THE OFFICIAL ORGAN OF { The Canadian Hospital Association
The Alberta Hospital Association
The British Columbia Hospital Association }

$3.00 PER ANNUM

50.¢ PER COPY

THE HOSPITAL WORLD

Vol. XX Toronto, December, 1921 No. 6

CONTENTS

EDITORIALS

Page
Apprenticeship 155
Quiet Toronto 156

ORIGINAL CONTRIBUTIONS

The Hospital Interne, Robert S. Coughlin M. D. 159
The Economic aspect of a Central Purchasing Organization for Hospital Boards 167
American Conference on Hospital Service, Frank Billings M. D. 174

In the treatment of Tuberculosis, it is indispensable to increase the tone of the system, and the functioning ability of the organs of circulation, assimilation, and elimination

FELLOWS' SYRUP of the HYPOPHOSPHITES,

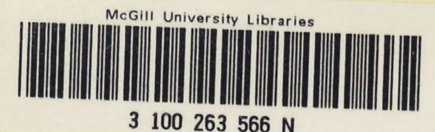
"The Standard Tonic for over fifty years,"

contains mineral foods and stimulating agents which make it an ideal preparation for the dietetic and constitutional therapy of Tuberculosis.

Samples and Literature sent upon request.

FELLOWS MEDICAL MANUFACTURING CO., Inc.

26 Christopher Street, New York, N. Y., U.S.A.



LISTERINE

A Non-Poisonous, Unirritating Antiseptic Solution

Agreeable and satisfactory alike to the Patient, the Physician, the Surgeon and the Nurse. Listerine has a wide field of usefulness, and its unvarying quality assures like results under like conditions.

As a wash and dressing for wounds
As a deodorizing antiseptic lotion
As a mouth-wash, gargle, spray or douche

Operative and accidental wounds heal rapidly under the antiseptic protection of Listerine, as it does not destroy tissue cells or retard the natural processes of repair.

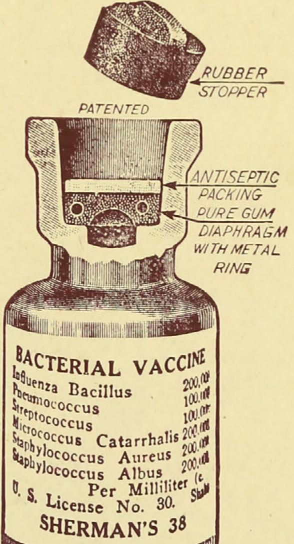
In all cases of fever, where the patient suffers so much from a parched condition of the mouth, a few teaspoonfuls of Listerine in a glass of water provides a refreshing and effective mouth-wash.

Lambert Pharmacal Company

2101 Locust Street - SAINT LOUIS, MO., U.S.A.

66 Gerrard St. East, Toronto, Ont.

Sherman's Polyvalent Vaccines in Respiratory Infections



SHERMAN'S 10 mil. Container

A more adequate and rapid immunity is established with polyvalent vaccines than from an infection itself. SHERMAN'S POLYVALENT VACCINES WHEN GIVEN EARLY IN RESPIRATORY INFECTIONS, rapidly stimulate the metabolism and defense of the body with a resultant prompt recovery.

Administered in advanced cases of respiratory infections, they usually ameliorate or abbreviate the course of the disease. Even when used as the last desperate expedient they often reverse unfavorable prognoses. SUCCESSFUL IMMUNOLOGISTS MAKE INOCULATIONS IN RESPIRATORY INFECTIONS AT THEIR FIRST CALL.

Hay fever, colds, laryngitis, pharyngitis, coryza, adenitis, catarrh, asthma, bronchitis, pneumonia, whooping cough and influenza are diseases amenable to bacterial vaccines.

Sherman's polyvalent vaccines are dependable antigens.

Bacteriological Laboratories of
G. H. SHERMAN, M.D.
DETROIT, U.S.A.

"Largest Producer of Stock and Autogenous Vaccines"

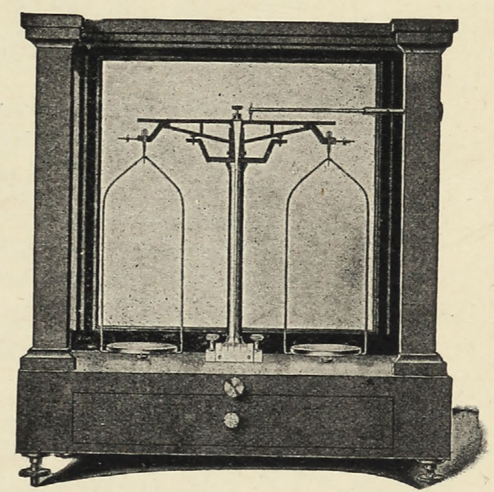
LABORATORY EQUIPMENT

IS your hospital equipped with an up-to-date Laboratory?

Write us for our catalogue of all Laboratory supplies including Balances, Centrifuges, Colorimeters, Incubators, Microscopes, Microtomes, etc.

The J. F. HARTZ CO.
Limited

TORONTO - CANADA



In Hospital and Private Practice

it very frequently occurs that a preparation has to be prescribed which will cause rapid and free purgation.

One of the most effective preparations for this purpose will be found to be

Basque Natural Epsom Salts

It is *chemically pure* and is *mined in Canada* from natural deposits at Basque, B.C. It will be found specially effective in cases of Dropsy, Coma, and in the more chronic cases of Rheumatism, resulting from mouth infection.

The profession are asked to try this remedy and any physician desiring a sample will be at once supplied on application to

The Basque Products Company
108 Vine Street **West Toronto**

HOSPITAL PLUMBING

The attention of Hospital Superintendents is called to our

Sanitary Hospital Fixtures

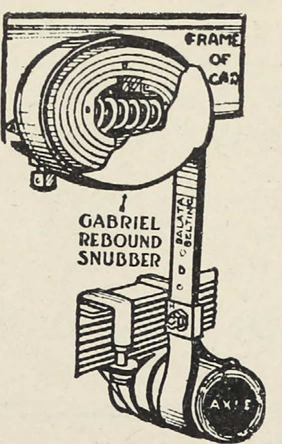
We carry a full stock of these fixtures and are in a position to submit prices on request.

Our goods are the finest that are obtainable, and have been installed in some of the most modern Hospital Buildings throughout the Dominion.

PURDY MANSELL, LIMITED
63 ALBERT STREET, TORONTO

Beneficial To The Patient

The Medical Profession recognize the fact that there are several physical conditions, particularly in the weaker sex, that are decidedly aggravated by jar from any cause.



It is for that reason that we suggest that in all such cases the family physician prescribe for such patients a set of

Gabriel Snubbers

They make every road smooth, remove all vibration and make motoring a real pleasure to one and all.

GABRIEL SNUBBERS can be equipped to any make of car in two hours.

Gabriel Snubber Sales and Service Station
283 Victoria Street, Toronto
"Main 5375"

PLUTO

Water makes nor has made any extravagant claims as to what it has done or will do.

The good-will and faith of the medical profession was and is retained on truthful claims.

Many practitioners direct patients to the springs for complete treatment.

French Lick Springs Hotel Co.
French Lick, Ind.
HOME OF PLUTO

DESCRIPTION OF DOLL.—Over 5 feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. Has copper Reservoir which has three tubes leading into it, corresponding in location and size to the urethra, vaginal and rectal passages.

No Hospital Training School complete without

The Chase Hospital Doll

Adult size, also infant models, 2, 4 and 12 months, and 4-year-old sizes.

Chase dolls are well made of cloth, jointed, and painted with waterproof paint, with internal reservoirs.

The Value

of this substitute of a living model is found in the many practical lessons which can be taught in the class room, such as handling of patients, administering enema, douching, probing in the ear and nose cavities—in short, the complete care of the patient.

We make dolls without reservoir if desired. Send for illustrated booklet giving full particulars.

M. J. CHASE

22 Park Place, Pawtucket, R.I

The Ideal Food for Infants

There is only one food for infants to which the term "ideal" can be properly applied, and that is mothers' milk. There are, however, many cases in which from a variety of causes, this ideal food cannot be obtained.

What, then, is the best alternative?

A large body of medical opinion in Great Britain unhesitatingly replies—GLAXO.

Why?

Because GLAXO is fresh, absolutely pure milk in a readily digestible form, free from the dangers so commonly associated with raw cows' milk.

Note these Analyses:

(G) is an analysis of Standard, Full-Cream GLAXO, diluted 1 in 8 by weight compared with (C) cows' milk and (H) human milk.

	G	C	H
Fats	3.25	3.00	3.30
Proteids	2.70	3.50	1.50
Lactose	5.25	4.30	6.80
Mineral matter	0.70	0.70	0.20
Moisture	88.10	88.50	88.20

It will be seen that GLAXO comes nearest to human milk as regards every constituent, and when it is borne in mind that ordinary cows' milk varies so considerably in its composition, the advantages of GLAXO, with its definitely standardized composition, are obvious

The Super-Milk

Full Cream Dried Milk

Samples and Literature free on request from HAROLD F. RITCHIE & CO., LTD:, 10-14 McCaul Street, Toronto. *Sole Agents for Canada.*

Proprietors: Joseph Nathan & Co., Ltd., London and New Zealand

At Your Finger Tip!

HOW often have you rummaged through the inadequate and unsystematic letter file! Think of the nerve-taxing strain when failing to find correspondence especially wanted in a hurry!

In such cases the papers become strewn about the office, and you would then gladly pay a large amount to be able to find what you wanted. Apply the remedy of a "Meadows' Steel Filing Cabinet." You will then have a servant who will safely keep your letters, invoices, etc. where they are easily and quickly found,

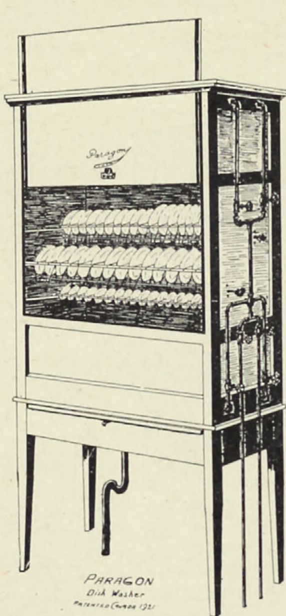
Meadows' Steel Filing Cabinets are warp, rust, dust and fire proof. The four drawers slide easily on roller bearing rollers, and they never stick. The parts are securely welded and enamel-baked. The Meadows' Steel Filing Cabinet is built to give lasting and satisfactory service. It is a piece of furniture that will enhance the appearance of a small or large office.

Your investment in a "Meadows' Steel Filing Cabinet" will put all your correspondence at your finger tip. Your office cannot be efficiently managed without one.

For further description and prices, write to

GEO. B. MEADOWS LIMITED

479 Wellington Street West, - Toronto, Ont.



The Very Thing For Small Hospitals

In these days, when any labor-saving device is as welcome as the flowers in Spring, the attention of Hospitals and Sanatoria is called to

The "Paragon" Dishwasher

It not only washes and dries, but ***sterilizes*** the dishes. Nothing could be more suitable for an Institution.

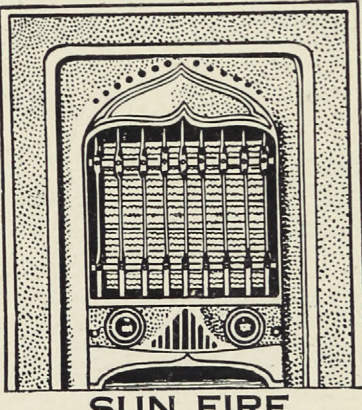
It is the last word in sanitation.

Full information on request.

Kehoe and Keough
Bloor and Lippincott Streets.,
Phone "College 5458"
TORONTO

The Sunfire Electric Grate

If Its Sunfire Its Good



SUN FIRE

A Comfort In the Fall and Winter

The only Electric Grate embodying a water pan which serves as a humidifier to keep the air moist which spells health in every home.

The D. Moore Co., Limited, Hamilton, Can.

Value Beyond Price

D&G Sutures are reliable as to compatibility with tissues, absorption, strength, flexibility, and sterility

Surgeons find by comparison that D&G Sutures truly possess value beyond price

Literature Upon Request

DAVIS & GECK, INC.
217-221 Duffield Street - Brooklyn, N.Y., U.S.A.

COPYRIGHT OCT. 1921 D & G, INC.

Dougall Univernish

The Varnish That Can Be Washed With Hot Water and Soap

Univernish is the most satisfactory varnish for anything and everything than needs varnishing.

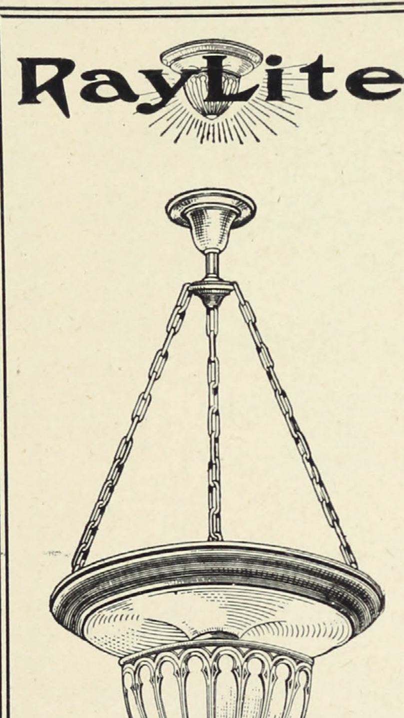
The fact that repeated washings will not injure a Univernished surface makes it the ideal varnish for the floors and interior woodwork of Hospitals and Sanitariums where sanitary cleanliness is essential.

Supplied clear and in six transparent wood colors.

The Dougall Varnish Co., Limited
MONTREAL

Associated with Murphy Varnish Co. U. S. A.

When writing advertisers, please mention The Hospital World.



RAYLITE illumination has a negligible percentage of the red and yellow rays that are an objectionable feature of artificial light.

This adapts it well for hospitals and sanitariums where even, glareless light is an essential.

Let us send you actual tests showing RAYLITE efficiency and descriptive folder.

To Hospitals and Members of the Medical Profession

A. W. BARLETT
1480 Queen St. West
Toronto

FUNERAL DIRECTOR
(2 Motor Hearses)

Phone Parkdale 3315

I profess to conduct my business in a quiet, unobtrusive manner and will be glad to give my personal attention to any cases referred to me by The Profession.

Corrective Dancing

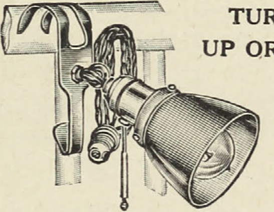
I TAKE this opportunity of intimating to members of the Medical Profession that I give individual attention to those of their patients referred to me who are in need of muscular development as a result of lack of exercise. My dancing lessons have, throughout an experience of many years, corrected many physical conditions that might have become permanent

I will appreciate the patronage of Physicians.

S. W. EARLY
78 St. Alban's Street
TORONTO
Phone "North 6666"

Professor Early's abilities as a Dancing Teacher are recommended to Medical Practitioners.

THE
DIM-A-LITE
PORTABLE LAMP
$6.50



TURN IT
UP OR DOWN

JUST
LIKE
GAS

5 CHANGES OF LIGHT

An Adjustable Lamp for those who read in bed, for the business man who requires a direct light on his desk. For milady in her boudoir, and for the invalid in the sick room. Made of brass, simple in construction and sturdy in service. GUARANTEED.

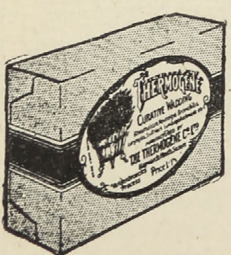
Benjamin Electric Mfg. Co.
of Canada Ltd.
TORONTO
Montreal Winnipeg

THERMOGENE
CURATIVE WADDING

Messy Plasters are a thing of the past

This clean, sanitary wadding gives instant relief, for it GENERATES HEAT quickly—surely. Always ready for use—it is the most convenient and effective curative for ills caused by cold. Use Thermogene in place of the slow, messy, cumbersome poultices and plasters in all cases of grippe, bronchitis, laryngitis and kindred affections. Prescribed by prominent physicians everywhere.

British owned and British made by the Thermogene Co. Limited, Hayward's Heath, England.



SALES AGENTS FOR CANADA
HAROLD F. RITCHIE & COMPANY, LIMITED
10 McCaul Street, Toronto

W. H. Sumbling Machinery Co.

ENGINEERS AND MACHINISTS

Designers, Manufacturers of and Dealers in Machinery and Appliances

FOR

LAUNDRIES

IN

Hospitals and Other Institutions

OUR SPECIALTIES:

Patented High-grade **Washing Machines**
and **Flat Work Ironing Machines**

Our staff of experts, always at your service, will gladly quote prices, advise and plan to obtain the best results in either small or large laundries.

OFFICE AND FACTORY:

7 to 15 St. Mary Street, Toronto, Ontario

Phone North 2363

TO RELIEVE

Nervous Pains and Aches of Menstruation

Premenstrual Pains

Inter-Menstrual Pains

Pain in Amenorrhoea and Dismenorrhoea

Prescribe

Gelineau's Dragees

One twice a day or, in severe cases, two twice a day, for the four days preceding the date for menstruation.

Sole Distributors for Canada

ROUGIER FRERES

210 Lemoine Street

MONTREAL

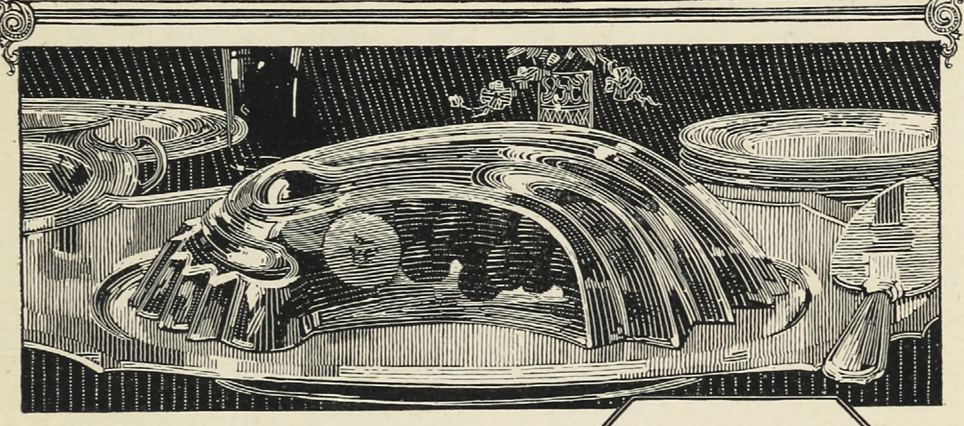
Pronto Fire Extinguisher

Puts out all kind of fires including gas and oil.

Especially suited for Hospitals as nurses and patients can easily operate them. Simply pull from bracket and dash contents into base of fire.

Reasonably priced at only $4.00 each.

Pronto Company
410 Queen St. East
Toronto Ont.



Whipped Jell-O

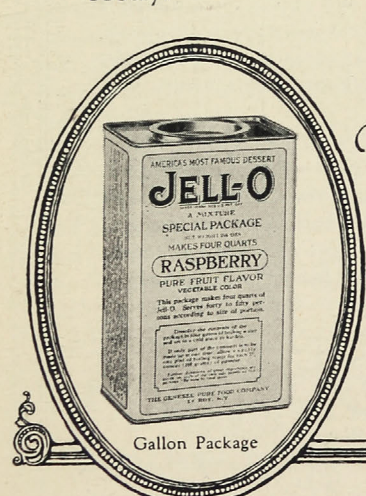
While Jell-O with fruit as illustrated is very popular, an increasing number of users are taking advantage of the fact that it can be whipped as readily as cream. Send for a free booklet.

WHEN we originated our twenty-six ounce package of Jell-O we had in mind the same convenience that we have specialized in for the past quarter of a century. There is no weighing or fussing to contend with. Simply add the contents of the package to a gallon of boiling water. It stands for economy in time where time is costly.

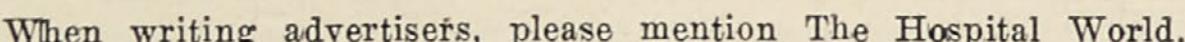
JELL-O

America's Most Famous Dessert

The Genesee Pure Food Company of Canada, Limited,
Bridgeburg, Ontario.



Gallon Package



A Hospital for Physicians' Automobiles

DOCTOR!

Just as you send a patient to the Hospital when sick, so a motor car when out of order should be promptly taken to an expert mechanic for treatment. A Hospital for Physicians' Automobiles, where the owner can depend upon getting expert care and honest treatment, will be found at

106-108 HUNTLEY STREET, TORONTO

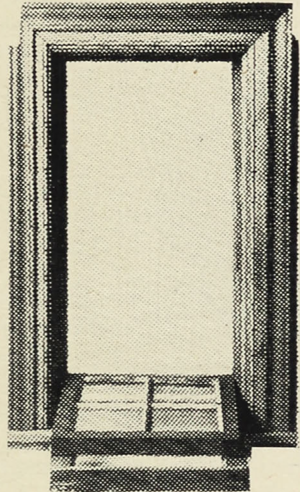
The firm have special facilities for not only repair work of every kind, but for the garaging of cars, their proper care, and, when desired, the daily delivery at the Physician's residence or office. A full line of accessories carried at all times. Premises, night and day, in charge of responsible men, and complete record kept of each and every car as it leaves and is returned to the garage, so that the owner can depend upon it that no one other than himself uses his car.

Remember, we cater particularly to Doctors.

THE HUNTLEY MOTOR SERVICE CO.
W. B. AINSWORTH, Manager
106-108 Huntley Street **Toronto**
Telephone "NORTH 3181"

SANITARY VENTILATION

The special attention of the Medical Profession and Hospitals is called to



The Horner
Safety Window

It is particularly suitable for use in Hospitals, Sanatoria and Asylums. It is also adaptable and can be equipped in a day's notice to any private sick-room. It gives the freest possible ventilation. Both sashes can be independently folded, or entirely removed from the frames for cleaning. The window can be left partially open and yet be burglar proof. In a Hospital or sick-room equipped with the HORNER SAFETY WINDOW a patient cannot escape or fall out, rendering the duties of the nurse much less trying. For full particulars write

ALBERT V. HORNER
504 Caledonia Road
Toronto

Made and Sold by

Lewis Manufacturing Co.
Walpole, Mass., U.S.A.

Gibson - Paterson - Brown, Ltd.
Selling Agents For Canada
Winnipeg, Man.

Represented in Montreal, Que.
by
J. A. Walker
751 St. Urbain St.

In Toronto, Ontario,
by
Ralph J. Parsons
67 Portland St.

This brush is covered by our iron-clad guarantee — "Rubberset must make good— or we *will.*"

A Nail Brush

Specially Designed for Hospital Use

THE handle of this brush is of Circassian Walnut, the only wood which is impervious to and unaffected by water or chemicals. Consequently, this brush can be boiled indefinitely, ridding it of any germs, without in any way affecting it. "Every bristle is gripped everlastingly in hard rubber." They cannot possibly come out or work loose. This brush will give constant service—so while its initial cost is higher than ordinary brushes, it is by far the most economical. For hospitals, institutions or for private use, it is the most economical nail brush ever devised and made.

Be sure that it bears the mark of the genuine "RUBBERSET"

If your dealer has not this brush in stock, please write direct to the factory. We will see that your requirements are filled.

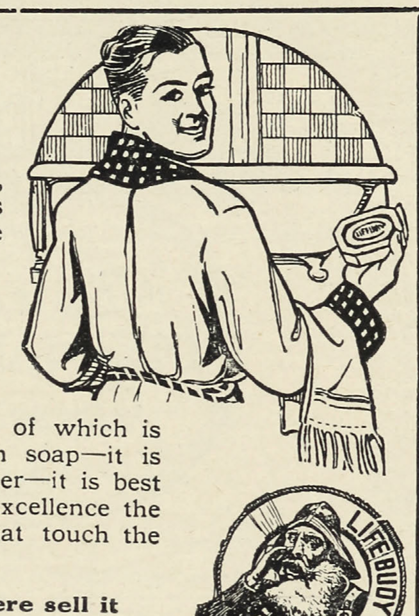
We also make brushes of every size and shape—all manufactured under the original and genuine "Rubberset" process. Be sure that the brush you buy is marked "Rubberset"—covered by our complete and unalterable guarantee.

RUBBERSET COMPANY, LTD.

Factories: TORONTO AND GRAVENHURST, CANADA

Try a Lifebuoy Bath Yourself, Doctor

See if its cleanly odour—its creamy, velvety lather and the healing of its antiseptic vegetable oils do not have a wonderful tonic effect.



LIFEBUOY HEALTH SOAP

Is made from materials the purity of which is beyond question. It is more than soap—it is antiseptic and germicidal in character—it is best for the bath, at any age—it is par excellence the soap for washing all garments that touch the skin and for all housework.

Grocers and Stores everywhere sell it

Lever Brothers Limited, Toronto

BOULTON'S Perfected Floor Wax

Paste or Liquid

Easily Polished

Special Hospital Wax

After 11 years' experience with Hospital Floors we guarantee our Special Hospital Wax to give a hard, durable and sanitary polish with a pleasing aroma and rich lasting finish.

Write for free sample and price

The Boulton Paint Company
Limited
167 King St. E. Toronto

GOUT!

TO COMBAT AND RELIEVE ATTACKS OF GOUT

No other medicine gives such prompt, so marked, and so permanent relief as

Vin d'Anduran

The only anti-gout medicine that has remained a genuine medication.

J. Mousnier, Sceaux

Sole Distributor for Canada

ROUGIER FRERES
210 Lemoine Street
MONTREAL

No. 400

Made of superior quality, snow white, pre-shrunken Dixie Cloth; women's and misses' sizes.

Beautifully made uniforms - All ready to slip into

DIX-MAKE UNIFORMS have made thousands of warm friends among nurses who are constantly recommending them to others. Because the material is sturdy, because the finish and workmanship are exceptional, because every detail is just so, every uniform is worthy of the DIX-MAKE label which is stitched inside the neck or lapel of every garment.

Sold at leading department stores nearly everywhere. Write for catalogue 21 and list of dealers.

HENRY A. DIX & SONS COMPANY
Dix Building New York

Ask to see our new white IRISH POPLIN Uniform No. 667

Observations of an Eminent Medical Man on

NEAVE'S MILK FOOD

(STARCHLESS.) For babies from birth. Instantly prepared by adding hot water only.

Artificial milk foods have been so prepared and elaborated as far more closely to resemble mother's milk than the natural cow's milk can do, and Neave's Milk Food comes within a hair's breadth of being identical in composition with Mother's milk.

Neave's Milk Food is a preparation closely approximating healthy mother's milk both in proteids and in fats.

The analysis shows that it approximates in chemical composition more nearly to human milk than any other milk food for infants which I have hitherto examined.

NEAVE'S FOOD.

(CEREAL)

In ordinary circumstances, it is considered that what might be called the pudding stage of existence does not begin before the eleventh month of life, when children may take amylaceous foods. In Scotland the better class of mothers do not wait eleven months, or even eleven days, before starting these amylaceous foods.

The analysis of Neave's Food after preparation for use with milk as directed shows how admirably it is adapted to the wants of infants and young persons.

NEAVE'S HEALTH DIET

(MILK AND CEREAL)

In the case of Dyspeptics who are unable to take solid food, this can be administered with perfect satisfaction. I have a case under treatment where every food has been rejected and caused pain except this Health Diet. The food is rich in fats, proteids, and phosphates, and fulfils all the requirements of a diet in cases of failure of nutrition, typhoid cases, cases of senility, and for persons recovering from prolonged and exhausting illnesses.

Samples and full particulars will be sent Free on application to the

Sole Agents for Canada: Stroyan-Dunwoody Co.,
305, Confederation Life Bldg., Winnipeg

Manufacturers:
JOSIAH R. NEAVE & CO., Fordingbridge, England

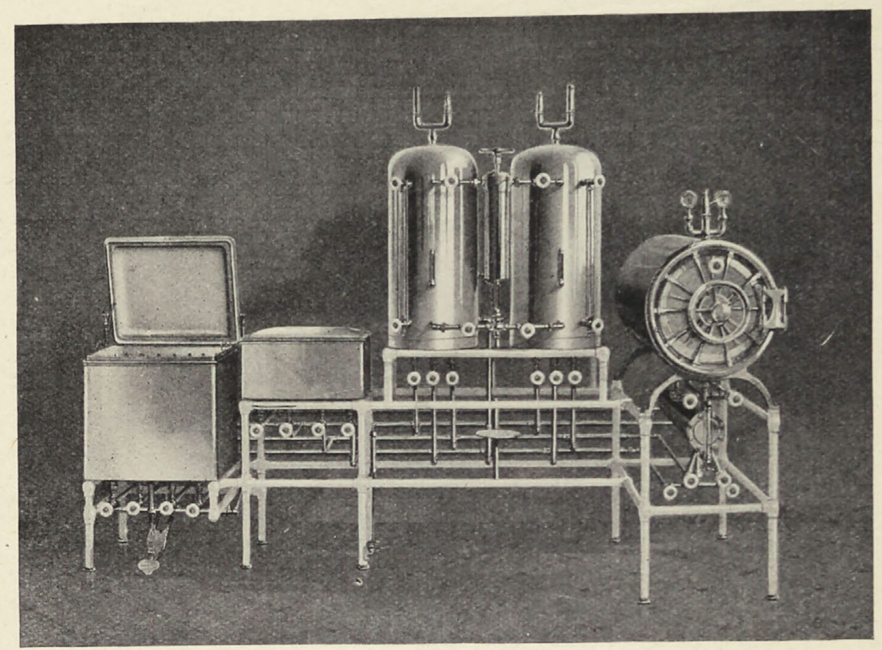
DOCTOR —— LONDON writes:—"I take every opportunity of recommending both your Milk Food and Cereal Food as the best scientific preparations where breast feeding is contra indicated."

DOCTOR —— LEEDS writes:—"Your Neave's Food is suiting our youngster admirably, for which we are very thankful. She was not doing well on cow's milk and water alone."

Dr. —— Armadale, near Melbourne, reports:—"That he has used Neave's Milk Food with very satisfactory results in several cases of babies affected with tuberculosis, and, as he has found them assimilate the food so well, he has no compunction in giving it to the most delicate child."

Dr. ——, Port Melbourne, reports:—"That he always uses Neave's Food and recommends it even in babies from birth as he finds that most children thrive just as well on the foods containing a small percentage of starch as on those without it and the great advantage of the Food for his district is its cheapness."

Established 1825.



BATTERY OF "WHITE LINE" HIGH PRESSURE STERILIZERS

INTO the construction of "White Line" Apparatus only such materials are permitted to enter as we know from years of experience will serve the purpose intended to advantage. "White Line" Equipment is built to give long years of highly efficient service.

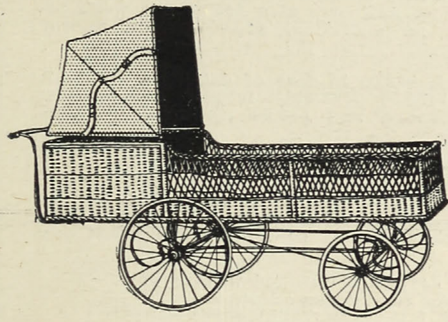
Write our Engineering Department for layout, plans and specifications.

SCANLAN-MORRIS COMPANY

"The White Line"

MADISON, WISCONSIN, U.S.A.

ROLLING
RECLINING AND
Invalid Wheel Chairs



Spinal Carriage

A most convenient bed on wheels for street use

For full information

THE GENDRON MFG. CO., LTD
Toronto - - Canada

Naumkeag Steam Cotton Co.
Salem, Mass.

Standard for Homes, Hospitals and Institutions

Selling Agents:
PARKER, WILDER & CO.
Boston and New York

FREE THIS BOOK ON SANITARY INTERIORS

Gives complete instructions for finishing all wood - hard or soft - old or new. This book is the work of experts. Tells just what materials to use and how to apply them - includes color card - gives covering capacities etc.

JOHNSON'S
Paste - Liquid - Powdered
PREPARED WAX

Johnson's Prepared Wax Paste gives a sanitary, dustless polish to floors of all kinds - wood, tile, marble, composition and linoleum. Johnson's Liquid Wax is the ideal polish for furniture and woodwork.

JOHNSON'S ENAMEL

Johnson's Perfectone Undercoat and Enamel impart a beautiful, sanitary, durable finish to furniture and woodwork - wood or metal. It will not chip, check, crack, peel or change color - will stand repeated washings - impervious to hot, soapy water, iodine, ammonia, alcohol, etc.

JOHNSON'S FLOOR VARNISH

Johnson's Floor Varnish is very easy to apply and has good body. It dries dust-proof in two hours, and hard over night. Gives a beautiful, high gloss which will not mar or scratch white - has great elasticity - is very pale in color - and absolutely waterproof.

S. C. Johnson & Son, Ltd. Dept HW Brantford.
Please send me free and postpaid your book on Sanitary Interiors.

Name ....
Address..............................
Dealer's Name..............................

IS YOUR INCOME PROTECTED?

Does your earning power cease if you are laid up through an accident or a sickness? Are your efforts rewarded if you cannot afford to pay for the protection that is so essential to all professional men?

For $70.00 per annum, we can give you $7,500.00 in case of death by accident; $25.00 per week in case of any sickness or accident; also $25.00 per week towards hospital expenses, and, further, an additional $25.00 per week for nursing expenses.

For $226.50 a year, we can give you $1,000.00 in case of death by accident; $100.00 per week in case of sickness; $100.00 per week in case of accident; $100.00 per week towards hospital expenses, and $25.00 per week towards nursing expenses.

All the above figures will double in case of an accident while travelling in any public conveyance, such as an elevator, etc., or when in a burning building.

We can also give you a straight accident policy covering you against any kind of an accident.

The above are but a few of the coverings outlined to give you an idea that we can *write a policy to suit our clients.* Our protection can be obtained from any reliable insurance broker or by writing direct to our Montreal or Toronto Office, the addresses being as follows:

J. H. FERGUSON, Esq., Superintendent, Royal Indemnity Company
Toronto Office : 27 Wellington Street East

R. J. BOND, Esq., Superintendent, Royal Indemnity Company
Montreal Office : 2 Place D' Armes

CAPILLARITY Imagine an empty tumbler. Place in the tumbler a cigarette shaped wick made from Cellucotton, one end resting on the bottom - the other on the table beside the glass. Now fill the glass to the top.

ABSORBENCY Make a round of the wards or do anything you like for ten minutes. Come back to the glass. It's empty. The water just crawled up the Cellucotton wick, over the edge of the glass and down to the table.

C E L L U C O T T O N — The Perfect Absorbent

Would you like a sample?

Exclusive selling agents

LEWIS MANUFACTURING CO.

Walpole, Mass., U.S.A.

Gibson - Paterson - Brown, Ltd.

Selling Agents For Canada
Winnipeg, Man.

J. A. Walker
751 St. Urbain St., Montreal, Que.

Ralph J. Parsons
67 Portland St., Toronto, Ont.

The Hospital World

TORONTO, CANADA

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

Dec., 1921 THE HOSPITAL WORLD No. 6

APPRENTICESHIP

In the early days of medical teaching, the student was required to put in a certain amount of time with a practising physician. It was a good idea. This custom unfortunately has fallen into disuse. It should be revived.

Our universities are now securing full-time professors who know nothing of private practise. Nine-tenths of the men who graduate will go into general practise and they can learn a great deal by spending a year with the old-fashioned general practitioner, particularly in the smaller towns and rural localities.

During this year he will see exhibitions of pluck, initiative, and resourcefulness, which he would seldom see in a well-equipped hospital clinic, where there is plenty of medical assistants, plenty of nurses and all sorts of appliances.

He will also discover the manner of approach, "the art of treating people," as well as the scientific treatment of their maladies. He will discover also some well-tried remedies and methods of treatment he will never see or learn in a hospital ward.

We hope the day will come when the student will again spend at least six months during his course with a doctor. This need not lengthen his course—a good vacation for him.

QUIET TORONTO

Practise in Toronto during the past summer has been quiet with many practitioners. The reasons are not far to seek. The city is over-full of medical men; about a thousand it is estimated. Some of these men are partially retired. Having made a fair amount in outlying places, they seek the city to give their children the opportunity of attending college and at the same time have them under the parental roof. These men are satisfied with a limited amount of practise and small "takings." Then there is a number of the younger men who have been given minor appointments on the medical faculty of the University. These are prepared to work and wait. Some of them have means, others have not, but are struggling along, looking for better days. They may after working little—and—have a bitter dose in store.

The rank and file of men who are bearing the burden and heat of the day are paying their rents, interest, insurance and other expenses, and laying up

treasures—not in this world. We believe if they spent the same energy and devotion to some business or to farming they would be richer men—richer in this world's goods. Many of them would be better off financially did they charge more for their services, did they send bills more promptly and were they more businesslike in their methods.

Then there are the favored few with good training, good connections, well married, who are laying aside a few dollars with which, after they "do their stunt," they may retire in **otium cum dignitate.**

In addition to the overcrowding Toronto's excellent Civic Health service is cutting many doctors out of work. The examination of school children, the visits of public health nurses to thousands of homes, the well-baby clinics—all tend to lessen the labors of the general profession. This is as it should be and no doctor complains about it. But the overcrowding of the profession is something to bemoan, especially when one considers how scarce doctors are in some of the country districts and frontier localities.

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

Editors:

JOHN N. E. BROWN, M.B. (Tor.), Ex-Sec'y American and Canadian Hospital Associations. Former Supt., Toronto General and Detroit General Hospitals.

ALEXANDER MacKAY, M.D., Inspector of Hospitals, Province of Ontario, Former Chief Medical Officer, Board of Education, Toronto.

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont. Consultant, Toronto Hospital for Incurables.

Associate Editors

Ontario

C. J. C. O. HASTINGS, M.D., Medical Health Officer, City of Toronto.
N. A. POWELL, M.D., C.M., Senior Assistant Surgeon-in-charge, Shields' Emergency Hospital, Toronto.
P. H. BRYCE, M.D., Chief Medical Officer, Department of the Interior, Ottawa.
HERBERT A. BRUCE, M.D., F.R.C.S., Founder of Wellesley Hospital, Toronto.
J. H. HOLBROOK, M.B., Physician-in-Chief, Mountain Sanatorium, Hamilton.
C. K. CLARKE, M.D., LL.D., Medical Director of the Canadian National Committee for Mental Hygiene, Toronto.
J. W. S. McCULLOUGH, M.D., Chief Officer of Health for the Province of Ontario, Toronto.
J. H. ELLIOTT, M.D., Asst. Medicine and Clinical Medicine, University of Toronto.
H. A. BOYCE, M.D., Kingston, Ex-Secretary American Hospital Association.
GEORGE D. PORTER, M.D., Toronto, Secretary Canadian Tuberculosis Association.
G. MURRAY FLOCK, M.B., Physician-in-charge, Essex County Sanatorium, Union-on-the-Lake, Kingsville.
C. M. HINCKS, B.A., M.B., Assistant Medical Director of the Canadian National Committee for Mental Hygiene, Toronto.
HELEN MacMURCHY, B.A., M.D., Late Asst. Inspector of Hospitals, Province of Ontario, Toronto.

Quebec

H. E. WEBSTER, Esq., Superintendent, The Royal Victoria Hospital, Montreal.
A. K. HAYWOOD, M.D., Superintendent, Montreal General Hospital, Montreal.
J. R. BYERS, M.D., Superintendent, Laurentian Sanitarium, Ste. Agathe des Monts.

Nova Scotia

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

Manitoba

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

Alberta

T. H. WHITELAW, B.A., M.B., University of Toronto, Medical Officer of Health, Edmonton.
A. FISHER, M.D., Superintendent, Calgary General Hospital, Calgary.

Saskatchewan

J. G. WRIGHT, M.D., C.M., Regina.
M. R. BOW, M.D., Superintendent, Regina General Hospital, Regina.

British Columbia

ARTHUR G. PRICE, M.D., Medical Health Officer, City of Victoria, Victoria.
M. T. MacEACHERN, M.D., Superintendent, Vancouver General Hospital, Vancouver.
H. C. WRINCH, M.D., Superintendent Hazelton Hospital, Hazelton.

Great Britain

CONRAD THIES, Esq., late Secretary, Royal Free Hospital, London, England.
DONALD J. MACKINTOSH, M.D., M.V.O., Medical Superintendent, Western Infirmary, Glasgow, Scotland.

United States

CHRISTIAN R. HOLMES, M.D., Cincinnati, Ohio.
MISS MARGARET CONROY, Boston, Mass.
F. C. ENGLISH, M.D., Director of Surveys of Hospitals and Homes for the Aged and Children, Saint Luke's Hospital, Cleveland, Ohio.
THOMAS BEATH, M.D. (late Superintendent, Victoria Hospital, Winnipeg), Raleigh, N.C.

All Communications, Correspondence, and Mat'er regarding Subscriptions and Advertisements TO BE ADDRESSED TO "THE HOSPITAL WORLD," 145 COLLEGE ST., TORONTO, CANADA.

Reprints, including Half-tones, etc., Supplied Authors at Net Cost.

THE HOSPITAL INTERNE

Robert E. Coughlin, M.D.
Brooklyn, New York.

In all probability the hospital interne was created because of necessity. No one appears to know how or where he originated. Probably the first hospital had no interne. As time went on it appeared wise to have some medical representative close on hand for the sick and injured. Under the present conditions the hospital interne is absolutely indispensable. He is possibly a more important part of the hospital machinery than is generally realized. Depending upon the point of view he occupies an exalted or a subordinate position. He occupies an intermediate position between the hospital management and the visiting staff on one side and the nursing staff on the other.

First let us consider the question from the standpoint of the boards of directors or the governing body. Second from the viewpoint of the visiting staff. Third from the standpoint of the interne. After considering these different points, we may come to a conclusion as to a mode or plan to obviate existing evils.

From the viewpoint of the board of directors the interne is regarded in the same way as a student taking a post-graduate course. They believe he should command respect as any graduate of medicine should. In their minds he is in the hospital to learn and serve. His service is indespensable for the reason that he has made it so by his work in the past, and because the visiting staff so regard him. The opinion obtains that the average interne is pushed away during the time of the operation, and during the time subsequent to the operation or the post-operative period he is delegated too much responsibility as regards the patient's welfare. Their criticism of him would be that he is overbearing to the other inmates of the institution, that he is too jealous of his degree of Medical Doctor, that he dominates the rest of the working staff in the hospital, that he is up on his dignity at all times, that he draws his lines of duty too finely, and that there is little reciprocity between the different members of the interne staff. In other words,

there is little elasticity, little give and take.

From the viewpoint of the visiting staff, the hospital interne is considered all the way from a useful adjunct to a necessary nuisance, according to the personal equation involved. The truth must be told that as a rule the interne is regarded more in the light of a worker or helper. A certain amount of work is to be gotten out of him as per orders of the visiting staff. Histories are to be written, preliminary examinations to be made, preparations for the operative procedures, etc. It is rarely that an interne is regarded as a student. At the time of the operation he is seldom taught the technique or steps of the operation by the operator. When the operator talks, he talks to his first or second assistant, or to the spectators, never or hardly ever to the one man at the operation who is giving all his time and attention to the pursuit of learning. After the patient is on the table, the interne is pushed aside in favor of one, two or more assistants. After the operation the patient is again on his hands for post-operative dressings and care. Even at this time he is given scant instruction by the visiting staff, to the detriment of the patient's chances for recovery. On the medical side the medical attendant, while he insists upon having the interne make the rounds with him, gives him scant attention during his rounds. It is seldom that he takes the time to instruct him on the different interesting points in the case record. Many times the nurse is addressed in preference to the interne, which of course is a rank discourtesy to him. When all is said and done, we must be forced to the conclusion that many evils of the interne system can be attributed to the sins of commission and omission on the part of our visiting hospital staffs. They are responsible for the existence of the interne in the first place, but their paternal interest in the interne is not in proportion to the responsibilities imposed on the interne during critical times when the patient's life weighs in the balance as often happens after an operation has been performed, or during the crisis of a serious illness. It is in the power of any visiting staff to awaken and keep alive intense enthusiasm in the interne. He will be the willing worker at all times, but the visiting attendant must have and show enthusiasm before he can inject it into others. He must also show a particular interest and regard for his house surgeon or house physician. Until this condition of affairs obtains we shall always have the problem of the interne

question to solve.

From the viewpoint of the hospital interne we can do no better than to quote from an article in the Southern Hospital Record for July by Dr. Emory Park, who speaks a few words on behalf of the resident physician or interne. Some of his statements should be quoted and applauded: "The hospital should not demand that the interne write all the histories and do the other detail work and then step aside when the operations are performed, and let some outsider be the assistant at the operation." "Some hospitals let inconsiderate members of their visiting staff call residents away from their meals or let them set their operations at that time as will make the interne either miss a meal or choke it down in hunks." "They should be well fed and provided with clean, comfortable rooms and bathrooms."

In an editorial comment on this particular article, the New York Medical Record of October 21, 1916, states as follows: "Internes seldom receive any money except in some instances a nominal sum. The tacit arrangement in vogue is in the nature of a fair exchange. The hospital receives service which is in reality indispensable, each patient is visited once, twice, or more times a day, routine dressings are done and the feeling is that the patients are protected, that there is for twenty-four hours a day a staff of trained men on guard, capable of interpreting symptoms and knowing when to call in the more experienced physicians. They may be likened indeed to the outposts of an army camp. They recognize danger at a distance, and it can be repulsed before it threatens the heart of the army itself, so the general sleeps more soundly in his tent, just as the famous surgeon is able now and then to take a week-end, knowing that Smith and Jones at the hospital will not have him called needlessly, but also that they will not let any of his patients die for want of attendance. In return for these services the interne expects and should receive experience, not the facility of inscribing 'Mag, Sulph. zi' in the order book until he wakes from dreams writing it in the air, not the holding of the surgeon's coat while he puts on a plaster cast, and not the bird's eye view of the operation as the third assistant, but the actual diagnosis and treatment of cases, the administration of anaesthetics, and the performance of operations. For each interne in his hospital each member of the visiting staff should feel the kindly interest which the old-time pre-

ceptor had for his pupil.

"We do not favor the loosing of a recent graduate, full of theory, but deficient in practice, upon wards of helpless sufferers. But certainly the interne should have free scope with his stethoscope in the wards, and he should be allowed to give anaesthetics at first under supervision, but later alone, and there is no reason why he should not be first assistant at operations, and even do a large part of them himself.

"Many hospitals and diverse ideals of management pass before our eyes as the years go by. We have seen hospitals where anaesthetists were called in from the outside to serve in rotation to the exclusion of the resident staff, where each surgeon seemed to have always some protege whom he brought into operations to act as first assistant while the interne who had examined the case, prepared it for operation, and would later carry it through the miseries of the post-operative period, stood around and passed instruments. We have seen hospitals where the tip went forth to potential candidates that the food was bad, thus frightening away many a good man. Another where the doctors' home consisted of a ramshackle frame building, at which prospective internes took one look and fled. As Dr. Park reminds us in his article the hospital interne is not only a highly and specially educated person, but he is a gentleman. He is entitled to treatment accorded a gentleman anywhere and, in addition to the full amount of consideration for which he gives his services, that is all the experience the hospital affords together with the advice and the oversight of the older men attached to the hospital staff. The hospital period is probably the most valuable of the young doctor's training, if he is fortunate enough to get into the right sort of a hospital, and with a little friendly co-operation by those responsible for the management of the hospitals all of them would be made desirable in this regard."

The following evils of the interne system have presented themselves in the experience of the writer. The incidents referred to have happened within the last two years which makes them fairly up-to-date, and there is no doubt that such incidents happen at some time or another in the history of every working hospital.

One of the most annoying things is where an applicant is accepted in the Spring of the year to go on duty in December,

or January. After several candidates have been told that there were no vacancies, a letter is received from the candidate who had agreed to wait until December or January, to the effect that he had changed his mind and had decided to take a position elsewhere where he thought the service was better.

Another instance may be mentioned where an interne had served eight months' service and then with very little notice deported to another hospital, where he remained a few months and later left this institution to finally finish his interneship at another institution. It was later discovered that he had "made' another institution and served there for a time before starting in to do the work at the first institution where he had served for eight months and left with little notice. To make it explicit, Dr. A. "made" the Brooklyn Hospital, served there for a time, then agreed to serve the Norwegian Hospital for an eighteen months' service, but left at the end of eight months, going to the Kings County Hospital, where he remained for a short period, finally finishing at The German Hospital.

Another instance may be cited where both the house physician and surgeon, on account of some trivial incident, packed up and left the hospital with the care of the patients entirely in the hands of the junior men. After remaining away for twenty-four hours, they saw the error of their way, and returned.

Another instance may be cited where the house surgeon left the institution entirely alone because it was his night out, the ambulance surgeon being out on call. It has been alleged that the same interne, when asked one night to take an ambulance call to attend an injured person at the nearest precinct, replied: "Not if he was Jesus Christ." At another time he told a ward patient to "go to hell," because she complained on account of his roughness. This interne was later told to resign, and to this day the interne committee have his intense enmity.

Another instance may be cited where all internes were out where there were four men on the staff, a surgical patient dying in the meantime, and the attending surgeon being called out of his bed to sign a death certificate, it being necessary to take the remains out of town for burial.

Still another instance may be mentioned where Dr. B. received his appointment at the Norwegian Hospital for an

eighteen months' service. He remained three months, and left giving a few hours' notice. He went to Bellevue Hospital, but did not complete his course there.

The following is an example of "suggestions" made by internes, to the medical staff, as to how a hospital should be run, no allowances being made for repairs necessary in the construction of a new building.

November, 1915.

"We, the internes of the Norwegian Hospital, do respectfully submit the following suggestions:

"1. There are too few internes to do the work as it should be done. This means that we must spend so much time in routine work that we are unable to do any special work or to follow cases so as to get the most out of them. Study is impossible, because our time is so greatly filled up.

"2. That our Laboratory be placed in a working condition as soon as possible. At the present time it is in a state of chaos, and we cannot use it, except for the simplest examinations.

"3. That we do unanimously recommend the inauguration of compensation for internes.

"4. That our quarters be enlivened by some form of amusement, such as a talking-machine, etc.

"Doctors A., B. and C."

In October this year it occurred to the writer that a directory of the internes in the different hospitals similar to the army and navy bulletins might be printed in one or more of our medical publications and in consequence the following letter was sent to Dr. Claude L. Wheeler, editor of The New York Medical Journal:

Dear Doctor:

For some time past I have been trying to get up a clearing house plan for internes who are located in the different hospitals in greater New York. I have communicated with the superintendents of several of our hospitals and they appear to agree that something along this line is feasible. It has occurred to me that you might help out by publishing a directory in your journal giving the names of the present house staff in each of the hospitals, his length of service, when his service

ends and who is to succeed him. One of your clerks could attend to this matter and I am sure that any of the hospitals would give you the information desired. As a business proposition I believe it might appeal to you as every recent graduate and interne begins to decide upon the medical journal to which he is to subscribe. A directory of this kind would appeal to him and would get him into the habit of reading your valuable journal. Such a scheme would in my opinion prevent internes from jumping from one hospital to another in the middle of their service as it would be generally known that they had signed up at a designated hospital.

Kindly acquaint me with your opinion in the matter at your earliest convenience, and oblige.

In answer to this letter the following was received:

Dear Dr. Coughlin:

Your letter of October 3rd presents a most interesting problem; one I do not feel I can pronounce upon at once. We shall be glad to take the matter under advisement, and if the directory of the kind you suggest did not occupy too much space, we could publish it once or oftener as circumstances might dictate. If any further suggestions occur to you, we should be glad to have them.

With regards, I remain,

Very truly yours,

Claude L. Wheeler, M.D., Editor.

Dr. Wheeler's sudden death occurred a few days after the receipt of this letter.

In conjunction with the directory idea and hoping to get some ideas about the feasibility of a clearing house for internes the writer sent a communication to forty representative hospitals in Great New York, after he had been instructed to do so by the Medical Staff of The Norwegian Hospital. There were eleven replies, about 25 per cent.

To recapitulate, the hospital interne has made himself absolutely necessary in the working of a modern hospital as we see it in operation at the present time, and that this condition of affairs has been brought about because the visiting staffs of our hospitals have catered to interne service. In all probability the hospital interne will continue to be a valuable adjunct

in the running of our hospitals in the future and that he will be considered more as a student pursuing post graduate study than as a worker in our hospital machinery. Evidence goes to show that our visiting staffs do not so regard the hospital interne, hence the trouble which always ensues when the proper appreciation of conditions does not prevail. From the facts at hand our present internes do not take their appointments seriously. Their word as gentlemen should be as good as their bond and it should not be necessary to pin them down to written contracts, much as the same seems necessary at the present time. Eleven replies to forty inquiries on such an important question shows that our hospital managers are rather apathetic on the subject. It is evident that there is more interest in the subject in the borough of Brooklyn than in all the other boroughs combined. This may be because it is considered a borough matter as they have tried a similar scheme heretofore in Manhattan. Anything that will keep our young internes from jumping from one hospital to another and anything that will make it so that a candidate will not have to wait six or nine months to go on service will be welcome. To obviate the latter trouble it would be a good plan as has been practised in a few hospitals to make all appointments in the spring and thus do away entirely with appointments beginning in the late fall and winter. The ambulance work could be performed by the senior men, helped out by by the juniors, for a certain number of days each service period. Hospital service would then be either one or two years as there does not appear to be any good reason for a sixteen and eighteen months' period of service.

Conclusions

1. That the interne question is one of the most trying problems to solve today, related as it is to the nerve fibre of our hospital work and that the supply of good internes is not keeping up with the demand.

2. That it is very evident that the members of our visiting hospital staffs both individually and collectively do not take the proper attitude toward the hospital interne. In other words they fail to appreciate the real status of the interne, the visiting doctor who takes very particular pains to teach the interne being an exception to the rule.

3. The only proper attitude to assume as regards the interne is to consider him a student who is pursuing post graduate study.

4. That the position of hospital interne has much to commend itself for our consideration. The fact that the interne is such is proof that he desires to learn and appreciate his shortcomings, when it comes to the practical side of our profession. In this desire to learn he should be encouraged. On the other hand he should not draw his lines of duty too finely for the good of the hospital service and all concerned.

5. A central examining place, where all graduates coming up for hospital interne appointments within the city limits or borough limits could be examined by an examining board and candidates rated and appointed according to their rank, seems perfectly feasible.

6. A clearing house for hospital internes seems necessary.

7. A directory for hospital internes published in one of our local medical journals would be of material help.

8. Interne service in our hospitals should be either for one or two years and all appointments should be made in the spring of the year, service to begin at this time; half of the number of internes retiring or graduating as the other half lately appointed come on for service. The senior internes to be designated for ambulance service for a certain number of days and relieved when necessary by the junior men, thus complying with the rules and regulations of the ambulance service within the confines of the city limits.

THE ECONOMIC ASPECT OF A CENTRAL PURCHASING ORGANIZATION FOR HOSPITAL BOARDS

A circular has been sent to every Board covering schedules of articles most commonly used in hospitals, an attempt having been made in compiling the schedules to achieve something in the nature of a preliminary standardization as regards materials, sizes, qualities, etc. Boards have been invited to notify the Department of their requirements in order that a

consolidated order may be placed direct with the manufacturing houses with a view to bedrock prices being obtained. The articles being despatched direct from the factory to the hospital store, considerable overhead charges should be avoided, the Department further making no administrative charges for undertaking the work.

In addition to the schedules forwarded other schedules have been prepared of articles of New Zealand production with a view to quotations being obtained, of which Hospital Boards can avail themselves.

It is quite possible that the question may be raised that such action on the part of the Department is wrong in principle as being inimical to the local business houses. Such argument would be totally fallacious, and it is to emphasize the unsoundness of such reasoning that this article is written. Public institutions are entitled to buy in the cheapest market possible, and it is the duty of the representatives of the public to protect the interests of the public as a whole and not merely a small section of it.

As the law stands no person interested in a hospital contract can hold a seat upon the Board, and therefore Board members are free from any personal interest in this matter.

The argument that "the trade won't stand it" is a bogey that should hardly materialize. The trade has, it is true, expressed the view that the hospital contracts are the legitimate spoils of the retailers, and it is understood wholesale associations have in some localities decided that their members should not tender for the contracts. There are, of course, the usual hints about moving the Government in the matter; but State business enterprise, such as coal-mines, is apparently overlooked by those who think the Government would lend an ear to arguments advanced against a simple business proposition. Such opponents of the proposals apparently also overlook the combinations effected by the numerous farmers' co-operative societies—combinations for purchasing not for the retailer, but for the consumer. Objectors also overlook the fact that Australian hospitals have combined for the purpose of purchase, buying direct from the factory through a central Board of Supplies, and that no boycott or other vengeance has resulted to any one therefrom. Combination for the purpose of buying is in fact much more general and successful than combination for selling or any other purpose.

It is held by authoritative writers on economics that both competition and combination—the latter might at first sight appear the antithesis of the former—are good for the community; in fact, that all sound business actions are beneficial. "Any combination gives respite to the pressure of competition; no combination abolishes competition." Movements apparently diametrically opposed are so interwoven, and react so upon one another, that it can be taken as an axiom that any movement taken on businesslike lines to save waste, to save expense, to increase production, or for any other sane motive is beneficial to the community. So long as business is conducted on the present lines every one who can go into the market with an order large enough to obtain a wholesale quotation should be at liberty to do so. In fact, he is at liberty to do so. Business is business, and sentiment alone will not keep a seller from accepting an order. "Business is business" merely means that business is a struggle; that it is economically sound that it should be so; that though the game must be played fairly and within the rules, yet it is a hard game, and totally lacking in chivalry.

The methods of civilization thus at present follow those of nature in that there is a constant struggle for existence and only the strong survive—or, as has been expressed in other words, only those able to make the maximum sacrifices without loss of efficiency. Society has not yet found a better method of organizing its business, and there is no reason why the State should not use the same methods as it permits private individuals to use.

The buying of hospital supplies is business, and thus comes within the clutches of this conscienceless machine which is incapable of dealing with sentiment. It would be economically unsound, therefore, and so a result detrimental to the community, to deal with the question of purchasing these supplies other than from a business standpoint. Economics is only the science of business after all. Competition, association (even speculation, if by an expert and not an amateur) are closely interwoven, and are held to be legitimate and beneficial if used within reason. The person who argues against any sound business step on the ground that it is bad for existing trade organizations is as misguided as those who argue against the establishment of railways because they would prejudicially affect the stage-coach business. If such a person's advice

were followed there would be no business enterprise, and no sufficiency of varied articles of food, clothing, ornament, comfort, or means of gratifying the physical, intellectual, or aesthetic senses, which now flood the market at prices within the reach of all.

It is not our place in an article of this sort to review the whole scheme of things, to state whether the existing idea is right, or to deal with the purely ethical aspect of business: it is our province only to point out the conditions under which the community exists as a business organization, and to show that our proposals are only consistent with the existing condition of affairs.

Business, like the ocean under the influence of a wind, is always changing and never the same. That wind is competition. No matter what the surface changes are, the ocean itself remains unchanged. It is the same with business. Firms rise and fall, altered conditions make or mar fortunes, but the volume of business still remains: the work itself does not diminish—only the personnel of those employed. A man may be working for himself one day, for an association the next, for an individual firm on another occasion—then why not for the Government? Why should the State abstain? It may be true that the middleman is not necessarily a curse. Economists hold that his existence is justified provided he exists not as a toll-gate erected across a road, but as a bridge placed across a river. But there is no need for an expensive bridge if it can be avoided, and no need for a bridge at all if the river can be negotiated in any other way. It is the State's function to see that human life is preserved under decent conditions and not sacrificed to the juggernaut of commerce, to see that wage-earners are paid sufficient wages, and to see that assistance is granted to those who are not strong or efficient enough to earn such average wage; but it would be economically unsound if the State interfered to the extent of insisting that more wage-earners were employed than the business warranted. There is, therefore, no reason why, by abstaining from business itself, the State should officiously strive to keep alive the middleman. By the State itself acting as middleman no one is thrown out of employment, as buyers, clerks, &c., are still required, but the public gets the advantages of the profits, unless the bureaucratic administration—*i.e.*, administration that ties the administrator's hands and makes

him part of a cumbersome and slow-moving machine—eats up the profits in administration. But even if it did the profits would at least be more evenly distributed, not among a few wealthy men, but among a public service, practically none of the members of which could by any stretch of imagination be considered wealthy, but who form a numerous and desirable clientele and source of income to the retailer, and whose service is necessarily economic. The cost of administration by the State would in any case be returned to the public who pays for it.

Let us follow this particular matter to its logical conclusion. Let us assume that the loss of the local hospital contract is going to materially affect the local retailers—a very unlikely contingency. It must be remembered that it to the same extent benefits the local ratepayer, and the local ratepayer has consequently more money to spend with the local storekeepers; so the position as regards the retailer remains as before, but the ratepayer, besides saving money, also gets a choice in the spending of his money.*

*Take for example the case of a runholder whose hospital rate is 50 pounds a year. By economy in hospital administration his rate is reduced to 40 pounds. With the 10 pounds saved he can purchase a suit of clothes from the local outfitter. "No," he says, "I will use the 10 pounds, together with further rates I have saved through improved public service, in purchasing stud rams to improve my flock." "Ah," exclaims the local retailer, "then I do not get the money after all." Wait a bit. As a result of the improvement of his flock the squatter realizes considerably more on his wool-clip, and indulges in a regular debauch of clothes, resulting from an increase in income, the money comprising which does not come from within the Dominion but from without, and is thus an actual addition to the wealth of the country. Thus the hospital benefits, the retailer benefits, and we trust the enterprising public servant will not be a loser; which proves the contention that all sound business enterprise is good for the communiy and also that all enterprise is so interwoven and interrelated that if the undertaking is sound beneficial results must follow).

Why, therefore, should a crude method of purchasing be continued when by combination not only can better prices be obtained, but further advantages, such as reduction in

freights and other rebates, can be obtained, such charges being in inverse ratio to the size of the consignment?

The profits, moreover, which are saved would otherwise accrue not necessarily to New Zealand firms, but to shippers at the other end, and would thus be lost to the community here. Further, the moral effect upon hospital administrators would be beneficial. Goods purchased on a scientific and economical basis are more likely to be used in a scientific and economical manner than goods purchased as required in a hand-to-mouth manner. Local administrative officers learn to estimate their requirements, to question their estimates, and review the actuality and reasonableness of their needs from such estimates; in fact, a scientific and proper spirit of organization and administration is inculcated, and co-operation in this direction should lead to further co-operation, standardization, and the elimination of waste.

The cost of our institutions is high, and is growing yearly to an alarming extent. This *Journal* has pointed out from time to time directions in which the local Hospital Boards could restrain such expenditure, or at least offset it, by systematic efforts in the collection of revenue such as patients' fees. The Department foresees a great outcry amongst the contributory local authorities after the 31st March, when the levies are made for the ensuing year. It is extremely probable that the levies will be heavier than ever, as many Boards will have to add heavy current overdrafts for maintenance expenditure to their already heavy estimated requirements. Boards, therefore, must be prepared to face considerable criticism, and will do well to see that their houses are in order and their administrative methods above reproach. Moreover, the Department as contributing approximately half of Boards' financial requirements is itself interested in the matter, and cannot contribute its subsidy to be spent otherwise than in a sound and businesslike manner. It is in fact not anticipated that Boards as a whole will do other than welcome the proposal. It was the Wellington Board that in 1917 called a conference of other Boards which passed a resolution in favour of the Department initiating a system of combined purchasing, and this action of the Department is only the result of such conference, the delay in taking the necessary steps being caused by the pressure of work resulting from the influenza epidemic, shortage of staff, changes, and reorganization.

Finally, it is hoped that all those large Boards who are in a position to buy more or less direct from the manufacturers themselves will unselfishly agree to throw their orders in with the others so as to help their less fortunate neighbours.—*Journal of Public Health.*

AMERICAN CONFERENCE ON HOSPITAL SERVICE

By **Frank Billings, M.D.**, Dean, Rush Medical College, Chicago

Since the first meeting of this Conference on September 9-12, 1919, at Cincinnati, the incorporation of the American Conference on Hospital Service has been perfected in Illinois and headquarters have been established in Chicago. Many of you who are here today are to be congratulated upon the fact that it was through your influence and active cooperation that this Conference has become an established fact.

It has been an illuminating privilege to read the papers and discussions presented by the representatives of the national organizations which constitute the Conference and of other individuals who are interested in the improvement of hospital service, which took place at the conference on hospital standardization held in Chicago on April 21, 1919, and at the first meeting of this Conference at Cincinnati last September.

Those who were present at these conferences or who read the proceedings of the meetings must be impressed with the unanimity of the expressed sentiment in regard to the need of cooperative and coordinated effort of all agencies engaged in the work of improvement of hospital and of service to patients. The United States and Canada are fortunate in having so many citizens of high ideals, splendid vision, and above all a common desire to improve the medical care of the sick and injured, disregardful of the too frequent causes of non-cooperation through differencies engendered by sex, race, religion, politics, rivalry in professional organizations, and the like.

Supported by the constant organizations, by other corporations and by individuals, the Conference as a going agency is in a position to function and to grow and develop into greater usefulness with each succeeding year.

The *Hospital Library and Service Bureau* has been organized by a very live committee. A director has been secured who, with the needed clerical assistants, is already engaged in collecting, compiling, and indexing data along the lines enumerated in an admirable brief formulated by your vice president, Dr. A. R. Warner. I quote from his article, "Th purpose and Scope of the Library."

The proposed library and service bureau will collect, classify for reference use, and distribute types of data as outlined below. Pamphlets and data will also be collected and filed in such form as to be readily available to make up bundles to be sent out in answer to inquiries.

(1) Plans, drawings, and other data pertaining to the construction of hospitals, dispensaries, first aid rooms, etc. Also follow-up of all new hospitals within one year of their opening for the purpose of appraising efficiency and adaptability of architectural arrangement.

(2) Complete record of hospital architects with lists of hospitals planned by them.

(3) Records of equipment in new hospitals, dispensaries, etc., and a follow-up for the purpose of ascertaining what part of the equipment proved unnecessary and what additional equipment was found necessary.

(4) Indexes of hospital supplies and equipment, and equipment necessary for certain work with cost estimates.

(5) Case record systems with discussions and comparative data.

(6) Health and hospital literature and reference material on community problems, vital statistics, social servce, public health nursing, legal subjects, new laws and pending legislation affecting hospitals.

(7) Material and data concerning preliminary educational and publicity work incident to the promotion of hospitals. Data on preliminary work incident to the promotion

of hospitals. Data on preliminary and permanent organization of hospital boards and information regarding methods of business organization and financing.

(8) Lists of names of suitable and desirable persons with the records of their work will be kept available for those desiring to employ persons for special work, as for various surveys, campaigns etc., and for expert advice on various subjects.

(9) Complete records of all organizations and associations in the hospital-health field, with names of officials, information as to purposes, scope, and places of meeting.

(10) Information as to internal organization and management and function and work of the various departments.

Clientele to be served:

(1) Hospital, medical, nursing and health organizations and publications; and the trustees, organizers and proprietors of these.

(2) Hospital organizers, trustees, superintendents, medical staff members, department heads and other executives in official capacity or as individuals.

(3) Building committees and committees organized for the promotion of a hospital project.

(4) Directors of dispensaries and first aid workers in industries, schools and colleges.

(5) Architects.

(6) Public officials.

(7) Others having practical needs.

Principles and Policies of the Conference

The chief object I have in view today is to present to you some of the apparent principles and policies which must govern the Conference in its relation to the constituent membership organizations and to the public. These I offer as suggestions for discussion, with the hope that definite principles and policies will be adopted for the guidance of the members and administrative offices until such time as changed conditions may require their modification.

I think we are all in agreement with the statement expressed by some speakers in former conferences that the *welfare of the patient and his adequate treatment is the chief obligation of the hospital.* Disease and injury prevention are very important; but in spite of the most efficient application of the best plans of modern sanitary science to disease and injury prevention, we shall have with us always the ill and injured people who require hospital care. Therefore, for the present, the main principle of this Conference should be that expressed in the attempt to improve and secure adequate hospital service for the sick and injured.

The second principle is necessarily closely related, as it implies the obligation of the hospital as the health center of the community it serves.

Its organization should contemplate an out-patient department for ambulatory treatment, social medical care of convalescents and of others, prenatal and maternity instruction, infant and child welfare and the like. It should become a school of instruction on all of the subjects in which it functions, to its own personnel and on health matters to the public it serves. Not all hospitals may be at once developed upon the lines of the second principle, but as the first principle is applied, the second should be contemplated as a necessary factor of the hospital organization if it is to fulfill its full obligation to the public.

In the attempt to apply these principles, what policies and methods of procedure shall the Conference adopt?

In the discussion at former conferences much was said of the standardization of hospitals,—mainly with the idea of the accomplishment of what I have attempted to formulate as the first principle. The American College of Surgeons has established a minimum standard. This standard deals chiefly with the character of the medical staff; the organization of the staff, making, classifying, and filing complete clinical records of each patient; regular staff meetings not less frequent than once a month, in which the clinical records shall be the basis of discussion, analysis, and review, and requiring the hospital to maintain laboratory facilities, chemical bacteriological, serological, radiographic, and fluoroscopic, with a personnel of qualified technicians. This standard has been accepted by many hospitals. The American Medical

Association, through the Council on Medical Education after years of investigation has collected, classified, filed, and published data in the *Journal,* with lists of hospitals rated upon certain required factors, as offering sufficiently good opportunity for interne service and, therefore, classified as approved by the Council. Other constituent organizations have secured data of importance relating to hospitals and hospital service in regard to nurses' training schools, medical social service, out-patient departments, diseases and injuries due to industrial pursuits, the hospital in relation to the employer, the employee, and the Workmen's Compensation Act, and much other information relating to adequate treatment of the hospital patient.

The minimum standard fixed by the American College of Surgeons, the required conditions for the rating of hospitals by the American Medical Association to become listed as approved for interne service, the standard fixed for the curriculum and years of hospital training by certain training schools for nurses, are in the main satisfying from the point of view of those interested in institutions which are able to meet the requirements without embarrassment to finances and personnel.

It is evidence to us all, I think, that it will be impossible to fix a minimum standard for hospitals which meet the requirements of the first principle named (adequate treatment of the patient) which will be accepted at once by the majority of the small hospitals (those with less than 100 beds) of the country. Therefore, I believe it should be a policy of the Conference to formulate the essential minimum requirements of hospital organizations, to correspond with the first principle, through a committee composed of one or more representatives of the constituent organizations. In a consideration of these minimum requirements the committee will doubtless accept, with or without modification, the minimum standard fixed by the American College of Surgeons, the American Medical Association, and other constituent organizations. We shall all agree, too, I believe, that while these minimum requirements must conform with the conditions which will insure adequate treatment of the patient, they must be practical and of a character which will permit their acceptance by all hospitals within a reasonable period of time. For those hospitals which function in the training of medical students, in-

ternes, and nurses the minimum requirements must necessarily include factors which are not essential to the large number of hospitals which are not connected with medical schools and do not embody the training of nurses.

If the Conference adopt these suggested methods of formulating the factors of minimum requirements for the standardization of hospitals, I ask consideration of principles and policies to govern the methods of procedure which must be taken up coincidentally with or immediately following the conclusions of the Committee or Standardization.

The principle involved is fundamental if we are to obtain the object sought. It involves practical cooperation and coordination of effort of all the constituent organizations of the Conference in their adopted respective fields of work for hospital betterment. I would suggest that the policy to be pursued under this principle shall be the agreement upon the part of each constituent organization to continue in its elected field of investigation of, and the improvement of, the involved factors of hospital betterment. For example, the American College of Surgeons is chiefly interested in the elevation of the standards of surgical practice; the Council on Medical Education and Hospitals is chiefly engaged in the attempt to improve the standards of hospitals which function in medical teaching, including the fifth ori nterne year; the State Medical Licensing Board and the Association of American Medical Colleges are also chiefly interested in the same object; the American Nurses' Association is chiefly interested in the maintenance of high standards of its training schools and in the legal licensure of nurses; the Catholic Hospital Association of the United States and Canada is chiefly interested in the improvement of hospitals and of service in those institutions conducted by the Brotherhoods and by the Sisterhoods of the Church; the American Hospital Association has a wider field of endeavor, including standardization of hospital administration, plans for hospital buildings, materials of construction, types of hospitals and organizations suitable for different communities, and the like; and other constituent organizations have their own particular problems to meet. All are fundamentally interested in the improvement of hospitals to the end that adequate treatment may be given the patients.

It will be an economy of time and money if this policy of cooperation include avoidance of duplication of the work of investigation, whether this be of personal visitation, by questionnaires sent through the mail, or by other methods.

I would also suggest the further cooperation of the members of the Conference by the adoption of a policy which will make the *Hospital Library and Service Bureau* the repository and clearing house of all data concerning hospitals which may be obtained by each constituent organization in its respective field of work. Each organization may keep, if it so elect, files of its own acquired data, copies of which should be sent to the library at headquarters of the Conference in Chicago. This data would then be properly classified and filed. It is understood, of course, that the personnel at the headquarters of the Conference will be engaged in securing, classifying, and filing data concerning hospitals which must be secured through its own initiative. The data which the personnel at headquarters may collect from various sources outside of the organizations which constitute the Conference are enumerated above in the quotation from the brief prepared by Dr. A. R. Warner. The accumulated data are owned by the Conference,—that is, in reality owned by the constituent membership, and are readily available for the use of all.

To the end that the policy of cooperation in the field of investigation of hospitals may be carried on economically and efficiently, I would suggest the appointment of a committee composed of representatives of the constituent organizations of the Conference to formulate methods of investigation, to standardize methods, to assign, with the consent of each, the field of investigation of each constituent organization and so to plan the investigation of the whole hospital field that duplication of work will be avoided as far as may be possible.

"Walking the Hospitals" in London

This familiar phrase reflects the importance which the London medical schools attach to bedside teaching. These schools show traces of the earlier regime of apprenticeship and of private organization. A group of physicians who form the staff of a hospital conduct bedside and dispensary instruction. The medical school, recognizing that laboratory train-

ing in anatomy, physiology, bacteriology, pathology, and other subjects is essential, appoints specialists who teach, for the most part in a specifically practical way, the sciences and arts which bear upon the care of the sick.

In course of time, mainly out of students' fees, these hospital schools have furnished themselves with teaching laboratories in the essential medical sciences, but they have not had the funds with which to provide for the laboratory sciences buildings, equipment, or staff on what may be called a university basis. The courses have been as a rule restricted to a somewhat narrow but thorough drilling in those phases of the subjects which are immediately applicable to the making of the practitioner. English students who desired a more fundamental and general laboratory training have usually resorted to the older universities, where physiology and chemistry, especially, have been developed by a succession of great teachers and investigators. Thus the English medical school does not typically combine both university and professional work to the same extent as is the case in Germany and to some degree in the best schools of the United States and Canada. There is reason to believe that this separation between university laboratory training and bedside teaching is detrimental to both.

It is true, however, that the British schools have developed a system by which the future practitioner is given a thorough practical training in the wards and in the dispensary. As a *dresser* and *clinical clerk* the English medical student, under the close supervision of the staff, renders service to the patient, makes first-hand examinations, and assumes responsibility to an extent not equaled anywhere else in the world. This system is, so far as bedside teaching goes, the most significant contribution of British schools to the problem of training the doctor. It is an outgrowth of the apprenticeship idea at its best. The *clerkship* is, however, not the sole contribution of British medicine to modern medical education. Equally original and stimulating is the conception of individual laboratory training, which, beginning in physiology, has now spread to all the laboratory subjects.

In London as elsewhere there has been of late a demand for teachers whose chief, even sole, responsibility shall be for bedside instruction and research in the hospital. Although in every generation able English physicians have taught

students and investigated disease with brilliant success, it has become increasingly clear that doctors who give themselves primarily to private and consulting practice cannot alone successfully meet the needs of students or the demands of research under modern conditions. The Royal Commission on University Education in London, reporting in 1913, strongly urged the introduction of clean-cut university standards and ideals into the clinical departments of the London schools. This suggestion, together with other influences and considerations, led the British Government in January, 1920, to begin an experiment in the field of full-time clinical teaching. By grants of public funds *units* were established in four of the London schools. The *unit* consists of a salaried chief and two assistants in medicine or surgery who give their entire time to teaching and investigation in the hospital. The head of the *unit* was conceived as a university professor.

University College Hospital

The medical schools of London have, then, in the main, developed as professional schools for the training of practitioners, more or less cut off from the productive centres of medical science and from university control and influence. This is not to deny that many of these schools have enlisted the services of notable men, have made important contributions to medical knowledge, and have given an effective practical training. But at best these hospital schools, whose clinical teachers were generally prominent consultants, could not create the richer and more stimulating environment that has come to be essential in a university medical school.

The one partial exception to the London type is University College Hospital Medical School, which, as originally established in 1828, was in form a unified university school, with a hospital built primarily for teaching purposes. The medical sciences—physiology, chemistry, and after a while even pharmacology—were developed within University College; the clinical staff, too, was created by University College, though in composition it did not essentially differ from that of the hospital schools.

In 1904, to meet requirements of the University of London, the school was separated into two faculties, and the hospital was put under an independent board. While this did not destroy the geographical unity of the laboratories and the hos-

pital, the change did not make for that community of interest and that constant comradeship among laboratory scientists and bedside teachers which are now deemed so desirable.

In 1919 several causes combined to precipitate a new movement at University College and Hospital. The war had broken the "cake of custom"; a number of able and alert men in both faculties were eager to take a forward step; two *units* of full-time professors had been planned for the hospital; a scheme for expansion in both buildings and teaching staff was being discussed. Moreover, if something were not done, there was danger that important men would accept attractive appointments elsewhere. The posture of affairs was almost critical. Should University College Hospital Medical School return to its original form as far as possible and consciously develop the possibilities inherent therein, seeking a real unity, or should it drift with the tide?

A Gift to British Medicine

At this juncture two representatives of the Rockefeller Foundation arrived in London on their way to the continent. Recognizing the possibilities of the University College and of the Hospital and Medical School, the Americans suggested that the Foundation might lend a hand. Tentative plans were worked out and provisional estimates were made. In February the trustees of the Foundation considered these preliminary proposals, expressed an interest in them, and invited the authorities of the College and of the Hospital and Medical School to send a joint committee to the United States. As a result of subsequent negotiations the trustees authorized in May the concluding of an agreement by which the Foundation promised to contribute about five million dollars toward the realization of the new plans of the University College groups.

This sum is almost equally divided between buildings and endowment for increased educational and research activities. The more important items in the building scheme are: an institute of anatomy, a lying-in pavilion for 60 patients, a home for nurses, a house for resident physicians, and the remodeling of the hospital to provide additional beds, clinical laboratories, and new operating suites. When the work is completed, this medical centre will have an admirable modern plant and equipment, with a fully controlled hospital of 500 beds and a large out-patient department.

Canadian Milk Products Brand

POWDERED PROTEIN MILK

POWDERED PROTEIN Milk is quickly taking the place of liquid protein milk, so difficult to prepare in the laboratory and so hard to secure.

It has been used with great success in cases of fermentative and infectious diarrhoea in infants and children: as an adjunct to breast feeding in cases of dyspepsia; and for adults where buttermilk was formerly prescribed.

The value of this corrective food has been firmly established by two years' use in the Hospital for Sick Children, Toronto, and by leading pediatricians and child specialists.

Sold only through a carefully selected list of druggists on prescription—or direct to the physician. This assures freshness of the product and proper use. There are **no directions** on the label.

We will gladly send to physicians upon request technical literature and full directions for its use

CANADIAN MILK PRODUCTS LIMITED
Head Office: 10-12 St. Patrick St., TORONTO
Branches in: Montreal, St. John, Winnipeg
British Columbia Distributors: Kirkland & Rose, VANCOUVER

C.M.P. Powdered Protein Milk is made in Western Ontario by our exclusive "spray" process, from puremilk supplied by regularly inspected farms. The approximate analysis is as follows;

Protein	39.5%
Butterfat	26.0%
Lactose	24.0%
Ash	5.5%
Moisture	2.0%
Lactic Acid	3.0%
Total	100%
Protein Acidity	3.4%
Total Acidity	6.4%

Pure and Delicious

BAKER'S COCOA

Is a most satisfactory beverage. Fine flavor and aroma and it is healthful.

Well made cocoa contains nothing that is harmful and much that is beneficial.

It is practically all nutrition.

Choice Recipe Book Free.

Walter Baker & Co., Limited

DORCHESTER, MASS. Established 1780 MONTREAL, CAN

REGISTERED TRADE-MARK

JAMES BENTLEY, M.B., B.S.(Edin):—Some Illustrative Cases of Ductless Gland Therapy in the Insane (Medical Journal of Australia) May 14, 1921.

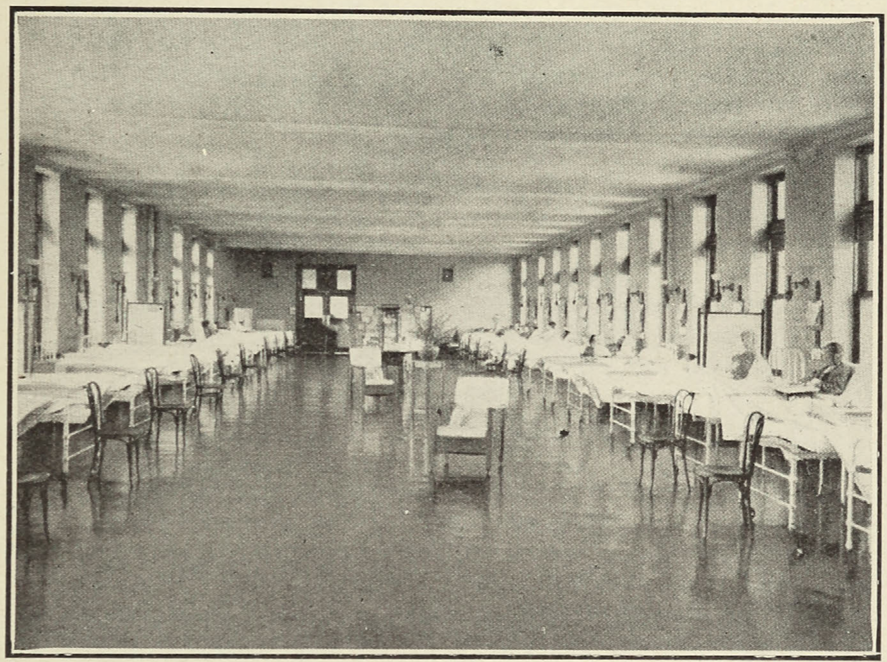
The following cases were published in order to stimulate others to investigate this line of treatment. Bentley's work was encouraged by that of Deorgum & Ellis whose post mortem findings in eight cases of dementia precox were in keeping with the inference that anomalies exist in the ductless glands in dementia precox. Dr. Bentley did his chief work with the accelerator group which consists of thyroid, pituitary, adrenal and reproductive glands, but he intends, in the future, to try the retarding group (pancreas, parathyroid and possibly the thymus) in maniacal cases.

CASE 1. B.L.A., aged 28, admitted May 31, 1919, lay listlessly in bed and paid no attention to his Surroundings. He would not reply to questions, although he showed that he understood what was said to him by protruding his tongue when asked to do so. On June 15, 1919, he was in a cataleptic condition. He refused food at times. On September 9, 1919, he was put on hormotone, and ten days afterwards he spoke a little for the first time since admission. On December 29, 1919, he was discharged as recovered and has worked on a farm since discharge.

CASE 2. F.H. aged 44, on admission on December 2, 1919, depressed and would reply to questions only in monosyllables. He was very confused and slept badly. He heard a voice which talked to him continually, but he did not know to whom it belonged. He refused food at times. One week after admission he was in a state of catalepsy.

On December 20, 1919, he was put on hormotone and a week later the cataleptic condition had disappeared. He was discharged as recovered on May 26, 1919.

CASE 3. E.S., aged 35, admitted July 7, 1916. He remained in a negativistic state, rarely speaking, apparently not taking much interest in his surroundings.



Ward in Montreal General Hospital covered with Dominion Battleship Linoleum.

Treading must be noiseless in the Modern Hospital

This may be secured quickly and effectively by adopting

Dominion Brand Battleship Linoleum

for the floors. Its soft surface, in addition to ensuring the desired quiet, enhances appearances. The appropriate shading of brown, grey or green is restful to the eye of patient and attendant. And, quite as important, treading is made restful for those who must spend many hours on their feet every day in exacting hospital work.

DOMINION BATTLESHIP LINOLEUM is satisfying fully those who use it daily. Once laid properly, our Battleship Linoleum wears a great length of time. This makes it a most desirable covering from the standpoint of economy, and the up-keep cost is practically nil.

The appearance may be renewed easily in the same manner as high grade hardwood floors.

Hospital Boards invited to write for samples

Sold by good Floor Covering Dealers throughout Canada

Dominion Oilcloth and Linoleum Co., Ltd.

MONTREAL

On May 25, 1920, he was put on hormotone and about four months later he seemed somewhat brighter. In January, 1921, he began to speak freely. He looks as if he would soon be fit for discharge.

CASE 4. J.P., aged 45, admitted November 19, 1919. A case of acute melancholia. He had hallucinations of sight; he said he saw blacks and others chasing him and that he galloped his horse for two miles until the horse became exhausted. He was very depressed and miserable, and he slept badly. In May he was still very worried and unhappy and had suicidal tendencies.

He was put on hormotone on June 1, 1920 and was discharged as recovered November, 1920.

CASE 5. Aged 11, a sporadic cretin, at first put on thyroid, but did not make much headway. About two months later he was put on hormotone, and he began to improve mentally and physically. When hormotone was unobtainable he was again put on thyroid, whereupon he deteriorated mentally and physically; he became very dull and the collar of fat returned. When hormotone was again procurable he made considerable improvement. This case was a peculiar one, inasmuch as, according to the accepted knowledge, he should have improved on thyroid, whereas this was not the case. He improved only under treatment with hormotone.

PINEAL GLAND

Pineal Gland is generally regarded as being depressant in grown up people. For this reason it was prescribed in cases of acute mania with some startling results, as, in place of acting as depressant, it had the very opposite effect. The cases became quite unmanageable and more restless than before. As his cases show that pineal gland substance ex[illegible] cerebrum, Dr. Bentley intends trying this gland in cases of melancholia.

Heat vs. Cold
IN PNEUMONIA

The application of cold packs to the thoracic wall as a remedial agent in the treatment of pneumonia is rapidly being discarded by practitioners.

The application of heat is again in favor and physicians in every part of the country are now convinced that the logical, safe and sane method of treating pneumonia includes the application of prolonged moist heat over the entire thoracic wall.

not only offers the best known method of continuously applying moist heat of equable temperature for a long period, together with the advantages attendant upon its physical properties, hygroscopy, exosmosis and endosmosis, but it offers the pneumonic patient exactly what he absolutely requires—EASE and REST. When Antiphlogistine is once applied it can advantageously remain in place for a long period, usually from twelve to twenty-four hours, all the time performing its soothing and effective service.

THE DENVER CHEMICAL M'F'G COMPANY, MONTREAL

AN EFFECTIVE CLEANSER

The attention of Hospitals is called to

Puligrina

as one of the most effective cleansers on the market. It will

a. Remove stains from sinks, basins, toilets, etc.

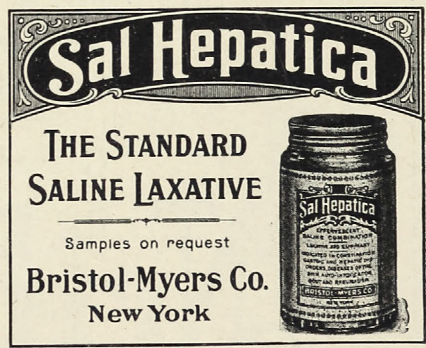
b. Thoroughly cleanse and deodorize pus basins, bedpans, and Hospital enamel ware.

Puligrina can be supplied in quarts or in bulk from the manufacturers.

The Toronto Puligrina Fluid Co.

1556 Queen Street West
Toronto

Telephone Parkdale 4900 - w.



CHOCOLATE

contains great food value

ONLY the finest of cocoa beans from the British West Indies are used in the making of Neilson's Chocolates.

Cleaned, roasted and ground into "chocolate liquor" in the big, bright, airy Neilson factory, and blended with pure cane sugar and the purest and richest milk, this food product of the tropics becomes the material from which Neilson's Chocolates are made.

Strict cleanliness from start to finish of the process, and careful selection of ingredients, make Neilson's the purest and most nourishing chocolates.

We cordially invite physicians to inspect our process of manufacture.

Neilson's

"The Chocolates that are Different"

When writing advertisers, please mention The Hospital World.

Fecto

¶ A solution of hypochlorites and chlorine containing 4% of available chlorine.

¶ FECTO is the ideal Germicide and Disinfectant for general use, particularly in Homes and Hospitals.

¶ It is obtainable through druggists, and supplied in 4 fl. oz. and 16 fl. oz. bottles, as well as in 1 and 5 gallon containers.

¶ Write us for descriptive literature giving full directions for use.

PARKE, DAVIS & CO.

WALKERVILLE, ONT.

MONTREAL BRANCH
45 St. Alexander St.
Read Building

WINNIPEG DEPOT
301 Keewayden Building

TORONTO OFFICE
422 Ryrie Building

ADJUSTABLE
Double Slip Socket Leg

We are the only Canadian Patent Holders of the above. Guaranteed not to chafe.

The Canadian Government, after two years' trial of Single Socket, adopted the Double Slip Socket for below the knees amputations. Our Sockets, being adjustable, they can be made larger or smaller by the wearer, and are guaranteed for three years against defects in workmanship or material.

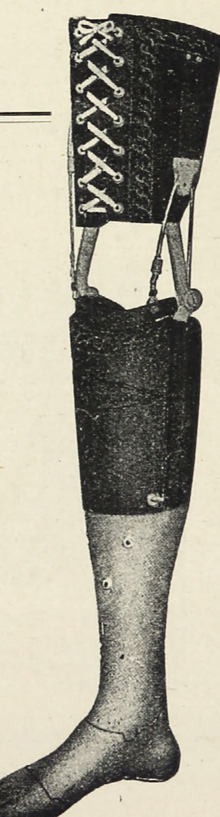
We are also manufacturers of Perfection Hands and Arms. Also guaranteed.

We repair all makes of limbs by expert workmen in a prompt manner.

A full stock of Crutches, Trusses and Accessories on hand. Write or telephone for catalogue. Call at our factory for a practical demonstration.

UNDER NEW MANAGEMENT

Dominion Artificial Limb Co., Limited
259 COLLEGE ST., TORONTO, ONT.
Telephone College 3226



---and Allens' eight Super-suburban Theatres are all conducted and maintained for the entertainment and comfort of the Toronto public. Visit *your neighborhood "ALLEN THEATRE" to-day.*

ALLENS' BLOOR — **ALLENS' BEACH**
ALLENS' COLLEGE — **ALLENS' PARKDALE**
ALLENS' ST. CLAIR — **ALLENS' DANFORTH**
ALLENS' BEAVER — **ALLENS' ROYAL**
ALLENS' CHRISTIE

The Allen policy forbids the exhibition of any film of an objectionable nature, thus assuring clean and wholesome *entertainment for the entire family.*

"There's an Allen Theatre in your neighborhood"

THE ALLEN THEATRE ENTERPRISES

Direction JULE and J. J. ALLEN

In All Cases

There are few cases where JUNKET will not prove a most helpful diet—pleasing to the patient and providing necessary nourishment.

Junket
MADE *with* MILK

It is milk prepared for easy and complete digestion by coagulation before it is eaten, and by the same ferment that coagulates it within the normal, healthy stomach.

Send for treatise "Junket in Dietetics" and free samples of Junket Tablets or Powder (already sweetened and flavored)

Chr. Hansen's Laboratory
St., Little Falls, N.Y.
Canadian Factory, Toronto, Ont.

The Battle Creek Sanitarium and Hospital

Established 1866

Medical Obstetrical Orthopedic Neurological Surgical Reconstructive

EDUCATIONAL DEPARTMENTS

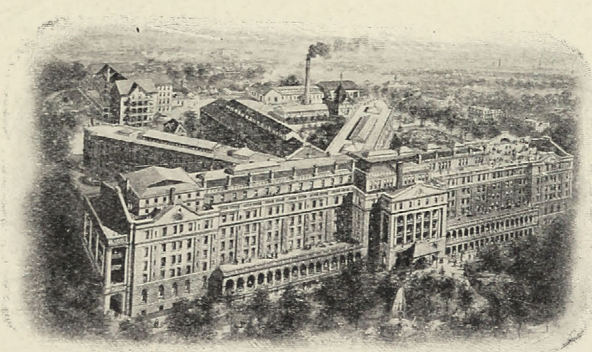
Training School for Nurses

Normal School of Physical Education

School of Home Economics and Dietetics

Students received on favorable terms

Registered trained nurses dietitians and physical directors supplied

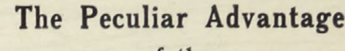


Descriptive Literature Mailed Free Upon Request

THE BATTLE CREEK SANITARIUM

Battle Creek **Box 179** **Michigan**

NOTE - - Worthy cases of charity referred by Physicians receive free examination and treatment. Full particulars of the Clinic will be sent on application.



The Peculiar Advantage
of the

Marvel "Whirling Spray" Syringe

is that **The Marvel,** by its Centrifugal action, **dilates and flushes** the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other Vaginal diseases. It always gives satisfaction.

All Druggists and Dealers in Surgical Instruments sell it. For literature, address

MARVEL COMPANY
25 West 45th Street, New York.

The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

PHILLIPS' MILK OF MAGNESIA

"The Perfect Antacid"

For Correcting Hyperacid Conditions—Local or Systemic. Vehicle for Salicylates, Iodides, Balsams, Etc.
Of Advantage in Neutralizing the Acid of Cows' Milk for Infant and Invalid Feeding.

Phillips' Phospho-Muriate of Quinine COMPOUND

Non-Alcoholic Tonic and Reconstructive

With Marked Beneficial Action upon the Nervous System. To be relied upon where a deficiency of the Phosphates is evident.

THE CHAS. H. PHILLIPS CHEMICAL CO.
LONDON · NEW YORK

Canadian Representatives: The Wingate Chemical Co., Ltd., 545 Notre Dame W., Montreal, who will be pleased to send samples upon request.

'OVALTINE'

AND PHOSPHORUS ADMINISTRATION

IT IS GENERALLY AGREED THAT THE MOST SATISFACTORY MEANS OF EXHIBITING PHOSPHORUS IS BY NATURAL FOODS RICH IN PHOSPHATIDES.

"Ovaltine," the Tonic Food Beverage, is made from ripe barley malt, creamy milk and fresh eggs—all rich in assimilable organic phosphorus bodies—by a special process of extraction and concentration which presents these principles in undiminished activity and in a form which ensures prompt and complete absorption.

"Ovaltine" is a great help in those cases where it is essential to arrest tissue waste and to counterbalance excessive loss of phosphorus such as certain neurasthenic and general debilitated conditions, pulmonary tuberculosis, etc. "Ovaltine" is characterised by being of definite therapeutic value, by being convenient and palatable, and by being reasonable in price.

SUPPLIED BY ALL DRUGGISTS. SPECIALLY LOW PRICES ARE QUOTED TO HOSPITALS AND KINDRED INSTITUTIONS ON DIRECT APPLICATION TO TORONTO OFFICE.

Ingram & Bell LIMITED TORONTO

Our Sundry Catalog awaits your request

Hospital Supplies

Sole Agents for
BRAMHALL DEANE
HIGH PRESSURE STERILIZERS
WAPPLER TRANSFORMERS
and
HIGH FREQUENCY APPARATUS

Our Specialties:

Manufacturers of
HYPODERMIC TABLETS
COMPRESSED TABLETS
ELIXIRS, OINTMENTS, Etc.
FULL LINE OF DRUGS

A postal requesting quotations will receive immediate attention.

Headquarters for Physicians' Cars

Doctors should note that one of the finest garages in the City of Toronto has just been completed, at the corner of St. Clair Avenue and Bathurst Street.

It is solid brick and steel, and therefore, fireproof.

The proprietor would like Physicians to make this garage their headquarters.

Every facility for **washing, polishing, expert mechanical care** and **painting.** Charges moderate.

MORGAN'S GARAGE

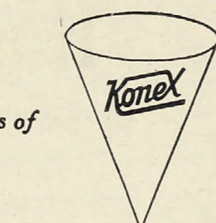
Corner Bathurst Street and St. Clair Avenue

Phone "Hillcrest 4542"

The New Cup

that Provides Clean Drinking Facilities and Furnishes the Necessary

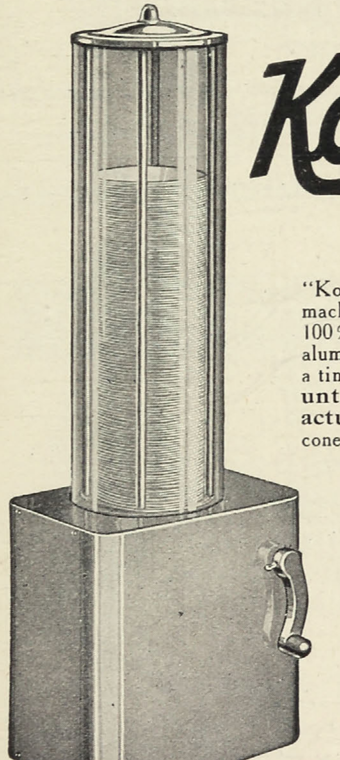
"Cups of



Cleanliness"

"Ounce of Prevention"

IN Hospitals, Schools, Churches, Clubs, Public and Private Institutions of all kinds—the new "Konex" Individual White Paper Cups and Dispensing Service offers an efficient, economical and practical method of preventing disease, by affording clean, safe water-drinking facilities at minimum cost.



White Metal and Aluminum "Konex" Dispensing Machine.

Konex Paper Drinking Cups with Dispensing Machine and Soiled Cup Container

"Konex" Cups are cone shaped — made by automatic machinery from pure, white, unwaxed paper—and are 100% hygienic, because the dust-proof white metal and aluminum dispenser protects and delivers them one at a time, as needed, **"Konex" Cups are absolutely untouched by hand until the moment they are actually used for drinking purposes.** Being cone-shaped each cup falls on its side after use and is discarded. This means a clean cup for every person and eliminates entirely the contaminating dangers of the common drinking glass.

The new "Konex" Service will meet the unhesitating approval of the medical profession because of its efficacy, its simplicity, its health-protective features. Highly recommended for all public and private institutions—easily installed—inexpensive to maintain. Cups cost only about ¼ cent each.

Descriptive literature gladly sent free on receipt of postcard or telephone enquiry—Adelaide 4062.

"Vortex" Division

Canadian Wm. A. Rogers Limited

570 King Street West, Toronto

It's a Question

Is there anything more important than the proper handling of your foodstuffs?

Investigate

CLEAN SANITARY EFFICIENT ECONOMICAL MECHANICAL REFRIGERATION

The following are some of those who **have** investigated and **installed** refrigerating plants:

Royal Victoria Hospital, Montreal
Toronto General Hospital, Toronto
City Hospital, Hamilton
Children's Home, Winnipeg
St. Michael's Hospital, Toronto
Soeurs de la Charite, Quebec
Byron Sanitorium, London
General Hospital, Sault Ste. Marie
Mountain Sanatorium, Hamilton
Camp Hill Military Convalescent Hospital, Halifax, N.S

CONSULT US

CANADIAN ICE MACHINE CO. LTD.

CALGARY WINNIPEG TORONTO MONTREAL

When writing advertisers, please mention The Hospital World.

A Most Modern Leg

The Hanger Standard Limb

is one worthy of the attention of Surgeons al over the Dominion. It is made in Canada and any patient for whom it is ordered will get the best of wear and service.

A Perfect Fit Guaranteed

Catalogue on request

The Hanger Standard Limb Co.

363 Yonge Street, Toronto

When writing advertisers, please mention The Hospital World.

92% OF THE HOSPITALS

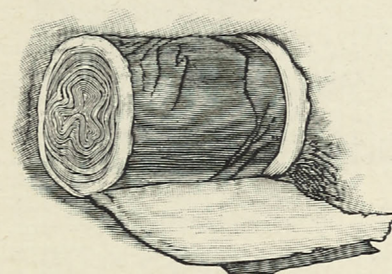
WHO FAVOR US WITH THEIR PATRONAGE, BUY

"ABSORBON"

The Low-Priced Absorbent Cotton of Quality

in preference to other brands, because it is better value at the price than any other brand on this market.

Guaranteed pure, sterile—passes through the same 50 different operations as our higher grades—sells for less because made from short staple cotton which costs less than long fibre cotton though quality is identical.



Investigate—A postcard brings samples and prices to your desk.

Maplewood Mills

Largest Manufacturers in the World

1296 Stafford Road, Fall River, Mass.

ELECTRICALLY·LIGHTED·INSTRUMENTS

Certainty of Diagnosis

Accuracy of treatment—both are facilitated by the use of E. S. I. Co. instruments. Our instruments are made according to the ideas of *Jackson, Holmes, Kelly, Young, Swinburne, Braasch, MacGowan, Koch, Tuttle, Lynch* and others. All are equipped with superior Tungsten lamps, operated by 8-oz. pocket battery or socket current controller.

Be sure instruments are marked E. S I. Co.

Illustrated Catalogue sent on request

Electro Surgical Instrument Company

ROCHESTER, N Y.

Purity, Cleanliness
Quality, Service

IT is with justifiable pride that we announce to the readers of THE HOSPITAL WORLD that every one of our products are manufactured under "Ideal" conditions.

Our bakery is **one of the most sanitary in the world,** being equipped throughout with automatic machinery, unusually well lit, splendidly ventilated and scrupulously clean. Our bread is **manufactured of the finest ingredients** that can be purchased, our maxim being 'Quality First."

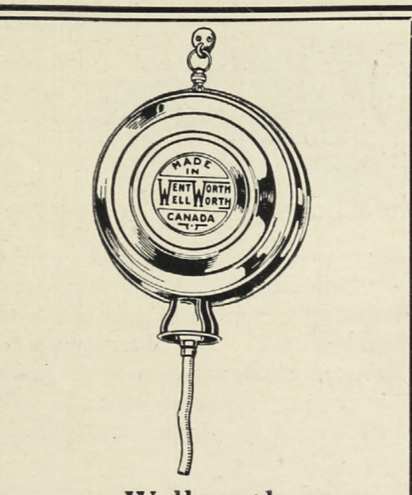
As soon as our new building is completed within the next few weeks, we will be in a position to supp y our customers with **wrapped bread,** each loaf being delivered without coming into contact with the human hand until the wrapper is removed. In introducing this, we feel that THE IDEAL BAKERY will be in the forefront of such establishments.

Physicians will appreciate these facts and can confidently recommend our products to their patients.

Ideal Bread Company, Limited

One of the most progressive baking firms in the Dominion

183-193 DOVERCOURT ROAD, TORONTO

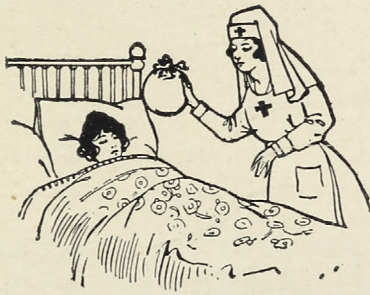


Wellworth
Hot Water Bottles

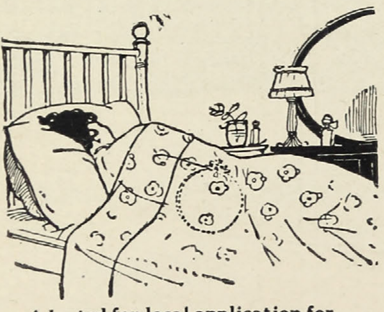
Radiate a temperature above blood (98.4F) for **Nineteen Hours** (Certified test).

Safe--Light in weight, non-corrosive, unbreakable --- leakproof --- Brass, Nickel-Plated.

Wentworth Mfg. Co.
HAMILTON CANADA



Highly approved by nurses for general sick room purposes



Adapted for local application for any parts of the body

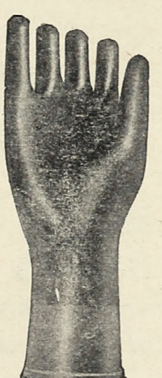
We can make

Special Forms

exactly duplicating any hand.

Can put name on any gloves so that it will not sterilize off.

Insure to your own use the gloves you pay for



Specialists in the Manufacture of
Seamless Rubber Goods
Of Every Description

The Only Makers of
Seamless Rubber Gloves
in Canada

Sterling Rubber Co., Limited
GUELPH

Keating's Powder

Necessary in Every Season

In hospitals and public institutions where it is a matter of vital importance to keep every corner clean sanitary, free from Flies — Fleas — Mosquitoes — Ants — Wasps — Beetles — Bugs — Cockroaches — Moths, Keating's Powder will prove an absolutely dependable ally.

Keating's — the old reliable Powder for the extermination of insects—is absolutely harmless to human or animal life.

Made by **THOMAS KEATING, London, England**
Established 1788

SOLE AGENTS FOR CANADA
Harold F. Ritchie & Co., Limited
10 McCaul Street, TORONTO, ONT.

THERMOGENE
CURATIVE WADDING
(VANDENBROECK'S PROCESS)

Messy Plasters are a thing of the past

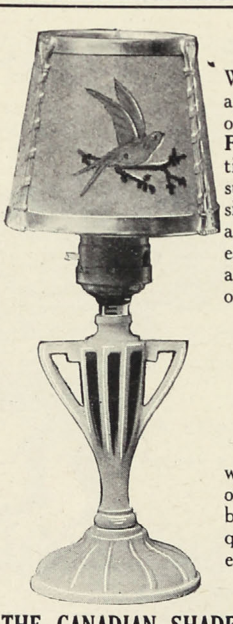
This clean, sanitary wadding gives instant relief, for it GENERATES HEAT quickly—surely. Always ready for use—it is the most convenient and effective curative for ills caused by cold. Use Thermogene in place of the slow, messy, cumbersome poultices and plasters in all cases of grippe, bronchitis, laryngitis and kindred affections. Prescribed by prominent physicians everywhere.

Made according to the formula of the Belgian chemist, Vandenbroeck, by the Thermogene Co. Limited, Hayward's Heath, England.

SALES AGENTS FOR CANADA

HAROLD F. RITCHIE & COMPANY, LIMITED

10 McCaul Street, Toronto



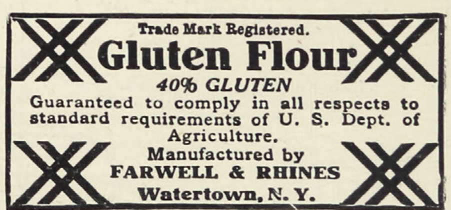
We manufacture any and every kind of **ELECTRIC FIXTURE,** particularly those suitable for the sick-room, where a soft light is so essential. We are also manufacturers of the

Parmeto Shade

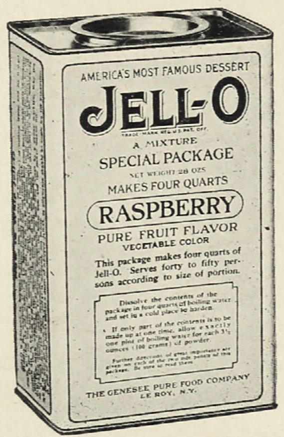
which for beauty of design, adaptability and lasting qualities is unequalled.

THE CANADIAN SHADE CO., LIMITED

45 Soudan Avenue, Toronto



"Canada's Most Famous Dessert"



Gallon Package

When ordering give us the name of your dealer.

Our institutional size package represents the same standard of quality that has made our product such a favorite for so many years.

The Genesee Pure Food Company of Canada, Ltd.

Two Factories

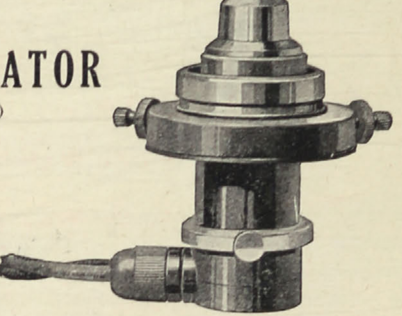
LeRoy, N.Y. *Bridgeburg, Ont.*

ELECTRIC

DARK FIELD ILLUMINATOR

(U. S. Army Medical School Type)

A COMBINED DARK FIELD ILLUMINATOR AND MICROSCOPE LAMP



IT FITS THE SUBSTAGE RING OF ALL STANDARD MAKES OF MICROSCOPES.
IT IS ABSOLUTELY NEW, UNIQUE, COMPACT, EASILY MANIPULATED, MORE EFFICIENT.

Another Forward Step In Microscope Construction. Another Spencer Triumph

SPENCER NEW DARK-FIELD ILLUMINATOR NO. 330. $35.00

SEND FOR BOOKLET

SPENCER LENS COMPANY.

Manufacturers
Microscopes, Microtomes, Haemometers, Delineascopes, Etc.
BUFFALO, N. Y.

DOCTOR -

Prescribe For Yourself

When on the way to The Hospital or Private Home, if you have a puncture, avoid backache, soiled cuffs, and wilted collar by using a

DECO TIRE INFLATOR

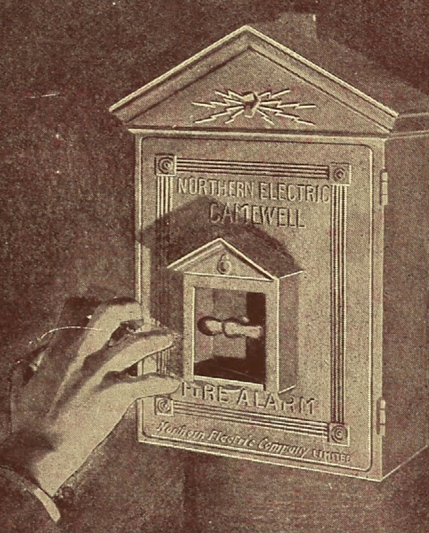
It weighs about two pounds, fits in any tool box and contains sufficient air to pump up a Ford tire 6 times over.

The Deco Tire Inflator can be operated by a child. It can be refilled for 35 cents and costs but $6.00.

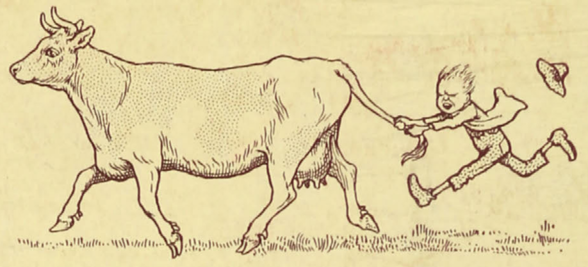
The Deco Sales Company
29 Pearl Street

Phone Adel. 5945 **TORONTO**

When SECONDS
Mean *LIVES*



Northern Electric
GAMEWELL
For Forty Years the Most Dependable
Fire Alarm Equipment Made



"NEVER BEHIND" is an axiom befitting this organization.

Our methods are so highly scientific they find company in the very advanced practices of the Medical Profession.

In our treatment of milk and kindred products we follow advice of the mightiest medical minds of our country.

We mention these truths because of their worthiness, and the importance of consistent consumption of Milk.