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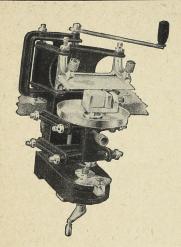
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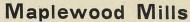
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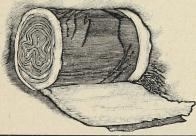
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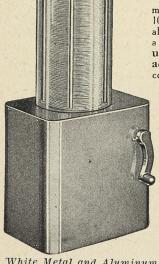
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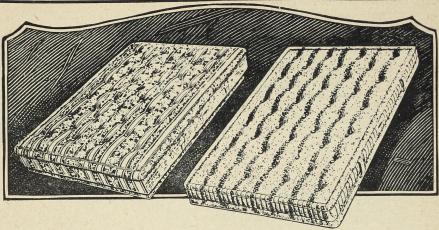
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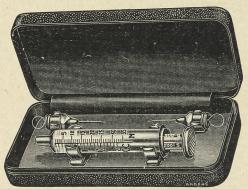


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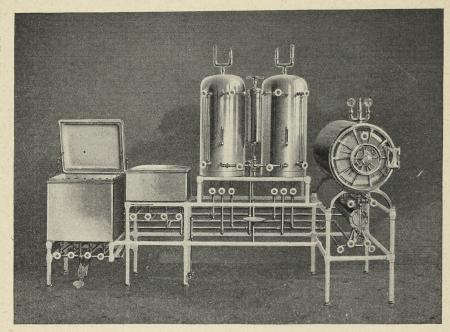
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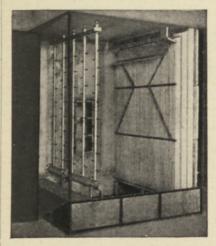
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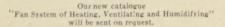


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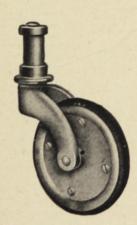
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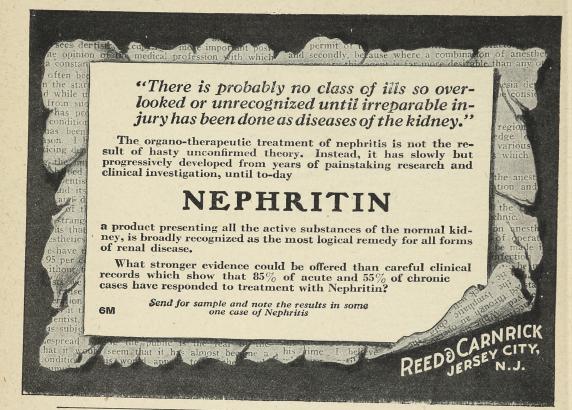
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TORONTO, CANADA

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

Vol. XVIII. TORONTO, DECEMBER, 1920

No. 6

Editorials

THE CANADIAN HOSPITAL ASSOCIATION

WE have been informed that at the Montreal meeting of the American Hospital Association a recommendation was made that states and provinces should all organize Hospital Associations. The Alberta Association, at its recent meeting, passed a resolution calling upon the hibernating Canadian Association to arouse and act. It is easy to pass resolutions and advise; but to get the Canadian Association again under way some active interested hospital workers must take the initiative. We have no doubt Dr. E. H. Young, the president of the association, knows where to lay his hand on the "live wires." We trust he will call a representative group together soon and get things under way for a national convention in 1921.

This association might meet alternately in each province in conjunction with the Provincial Hospital Association; or it might meet at the same time and in the same place as the Canadian Medical Association.

tion. Such an arrangement would tend to benefit, and many doctors would be keenly interested in the welfare of both societies. Though they might not have time to attend two separate meetings in different places at different times, if the meetings were held simultaneously or on contiguous groups of days, in the same place, they could attend meetings of both associations or such portions of both meetings as attracted them most.

As official organ of the Canadian Hospital Association, The Hospital World will assist in every possible way to revive and support it.

THE ALBERTA HOSPITAL ASSOCIATION

We publish, with much satisfaction, a summary of the work done at the second meeting of this association.

We congratulate the association on its action in relation to several things: it has aligned itself (1) with the graduate nurses, who are, in the main, the hospital superintendents; (2) with the provincial university, with which institution negotiations are to be made looking to the training of nurses in the theory of nursing and in the preliminary scientific studies; (3) with the Provincial Board of Health, which has so much to do with the prevention of disease, the erection and support of hospitals; and with the medical profession, who do most of the medical work of the hospital free. We also commend the attitude of the convention in respect to standardization. The Province of Alberta proposes to have a

standard of its own-one suitable to the particular hospital conditions which prevail in Alberta. Quite right. Their decision in respect to records is praiseworthy. Good records will result in good work. A poor operator will not want accurate records of his work. "Putting it all down in black and white" will tend to eliminate the occasional bungler who thinks he knows how to operate but doesn't.

Their action in appealing almost fervently (as we have done) to the Executive of the Canadian Hospital Association to wake up and re-organize their dormant body is important, and, we trust, Dr. E. H. Young, who has made such a name for himself in connection with psychopathic hospitals, will "get busy" at once.

And lastly, we feel gratified that the convention decided to make THE HOSPITAL WORLD the organ of the Alberta Hospital Association. This journal solicits the assistance and co-operation of every hospital, every hospital organization and hospital worker throughout the Dominion, and will do all in its power to help in the work of publicity of proceedings of association meetings, publishing items of news in respect to construction, alteration, or improvement in hospital buildings; in respect to medical and nursing staff work, and will gladly receive for publication papers relating to organization. maintenance, construction, housekeeping, bookkeeping, from anyone interested in hospital problems.

We congratulate the Executive of the Alberta Association on their broad and strong policy and

wish it unbounded success.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto. Canada

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

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Original Contributions

RURAL HOSPITALS IN ALBERTA

BY WM. HAY WILLIAMSON, CHICAGO, ILLINOIS.

Under the terms of an act recently passed by the Provincial Legislature of Alberta, the province has begun the construction of municipally controlled hospitals on such a scale that, when completed, no resident of Alberta shall be more than thirty-five miles from a good hospital where he shall have absolutely free hospital accommodation and nursing service for himself and family.

Instead of coming within the category of charity institutions, service at these hospitals, the cost of construction and maintenance, conduct, standards, all will be analogous to that of the free public schools. In effect, this might be termed a provincial system of sickness and accident insurance, in which the tax-payers pay the premiums and "cash in" on the benefits whenever afflicted.

When one considers that the area in Alberta is 255,285 square miles, or nearly as large as the combined areas of Illinois, Iowa, Michigan, Indiana and Arkansas, it will be seen that this Canadian province has bitten off a large chunk. But, the fact remains that the work is being rushed; five hospitals are complete and in active operation; two more, both of which are quite large, are rapidly nearing completion; surveys have been made, plans drawn, and the plebiscite required by statute will be taken shortly, in six more districts; while preliminary surveys are being made all over the province.

Hospitals, already completed and in operation, are located in Mannville, Islay, Cardston, Bassano and Onoway. Vermilion district hospital will soon be a going concern, and the big Drumheller institution is nearly ready to receive patients. Votes will soon be taken in Stettler, Big Valley, Hanna, Spirit River, Grand Prairie and Viking. In all of these districts, the surveys have been made and boundaries determined, and the beginning of actual construction work merely awaits the formal ratification of the taxpayers.

During the last session of the legislature, a distinct Department of Health was created and given formal jurisdiction over the following previous acts of the legislature: Public Health Act, Public Health Nurses' Act, Registered Nurses' Act, Municipal Hospitals' Act, Venereal Diseases Act, Medical Profession Act, Alberta Pharmaceutical Association Act, Dental Association Act, Marriage Ordinance Act and Vital Statistics Act.

Officers provided under the law are, Minister of Health, Deputy Minister of Health, Provincial Board of Health, Provincial Sanitary Engineer, five Provincial Sanitary Inspectors, Secretary of the Hospitals Branch, and Superintendent of Public Health Nurses. During the past year, approximately \$100,000 was appropriated by the province in hospital grants, and every possible effort is being made to provide for the physical as well as mental wellbeing of Albertans.

The Honourable A. G. Mackay, M.A., K.C., Minister of Health, thus briefly sums up the intent of these measures, coincident with other constructive measures passed and enforced by the province:

"The position taken by the government is, that no settler should be induced to become a resident of this province unless the province is prepared to follow immediately with a school in which to educate his children, a highway upon which to reach his market, and, last, but by no means least, a hospital where he or any members of his family may receive proper attention in case of accident or ill-health.

"Frontier settlers must be provided with hospital accommodations; and, particularly in maternity cases and other cases that can be predetermined, the province must bring the patient to the hospital. Where the settlers are poor, as settlers on the fringe of settlement often are, it will be the duty of the province to provide the conveyance and pay all necessary bills and expenses."

Brought right down to brass tacks, the broad principles of this Public Health Act are, that every life saved in Alberta is a citizen preserved, and that the potential value of a baby is entirely too high to be regarded lightly in a growing country. Further, the act is so drawn that, instead of the provincial government demanding that the districts perform certain work, each district offers and agrees, for the sake of its own wellbeing, to contribute to the safety and welfare of the province.

In order that that point may be emphasized, and to the end that public opinion may be strongly behind the movement, with no uncertainty regarding the will of the district, the law requires that the scheme must carry by a vote of two to one. The municipal councils having jurisdiction in the proposed district, select the representatives for the Hospital Board. That Board chooses the site and prepares the allotment to be apportioned

against each section of the district.

Any district may appeal from this allotment or from the site tentatively chosen to the Public Utilities Commission, and this commission, after careful review, either confirms or alters the proposals of the board. When that is complete, the board proceeds with the erection of the hospital. Annual apportionment of expense maintenance is made by this board, chosen annually by the people of the district, so that the whole proposition is under direct control of the people, with government supervision, in like manner as the public school system.

TRANQUILLE, SANATORIUM, BRITISH COLUMBIA

By C. W. Higgins, M.D., Chicago, Illinois.

It is an ill wind that blows nobody good. Looking back over the past four and a half years, it is hard to believe, at first, that the fight against tuberculosis can have been helped along by the terrible world struggle just ended. This, however, is exactly what has come about, all over Canada, as an indirect result of the world war. In the early months of the war, medical boards examining recruits for the army were not quite as careful, as they later learned to be, in passing men for service. By the spring of 1915, the results of this lack of care began to be manifest to the army authorities, especially as regards tuberculosis. When a man becomes a soldier, the country very properly assumes his physical liabilities, as well as his assets, and undertakes to see that he is looked after in case he becomes ill, and recompensed for any disability that he may acquire, providing the disability has developed while he is in the army.

The Canadian authorities soon found themselves confronted with the necessity of providing treatment for an increasing number of cases of tuberculosis. At first, existing institutions were utilized for this purpose, but, very soon, it became evident that the accommodation available was miserably inadequate. This was not surprising to those who had been actively interested in tuberculosis, previous to the war, and who had been hammering away for funds, year after year, at the door of an uninterested public and an unsympathetic government. Slowly, of course, recognition was coming, but ever so slowly.

Public opinion was aroused at last, and official recognition followed as a natural sequence, because those who had thus, unconditionally, placed themselves at their country's service must be properly taken care of. And, so, the Federal Government came to take a hand in the tuberculosis work.

GROWTH OF SANATORIA.

Existing sanatoria were enlarged and new institutions built in every province of Canada. Bed accommodation was at first doubled and then trebled, all in a little over three years. Sums of money were appropriated for the purpose which would hardly have been thought of in pre-war days by even the most sanguine, and, so, the fight against tuberculosis has advanced more in this short space of time than would have been possible otherwise in a decade or two.

What has been done, in this direction, in British Columbia, is typical of any of the provinces of Canada. Previous to the

war, there existed in the sunset province, perhaps as many beds for tuberculosis, according to population, as in any part of Canada. In 1914, the only institution in British Columbia for the treatment of tuberculosis was located at Tranquille, in the dry belt of the province. Within a decade, it had grown gradually from about twenty beds at the time of its founding, in 1907, to a capacity of one hundred.

Additions built, or now under construction as a result of the combined aid furnished the sanatorium by the Federal and Provincial Governments, have brought the number of beds available up to two hundred and thirty, with more to come. There is now, also, another sanatorium in the province which takes



Tranquille Sanatorium, British Columbia

care exclusively of returned soldiers. It is located in the Kootenay district and was opened about two years ago, having accommodation for one hundred patients.

TRANQUILLE SANATORIUM.

The sanatorium settlement of Tranquille is beautifully situated on the north side of an expansion of the Thompson River, commonly spoken of as Kamloops Lake, on the main line of the Canadian National Railways. This district, known as the "dry belt," rivals the south-western states in the smallness of its rainfall, the total annual precipitation, including snow, averaging not over nine inches. The dry belt, it would seem, is a continuation northward of the desert areas of the south-

western and western states. But, it is neither as arid nor as hot as these districts owing to the more northerly latitude. The region is mountainous, although there are no hills of any great height. To the east are the Rockies, to the west the Coast Range.

Tranquille is located about ten miles west of Kamloops, a town of 4,000 people and headquarters for the range stock industry of British Columbia. On approaching the sanatorium, what first impresses one is, the luxuriance of the vegetation as compared with the expanse of the sage-brush covered hills surrounding this settlement. This transformation is due to the magical effects of water. With the abundance of warm sunshine, prevalent in the region, almost anything seems to grow readily if water is only supplied. Irrigation is, therefore, the rule. The sanatorium ranch, which is operated independently, contains 150 acres, about 100 of which are under alfalfa to be fed to the dairy cattle that supply the sanatorium with milk.

Tranquille Sanatorium itself is a community of nearly 350 people. Both the sanatorium and the adjoining ranch belong to the British Columbia Antituberculosis Society, an aggregation of men and women united for the purpose of combating tuberculosis. Both ex-soldiers and civilians are treated in the institution, no one being refused because of lack of means.

Municipal and government support are received on a per capita basis. The accommodation consists of two kinds, depending upon the condition of the patient. An infirmary provides for those who are in need of bed-care and nursing, while ambulant patients live in the pavilions, making their own beds and going to the dining-room for their meals. Soldiers and civilians are treated alike in this as in other respects. A new one-hundred-bed infirmary has just been completed, as well as a service building containing kitchen and dining-rooms, a steam laundry, power house and garage. A new nurses' home also is under construction.

The usual sanatorium methods are applied in treatment, bedside occupation being the latest addition to the medical armamentarium. Special measures, such as, tuberculin, the x-ray and the violet ray, also are employed in suitable cases.

An occupational work-shop will shortly be in operation, where wood and metal working will be carried on, primarily for the benefit of returned soldiers. Instruction in poultry and beekeeping also is to be provided.

When the additions are fully occupied, there will be up to 160 ex-soldiers in residence. On the whole, the returned-soldier cases are earlier and more favorable than those occurring among civilians, the latter not having had the benefit of frequent medical inspection and, therefore, earlier diagnosis.

Contrary to the popular belief, it is now pretty well established that exposure of the soldier to the effects of gas plays little or no part in the occurrence of breakdowns from tuberculosis. Many of these men would, perhaps, have broken down had they continued in civil life, and not a few were tuberculous previous to their entering the army.

The real cause, though, of such breakdowns as are directly attributable to service, is, probably, the stress of training and active-service conditions, and the exposure to which the soldier is subjected, particularly in the trenches. The new pension regulations which have recently been drawn up for the benefit of these men who have developed tuberculosis in the army are fairly liberal, but none too much so, for the sanatorium graduate has a hard row to hoe during the first six months or a year after leaving the sanatorium because of the popular prejudice that persists in regard to the disease.

A few extra dollars in the pocket may mean the avoidance of a relapse at this critical stage when, otherwise, the convalescent consumptive would be forced by the fears of his fellows to conceal his weakness and attempt to work in competition with the healthy worker during this after-sanatorium period. Such a course not infrequently leads to a second breakdown and to months of invalidism. May the public speedily realize that the sanatorium-trained and conscientious consumptive is a menace to no one, while the unfortunate individual who is ignorant in regard to his disease and the precautions which must be taken constitutes the real source of danger to the community.

Society Proceedings

SECOND ANNUAL MEETING OF THE ALBERTA HOSPITAL ASSOCIATION

THE second annual meeting of the Alberta Hospital Association took place as a conjoint meeting with the annual meeting of the Alberta Association of Registered Nurses in Calgary on October 20, 21 and 22, 1920.

There were forty-one delegates present from the sixty-odd hospitals all over the Province, some of whom had to come very great distances in order to attend, and seventy-seven visitors registered their names, although this total was greatly exceeded at both evening sessions. There can be no doubt that the idea of a conjoint meeting was a good one and of great help in ensuring the success of and interest taken in the affairs of both societies. A conjoint report of the proceedings is to be printed, and will be distributed later on.

The first duty of the Alberta Hospital Association in accordance with the resolution formed at the initial meeting last year was to adopt a constitution, of which the following are the most important features:

- 1. Purpose: To correlate as much as possible the work and aims of the hospitals of the province with those of the Departments of Health of the Provincial and Federal Governments.
- 2. Officers: The officers shall be:—Honorary President, the Hon. the Minister of Public Health, President, Vice-President, Secretary-Treasurer and an Executive Committee of Five.
 - 3. Membership: Members shall be of three classes:
 - A. Active Members, having the right to vote at the annual meeting of the Association, shall be delegates chosen by (a) Hospital Boards, having paid the dues hereinafter set forth, which bodies shall be entitled to send delegates in numbers proportionate to the size of the hospital they control, that is to say: An hospital of

twenty beds and under, one delegate; an hospital of twenty beds to fifty beds, two delegates; an hospital of fifty beds and under one hundred beds, three delegates; an hospital over one hundred beds, four delegates.

- (b) The University of Alberta, which for the purpose of sending delegates shall be regarded as an organization equivalent to the largest class of hospital in the Province.
 - (c) The Alberta Medical Society,
- (d) The Alberta Association of Registered Nurses: Both of which organizations shall be regarded individually as organizations equivalent to the largest class of hospital in the Province.
- (e and f) Local Medical and Nursing Associations: Each of which shall be regarded as the equivalent of an hospital of fifty beds and individually entitled to the sending of two delegates.
- (g) The Alberta Branch of the Red Cross Society, and
- (h) The Alberta Society for the Prevention of Tuberculosis: Each of which organizations shall be individually entitled to send two delegates.
- B. Associate Members, having no right to vote at the annual meeting, shall include attending doctors, nurses, members of Trustee Boards and others engaged in or interested in hospital work.
- C. Honorary Members, having no right to vote at the annual meeting, shall include all persons who, for various reasons, from time to time are chosen to be such at the annual meeting of the Association.

Membership fees will be collected from hospitals only according to the subjoined scale, and there will be no individual subscriptions. Other organizations having the right to send delegates shall do so free of all charge.

4. Election of Officers: At the first business session of each annual meeting a nominating committee of five active

members shall be named by the presiding officer. It shall be the duty of this committee to submit to the house at the time set for the election of officers, a report setting out the nominees chosen by it. To the names thus reported, it shall be possible for the house in open meeting to make what additions it may see fit, so that election, if necessary, may be held by ballot.

Officers may be elected from all members present as delegates and from all members nominated as delegates by their respective organizations whether they may be present at the annual meeting or not.

- 5. Amendment to By-Laws: By-laws may be amended: (a) At any annual meeting by a two-thirds vote of the active members present, provided that at least four weeks notice of the proposed amendment has been given to all active members, or (b) By a unanimous vote of all active members present approving of the introduction of the proposed amendment.
- 6. Membership Fees: All hospitals paying the following fees shall be entitled to membership in this Association:—
 - (a) An hospital of twenty beds and under \$10.00
 - (b) An hospital of twenty to fifty beds 20.00
 - (c) An hospital of fifty beds or over 30.00
 - (d) An hospital of one hundred beds or over... 50.00

The following resolutions of the Executive Committee were carried by the meeting:—

- 1. The adoption of The Hospital World, Toronto, Canada, as the official organ of the Alberta Hospital Association.
- 2. The adoption of the policy of meeting conjointly with the Alberta Association of Registered Nurses.
- 3. The printing of a report of the proceedings of the meeting conjointly with that of the Alberta Association of Registered Nurses.
- 4. The appointment of a Resolutions Committee, named by the executive.

The following resolutions were passed by the meeting:

1. Provincial Committee on Hospital Standardization: This resolution was passed by the meeting in full session after

prolonged and at times rather acrimonious discussion, in which the point of view of the American College of Surgeons on one hand and that to the effect that hospital standardization should come through agencies within the Province on the other were equally ably represented.

The resolution reads as follows:

That this Alberta Hospital Association approves of the principles involved in the "Minimum Standard" as stated by the American College of Surgeons, and believes that our standards should be at least as high as the standards for hospitals of the size to which those are applicable, but in view of the existing conditions in the Province, the Alberta Hospital Association favors the appointment of a committee of this Association and the University of Alberta and the Department of Public Health, with the request that they draw up for the government of the hospitals within the Province a concrete statement of standards as applicable to all classes of our hospitals, and further, that this be handed to the Resolutions Committee, who shall bring in a suggestion as to the method of selection of this committee.

The Resolutions Committee reported in favor of the appointment of a committee of twelve to be composed of two representatives each from the following organizations:

1. The University of Alberta. 2. The Alberta Medical Association. 3. The Department of Health. 4. Alberta Association of Registered Nurses. 5. The Alberta Hospital Association; and 6. Representatives of the Urban and Rural Municipalities, and that the executive bodies of these organizations be asked to nominate their representatives.

This was approved by the meeting.

2. Government Enforcement of the Keeping of Adequate Records: That whereas the Alberta Hospital Association assembled is convinced that all hospitals within the Province should keep some adequate records of all cases treated by them—That the Department of Public Health be requested to have standard forms adopted officially and provided for the use of all hospitals, and that to that end a committee, consisting of Drs.

Archer, Fisher and Fyshe be appointed by this convention to examine and approve of forms to be suggested to the Department of Public Health for this purpose, and that upon the establishment of such service, all hospitals receiving the Government grant shall be required to keep a minimum of such record, such minimum to be determined by the Department of Public Health.

The use of the word required in this resolution was very vigorously debated, as according to those opposing it it savored to much of compulsion. It was suggested that the word requested be substituted for required, and an amendment was motioned and finally lost, to the effect that the whole resolution after the word and above be removed. However, the motion was eventually carried by a satisfactory majority after two accounts had been made. As the Honorable the Minister of Public Health, who was present at the meeting, has stated that all the requests made by the Hospital Association to the Provincial Government can be very easily carried out by it, it practically means that the enforcement of an adequate system of record keeping will be made at an early date.

- 3. Committee on Education of Nurses: That there be appointed a committee on the education of nurses composed of four members (Miss Winslow, of Medicine Hat; Dean Rankin, of the University of Alberta; Dr. Fyshe, of Edmonton, and Mayor Hardie, of Lethbridge); whose duty it shall be to enquire into and report on the possibility and probable cost of an arrangement being made by which, with the assistance of the Provincial Government, the purely scientific and theoretical subjects as distinguished from the professional or technical education of the nurses in training in the Province may be conducted in the University of Alberta, as well as into what arrangements may be made with the University of Alberta for the conduct of postgraduate courses for nurses.
- 4. Inspection of Hospitals: That whereas it is the opinion of this convention that it is in the interest of uniformity of service that all hospitals shall be subject to a periodical inspection of all their departments, that is to say, all their business and sanitary arrangements, their housekeeping departments, their

training schools, the accommodation provided for the nurses, their medical service and records, be it resolved that the Department of Public Health be petitioned to establish such service for the hospitals of the Province.

- 5. Provincial Home for Old People and Incurables: That this conjoint convention in session memorialize the Provincial Government with regard to the need of the speedy provision of an institution for the care of the incurable, the aged and such patients, other than those suffering from infectious diseases, for whose maintenance in active treatment hospitals are not designed and whose presence therein precludes the beds they occupy from being put to their proper use.
- 6. Course of Study in Nursing Schools and Regulations for Examinations: That the Alberta Hospital Association request the Provincial Government to empower the University of Alberta to outline the course of study for nurses in training schools in the Province and to prescribe the regulations governing the examinations leading to the degree of R.N.
- 7. Trained Attendants: Whereas it has been found, and is believed to be impracticable to conduct the education of the trained attendant in any hospital, be it resolved that the Department of Public Health be requested to make arrangements for the training of these persons, and be it respectfully suggested to the Department of Public Health that the Agricultural Schools already existing would form suitable media for this purpose.
- 8. Canadian National Hospital Association: That the Alberta Hospital Association in convention assembled realizing the great importance of an active Canadian National Hospital Association, do earnestly entreat the executive of the Canadian Hospital Association to reorganize and arrange a convention for 1921.
- 9. Western Canadian Hospital Association: That pending the revival of the Canadian Hospital Association, this Association affiliate with the Western Canadian Hospital Association, with the distinct understanding, that if the National

Organization be revived, it discontinue its affiliation with the Western Association and affiliate with the National Association.

The secretary-treasurer was instructed to apply to the Provincial Government for the incorporation of the society.

The election of officers for the ensuing year was as follows: Honorary President, Hon. C. R. Mitchell, Minister of Health; President, Dr. A. E. Archer, of Lamont; Vice-President, Dr. A. Fisher, Superintendent Calgary General Hospital; Secretary-Treasurer, Dr. J. C. Fyshe, Superintendent Edmonton Hospital Board; Executive Committee, Mayor Hardie, Lethbridge; Miss L. Edy, of Calgary General Hospital; Dr. D. G. Stanley, of Calgary; Dean Kerr, University of Alberta; Rev. Father Cameron, of Calgary.

The following comprised the principal items in the programme, which was full of interest to all hospital workers.

OCTOBER 20th.

MORNING SESSION.

10.00—President's Address. Reading of Minutes. Report of Executive. Reports of Delegates to the National Convention. Reports of Special Committees.

Luncheon given by Calgary Association of Graduate Nurses.

AFTERNOON SESSION.

- 2.00-2.45—The Relationship between the Provincial and the Local Organizations. Discussion opened by Mrs. Manson, Edmonton.
- 2.45-3.15—Opportunities for Service under the Red Cross Society. Mrs. Waagen, Secretary of the Provincial Red Cross Society.
- 3.15-4.15—Public Health Section, arranged by Miss Christine Smith, Superintendent of the Public Health Nurses.

Health Inspection of Schools.

(a) The Public Health Nurse as a Teacher in the Rural Districts.—E. M. Davidson, R.N.

- (b) The Public Health Nurse and the Control of Acute Communicable Diseases.—Gladys Thurston, R.N.
- (c) How can the Public Health Nurse Advance Child Welfare Work in connection with the Health Inspection of Schools in the Rural Districts?—L. E. Runians, R.N.

Child Welfare.

Child Welfare Work in the Cities.—Blanche Emerson, R.N.

Tuberculosis.

The Public Health Nurse and Tuberculosis Control.—Victoria Ray, R.N.

District Nursing.

The District Nursing Problem.—Genevieve de Turberville, R.N.

4.15-5.00—Legislation desirable for the Association. Discussion opened by the Convener of the Legislative Committee.

JOINT OPEN MEETING OF THE TWO ASSOCIATIONS.

Chairman-Dr. A. E. Archer.

8.00—Opening Prayer, Rev. A. Rannie, B.A.; Address of Welcome, Mayor of City of Calgary; Replies to Address of Welcome, President A.A.R.N., President A.H.A.; Address, Rev. Father Cameron; Address, Mrs. C. B. Waagen.

OCTOBER 21st.

MORNING SESSION.

Chairman—Dr. A. E. Archer.

9.30—Registration.

- 10.00—The Field of Service in Small Hospitals. Introduced by Dr. G. M. Atkin, Banff, Alta.
 - (a) Size and Duties of Non-Professional Staff.—A. K. Whiston, Esq.
 - (b) Purchasing Hospital Supplies.—A. H. Ellison, Esq.

Discussion Hospital Exhibits and Commercial Exhibits:—One hour.

1.30-Luncheon given by the City of Calgary.

AFTERNOON SESSION.

Chairman—Dr. George Johnson.

- 3.00—Symposium on Training of Nurses. Introduced by Dr. A. C. Rankin.
 - (a) Qualifications of Schools.—Miss V. Winslow, R.N.
 - (b) Standards of Admission.—Miss F. Macmillan, R.N.
 - (c) General Regulations.—Miss L. M. Eddy, R.N.
 - (d) Professional Training, Sister M. A. Duckett, R.N.; Dr. A. Fisher.
 - (e) The Trained Attendant.—Miss Christine Smith, R.N.

The question under debate to be thrown open to whole meeting for discussion after each subdivision has been taken up by the speakers indicated, and a committee appointed to bring in at the close of the convention a resolution expressing the policy which the two Associations wish to adopt in regard to the training of nurses in this Province.

PUBLIC MEETING.

Chairman-His Honor The Lieutenant-Governor.

8.00—Address, The Hon. The Minister of Public Health; Address, The President of the University of Alberta; Address, The President, The Women's Canadian Club, Edmonton, Alta.

OCTOBER 22nd.

MORNING SESSION.

Chairman-Dr. F. W. Gershaw, Medicine Hat.

Report by Secretary-Treasurer The Alberta Hospital Association.

Adoption of Constitution for Alberta Hospital Association. Standardization of Hospitals, introduced by Dr. J. C. Fyshe.

> The question to be thrown open for discussion by the meeting and a committee to be appointed to bring in at the close of the convention a resolution expressing the policy which the two Associations wish adopted, having particular regard to the attitude to be adopted to:—

- (a) The tenets of the American College of Surgeons as expressed in the "Minimum Standard."
- (b) The Western Canadian Hospital Association.

AFTERNOON SESSION.

Chairman-Miss V. Winslow, R.N.

3.00—Round Table Conference, conducted by Miss Eleanor McPhedran, R.N.—One hour; Designing and Construction of Small Hospitals.—The Provincial Architect; Occupational Therapy.—Mr. Van-Tausk.

Report of Resolutions Committee and action thereon; Election of Officers

AMERICAN HOSPITAL ASSOCIATION

This Association met in Montreal in October. In our last number we outlined its history and growth. Montreal did itself proud in the way of entertainment. Mr. H. E. Webster, of our editorial staff, had everything in apple-pie order for the meeting. Mr. E. R. Decary extended the hospitality of Montreal to the delegates in true French fashion. Dr. Jos. Howland, in his presidential address, reviewed the history of the Association, as we did in our last number. He pointed with pride to the health of the body and its growing field of activities. The Rockefeller Foundation has contributed funds for the establishment of a reference library dealing with hospital problems and nursing.

Hospital plans are to be collected and placed at the disposition of those desiring to consult them. The president suggested the establishment of a bureau of standards and supplies during the coming year, where accurate information can be secured as to the latest ideas in hospital equipment. Secretary Warner in his report called attention to the difficulty of securing nurses for years past and the shortage of help—both of which had given much care to hospital executives.

The attendance at the meeting was good. By Wednesday evening 910 persons had registered, 268 of these were personal members, 235 were from the United States and thirty-five from Canada. The institution delegates numbered 136, only two of whom on that evening were from Canada. The guests numbered 405,292 American and 113 Canadian. Ninety-nine new members had been enrolled, eighty-five of whom were Yanks and fourteen Canucks.

J. J. Weber, travelling editor of the Modern Hospital, spoke on "Travelling Clinics." He referred to what had been done by the Montreal Public Welfare Committee in the conduct of these clinics and the value of the motor truck in connection therewith in the Province of Quebec, through the assistance of the Red Cross. In these clinics the main effort was directed towards impressing on the people the importance of having everyone, especially children, frequently visited by the local

physician in order that disease and defects might be dealt with

in their incipiency.

Dr. Pliny O. Clark, of Denver, Col., took up the subject of "Community Chests" for the collection of money to care for the indigent sick. Appeals once a year are made to the public by all the hospitals of a town or city, and all the money collected goes into a single chest and is apportioned by a small committee to each institution on a pro rata basis, according to its needs. Referring to aid from the state by subsidies, the speaker pointed out that wherever this system had been carried out by way of a lump sum appropriation, as in Pennsylvania, there has been much abuse and sometimes considerable scandal—the moneys were too often given without a full knowledge as to how the funds were spent or what the needs of the institution were. In cities like New York, the money granted to the hospitals by the city, is distributed on a per diem basis. The city pays the voluntary hospitals for the care of a certain number of indigent sick, but retains control over the admissions to the hospitals and has the final decision as to whether or not they will pay for a given patient. The city also has the right to inspect the hospitals and audit their books. In other words, the city enters into a business arrangement with the individual hospital.

Dr. Howell Wright pointed out the importance of the financial consideration in hospital maintenance and referred to the fact that in the United States they had during war time a "war chest" which accumulated funds for the Red Cross and similar war activities, and at the same time took care of the hospitals. After the war the "war chest" idea was perpetuated under the name of the "community chest," the importance of which had come to be recognized in taking care of the large numbers of indigent sick of the community, the expense of which must be met from some source. In some hospitals the funds so collected were supplemented by endowments or by special contributions made by philanthropically disposed persons direct.

Following this session a smiling photograph of the delegates was taken on the steps of St. James' Cathedral. Visits were also made to the far-famed Bonsecour Market and the Chateau Ramesay. The following a.m. many of the visitors climbed

Mt. Royal before the session opened and feasted their eyes on the distant mountains which "unfold the colored landscape," the magnificent splendor of the shining St. Lawrence, and the towers, mansions, churches, hotels, tall business houses in a forest of maples and elms gorgeous in their autumnal foliage.

Frederick D. Greene, of New York, told the convention of the United Hospital Fund. Fifty-five hospitals in Gotham supported by voluntary gifts from those who know not how to dispose of their wealth, and from others more moderately circumstanced.

This fund has opened a way to the solution of many problems, including that of financing these *domi dolores*, in which over 8,000 bed patients and 5,000 dispensary cases were treated daily last year; in other words—2,438,811 days of treatment to 148,529 bed patients and 599,806 dispensary cases, which looks big.

The fund was begun forty-one years ago. It is non-sectarian in character. The committee includes representatives both of hospitals and the contributing public. Its object is to promote co-operation, to raise hospital standards, and to secure money to provide for free service to the needy poor who constitute more than half of all who are treated. It costs ten and a half million dollars a year to run these hospitals. work creates an annual deficit of over three million dollars, which must be secured by voluntary contributions. One-third of this is now raised by the United Hospital Fund, whose receipts are rapidly growing. The money collected is distributed by a committee of distinguished citizens who take into account the amount and quality of the free service given by each hospital. Mr. Greene says the hospitals are not imposed on by the sick poor, who are ready to pay what they can. shown by the fact that during recent years the number of free patients has greatly dropped, while the ward paying patients have correspondingly risen in number. Those who do pay the regular ward rates, pay but a small part of the cost. Since 1914 the cost of the United Hospitals has risen ninety-five per The cost would be much larger but for the fact that the doctors charge nothing for their services in treating the ward

patients (which comprise three-quarters of the total number treated). This great gift, on the part of the medical fraternity, is characteristic of other cities also and constitutes a challenge to laymen to equal in generosity the medical men by providing the necessary expenses of running the hospitals,

The speaker holds that the health of each is the concern of all. The most fair and economical programme is to keep everybody well. He believes the time will come when facilities for medical and surgical care of the entire population will be made as accessible and free as are our public school facilities at present. We ought to stamp out disease as we stamp out fire, without regard to whose house is burning or whether the owner can pay the fire department or not.

Sister Gabrielle, of the Order of Grey Nuns, gave an outline of the work of her order, which has been doing social service work among the poor and suffering on this continent for over a century. She referred to the hospitals founded all over the continent by her order. During the past century they had coped in Montreal with epidemics of typhus, smallpox, diphtheria and influenza. Care of the poor was their especial work; they found that much of the misery they encountered was due to illness. The mother-house has opened fifteen hospitals, the first branch having been established in Toledo.

Subsidiary houses have been established—particularly in the west. Sister Gabrielle considers that a high standard of education is not necessary for nurses. Practical ability and a good heart are the first requisites. To maintain too high a standard will shut out from the nursing profession many desirable applicants.

Dr. W. W. Seymour, Commissioner of Public Health for Saskatchewan, testified to the efficiency of the hospitals in charge of the Grey Nuns in his province. They were quite upto-date and had introduced the latest scientific features. The Holy Cross hospital in Alberta was the first to comply with the hospital standards imposed by the American College of Surgeons.

Mrs. N. F. Cummings, managing editor of the Social Service Quarterly, in New York, was a visitor at the Association.

To the press she said that the original hospital social service carried on by the English hospitals was conducted by the Lady Almoners who had worked voluntarily in connection with the hospitals as far back as the 17th century. In the United States social work in direct connection with the hospitals of the large cities was begun about 1890, but was limited in operations until about twelve years ago, when it received a fresh impetus, increased volume and effectiveness until the outbreak of the war, when it received a decided set-back. It is now growing again and assuming large proportions. About fifty-two per cent. of the hospital social workers are graduate nurses, who have taken a social training after finishing their nursing course. The remaining forty-eight per cent. have not been trained as nurses. Other things being equal, nurses make the most efficient workers in the Social Service Department hospitals.

Miss Lily E. Barry, of the Catholic Social Service Guild, Montreal, spoke of occupational therapy and the placing of the handicapped by her society. She explained the complete system which had been evolved for the care of those who were physically or mentally handicapped. They had completed a chain which had linked the hospital, the convalescent home, the Catholic Social Guild and the Loyola School of Sociology where workers are trained. Educational therapy could not be attempted in the regular hospitals. Patients should be moved to convalescent homes as soon as possible. In all these homes, as in special institutions for the handicapped, the sisters in charge give valuable instruction to the patients and encourage the patients to work as a curative measure. The result is that many men and women, who are apparently hopelessly crippled by disabilities of various kinds, are enabled to become useful The Catholic Social Service Guild steps in and provides employment for those who have proved themselves capable of doing useful work.

Mr. M. M. Davis spoke of the necessity of standardizing training requirements for workers and of methods of work in connection with social service. There were now some 2,500 social service worker in the United States. The American Hospital Association had recently completed a survey of work done by them throughout the country. The presentation of

these findings was one of the items on the programme of this meeting. These would be of interest, not only to the workers themselves, but also to the executives of hospitals and to the community as a whole. A thorough course of training was imperative before effective work could be done in hospital social service work. Hospitals which were contemplating the opening of such a department were advised to do nothing until they had obtained the services of a worker who was thoroughly competent in such work, as mistakes in administration of such departments led to confusion and serious results generally. As this phase of hospital work became more and more developed the Association would give it a larger place on the programme. There were about 100 hospital social workers at the meeting.

Dr. Anna M. Richardson, Field Secretary, had visited sixty Social Service Departments throughout the continent, with a view to evolving some progressive policy in connection there-

with.

Mr. Wade Wright discussed the subject of industrial clinics in general hospitals. The speaker is in charge of the Industrial Department of Harvard. He pointed out that many industries were now able to maintain their clinics and first aid departments. Some of them, instead of having their own organizations for this purpose, were giving their support to some hospital, the hospital thus realizing its full purpose in thus meeting the demands of the industrial community.

In the out-patient section, the "Dispensary of the Future" was discussed. It was pointed out that the dispensaries of to-day are the health centres of to-morrow, and constitute a link between the curative medicine of the hospital and the preventive medicine of the public health programme. Such dispensary, in addition to taking care of the ordinary ambulatory patient, would include in its scope pre-natal care, child welfare, treatment and prevention of tuberculosis, and dental treatment.

Dr. F. E. Sampson, Superintendent of the Greater Community Hospital of Creston, Iowa, gave a paper on "Community Hospitals as a Solution of the Rural Health Problem." He described the origin and growth of such a hospital in his own state, in which was concentrated and developed all the public health agencies of a number of counties, representing some

4,000 square miles of territory. In this institution was coordinated all the forces—church, societies, medical and public health. From this hub radiated all the health activities of the district.

Dr. W. W. Seymour, of Regina, described the constitution and operation of their excellent hospital law in Saskatchewan. This act we published in full in a recent number of this journal and to it the reader is referred.

COMMERCIAL EXHIBITS.

The Windsor Hotel looked somewhat like a small hospital when the eighty-three exhibitors got all their stuff in place—surgical, medical, culinary, laundry, et cetera. Hundreds visited the show, and were shown the goods by courteous representatives of the various firms whose goods were on exhibition. The rubber exhibit, in which were shown the processes in the evolution of a hot-water bottle, was viewed with great interest. An X-ray machine was in operation, and a miniature steam laundry was at work. Books and boots, canned goods, metabolism apparatus, restorative bellows, signalling devices, hospital plans,—all attracted great attention.

SECOND ANNUAL MEETING OF THE ONTARIO NEURO-PSYCHIATRIC ASSOCIATION

The second meeting of the Ontario Neuro-Psychiatric Association was held at the Ontario Hospital, Whitby, on September 15th, 1920. It consisted of a morning and an afternoon session, beginning at 11.45 a.m. and ending about 6 p.m. There was a very large attendance present made up of both general practitioners from the surrounding district and Toronto, and physicians engaged especially in nervous and mental work. The new hospital was thrown open to the visitors and every opportunity afforded for a thorough inspection of its various departments.

The morning session was opened by the President, Dr. Edward Ryan, of the Ontario Hospital, Kingston, who spoke of the encouragement which the executive had received since the formation of the new Association. He also expressed regret at the untimely death of Dr. Chas. Doherty, Superintendent of the British Columbia Hospital for Insane, Westminster, B.C., who had been very anxious to make the Association Dominion wide. Dr. J. H. Mullin, President of the Ontario Medical Association. addressed the meeting on behalf of reorganization of the Medical Profession in Ontario, urging that every physician become a member of the Ontario Medical Association and take a personal interest in the very important problems which were up for consideration at the present time. Dr. Mullin's address was followed by the regular programme for the meeting, consisting of the following papers:—

1. "Conception and Aims of the Ontario Hospital, Whit-

by," by Dr. J. M. Forster, Superintendent.

In this paper Dr. Forster traced the conception and growth of the Whitby Hospital and described briefly the plan of it. The paper was a brief and concise pronouncement of what had been done in the past and what it was proposed to do in the future. It was discussed by Dr. Edward Ryan, Kingston, who emphasized the fact that the Ontario Hospitals were for the poor and the rich alike, and that that was the reason why there were no private wards in these hospitals. The paper was further discussed by Dr. Mullin, Hamilton; Dr. Kaiser, Oshawa; Dr. Hobbs, Guelph; and W. W. Dunlop, Inspector of Prisons and Public Charities, Toronto.

The second paper read was that of Col. C. S. McVicar on "Shell Shock." This was an explanation of the mechanism of "Shell Shock" from the psychological point of view. Col. McVicar showed that what was called "Shell Shock" was really a compromise of the conflict of the herd instinct in man with the instinct for self-preservation. This paper was discussed by Drs. Bailey and Brown, of Toronto; Dr. C. B. Farrar, Ottawa,

and Dr. Neely, Hamilton.

The next paper on the programme was that of Dr. J. W. Crane of the Western University Medical College, London. He gave a very interesting talk on "The Use and Abuse of Purga-

tives." He dealt especially with Mercury, Mag. Sulphate and Castor Oil. He made an appeal to the profession to discard the "shot gun" prescriptions put up by the drug houses, and prescribe instead one or at the most two simple drugs at a time. It was only in this way, he pointed out, that definite conclusions could be drawn as to the effects of certain drugs. Prof. V. E. Henderson, of Toronto University, discussed this paper, and supported Dr. Crane's appeal for simple medication.

Dr. Wallace Scott, of Toronto, read a paper on "Cerebral Localization," in which he dealt extensively with the advances made in Cerebral topography. This paper was based upon work the author did while acting as chief surgeon of military hospitals overseas. It was discussed by Dr. R. T. Maclaren, Whitby.

Dr. Goldwin Howland read a paper on "The Cleavage between the Neuroses and the Psychoses," in which he emphasized the need of considering these branches of medicine as a unit and denied that there was any artificial line dividing the two. This paper was discussed by Dr. F. S. Vrooman of the Ontario Hospital, Toronto.

Dr. Eric K. Clarke, Toronto, read a paper upon "The Problem of the Mentally Defective Children in the Toronto Public Schools," in which he showed that as a result of a survey, which had been made in Toronto, it was found that 1.66 per cent. of the school children were mentally defective. This paper was discussed by Dr. Goldwin Howland, Toronto; Dr. Alex. McKay, Toronto; Dr. G. S. Strathy, Toronto; Dr. J. G. Fitzgerald, Toronto; Dr. C. B. Farrar, Ottawa, and Mr. W. W. Dunlop, Toronto.

Dr. W. R. Jaffray, of Hamilton, read a paper on "The Results in Routine Wassermann Examinations in the Ontario Hospital, Hamilton," in which he gave the percentage of positive Wassermanns out of 633 consecutive tests at the Ontario Hospital, Hamilton, as 6.3 per cent. This paper was discussed by Dr. Crawford, Ontario Hospital, Whitby; Dr. Robinson, Ontario Hospital, London; Dr. J. W. S. McCullough, Provincial Health Officer, and Dr. Goldwin Howland, Toronto.

Dr. G. H. Stevenson, Ontario Hospital, London, read a

paper on the "Review of Psychiatric Conditions in Massachusetts," giving the result of his observations during a month he spent in Boston and other centres. This paper was discussed by Mr. James Govan, Provincial Architect.

The last paper on the programme was by Dr. K. R. Maitland, Ontario Hospital, Kingston upon "Huntingdon's Chorea," in which a complete description of the disease was given and some case reports presented as illustrations.

Canadian Hospitals

NURSES' GRADUATION AT THE TORONTO HOSPITAL FOR INCURABLES

Decked with exquisite crimson carnations and pink roses, the assembly room of the Hospital for Incurables looked most attractive on October 29th, when a large number of the friends of the institution gathered for its forty-sixth annual meeting and for the graduating exercises of the Training School for Nurses. Mr. Ambrose Kent acted as Chairman, and the opening devotional service was conducted by Rev. Canon Plumptre.

Miss E. M. Cook, in presenting her Superintendent's report, told of 217 patients now in the hospital. During the year 293 were treated, and there were seventy-nine admissions, sixteen discharges, eleven transfers and forty-nine deaths. Miss Groat, the Secretary-Treasurer, reported a deficit of \$21,489, this being an advance of \$12,094 over the previous year. Total disbursements were \$142,003, and receipts amounted to \$129,908.

In commenting upon the deficit Mr. Kent pointed out that it was only necessary to have more people visit the institution and money would be forthcoming. He cited cases of visitors having been deeply impressed by the fidelity of the nursing staff and the cheerfulness of the patients.

Dr. W. H. B. Aikins presented the report of the Medical

Board. Only forty-nine deaths occurred during the year and the general health of the inmates had been good. During the various epidemics the hospital had been placed under quarantine, thus greatly reducing the danger of an outbreak of contagious diseases.

A reference was made by Miss Cook to the opening of a workshop in the basement of the building. Specimens of the output of this shop were on view in the main entrance and included among other things, a cleverly designed and skilfully manufactured doll's house. There was also a fine exhibit of basketry, the work of two blind patients. At the National Exhibition three first and two special prizes were carried off by inmates of the hospital.

The resolution adopting the reports was moved by Mr. R. S. Gourlay and seconded by Colonel Noel Marshall, both of whom made short speeches. The names of the Board of Management for the ensuing year were also read, and are as follows:

Board of Management—His Worship the Mayor, Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. J. P. Balfour, Mrs. A. Cowan, Mrs. Wm. Davidson, Mrs. S. L. Fountain, Mrs. A. Foy, Lady Hearst, Mrs. Stewart Houston, Mrs. Ambrose Kent, Mrs. Lauder, Miss Effie Michie, Miss Grant Macdonald, Mrs. Hugh MacMath, Miss J. M. McGee, Mrs. S. H. Thompson, Mr. Ambrose Kent, Lieut.-Col. Noel Marshall, Mr. John Macdonald, Dr. W. H. B. Aikins, Mr. W. A. Baird, Rev. Canon Bryan, Mr. John Firstbrook, Lieut.-Col. Alex. Fraser, Rev. A. Logan Geggie, Mr. S. B. Gundy, Ven. Archdeacon Ingles, Mr. W. G. Kent, Dr. Edmund E. King, Mr. E. J. Lennox, Mr. R. Millichamp, Mr. J. O. McCarthy, Rev. Dr. Young.

The entrance at this point of a bevy of white-robed nurses marked the beginning of the graduating exercises of the Training School for Nurses. Dr. C. J. Hastings addressed the graduating class, congratulating the members on their excellent record and on the fact that they had received their training at the Hospital for Incurables. "It is difficult to conceive of a better school for character-building than an institution of this kind," said Dr. Hastings.

Miss Cook, in her report on the nurses' work, referred to the introduction of an eight-hour day as being most beneficial to the general health of the staff. She spoke also of the unselfish service rendered by the nurses, and stated that it was unusual to hear any of them mention an unkind word that might have

been spoken by the patients.

Diplomas and class pins were presented by Mrs. Grant Macdonald, and the gold medal for general proficiency and highest standing in final examinations, given by Mr. Ambrose Kent and awarded to Miss Helena Hamilton, was presented by Mrs. Kent. Two silver medals, given by the Examining Board and awarded to Miss Valma Irvine and Miss Isabel Hewitt, were presented by Miss Mortimer Clark. The prize for neatness of room and person, given by Mrs. R. B. Hamilton and awarded to Mrs. Cox, was also presented by Miss Clark.

The six graduates were: Mrs. Cox, Miss Valma Irvine, Miss Isabel Hewitt, Miss Helena Hamilton, Miss Mary Connell and

Miss Minnie Maclennan.

WOMEN'S COLLEGE HOSPITAL, TORONTO, HAD A MOST SUCCESSFUL YEAR

A story of remarkable progress was revealed at the annual meeting of the Corporation of the Women's College Hospital and Dispensary, held at the Nurses' Residence, 149 Rusholme Road, on November 3rd, with the President, Mrs. A. O. Rutherford, in the chair. The Rev. Canon Skey conducted the devotional exercises, after which Miss Mary Lowry, the secretary, gave a brief report of the year's accomplishments, including the starting, in the summer, of an X-ray Department and a Pathological Department. She told of the demand for increased accommodation for the nursing and domestic staff, and also patients constantly turned away. If it were possible to open a new obstetrical wing at once, she said, it would be possible to put it into immediate and active use.

The Treasurer, Miss Sade Warner, reported, in the capital account, receipts amounting to \$9,575.74, and a balance of H.W.—5

\$169.92, and in the maintenance account receipts of \$46,168.10, and disbursements, \$46,741.89, making a deficit of about \$500.

Mrs. R. H. Cameron reported that the auxiliary to the hospital had made \$540 for the hospital, all but \$32 of which had already been spent on various needs of the hospital and residence. Some sewing had also been done and assistance given in a garden party arranged by Miss Warner.

Dr. Minerva Reid's medical report told of a most satisfactory state of things, a great advance over last year. There had been 367 obstetrical cases, 175 medical cases, with twenty deaths (which, in consideration of the influenza epidemic, was very few), and 459 operative cases, with only two surgical deaths.

The Superintendent, Mrs. Bowman, gave the fifth annual report of the hospital since it has been a hospital of standard capacity, starting it with a reference to the institution's humble beginning twenty-four years ago. During the past year, she reported, there had been 985 patients admitted, 367 births, a total number treated of 1,404, 1,304 discharged, and forty-nine deaths.

The cost for each patient was \$2.70 a day, in comparison with \$2.37 last year.

In the training school a total of twenty-five nurses was reported.

Mr. R. H. Cameron, in reference to Mrs. Bowman's report, expressed his admiration for the management which was able to conduct such an institution at a per capita cost of \$2.70 a day. He had recently visited, with Dr. C. J. Hastings and a committee, a number of hospitals in the United States, and none of them had managed on anything like that amount. None were run for less than \$3 a day, and the cost ran from that up to nearly \$5.

Dr. Margaret Patterson moved a vote of thanks to the corporation and staff of the hospital, while Dr. E. L. Skinner Gordon expressed appreciation of the flowers sent by Lady Pellatt, the music contributed by Mrs. French and the Auxiliary's hospitality at the tea hour; Miss Brooking said thank you from the point of view of the institutions the hospital was ever ready to

help, and Dr. Margaret Johnston moved a vote of thanks to the women of the Press.

A beautiful bouquet of roses was presented to Miss Warner, the Treasurer, on behalf of the nurses, by a nurse, and Mrs. F. H. Torrington presented Mrs. Rutherford with a beautiful basket of yellow and bronze chrysanthemums, big and little ones

intermingled.

The following were elected to the corporation of the hospital: Mrs. A. O. Rutherford, Mrs. F. H. Torrington, Dr. R. B. Nevitt, Dr. E. L. Skinner Gordon, Mr. R. H. Comeron, Mrs. R. H. Cameron, Dr. G. B. Smith, Dr. Minerva Reid, Miss Sade Warner, Mrs. Breckon, Mrs. Sinclair, Mrs. Baldwin, Dr. Jennie Smillie, Miss Mary Lowery, Miss Janet Anderson, Mrs. J. L. Trethewey, Miss Cleaver, Mrs. H. C. Cruickshank, Mrs. David L. Thompson and Controller Ramsden, appointed as the representative of the City Council.

WAR DEPARTMENT SELLS LARGE STOCK OF BANDAGES

The Surplus Property Division of the War Department has sold to Thompson & Kelly Co., of Boston, the remaining surplus of bandages and absorbent cotton purchased for the use of the army during the war. The sale netted the Government more than \$1,000,000, and the bandages alone represent a quantity sufficient to supply the hospitals and surgeons of the United States with all their needs for at least eighteen months.

Included in the sale, which was conducted through sealed bids, were a million dozen roller and between 2,000,000 and 2,500,000 compressed bandages, and approximately 2,250,000 one-ounce packages of absorbent cotton.

Book Reviews

Primary Studies for Nurses: A text-book for first year pupil nurses, by Charlotte A. Aikins, formerly director of Sibley Memorial Hospital, Washington, D.C., formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines. Fourth edition. Thoroughly revised. Illustrated. Philadelphia and London: W. B. Saunders Company. 1919. Cloth, \$2.256 Canadian agents. The J. F. Hartz Co., Limited, Toronto.

This text-book was prepared for the special purpose of simplifying the work of the pupil nurses' first year. As such it is not a text-book of practical nursing nor a book of reference, but it brings together in concise form well rounded courses of lessons in anatomy, physiology, hygiene, bacteriology, therapeutics and materia medica dietetics and invalid cooking. To the above has been added, in this edition, a section on elementary chemistry and some important additions to the sections on hygiene and therapeutics. The subject matter is excellently arranged and the cuts in the section on anatomy are good. As a first year text-book, when associated with practical instruction in nursing technique, it should provide the proper requirements for an intelligent foundation in nursing, and is to be highly recommended for this purpose.

Transactions of the American Hospital Association. Twenty-first Annual Conference held in Cincinnati, O., September 8th to 12th, 1919. Volume XXI. Published for the Association by the Modern Hospital Publishing Co., Chicago, Ill.

This volume has been tardy in coming, but is none the less welcome. It is well gotten up and is full of excellent papers and discussions which we hope to refer to more fully in some of our future numbers. Every hospital should have a copy. Every hospital should take out corporate membership in the association.

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Fellows' Syrup of the Hypophosphites

The following letter is worthy of perusal:—

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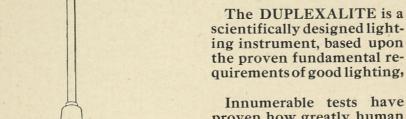
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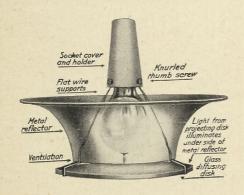


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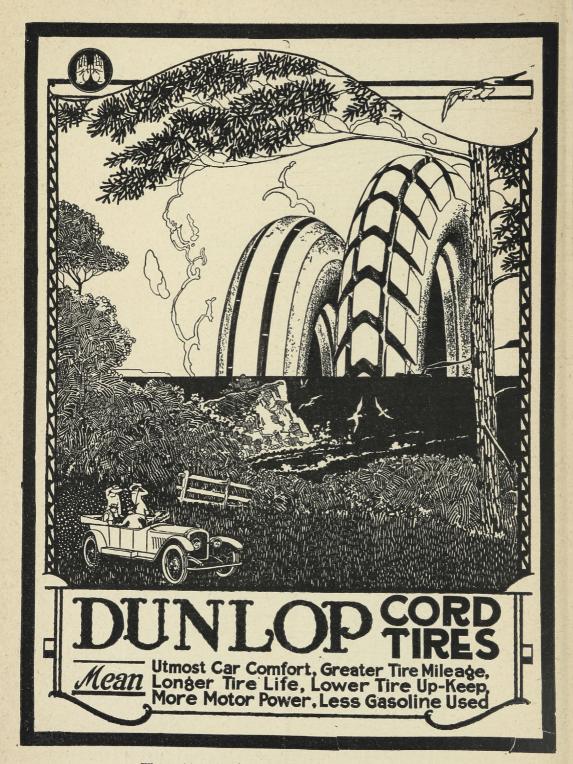
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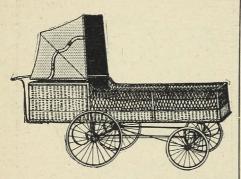
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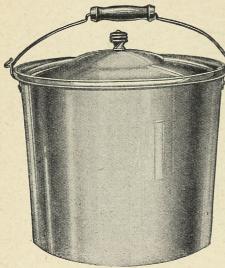
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