if a hospital understood how to express itself before a community it would secure support.

Society Proceedings

THE BRITISH COLUMBIA HOSPITAL ASSOCIATION

BY M. T. MacEachern, M.D., C.M., PRESIDENT.

General Outline.

THE third annual convention of The British Columbia Hospital Association, was held in the King Edward High School, Vancouver, on Wednesday, Thursday, Friday and Saturday, June 23rd, 24th, 25th, 26th, at the same time and place as several very important national conventions. The meetings were largely attended by representatives including hospital superintendents, members of boards of trustees, doctors, nurses and others interested in hospitals.

The work of the convention this year was divided into Nursing, Medical and Business or Financing, and one day was devoted to each of these. Two joint sessions were held, the first with the Canadian Public Health Association on Wednesday morning, and the other with the National Mental Hygiene Committee on Thursday night. Dr. M. T. MacEachern, President of the Association, presided at a large number of the sessions, and was assisted by others—Miss J. M. MacKenzie, R.N., Superintendent of Nurses, Provincial Royal Jubilee Hospital, Victoria; Miss E. I. Johns, R.N., Director of Nursing, Vancouver General Hospital and University of British Columbia, Vancouver; Mr. R. S. Day, President Board of Directors, Provincial Royal Jubilee Hospital, Victoria; Dr. H. C. Wrinch, Superintendent, Hazelton Hospital, Hazelton, and Mr. Charles Graham, President Board of Directors, Cumberland General Hospital, Cumberland, B.C. Drs. H. E. Young and M. T. MacEachern, Presidents of the two Associations, presided at the joint session on Wednesday morning. Mrs. M. E. Johnson, R.N.,

Superintendent Bute Street Hospital, Vancouver, acted as secretary and was assisted by Miss Frances Henry, Vancouver.

Generally speaking, throughout the meeting the greater portion of the time was given to round table conferences and discussion. All who attended left the meeting feeling they had received much benefit from all the deliberations.

One of the most pleasant and profitable evenings spent was the "get-together" round table conference-question drawer and informal reception given by the Vancouver members on Wednesday evening in the banquet hall. The closing event of the convention was a luncheon given by the Vancouver General Hospital on Saturday, June 26th, at which a short round-table conference was held and the new President, Dr. H. C. Wrinch, was inaugurated.

Nursing Session.

During the nursing session many problems of interest were discussed. Special consideration was given to nursing standards, nursing education and nursing service in hospitals of twenty-five beds and under. All speakers referred at length to the shortage of nurses, and the following were some of the main reasons advanced:—

Firstly.—The scope of work for the graduate nurse has recently rapidly enlarged in many directions, but particularly in public health fields and in our health institutions, work formerly not done or carried on by others is now delegated to the graduate nurse. No provision has been made to meet this increased demand.

Secondly.—Our hospitals are rapidly extending their service without due provision for the increasing of the nursing force accordingly to take care of this increase.

Thirdly.—The nurse-in-training has been more or less exploited by our hospitals for the menial work of the wards which could be done by others. Owing to the financial difficulties of hospitals the nurse-in-training has been found "cheap labor" and a means of economy.

Fourthly.—There is a general lack of good living and working conditions. Better nurses' accommodation and shorter hours—the eight-hour system.

Fifthly.—Many training schools, particularly on account of finances, are not giving the training to their nurses that they are entitled to, being lacking in teaching facilities and efficient teaching personnel.

These many problems introduced found solution, wholly or in part, in the papers and discussions which followed.

The establishment of a proper standard for our training schools was discussed, and might be summarized as follows:—

Firstly.—That all young women taking up nursing should have at least partial or complete high school education.

Secondly.—That all hospitals conducting a training school should have the necessary equipment and teaching personnel in order to give these young women a proper training.

Thirdly.—That the necessary provision be made which would insure the teaching of ethics and instilling into the minds of these young women the spirit of service.

Fourthly.—That a standard physical requirement should be demanded.

The Province of British Columbia has decided on a standard and this has been published and distributed, but a survey of the training schools during the past year revealed the following needs:—

Firstly.—More propaganda amongst Boards of Trustees, doctors, nurses and others to stimulate them to more interest and a keener sense of responsibility in relation to training schools connected with our hospitals.

Secondly.—Better teaching facilities and teaching personnel for our training schools.

Thirdly.—More financial assistance for training schools. It was indicated that efforts would be made to induce the Government, if possible, to make special grants to training schools, similarly as they were doing for all other teaching or educational services rendered in this province.

Nursing education engaged the attention of the convention for some time. There is a distinct need for connecting up the training school with the higher educational institutions to-day, and this has been done in British Columbia, the only place in Canada. To-day the combined course, extending over five years and leading to the degree in nursing is in operation. This course consists of two years academic or preparatory, two years in an accredited hospital, and the final year given to specialization—training school administration, pedagogy or public health. The inauguration of this course was to meet the great demand in Western Canada for people to fill responsible positions in our many institutions and public health fields. Simultaneously and harmoniously the Vancouver Hospital in co-operation with the University of British Columbia is meeting the diversified needs of our province. The Director of Nursing of the Vancouver General Hospital is also Director of the Department of Nursing in the University of British Columbia.

How the small hospital can carry on a training school is to-day a live issue, and it was generally conceded:—

Firstly.—That training schools should not be conducted where there was less than a daily average of twenty-five patients.

Secondly.—That where there was less than a daily average of twenty-five patients graduates and ward assistants could give the best and most economic nursing service.

Thirdly.—That any hospital of a daily average of less than twenty-five beds endeavoring to conduct a training school must make provision for proper training of their nurses by affiliation with one of the large hospitals of the province, and the difficulty of instruction should be met in one or other of the following ways:—

- (a) Proper teaching facilities and efficient teaching personnel;
- (b) Travelling instructors, if practical in our province;
- (c) Specially planned curriculum for such training school.

Public health nursing has of late years, and especially since the war, aroused great public interest. Combined with this is health education which has a substantial place in the education curriculum, both of the normal and public schools of Saskatchewan. Public health nursing fields are rapidly opening up and being filled. Our Canadian universities are helping to train personnel to fill these positions as rapidly as possible. Already public health courses for nurses have been established in Toronto, Dalhousie and British Columbia universities, with others contemplated.

Co-operation between voluntary societies and the public health organizations now in existence is noticeable to-day. The professional is aided by the non-professional, all working together for a greater and better service to humanity. All must co-operate with the state health organization, which is the fundamental basis and supplies most of the money. Greater co-operation should be established between the public health nurse in the rural community with the hospital in that centre. Hospitals have curative, educational and scientific obligations to societies to fulfil. Equally as important and necessary, they should do their share in preventive medicine by a well established co-operation with the public health nurse in her activities.

The nursing session throughout was one of local and national interest and many vital problems were up for discussion, and though these were well discussed and debated, yet it was felt that something of a more real and constructive nature should follow, and as this was almost impossible to accomplish at the convention, a committee was accordingly appointed to go carefully into the deliberations of the day and report to the Association later, possibly to the executive at its next meeting or at the next convention.

Medical Session.

The medical service of all hospitals is under scrutiny to-day and the question to be answered is "Is the hospital giving the right kind of medical service to its patients?" Production sheets must be analyzed. A survey of our province finds many living up to the present day requirement and others wanting to do so, but cannot owing to financial circumstances. It is unfortunate that many of our health institutions have sprung into existence without any definite standard or relation to such conditions as mean a highly efficient service. Many are lacking in structural and architectural design. Many poorly equipped and personelled. Others are up-to-date in every respect and have as their ideal the highest type of service. In all cases more propaganda and finances are needed. It is indeed very necessary that the hospitals of our province establish a more substantial method of financing. This seems to be the very root of all our deficiencies, and being such, it behooves us to remedy it. The spirit of service found in the hospitals of the province was wonderful and several with deficiencies in equipment and staff were doing good work under trying circumstances.

More interest must be aroused in boards of trustees and better co-operation induced between them and the medical men of the hospital community. Generally speaking, properly regulated hospital propaganda to arouse more community interest in the institutions is needed, and no doubt this is being fostered and developed through our Hospital Association.

A large number of the hospitals in this province can readily meet the minimum standard. Several have been reviewed from this standpoint and some fourteen or fifteen of fifty beds and over, have fallen in line or are going to do so. Every hospital has a medical staff, but unfortunately in some cases there is not the co-operation between the members that is desired. This must be better fostered. All hospitals can have good records, and the only excuse for not having them is laziness on the part of the medical men attending. Every hospital should be able to do the routine laboratory work, including urinalysis, smears, sputums for tuberculosis, blood counts, etc., and the more diffi-

cult work, such as pathology, serums, vaccines, etc., should go to the district or divisional laboratory, which in this province is the provincial laboratory. This is now all being worked out for the province. Hospital standardization as it is known to us all should well be considered as the minimum service any institution should give if they desire to render the community the kind of service they are entitled to.

A standardization survey of the province has revealed a great need for laboratory and X-ray technicians and medical record clerks for our hospitals. It is fully agreed that all hospitals should render at least a minimum service, which is as follows:—

Firstly.—To meet all emergency work which might arise in the community.

Secondly.—To treat all types of medical cases.

Thirdly.—To do maternity work.

To do this we must have medical case records, routine laboratory and X-ray work. These need trained people—medical record clerks and technicians. The doctor of to-day will not do this work and so we must look to nurses or others specially trained in these departments. To that end the Vancouver General Hospital is contemplating a ten months' course of training to nurses or others in the laboratory, X-ray and medical records, thus fitting persons to go to the various smaller hospitals and do the work. Undoubtedly this will meet a present urgent need and do much to improve the medical service of our hospitals.

In many instances to-day there is need of drawing the medical staff into more sympathetic touch with the hospital and the developing of a more constructive interest. The medical men must be imbued with the spirit of good hospital service. They must have constructive scrutiny over the medical work of the hospital and lay down such a policy as means the best possible efficiency in its service rendered. They must write their own medical records and conform in every respect to the requirements as laid down in hospital standardization.

Hospitals to-day must have organization and medical super-

vision of some kind is necessary. The doctor may give his services gratis or be part time or full time, this depending on the size of the institution. Arrangements can always be made for the medical supervision required. The smaller the hospital the more and diversified the duties which fall on their superintendent or one directly in charge. Let the organization be outlined, clearly cut and definitely defined with centred authority, and each person in it knowing well the full measure of his or her responsibility or authority. If the institution grows this organization can be filled in as required. The larger hospitals, say of one hundred beds and over, should have a resident medical officer in charge, as the responsibility is too much for any person other than that of a medical man.

Dietetics in relation to the scientific treatment of disease is to-day recognized and being gradually introduced into all our hospitals. We now find the internist, the dietitian and the laboratory man all working hand in hand in the successful treatment of many diseases hitherto thought incurable or chronic, through the scientific application of food and its values. All our hospitals must pay greater attention to this branch and superintendents of these institutions must equip themselves with the knowledge necessary for the practical application of these well proven principles of dietetics in relation to disease.

The recent advances made in Psychiatry make it necessary that our hospitals give more attention to this branch of the service. We must of necessity make provision for the psychopathic cases coming to our institutions. We must provide better means for a longer and more expert or scientific observation before committing to the mental hospitals. The larger general hospitals must have psychopathic wards where these can be treated primarily. By so doing a great economic problem of the state will be solved.

Business Session.

Probably the subject that is engrossing the minds of boards of trustees and others connected with our hospitals is that of finances. There is a universal lack of money with all our in-

stitutions, which in the vast majority of cases is impairing the efficiency. This is very serious, and active steps must be immediately taken to secure ample and certain methods of financing instead of the indefinite and almost unreliable sources as at present. It was conclusively proven that the municipalities of British Columbia were not contributing to hospitals as liberally by any means as the government, who in the past year in this Province gave over \$1,400,000.00 to hospitals. Not only are our hospitals hampered for running expenses, but also for capital expenditure. The proposed health tax suggested by the Secretary of the Provincial Board of Health gave encouragement to all in this respect and it is earnestly hoped will be a reality soon.

Standardization of hospital accounting has not as yet been developed here, but is necessary in order to have an intelligent business interpretation of our hospitals so far as costs or expenditures are concerned. It will mean a more comprehensive knowledge of how best to distribute the charges in a fair and equitable amount, as well as afford a basis on which revenue and expenses can be better correlated. This is as necessary in a hospital as in a business concern.

It is difficult to argue the question of purchasing supplies by contract or by the open market, but generally speaking, money can always be saved by buying by contract, provided the market is anyways stable and you have a definite specification for goods desired. Contracts for long periods at present and during the past few years is not advisable owing to the ever-soaring prices. Competitive buying, as for instance, monthly contracts on groceries, etc., is always considered good policy.

Hospital architecture to-day has become a specialty of its own, for these institutions must be so planned as to be part of the treatment itself. Very careful attention should be given to air space, ventilation, sanitation, tints or colors, etc. Vastly important is the general layout with the relation of the various services so as to insure efficiency and economy of service and reduction of labor in administering to the patients with the minimum number of steps to be taken each time. Too many hospitals are built without due consideration as to the needs of

the community—present or future. Some standard must be evolved as a guide for future hospitals.

There seems to be a great diversity in hospital charges but the adoption of any uniform system can only be done when we have a better knowledge of costs and when we are able to standardize the much talked of "per capita cost." In nearly all cases the "per diem cost" in each institution is much lower than rates charged. All charges made, including special and contract, should take into consideration the per diem cost prevailing in that institution. It would be pleasing if we could arrive at a uniform service in all our hospitals and thus a uniform cost with uniform charges. Most hospitals have a large number of so-called extras as laboratory, X-ray, operating room, anesthetics and drugs. It might be possible to combine all these in a flat charge which would require less bookkeeping and not be so annoying to the patient when called upon to pay the bill.

The convention appointed a committee of hospital accountants to bring in a report on hospital accounting and allied matters pertaining to financing of our institutions. This committee will consider standard and uniform methods of business procedure for our hospitals, and report at the next conference.

Other Hospital Problems.

The hospitals of British Columbia have made wonderful progress, but still have vital problems to be solved.

In this province to-day provision has not been made by the Government for the care of the incurable, which, in most provinces and states, is regarded as a duty of the State. As present this burden is carried by the Vancouver General Hospital and several other institutions of British Columbia. Negotiations have been going on with the Government for several years, but no action has yet been taken, but we have reason to believe it is under very serious consideration at present. There is only one solution which is known to all. Nearly one hundred of these cases are at present cared for by the Vancouver General Hospital in their splendid institution at Marpole, where all the comforts, medical and nursing care are afforded and ample provision made

for light employment or vocational work. The financial burden, however, should be assumed by the State.

Our province as a whole is greatly lacking in proper hospitals to look after infectious cases. The buildings afforded are usually unsuitable and inadequate in all respects. When such attention is paid to hospitals for general purposes, it is only reasonable to expect more consideration be given this special type of hospital. Two things are necessary here to-day. Firstly—the establishment of up-to-date isolation hospitals throughout our province where needed; possibly the consolidated municipal system recommended two years ago would be the most efficient. Secondly—all general hospitals should provide the necessary segregation and observation wards for cases and lessen the cross-infection and epidemic outbreaks that we know occur in them from time to time, and which are unavoidable under the present system. Segregation of children particularly, is necessary through the incubation periods at least. The proper handling of the infectious cases with precautions against spreading infection is an important economic question for any community, and such a means to protect the community against epidemics is not only desirable, but a duty to humanity.

We are all agreed that generally speaking, visitors and visiting in hospitals is a menace to all concerned. Visitors disseminate infection, waste the time and energy of the nurses and staff, causing them often to work harder and remain on duty longer, aggravate the disposition of even the most pleasant and courteous, and, possibly more important than anything else, retard the physical progress of patients. It has been proven over and over again, experimentally, by the Vancouver General Hospital, that when visitors were excluded from any section of the hospital the service to that section was far superior than otherwise and the physical progress of our patients immeasurably better than when visitors were allowed. The tabulated results from findings during the influenza epidemic in the Vancouver General Hospital proves without a doubt the point in question. Public education is necessary, combined with a united effort on the part of all our hospitals to cut down visiting in hospitals.

Convention Business.

A great deal of business came before the convention and was either disposed of or referred to the executive. The report on by-laws and constitution was left over till the next meeting and in the meantime the hospitals were all to receive a copy of the proposed changes. The committee on officers for the ensuing year submitted the following slate, which was adopted unanimously.

Officers, 1920-1921.

Honorary President—Hon. J. D. MacLean, Victoria.
President—Dr. H. C. Wrinch, Hazelton.
First Vice-President—Mr. R. S. Day, Victoria.
Second Vice-President—Mr. R. A. Bethune, Kamloops.
Secretary—Dr. M. T. MacEachren, Vancouver.
Treasurer—Mrs. M. E. Johnsson, R.N., Vancouver.

Executive Committee.

Miss E. I. Johns, R.N., Vancouver.
Miss M. P. MacMillan, R.N., Kamloops.
Mr. Charles Graham, Cumberland.
Dr. W. E. Wilks, Nanaimo.
Miss L. S. Gray, R.N., Chilliwack.
Mr. George R. Binger, Kelowna.
Mr. D. G. Stewart, Prince Rupert.
Rev. Father O'Boyle, Vancouver.
Miss J. F. MacKenzie, R.N., Victoria.
Mr. E. S. Withers, New Westminster.

The time and place of the next meeting was left to the executive. Vancouver, Victoria and Kamloops were named. This will likely be decided by vote of all the hospitals.

NEW PROVINCIAL HOSPITAL AT WHITBY

THE recent meeting at the Ontario Hospital, Whitby, Ont., of The Ontario Neuro-Psychiatric Association, gave a number of physicians and hospital superintendents, an opportunity of looking through what is undoubtedly the finest and most up to date Hospital for the Insane to be found anywhere. We would like to take the opportunity of congratulating Dr. Forster and his associates at Whitby, on the success of the meeting in question and to thank them for their courtesies on September 15th.

Declared by the highest authorities on the American continent to be the finest Hospital for the Insane in the world, and that it outrivals them all in advanced ideas for treating the mentally afflicted, the Whitby Hospital is located on the most ideal spot in the province. Occupying a farm of 640 acres, it is situated on a beautiful point of land jutting out into Lake Ontario from Whitby Harbor, is bounded on the east by two large orchards and the harbor, and extends north as far as the Grand Trunk tracks.

To create the institution, all existing hospitals have been visited and studied. "What would you not do if you were planning your place again?" has been the eternal question. Then with an example of what to do before them, the late Hon. W. J. Hanna and the members of his staff evolved what is now a beacon to all others, and a gift to posterity from the people of Ontario.

A unique feature of the grounds with their cement walks and flower beds is the absence of poles and overhead wires. Special lights are placed on the buildings, which reflect sufficient light for the illumination of the grounds.

The thirty buildings of grey stucco walls and red tiled roofs were designed by James Govan, and the cottage system with pleasant lawns and much shrubbery has been adopted.

The equipment of the new colony is so complete that it is practically a town in itself. For the treatment of the mentally afflicted there are up-to-date pathological rooms, an X-ray room, special electrical diet stoves in every ward, dental clinic and operating rooms. Other important departments are fine laundries, blacksmith shops, occupational training quarters, ice

house, a large storehouse, a small canning factory, chapel, nurses' homes and an electric lighting and power plant. A library and manual training centre will be added this summer. The men's quarters are equipped with a cafeteria service, and the women's quarters have service dining rooms.

The thirty buildings are divided into many sections. Two of the chief sections are the men's quarters and women's quarters. Each have seven buildings, which include the cottages, main dining hall and kitchen and a large infirmary. Both infirmaries are laid out so that the greatest amount of sunlight can be admitted to the sunrooms, which number forty in all. With the many windows and the pleasant views of the lake from the windows the buildings represent charming summer hotels.

The two large kitchens, one in either infirmary, are new ideas in sanitation and efficiency. They are built throughout with white brick and tile, and are equipped with every modern convenience. One of the features is an electrical dish washing and drying machine combined. The dishes are washed, dried and put away in racks ready for use by the one machine.

The eight large cottages, in which the patients sleep and have their day rooms, were constructed, with few variations, from one original plan. The large entrance hall, with red tiled floor and a brick fireplace at either end, forms the day room, in which the patients are taught handicraft by special instructors. Excellent work is accomplished, and much of the directed labor is carried out by the patients themselves, who take a great interest in work which they desire.

Attractive chintz curtains adorn the windows, and the walls are of brown with buff ceilings, and upper half of the walls is also buff color. Comfortable seats, chairs, many green plants and rugs add a "homey" touch to the cottage living room. At either end of the main room are cosy sitting rooms out of which three single rooms open. Each contains a hospital cot, somno and a chair. All floors are covered with battleship linoleum, which deadens all sound. Off the living room is a corridor along which are white tiled washrooms and bathrooms fitted with the latest appliances for therapeutic baths.

All plumbing is enclosed in the walls. A separate side en-

trance, by which the patients enter and leave the building for their meals and daily walks, leads into a boot and cloak room, where the patients don felt slippers for wearing while in the cottage.

Over the day rooms are the dormitories which achieve the great aim, "observation without restraint." A corridor connects at either end rooms with fourteen beds. There are no doors or dead walls, and one nurse, stationed in the corridor, can watch all the patients without them being aware of it. Two other rooms, containing six beds each, and various single rooms bring the total that can be accommodated in each cottage to fifty-seven.

There are 800 patients in the hospital. The institution can accommodate 1,000, and will be able to handle 1,500 cases when all the buildings are completed. Ten doctors, 100 nurses and many orderlies are required. Since the patients have arrived from Toronto a great change has been noticed, and according to the authorities they have been given "a new lease of life." With slight expansion the hospital can easily accommodate between four and five thousand patients.

A large amusement hall, which would be a credit to Toronto, is in constant use. Two picture shows are given every week, and many dances are held. Beneath the main hall is a large bowling alley, and arrangements are being made for the installation of billiard tables for the use of the patients and staff. A skating and curling rink, a nine-hole golf course, tennis courts, a boating and sailing house, a baseball diamond and swimming facilities are also being planned.

Dr. J. M. Forster, superintendent of the hospital, who has been in the service for over thirty-two years, in practically every part of the province, outlined to *The Telegram* the aims, and future prospects of the hospital in an optimistic manner. The recent advances in the treating of mental cases have practically revolutionized medical science, and the general public has a totally wrong conception of hospitals for the insane and the patients.

"They call the institutions asylums, and have the impression that the patients are raving madmen and kept in padded cells," said Dr. Forster. "At present forty to fifty per cent. of the

cases treated are classified 'slight,' and leave hospital cured. Many of the patients are only in the hospital for a few weeks and leave cured. There are over a thousand classifications of mental cases, but with all the latest improvements and data obtained from the past few years of research work the percentage of cured cases will be brought up to 100 per cent.

"Although the nurses have many difficulties they are doing excellent work. Their training calls for a post-graduate course after their ordinary training as a nursing sister. Twenty of our sisters were sent to the military hospital at Orpington, Eng., and many of them were mentioned in despatches for their services."

All the buildings are fireproof, and are equipped throughout with hydrants, hose lengths and extinguishers, while the construction allows for easy access to the grounds from low balconies. There is also a well equipped fire department.

Admission buildings will be built during the next few months, where cases can be studied and classified more closely. New cottages will be erected by the cliffs at the lake shore, where slight cases will be treated. A large greenhouse and an isolation hospital, where acute cases, if any, can be treated, are two of the many new features planned for the coming summer.

Every piece of material and article is eligible for the "made in Canada" legend, and was turned out at Government institutions. From bricks to beds there is a challenge of comparison. One Scotch authority, who visited the hospital recently, declared that, although the firms in Scotland have been manufacturing roof and floor tiles for the past two hundred years, the best output did not equal the material used at Whitby, which was made at the provincial plants at Mimico. Many experiments were carried out before the tiles and other materials were considered satisfactory.

Several of the veteran employes from the Queen Street, Toronto, institution are at the Whitby Hospital. Among them is John Carson, who is chief attendant, and who has seen thirty-eight years in the service.

NEW BUDGET TAXES HIT HOSPITALS HARD

THE proverbial "last straw" has much in common with Sir Henry Drayton's budget as applied to the financial backs of hospitals and charitable institutions in Toronto and throughout the Province. This is the view of officials of the Ontario Hospitals' Associations which recently applied to the Minister of Finance for alleviation of the "luxury" tax in its effect on such "frivolities" as supplies for the public wards of hospitals. The delegation, which represented several Toronto and Western Ontario, Montreal and Ottawa institutions, asked that hospitals be made entirely exempt from the effects of the budget. They came away hopeful and assured that the Minister was "sympathetic." As a result of their representations, canned goods were sliced off the list of "taxables" and the tax of thirty per cent. on proprietary medicines was reduced to twenty per cent. On the whole, however, enough kick was left in the budget to add approximately \$25,000 to the annual cost of operating one hospital in Toronto. In Montreal, the Royal Victoria Hospital was forced to close sixty beds on account of the tax.

Asked if Toronto hospitals may be forced to follow suit, C. J. Decker, Secretary of the Ontario Hospitals' Association, shrugged his shoulders. "We're not talking about that. Hospitals must be kept open, somehow. But how we are going to meet the extra deficit is a dilemma," he replied.

Hundreds of letters are pouring into Mr. Decker's hands from the remotest corners of the Province protesting against the growing difficulty of operation of charitable institutions. Almost every hospital in Ontario and all in Toronto have large annual deficits and the increased burden of the extra Federal tax must be added thereto. More than any other institution are hospitals in the hands of the monster, H. C. of L., and defenceless against his rising power. "There can be no reduction of service. Every patient must be supplied with whatever is necessary for his recovery. There can be no substitution, for patients must have the genuine goods whether it be in diet or in medicine," said Mr. Decker.

In tabling the effect of the one per cent. tax on hospital supplies, Mr. Decker quoted figures from the cost of operating Ontario's largest hospital, the Toronto General, of which he is superintendent. Its annual purchases amount to \$600,000, of which only \$100,000 is for non-taxable goods. On the remaining \$500,000 worth of goods Mr. Decker estimates \$25,500 will be secured at the expense of the hospital. Here are a few of the items.

Spirits (alcohol) taxed \$3.30 a gallon in addition to previous excise tax of \$3.93 a gallon. On 1,000 gallons a year, tax is \$7,230.

Spirits (whiskey, brandy, sparkling wines), \$2 a gallon or \$1,000 a year.

Free proprietary medicines, twenty per cent. tax, representing \$6,000 a year.

Ordinary commodities (linens, cotton gauze and instruments) two per cent., \$9,000 a year. The remainder of the \$25,500 is made up of the one per cent. tax on drugs.

H. C. Tomlin, superintendent of the Western Hospital, Toronto, supplied a few items taken from a morning's list of invoices. The tax will affect the Western Hospital to the tune of between \$5,000 and \$7,000 a year, he predicted. His list follows:

Steel pulley, 4 by 4 inches, value \$2.96, tax .06.
Drugs, value \$23.34, tax .24.
Brass cup and grease, value \$2.57, tax .03.
Maple syrup, value \$34.15, tax .68.
Wheels and castors, value \$7.80, tax .08.
Paint, value \$26.25, tax .54.
Total, value \$98.07, tax 1.63.

"Those are only silly little incidentals that must be purchased every few hours in a place like this. It piles up day by day and is only adding to our deficit. It will be impossible to continually add to our rates and the people are getting tired responding to appeals for help. I don't know where the burden will fall eventually," he said.

According to the Secretary of the Ontario Hospitals'

Association, the luxury tax is not the only bugbear before hospital trustees for the coming year.

"We are very much disappointed in the failure of the Provincial Government to make the increased rates of Provincial and municipal allowances retroactive from the beginning of the hospitals' fiscal year, October 1. Hospitals throughout Ontario are in serious positions to-day, and the Government apparently fails to realize it. The cost of operating the Toronto General Hospital alone has advanced \$90,000 over the last year. To meet that, the increased rates, had they been made retroactive as we expected, would have given us about \$45,000 a year, but with only three months of the fiscal year left, they represent only about \$12,000. From letters which I receive similar conditions prevail in other Ontario hospitals on a corresponding scale."

The threatened coal shortage is likely to prove another drawback. "Last year we were supplied with heating coal at \$8 a ton. This year it will be scarcely obtainable at \$12.50 a ton. We use 7,500 tons of coal a year," said Mr. Decker. "The same complaint comes from all the forty hospitals represented in the association," he added.

"Will there be a meeting of the executive of the association?" he was asked.

"There would be little use. No change in the rates can be made until next session of the Legislature at least. So far as I know we will simply have to meet the increased cost the best we can until the Government meets and agrees to do something more."

Book Reviews

"Wade in, Sanitary!" The story of a Division Surgeon in France, by RICHARD DERBY, Lt.-Col. M.C., U.S.A., Division Surgeon, Second Division. Illustrated. G. P. Putnam's Sons, New York and London. (The Knickerbocker Press.) 1919. Price \$2.00.

To those who read of or hear of this interesting little war volume, will probably come the exclamation, what an odd name! And they will wonder how the author happened to choose it. The expression is the last line of the first verse of Bret Harte's poem, "How Are You, Sanitary." This book gives an interesting account of the war from the surgeon's point of view. The average American doctor was a "live wire" and full of "pep." Lieut. Ingalls, from Roswell, N.M., for instance, had in his former career done a good deal of work in constructive engineering, which stood him in good stead in his capacity as director of field hospitals. He thought nothing of going 200 or more miles across New Mexico to visit a patient—a formidable undertaking to a city doctor. As a rule, beyond a certain age (40) the city physician was physically and mentally unable to adapt himself to the stress of action. The country doctor, who had spent the greater part of his life in the open air, in an open rig or on horseback, took to the vicissitudes of life in action as easily as a hermit crab changes his shell. He was as a rule wiry, spare and had his nervous system under perfect control.

Army Mental Tests, compiled and edited by CLARENCE S. YOAKUM and ROBERT M. YERKES; published with the authorization of the War Department. New York: Henry Holt & Company, 1920.

The object of the tests in this manual was to assign an intelligence rating to every American soldier, on the basis of a systematic examination in order to assist in placing him where he would be of most value. The tests were not intended to

replace other methods of judging a man's value to the service. They do not measure loyalty, bravery, power to command, or the emotional traits that make a man "carry on." These psychological ratings, however, greatly abbreviated the process of selecting men for different classes of duty, indicating at once, for instance, the groups in which suitable officer material were found; and also those whose mental inferiority warranted their elimination from regular units in order to prevent retardation of training. These tests will be found useful in civilian life, and should be of much use to teachers, medical men, and to the "hirers and firers" in the large industrial establishments.

Teaching the Sick, a Manual of Occupational Therapy and Re-education, by GEORGE EDWARD BARTON, A.I.A., Director of Consolation House, President of Consolation House Convalescent Club, Clifton Springs, N.Y., illustrated. Philadelphia and London: W. B. Saunders Company. 1919. Cloth, \$1.50 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

This little book treats in a very interesting manner the subject of Vocational Therapy. As a result of war casualties the grouping together of so many convalescents has served to emphasize the need for using to better advantage the greatest asset of the convalescent, namely, "time, literally time to burn."

The writer presents his subject clearly in the statement that the cripple or convalescent must be allowed to fulfil the obligation of self-respect, of self-support, and the obligation of proving that, though maimed, they are at least not crippled in their wills.

All his suggestions are based on the axiom that beneficial therapeutic effect must always be the first consideration. He claims also that "the needs of war, though great" have not exceeded the needs of peace. Altogether the book will be found to be very interesting and of very definite value to those interested in the problem of the care of convalescents.

The Problem of the Nervous Child, by ELIDA EVANS. Introduction by C. G. Jung, M.D., LL.D. New York: Dodd, Mead & Co. 1920. Canadian distributors: McClelland & Stewart, Toronto.

Jung holds that the origin of the nervousness of patients, in most instances, can be traced back to the early impressions and developments in childhood. The author insists on the importance of watching the manifestations of the sexual instincts at that period; and presents this book to aid parents who have arrived at a point in child-training where the methods used have proved inadequate. She points out that words are learned before meanings and accepted uses of words: children, e.g., are taught to make repentant statements where there is no repentant spirit. The parents' attitude toward each other may have the effect of determining the habitual sunny or cloudy temperament of the child. Obstructions must be explained. The child must travel slowly—the world is so full of so many wonderful things, objects of every moral indigestion results from appetites awakened before the time for their gratification is at hand. Age is not properly counted by years but by all-around development of the individual, and this is essentially different from the intelligence measured by the regulation tests. One sees many old infants (from 15 to 80) with the initiative and self-reliance of babies. Some parents seem to think they own their children, body and soul, and are created for their sole protection in old age. Too much discipline is fatal to freedom; contrariwise, too much freedom, without proper training, leads to Bolshevism. The child born and reared on a farm, *ceteribus paribus*, has an immense advantage over his city cousin. He has space on which to roam and, seeing farm animal life, learns nature's lessons in the cleanest and most wholesome way. Play is but a preparation for life. The child's play imitates work. The country child's chores are his life-preserver. The life force which sends forth the leaves and grass, the bird out of the nest, weans the kitten, sends animals miles away (going days without food and facing danger) to find a mate is the same force which fills the

adolescent child with wishes to assert his own individuality, and brings on the first love affair. This force is the libido. It expresses itself by saying from what kinds of activities its possessor gets satisfaction. In cases of nervousness the libido is found occupying itself in gaining satisfaction from unconscious thoughts, and other activities, not being suited for social living, have been repressed into the unconscious where they continue their activity, though the individual is unaware of the fact. If the child's libido should too suddenly flow from its narrow channel over a broad expanse, the current would be suddenly dissipated and lost. The child should remain a child until he passes through the various phases of physical development and gains physique strong enough to withstand the greater emotions of life.

Our readers interested should secure this book, and recommend it to all parents and teachers.

REV. DR. LARGE DEAD

REV. DR. S. D. CHOWN, General Superintendent of the Methodist Church, received a telegram from Prince Rupert on August 25, announcing the death of Rev. R. W. Large, M.D., medical superintendent of the Methodist Port Simpson, B.C., Hospital. He had been ill for some time. Dr. Large was a graduate of Toronto University and Victoria College, and was a son of the late Rev. Richard Large, a member of the Toronto Conference. When the call came twenty-two years ago Dr. Large went to British Columbia, working among the Indians.

"No better man could have been secured for this work," said Dr. Chown.

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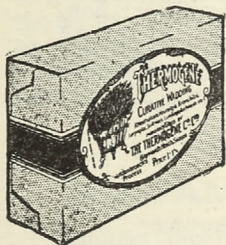
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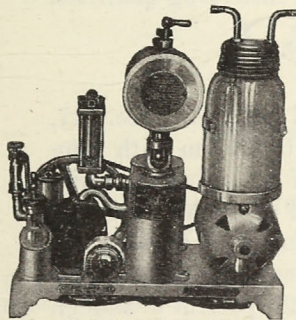
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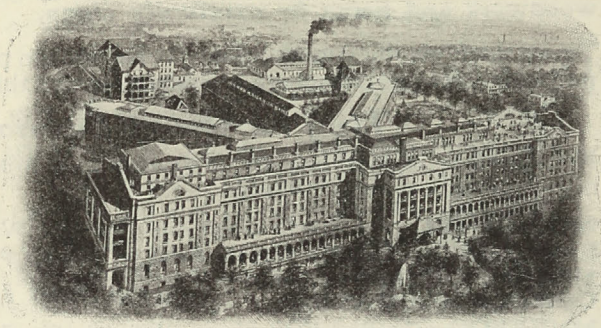
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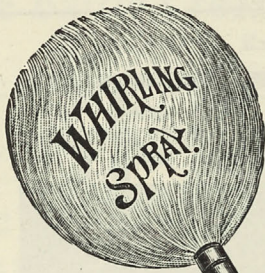
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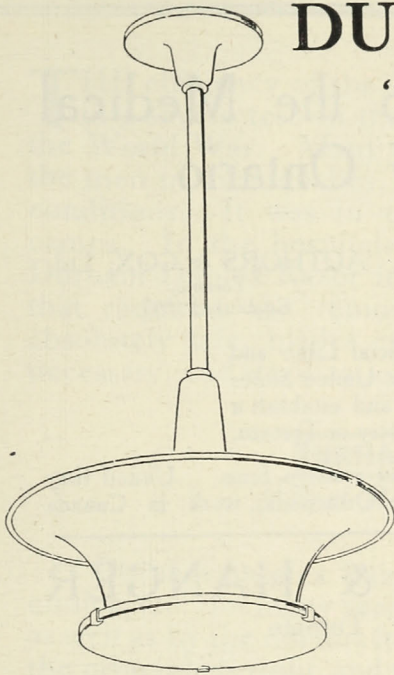
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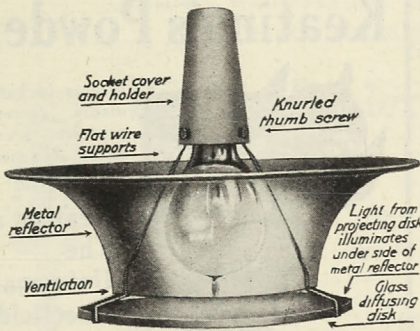
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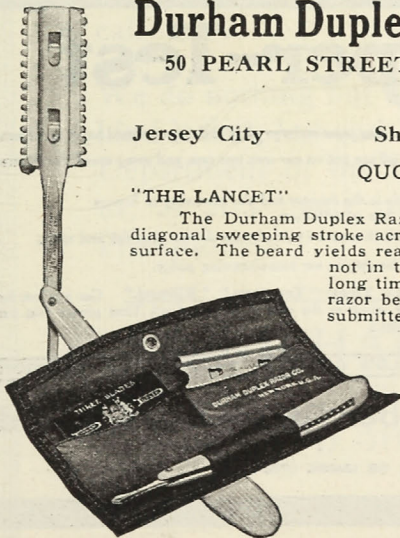
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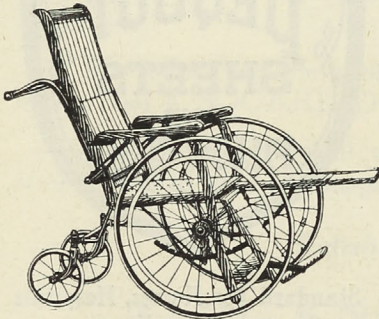
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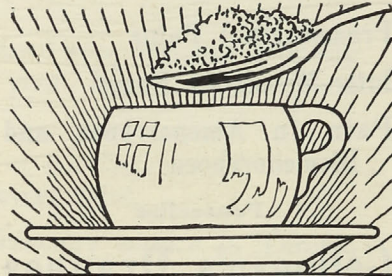
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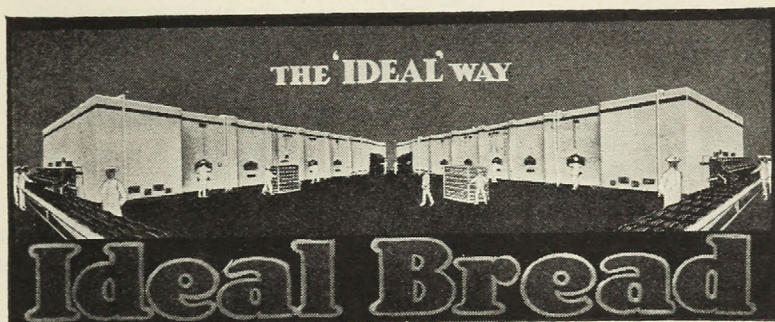
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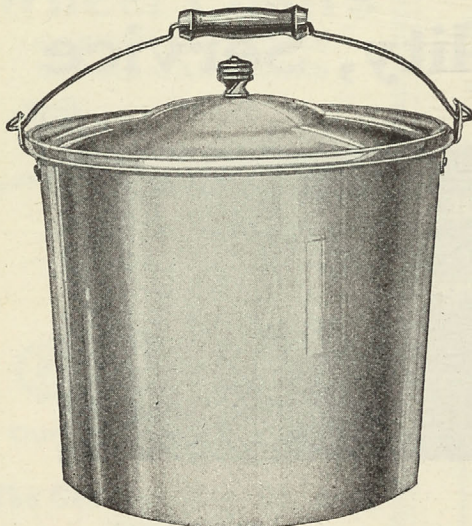
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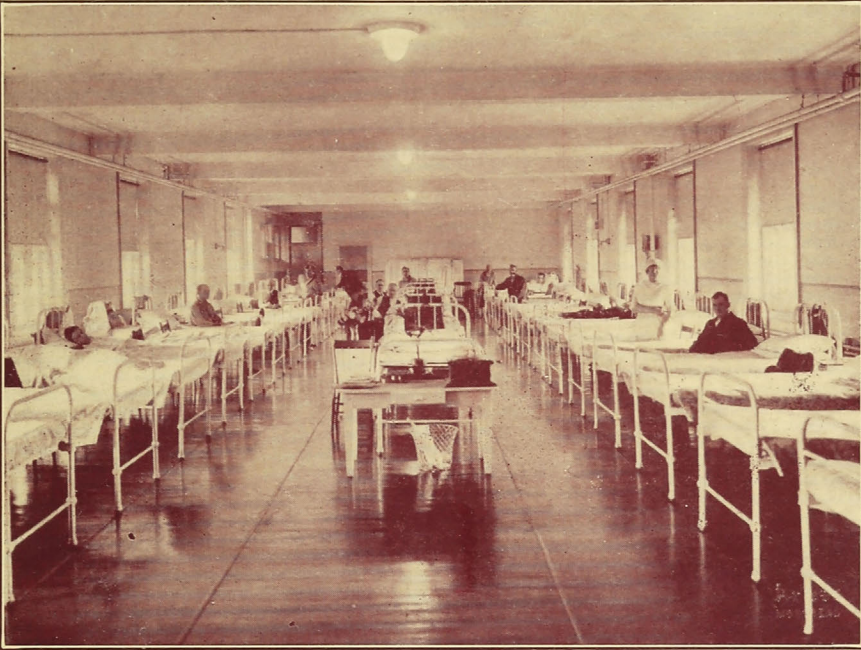
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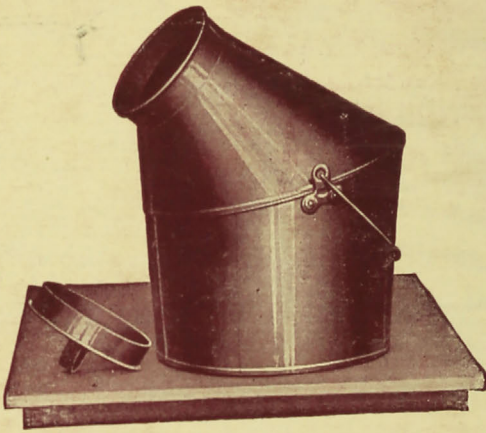
Toronto

Winnipeg

Calgary

Halifax

Vancouver



GET THE
PROTECTION?

IT STARTS
HERE

DEAR DOCTOR:

We know you. For to your skill and judgment we place most our hope of healing.

Our Work is given the benefit of full enlightenment. Our Methods are strictly scientific. Our Process is positively protective.

To this end we follow your practices and our product is necessarily just what you know it to be.

We recognize your wonderful work.

Here's Ours—

City Dairy
TORONTO

MILK—and kindred products