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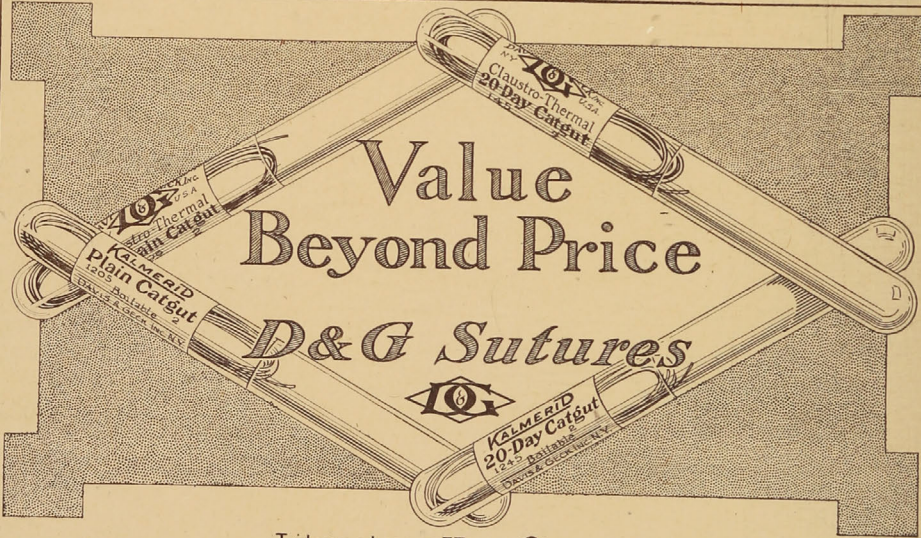
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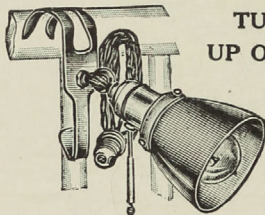
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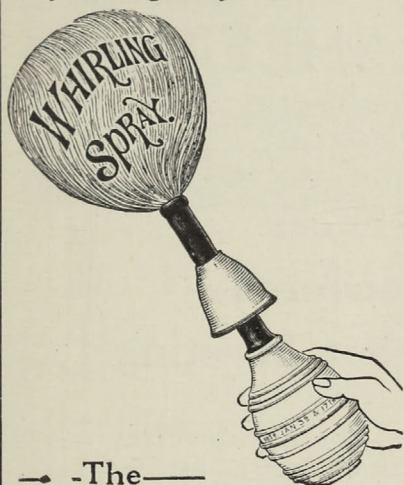
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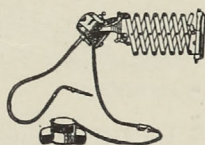
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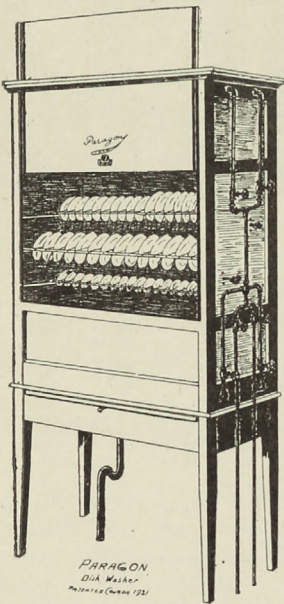
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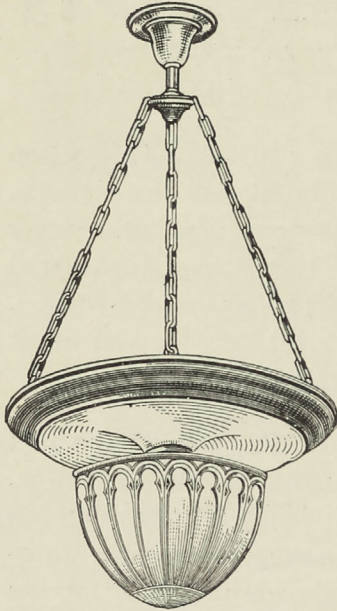
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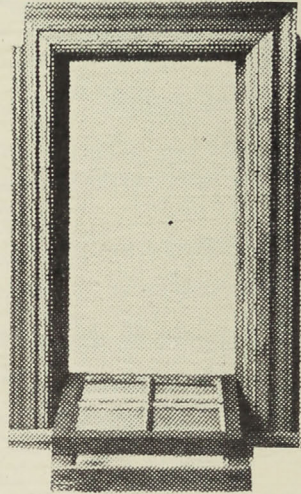
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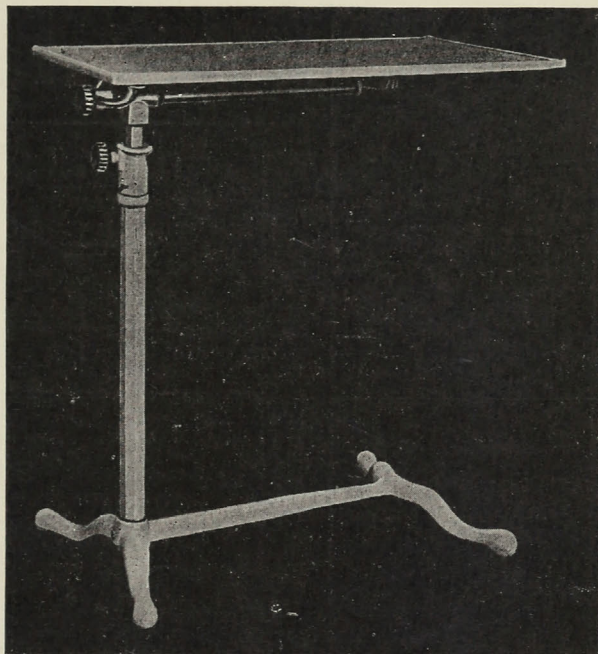
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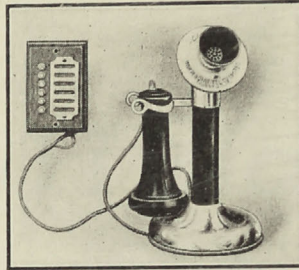
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The Hospital World

TORONTO, CANADA

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

Vol. XXII

TORONTO, AUGUST, 1922

No. 2

Editorials

Six Months' Hospital Training

In discussing the Bill concerning the registration of nurses which passed through committee of the Ontario Legislature last session, Dr. A. Stevenson, of London, remarked that he would like to see a regulation that every young woman before marriage should put in six months hospital training.

The idea is an excellent one. But the only way to ensure it being carried out would be to demand a certificate showing the required training before issuing the marriage license. The knowledge gained in that first arduous and weary six months would prove valuable for all the simpler duties of the sick room. It would teach self-reliance, self-control, and at least the elements of family hygiene

and dietetics—the last named subject being as yet largely a very vaguely applied science in the majority of homes.

We do not yet begin to realize the importance of proper feeding, or what is termed the well-balanced ration, upon the health, physical and mental, of every individual: more especially is this true of the child.

As members of the medical and nursing professions we may know it theoretically, but our own daily living is not seriously affected thereby; while the food habits of the general public are largely untouched by considerations of the kind. To it the balanced ration with its proportions of proteid, carbohydrate, fats and vitamins is a variable maze in which it wanders with little chance of finding the clue.

Possibly now that so much has been written of other health conditions we might stop spreading words of wisdom concerning physiology, mental healing and the like, and direct a whirlwind campaign of press and speech regarding the various edibles that go to make that desideratum, "a balanced ration." We might even eventually induce the hungry folk to adopt the same—provided they are sure we are trying it out ourselves.

That desirable six months' pre-marriage hospital training might be devoted to dietetics alone with advantage to both the present and future generations.

Nurses as Diplomats

Probably no wiser words have been spoken to nurses than those of Sir Auckland Geddes, in his address to the graduating nurses of the Toronto Free Sanitarium, in June last.

The ambassador spoke as a physician of experience, but also—as becomes his present high office—as a diplomat.

He took for granted that the students before him had qualified to the full in technique and ethics of the profession; that they had the essential sympathy and love of work that spell success in their service to the patient. His word of warning and advice was directed to the importance of diplomacy in dealing with the patient's family.

"Now the nurse's work, whether in private practice or in institutions, includes the establishment of a relationship with the patient which may have an important influence on the anxious relatives. That particular relationship is one that requires much tact, and much forethought, and is awfully difficult to remember sometimes."

The relation of the patient's nurse to the patient's relatives either in private, institutional, or public health practice is one of the largest factors in determining her success. And yet, it is rarely emphasized during her student course. Dr. Dobbie, Superintendent of the Sanitarium, is credited with reiterating to each and every class of his student nurses the caution "don't forget the grandmothers and maiden aunts."

Sir Auckland Geddes says,—

“I have seen patients that in my judgment have been set back very much in their health as a result of the development of friction between the nurse or nurses, on the one hand, and, let us say, the wife or husband or father or mother, on the other. The patient is very quick and very sensitive to feel the atmosphere surrounding him.”

The newly-graduated nurse, full of health and vigor, of eagerness and sense of professional authority, is apt to lack the fine tact born of delicate perceptions so needed in her work. But it is a virtue that can be to a great extent cultivated, and without it no high degree of success in her calling can be achieved.

The ambassador left a full fraught word with the nurses when he said of their calling “Diplomacy is essential.”

The Necessity For Economy

No excuse is needed for constantly harping on economy. Many individuals go into some department of hospital work without, apparently, knowing aught of the word. So line upon line and precept upon precept become necessary; it is only by frequent repetitions that most of us learn anything.

Economy means carefulness, frugality, prevention of loss and of waste. In addition it means, on the part of employees, the spending of time, money and energy judiciously.

A hospital often saves money by spending it. This applies to purchasing. Always buy the best. For often inferior grades of food, household, medical and surgical or other supplies are bought. If the food is below the mark in quality, being off in taste or color, it is often unused and goes to the garbage tin. If the furniture is of the cheap, flimsy, shiny variety, it soon falls to pieces as a result of its own slipshod construction and its rough handling.

If any of the buildings are "jerry-built," the foundations will give way, the floors sag, the joints loosen, the window frames contract, the plaster and paint fall off, and the structure will need constant repair to prevent falling to pieces.

Surgical instruments should be of the best quality of steel, not the cheap nickel-plated stuff that gives no permanent service and soon looks like "the deuce."

It is good economy to spend money freely in judicious advertising. No one knew this better than that great and good citizen of Toronto, John Ross Robertson. The Victorian Hospital for Sick Children, in that city, stands as a monument to him and as a proof that it pays to spend money in the right sort of advertising.

As to economy in energy and time, administrators would do well to consult some work on scientific management; or do, as many prominent hospitals have done with much gain, bring in an efficiency

expert who will spend time enough in examination and study of plants to discover where unnecessary steps may be taken off, simpler forms of book-keeping or record-making employed, leaks of all sorts guarded against, and general measures for economy introduced.

Food for the Fair

A noted British medical authority stated recently that women as a whole suffer from under-feeding. And that a great deal of the nervous and other illness of girls and women engaged in business and professional life is due to chronic malnutrition, resulting from their having got into the habit of eating less than their nature requires.

There is a world of truth in the statement, only it should be widened to include mothers and housekeepers. Indeed it were safe to assert that the latter class are the worst offenders in this direction.

It is generally allowed that the adolescent girl is given to eating foods of little nourishing value. She is at the capricious and emotional age, when food makes secondary appeal. But the business woman of older years demands, as a rule, food both sufficient and nourishing. She takes it with enjoyment and leisure, since she has time and the appetite appeal that has not been dulled by the preparation of the meal.

The home woman is emphatically the one who should take to heart the professor's statement. In many instances she "gets into the habit" of eating less than nature requires. And the reason is not altogether frugality, nor indifference to table delight, as the professor thinks. The largest factor is the dulled appetite sense that comes with fatigue and satiety, caused by preparaton.

The business professional woman, like her male congener, in her wiser modern knowledge, has her club or favorite restaurant. She sits down with a friend and chats over varied interests. She glances over a menu card and selects whatever seasonable dish appeals. But the housekeeper knows what her menu must be, and usually has the preparation of the same. The odors of boil or roast assail her in her indoor atmosphere sometimes for hours, and lacking novelty, cease to make appeal. She "doesn't feel hungry" and toys with her food. She eats all she wants, but by constant recurrence of these conditions soon "gets into the habit" of eating less than her body requires. And the result is a nervous condition arising from malnutrition.

Under present living conditions a radical cure is difficult to achieve. The question of proper food and proper conditions of feeding is coming to occupy a very large place in advanced social welfare. But such palliatives may be suggested as a measure of relief from the toil of preparing food for the table as one meal per day taken away from home, or at least entirely away from the cooking thereof; and the establishment of community kitchens.

Emergency Nurses

Dr. H. B. Howard, who was the Superintendent of the Massachusetts General Hospital for many years—a brainy and original man—relates that at the time of the Civil War in the United States, there was a shortage of male nurses or orderlies in one of the large hospitals of the State. Volunteers were asked for. The appeal was made to the medical school he was attending. He and some of his fellows responded to the call, and for several months performed the humble task of nurse and orderly for sick people. He confesses that the experience was of great value to him in after years as a medical superintendent.

The Germans are preparing to give their medical students a six weeks' course in nursing—an excellent move.

We trust this system may be introduced into our Canadian Medical Colleges. A physician cannot know too much about nursing. There would be little theory to acquire—the art could soon be mastered by embryo medicals.

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Original Contribution

Graduation Address

Graduating Nurses, Western Hospital, Toronto,
June 3, 1922,

by

THE HONOURABLE WILLIAM RENWICK RIDDELL,
LL.D., &c.,

Justice of the Supreme Court of Ontario

I am glad and feel honoured to be asked again to deliver the Graduation Address to the Class of Nurses graduating at this Hospital, of which twenty-three years ago I was one of the Incorporators and upon whose Board of Governors I long had a seat.

I cannot hope to tell you anything that will be quite new to you—does not the Preacher say, “there is no new thing under the sun?” And, indeed, I may not say what is old in any new way. I shall, at least, say enough to indicate my appreciation of the extreme value of the Nursing Profession.

But just the other day there were only three vocations in civil life admitted as professions—Law, Medicine, the Church. (The Army and Navy stood on a different basis). Those who have read the life of Helmholtz, the great physicist, physicist and mathematician, will recall that even engineering was considered a trade into which no one who was of gentle blood could enter without degradation.

And these professions were closed to women long before nursing aspired to be called a profession. It had been almost entirely in the hands of women, for from primeval times it has been the inalienable privilege and right of woman to comfort the sick and the afflicted, to tend the wounded, to wipe

away the tear from the eye of the suffering mother, to soothe the fretful child. Man is often destructive: woman is always constructive. So long as the world was pagan, we cannot find that any attempt was made to systematize nursing. It was the Christian religion which early induced ladies to care for the sick other than those of their own household. He who came healing the sick taught that when He should come in all His glory, He would say to some: "I was sick and ye visited me . . . inasmuch as ye have done it unto the least of these . . . ye have done it unto me."

It was soon found that while knack may come by nature, knowledge does not. Nursing was taught in the Church institutions and long held an honourable position, fit for women of rank and birth.

Unfortunately, it fell from its lofty place and became a menial office, ill-paid, and filled by those of inferior rank without skill and without training. This led to the terrible state of affairs described by Charles Dickens in "Martin Chuzzlewit," mention of which can scarcely ever be omitted by anyone speaking of nursing or to nurses. Sairey Gamp, Betsy Prig, drunken, ignorant slatterns, unkempt and unreliable, were the professional nurses of eighty years ago and less, in England.

That state of things could not continue for ever though it continued too long. In 1840, Elizabeth Fry, a member of the Society of Friends, founded the Institute of Nursing Sisters in London, and two years before, the Society of Friends started a nursing organization in Philadelphia. There never was and there never could be any opposition to women nursing, and there has been very little opposition to their being trained to nurse.

All honour to Elizabeth Fry and to the religion which urged her along the path of benevolence and duty; all honour to the religious organizations which followed her illustrious example, but it was war which gave the great impetus to the training of nurses which still is powerful and efficient. Once again did civilization get forward on a powder cart.

Florence Nightingale in the Crimean war, the "Lady of the Lamp," revolutionized the conception of the value of the trained nurse; she raised the nurse from the drudge who was as low in public regard as the scrub-woman, to be the equal of

any. The work has not been always easy. There have been reactionaries—as when and where are there not?—but on the whole, the progress has been steadily onward and upward.

This progress has been, I think, assisted by a radical change in the views of physicians due to the microscope of which it can fairly be said that it revolutionized medicine in theory and in practice.

It would not be correct to say that the medical men of old did not recognize the *vis medicatrix naturae*—scarcely a writer but spoke of it clearly and forcibly. Nevertheless, disease was considered almost as an entity, something existing, recognizable, and to be fought with appropriate weapons—salves for the wound, plasters for the tumour, boluses more or less horrific for this disease and that. The microscope has changed all that. Wound, tumour, disease, is an abnormal condition of tissue, organ, fluid of the body; many diseases are the result of the presence of minute organisms, animal or vegetable; and it must often be the body itself which must heal itself.

Where a disease is an entity to be met and conquered by a drug, there can be little use for the nurse; but where the body is to be built up, helped along, encouraged to put forth its strength, then the comfortable bed, good water, proper food, clean air, are everything, and it is the nurse who must see to these. In modern medicine and surgery the nurse is of exceeding importance. None too soon has that truth been recognized.

The status of the nurse has steadily improved, and whatever may have been the case in the past, now nursing is a Profession.

The nurse has ceased to be the drudge, the slavey, the lowest of domestic servants. She has become a member of a liberal and learned profession. She is acknowledged and received everywhere as a *lady*. *Noblesse oblige*: her very status carries with it its obligations. She must not forget that she is a lady.

One of the perils to which you will be exposed is that of becoming coarse and vulgarized. It is inevitable that many things you will see, many things you will hear, will have a tendency to brutalize, to animalize the mind. That tendency you must resist at all hazards. Filth on the garb, filth on the

body, may be washed off; filth in the mind cannot. The woman, coarse, vulgar in thought or speech, is an abomination before God and man: the pure in soul, the clean in mind, body, thought and speech are the very elect. Unto the pure all things are pure; assuredly blessed are the pure in heart for they shall see God in their daily life; and one who in this world can keep her whiteness of soul cannot lose it in any other.

I am glad and proud to be able to say that the great majority of our nurses are of this high type. My own sister graduated from this hospital as a nurse and I have had occasion to know many more nurses. I have yet to find one coarsened or vulgarized. Not long ago, I asked an eminent New York medical man when visiting a celebrated hospital there why there were so many Canadian nurses in New York hospitals and in private practice there. He answered with emphasis: "Because we find that they are ladies," and he knew whereof he spoke. I am not sure that the consciousness of personal dignity is not one of the most valuable possessions of the nurse.

But this must not be carried too far, for it may be carried so far as sadly to militate against if not quite to destroy your usefulness.

You have enlisted under the banner *Ich dien*, I serve. Your life in the Hospital has been one of service and your life after the Hospital must needs be the same unless it is to be a dismal failure. This "service is no heritage": this service is perfect freedom, deliberately undertaken as a life task.

Whatever there may be of professional ethics, there is no law compelling you to nurse anyone. It is open to you to refuse to accept the care of any patient.

But once you have accepted such care the patient has rights and you corresponding duties. The patient is entitled to competent skill, proper care and close secrecy. For competent skill, your Diploma from this Hospital should vouch, but you cannot in justice to yourselves and your patients afford to rest content. Science is always advancing, art is always improving, nursing which is both an art and a science cannot stand still—it cannot lag behind—everything alive retrogrades if it does not advance, and there is no such thing as "Rest and be thankful" for the real nurse.

Knowledge must grow from more to more, but the mind is not everything—the mind directs what to do, and how to do it, but it is the body which must act. A well-stored mind is a great desideratum, but it operates through the body.

The physical knack of nursing some have by nature or inheritance—and it is an invaluable gift of Providence for which its possessors should be increasingly grateful. But it may be learned—it must be learned unless it is natural, if nursing is to be efficient. Strict attention to detail must follow and accompany knowledge of principle in order that the skill which a patient is entitled to demand may be attained by the nurse. The daysman cannot attain it—the work must be done as under the Master's eye.

The possession of skill is not enough: skill cannot be attained without proper care but when attained it may perhaps be neglected. This is a wrong done to the patient who is entitled to proper care.

Proper care implies knowledge, but it implies much more—it implies devotion to the duties which have been undertaken, accurate observation, sedulous attention, unceasing vigilance.

At the present moment, there is going on in certain American journals a discussion as to whether the nurse does not during the course of years lose some of the tenderness which she should feel and exhibit in the sickroom. It is suggested that use is second nature, that a long course of nursing makes nursing a habit, a mechanical thing without a soul. This has happened not only in the nursing profession but also amongst medical men. The causes are various—some unavoidable, because deep based on human nature. But some are avoidable and to be avoided.

Outside of sheer mercenariness which I am glad to say is rare among nurses, the chief cause is the failure to recognize the true position of the patient. I had formulated my views on the point when I heard a medical man of the highest standing addressing his fellows; and, in his address, he urged the extreme importance of considering the patient as an individuality and not merely as the situs of an interesting pathological

condition of the fluids and tissues. Where the patient is no more to the doctor or the nurse than a typhoid patient, the "typhoid" is likely to receive very much more attention than the "patient."

I do not mean what is implied in Bacon's apothegm "Cure the disease and kill the patient"—I do not mean to suggest that there is an intentional disregard of the life of the sick, because medical man and nurse alike are solicitous for his recovery.

What I mean is that the kindly human touch is likely to be wanting and the sufferer looked upon as would a retort or a gelatine preparation—"Bedside manner" is nothing but human solicitude translated into action.

If I were to be asked in what chiefly consisted the knack of nursing, I would answer "Not simply the mechanical skill of lifting, moving, easing the position of the patient, unerring observation of symptoms, or change of condition, not simply the accurate and efficient report to the medical attendant—all these are most important, and the good nurse has them all—but what characterizes the great nurse is the human element, the affectionate personal regard for the welfare of the individual sufferer."

This implies very much more than careful, even loving, watchfulness over the body of the patient.

Medical science—and that term includes the science of nursing—has grasped and holds fast the truth which Socrates the Greek philosopher formulated and Plato recorded twenty-three centuries ago. The beautiful lad Charmides complaining to the Sage of a headache, is told by him that wise physicians say that you cannot cure the head without curing the whole body. Socrates went further and approved the saying of the mythical Thracian that you cannot cure the body without curing the mind. What we generally call the mind is but a small part of the real mind. The conscious mind we recognize, calculate upon, honour, but the unconscious mind we are just beginning to study and are yet far from understanding. That store of feeling approaching sometimes to knowledge which is our inheritance from our own infancy, the infancy of the race, perhaps of millions of generations or even the infancy of life itself, the unconscious, must be considered if a true account is to be had of human action.

The nurse must be at least an amateur psychologist to be wholly successful.

Nor is this a "counsel of perfection"—there are books popularly but intelligently and scientifically written which will in a few days' or even a few hours' careful reading give all the information necessary for the guidance of the nurse in this regard.

Proper care of the individual patient depends much upon the individuality of the nurse. The nurse cannot make of herself a machine, an automaton, an instrument mechanically following certain rules; she must be herself a personality or abdicate her duty as a member of the profession and a reasoning creature.

Law and Common Sense—law in ninety-nine cases out of a hundred is common sense, the common sense of the people as a whole—law and common sense concur in considering the nurse an intelligent agent and in refusing to allow her to abdicate her responsibilities as such. The care which the patient is entitled to receive from the nurse is the care which an intelligent, responsible person would take—not simple blind following of routine or of instructions plainly erroneous or half understood.

To the former Graduating Class, I related two incidents in my own professional life to illustrate my meaning—and I venture to repeat them to you.

When I was a student of medicine, my preceptor gave me a prescription to fill—reading it I saw that he was prescribing a very large dose of a dangerous drug. I knew his views of the exhibition and dosage of that drug, and recognized that the dose was much in excess of the usual quantity and, indeed, dangerous to life itself. I spoke to the doctor about it, asking him if he had not made a mistake; after a moment's irritation he looked at the prescription and found he had written the sign for ounce instead of the sign for drachm.

I had no right, student as I was, to abdicate my reason; had I filled the prescription and death ensued—as it very well might—I should have been placed on trial for manslaughter—and it would not have helped me that the doctor would stand by my side—I had been negligent and it did not relieve me from the effects of my negligence that another was negligent too.

If when I drew the doctor's attention to what I believed to be a mistake he had said that the prescription was right as it read, I, then, might have filled it for him—he would take the responsibility, and, if I were sure that he rightly understood what he was doing, I would be free.

When at the bar I defended a well-known surgeon of this city, on a charge of negligence. He was to operate and the patient had to be placed on a Kelley pad for the purpose. The nurse (hired by the patient) filled the pad with boiling water, and the patient was shamefully scalded. The nurse swore that the surgeon had told her to fill the pad with boiling water and she obeyed his instructions.

If her story had been believed, the surgeon would have had to pay heavy damages for his negligent direction to the nurse. She was disbelieved and the surgeon's evidence that he had directed her to use hot water was accepted, the surgeon thereby escaping liability. Had it been worth while, the nurse might have been sued.

Suppose her story were true, she acted wrongly. Everyone of competent or any skill—or even without skill—knows that the human skin should not be subjected to the action of boiling water. She must have known that it was improper to fill the pad for the purpose with boiling water: she should have known that the surgeon did not intend to use boiling water, and that if he said "boiling water" it was a slip of the tongue—his mind was on something else. She should have drawn his attention specifically and definitely to the matter—"boiling" or "hot" water. If the surgeon having his attention sharply drawn to the question, had said "boiling" water, the nurse must of course obey instructions—the surgeon "is the doctor," he is supreme.

At that trial, my very dear friend, the late Dr. George Bingham, said that if he could not rely upon his nurse he must give up surgery—that anyone calling herself a nurse should know that no doctor could intentionally give such an order.

This does not mean or imply that the nurse is to set up her judgment against that of the doctor. She is under the doctor and is to carry out his directions or leave the case. She has no right openly to criticize or find fault with the doctor's treat-

ment: she may have her own opinion but it should, if adverse, remain her own. What is meant is that the nurse should be sure that she understands the doctor's real intention.

Remember I am not discussing the responsibility of the doctor or the responsibility of the hospital, but the responsibility of the nurse—however doctor or hospital may be responsible for the nurse's want of care—and that depends on circumstances—the nurse is responsible in law and in common sense for her own negligence.

The duty of care has not only its negative but also its positive side. Not only must the nurse avoid mistakes but she must act throughout in the best interest of her patient—the best may err and 'tis not in mortals to command success, all that can be done is to deserve it: it is the one reward of a duty well done to have done it. Old Baxter thought that “an ounce of mirth is worth a pound of sorrow”—and in the sick room thousands have found it so. The nurse must “carry smiles and sunshine in her face” even though “discontent sets heavy at her heart.” Freely she has received the sunshine of her Alma Mater, freely she should give, for, as Emerson says, “It is the one base thing to receive and not to give.”

The effect of cheerfulness upon the mind and therefore upon the body of the sick can hardly be over estimated—our literature, the Bible, Shakespere, all the great masters of language abound in references to it. “A merry heart does good like a medicine”—“Cheerfulness is the principal ingredient in the constitution of health”—“Cheerfulness is the best promoter of health and is as friendly to the mind as to the body”—“Cheerfulness is the heaven under which everything thrives but poison.”

“A merry heart goes all the day
Your sad tires in a mile a’ ”

The cheerful nurse may do much good: the sad one little or none—the sulky is detestable.

This means a tremendous drag on the body as on the mind: and no nurse can be successful long without a sound mind in a sound body. *Mens sana in corpore sano* was the desideratum of Seneca who rightly thought such a mind a kingdom in itself. A sound body, Bacon said, is the hostel of the mind, a sick one, its penitentiary.

The care of her own body must never be far from the thought of the nurse: her success depends upon that in no slight degree. No one can direct the life of another so well as he can do it himself if he but uses his common sense. The art of the dietetics has not advanced much since the times of the Greeks. Science, indeed, is giving new reasons, new terminology, but Dr. Oliver Wendell Holmes was wholly right when he said "Science is a first-rate piece of furniture for a man's upper chamber if he has common sense on the ground floor." It all comes back to that one man's meat is another's poison, and outside of broad general rules which everyone should know and follow, everyone must follow the dictates of his own experience. Nature never did say one thing and wisdom another—it is costly wisdom that is brought by experience but it is worth the cost. Little else can be said but to avoid all excess and live so that the body may be a perfect fighting machine.

The sound body is necessary, too, to enable the nurse to meet emergencies—and emergencies will almost certainly arise requiring sound judgment, prompt decision, wise courage. The Sage of Concord wisely says: "Knowledge is the antidote to fear" but that is only half the truth—the knowing mind cannot in itself destroy fear, but must itself fail without the backing of the strong body. A knowing mind in a strong body is necessarily courageous unless there be a congenital defect which should prohibit the choice of the nurse's profession. The profession of nursing cannot accept a neophyte who is a coward by nature.

Proper skill and due care being hypothesized, there is still a third duty the nurse owes her patient, strict secrecy. This duty which she has in common with the medical man is all too often neglected. Not, be it said, with an improper motive, for seldom does malice enter into the question, but from thoughtlessness.

"But evil is wrought by want of Thought
As well as want of Heart"

The doctor is entitled to know everything that pertains to the patient as a patient, but nothing else. Household affairs, private matters, family secrets and the like, even the doctor has nothing to do with; and no one but the doctor has the right to know anything at all about the patient.

It is not meant that no one may be told that so and so is ill—but anything which the nurse is not certain the patient would like to be known, should be kept secret. In case of doubt give secrecy the benefit of the doubt: you cannot make a mistake by keeping silence, you may by speaking.

These, then, are the three duties which the nurse owes to her patient—and these are owed by reason of her profession, and without regard to who may have employed her. She cannot say to the patient "You did not employ me, you are not paying me, I owe you no duty, whatever duty I may owe to the doctor or the hospital." The law says "you have undertaken to nurse the patient—whatever duties you may owe to others, you owe to the patient the duties of skill, care, secrecy."

Failing in any one of these, the nurse fails in her duty and is not entitled to be paid. To the nurse who has done her whole duty, the patient owes but one duty—to pay her: it is her right to be paid if and when she has done her part.

I confess to a feeling not far removed from indignation when I hear, as sometimes I do hear, the nurse spoken of as mercenary—when it is made almost a matter of reproach that she desires to be paid her due or that she prefers the more wealthy patient who can pay without inconvenience to the poorer who cannot.

I would not say one word to prevent any nurse giving gratuitous service, or giving service which is ill paid—the poor ye have always with you—but let it be understood that such service is an act of charity as much as if a grocer sent in free a bag of sugar or a package of tea.

The time, the skill of the nurse are all her capital, and no one has the right to the use of it except on terms fixed by the nurse herself. The nurse's term of professional life is necessarily short—she must, if anyone, make hay while the sun shines. She is not a nun or a Sister of Charity, she is a working woman working for a competence for herself—and the labourer is worthy of her hire.

May I close by addressing this Class as I did the Class of 1915: There is no law to compel you to nurse anyone unless you wish, but once employed, all thought of self and self-aggrandizement must cease, morbid fear of depreciation or want of appreciation, apprehension that you will not receive proper respect or your rightful social position, all that and the like,

must be relegated to the background; the patient first, the patient last, always the patient, being your care, all else forgotten. *Esprit de corps*, valuable as it is; pursuit of knowledge, laudable as it is; pursuit of pleasure, excusable as it is, are all as the small dust of the balance, compared to the real object of the nurse's life, to heal the sick.

I wish the graduating class of 1922 of the Western Hospital all success and all happiness in their chosen life; I am confident that the debt which everyone owes to his profession will be paid by them in full, and that the nursing profession will not suffer in public esteem or in proficiency from their career.

ADDRESS TO THE GRADUATING CLASS OF NURSES

The Wellesley Hospital, June 14th, 1922.

H. B. ANDERSON, M.D., TORONTO.

One realizes the impossibility of saying anything this afternoon that would add to the excellent course of instruction which you have received during the past three years, under the able direction of the esteemed Lady Superintendent of the Wellesley Hospital, which ensures every nurse-in-training a thorough qualification in all that pertains to modern methods and the most approved technique of her profession.

Yet the varied experiences of over thirty years' work among the sick in hospital and private practice—among men and women, old and young, black and white, good and bad, rich and poor; with ills acute and chronic, imaginary and real; with trivial ailments magnified to proportions language failed to describe; and serious, even hopeless diseases, borne with a courage, patience and resignation arousing one's admiration, should furnish material for a few parting words to a class whose vocation is so nearly related to one's own.

In the great drama of birth, life, disease and death, in which doctors and nurses are called upon to play their parts, the chief role is always that of the patient, who, in the stage-setting, occupies the central position and to whose interest all

else must be subordinated. In the modern conception of disease and its treatment, doctors and nurses are merely the attendants arranging the stage—the servants of nature—providing the environment which enables her most readily to exercise her manifold agencies for relief or cure.

The old demoniacal conception of disease attributing its origin to supernatural causes, which the priest-physician attempted to appease or exorcise by appeals and incantations, has happily disappeared in the light of modern knowledge. In its place we now inquire into the minutest details of the patient's surroundings to find the causes and to work the cure. Disease, broadly speaking, is merely a state wherein the regulative or compensatory mechanisms of the body, have failed to adapt themselves to meet unfavourable conditions in our surroundings, as they do in the condition which we speak of as health. With the development of new conditions in our ever more complicated modern life, we have the appearance of new disease-reactions unknown to our forefathers—as burns from the X-ray and radium, trench-feet, drug addictions, diver's palsy and many others which one might mention. With change of environment other diseases become lessened in frequency or disappear, as typhoid fever with better drainage, chlorination of water and vaccination; malaria and yellow fever with the destruction of the breeding grounds of the mosquito; sweeps' cancer with the disappearance of the chimney sweep.

The word environment, medically-speaking, is a very broad term, including such things as fresh air and sunshine; food and drink; temperature and humidity; electrical and chemical influences; all our medicinal agents; occupation; rest and sleep; clothing; bacteria and animal parasites; a golden crown on a septic tooth; even the emotional disturbances of love, hate fear and rage, are in response to external stimuli. The surgeon in removing stones and infection from a gall bladder, a diseased appendix or a tumor obstructing the alimentary tract, is dealing with conditions due to external or environmental causes, the removal of which assists nature in working her own method of relief or cure.

To the intelligent doctor or nurse, therefore, no detail in the patient's environment is too small to be overlooked. An infected suture, an unclean catheter or spatula,

carelessly-prepared dressings or instruments, a badly-cooked meal or a glass of impure milk; exposure to cold; indiscreet or alarming remarks arousing the patient's fears or shaking his confidence, may each of them be sufficient to turn the balance against him in his struggle for life. Thus, servants of nature though we are, our duties and powers are of the widest, with ample scope for the ambition, energy and resourcefulness of the brightest intellects.

That the nurse may be imbued with the spirit and influenced by the ideals of her calling, which have been the same in all ages, though the efficiency of the methods or technique have necessarily varied with the knowledge of different periods, she should know something of the origin, history and traditions of her profession.

Nursing, no doubt, had its origin in the earliest experiences of the human race: it is as old as the pain and suffering which prompted the instinctive love of the mother to nourish and minister to the needs of the infant and other members of her family or to those of her neighbors. In the evolution of the treatment and nursing of the sick, the idea of the family or guild has never been lost sight of.

In the classic mythology, *Æsculapius*, the god of medicine, was one of the lesser deities on Mount Olympus and it is significant that it was his success in healing, which aroused the jealousy of *Pluto*, the ruler of the lower regions, and caused *Jupiter* to slay him with a thunderbolt. After his death temples for his worship were established throughout the Greek and Roman world, under the direction of his descendants and their followers—the *Æsclepiadæ*, as they were called. These temples, of white marble, were usually located in pleasant surroundings among pine-covered hills, like our modern sanatoria, with fresh air and sunshine, springs of good water, pleasant groves and gardens; and thence the sick repaired to worship and to receive treatment. The buildings themselves contained wards and corridors, gymnasia, baths, libraries, rooms for visitors and attendants and quarters for priests and physicians; sleeping porches; and lastly a beautiful outdoor theatre. Can one imagine conditions more ideal for treating the sick? Chief among those temples, that at *Epidaurus* had accommodation for 500 patients. The temples

became centres for medical teaching and the free treatment of the poor. Even our beautiful Wellesley Hospital might learn something of environment and organization from a study of the heathen temples of Æsculapius.

Of the family of Æsculapius, one son, Marchaon, was evidently a surgeon as "he had skilful hands to draw out darts and heal sores" and the other son, Podalirius, was a physician, being given "cunning to find out things impossible and cure that which healed not." Of his six daughters, Hygeia, was the Goddess of Health; Panacea, the restorer of Health, and Meditrina, the preserver of Health. The women of the family, therefore, represented skill in nursing and health conservation. If they lived in our day in Toronto, Dr. Hastings, no doubt, would try to attach the whole family to the Department of Public Health.

It was at the temple of Cos that Hippocrates, the greatest name in medical history, was born in 460 B.C. Hippocrates discarded the superstition of the supernatural origin of disease and enunciated the principle that "morbid conditions are the results of morbid stimuli" and "that natural powers are the healers of disease." His counsel in treatment "to do good, or at least to do no harm" and "to do nothing without a purpose" has its application in our own day as in his. It required over 2,000 years for the world at large to progress sufficiently to appreciate the truth of Hippocrates' teaching, and many have not yet grasped it.

Those who vaunt of our modern progress might consider also the engineering triumphs and sanitary developments of ancient Rome, her aqueducts and baths, the ruins of which are still objects of wonder and admiration.

We have no records of the organization for nursing in those days, but no doubt the necessities of caring for the sick called forth the service which women by nature are best qualified to discharge.

Time will not permit one's tracing the influence of early Christianity on the healing and nursing arts, but the teaching of universal brotherhood, of charity, of service and kindness to the poor, aroused in the disciples of Him, "who came not to be ministered unto but to minister," a zeal to extend their beneficent influences to the masses of the people. The abbeys or monasteries which in time were established throughout the

Christian world were an effort in this direction. They became centres for medical teaching, nursing, cultivation of the household arts, music, languages, copying of manuscripts and in general, were the repositories of learning in the dark ages. The post of Abbess or Mother was of great dignity and influence, aspired to by ladies of the highest rank. In time ecclesiastical influence and the application of rules, such as those requiring the sisters to take vows and be cloistered or confined to the precincts of the abbey, necessarily restricted their usefulness, so far as the people in general were concerned.

Other organizations arose for relief and care of the sick, such as the chivalric Orders of the Knights and Sisters of St. John of Jerusalem, (1050), during the Crusades, and a little later the Teutonic Knights and the Knights of St. Lazarus. The latter undertook the care of the lepers, who were found in thousands in all the great centres of population in those days.

Many of the monasteries and abbeys in time undoubtedly became corrupt, but their suppression at the time of the Protestant Reformation dealt at least a temporary blow to the progress of medicine and nursing, upon both of which they left an enduring impression. The appearance later of more democratic organizations, as that of the followers of St. Francis of Assisi, known as the Franciscans or begging friars, devoted to relief and care of the sick; their associates the poor Clares, organized by Clarissa; the more useful Sisters of Charity, organized in 1633 by the marvellous St. Vincent de Paul, to do secular nursing, and later the various orders of Deaconesses and Sisters of Mercy, were important developments bringing us up to the time of the great founder of modern nursing, Florence Nightingale. The story of her wonderful life and work was the subject of the address by Dr. Brewer a year ago, and I shall not touch upon it.

The word *hospital* is derived from the same root as *hospitable* and the patients are therefore in a sense the guests of the institution and entitled to all the hospitality and attention the word implies. In the minds of the public, *hospital* unfortunately is usually associated with disease and suffering, anxiety and grief; and not without reason; but I am sure that the most frequent and lasting impression on the minds of those of us who work in them, is the happier experience of cure and the joys of convalescence.

As Lady Superintendent, doctors and nurses, the idea of a guild or family still remains with us from the old days and I confess myself to prefer the term Matron or Mother to that of Lady Superintendent, and Sister to that of Nurse, as implying the mutual assistance, loyalty and solicitude which should govern our relationships one to another, in directing the treatment and nursing of the sick entrusted to our care.

In passing from the more sequestered, though no longer cloistered, atmosphere of the hospital, to pursue your vocation in the homes of the people, if you have been imbued with the spirit and traditions of your profession as thoroughly as you have been trained in its practice and ever remember that your first duty and interest is to your patients, you will not go far wrong but will reflect credit upon the institution whose certificate of qualification you have received to-day.

The nurse should realize that the mental attitude of the patient is often abnormal; should sympathize with the anxieties of the family; be careful not to add unnecessarily to the troubles of the disordered household; be considerate of servants, and maintain in the sickroom an atmosphere of restfulness, confidence and hopefulness, without which the greatest efficiency in technique, may end in failure.

May I repeat for you a modification of the oath of Hippocrates, adapted for nurses by one of your own profession, and though not now formally administered, yet its principles are none the less binding:

“You do solemnly vow, each by whatever she holds most sacred:

“That you will be loyal to the physicians under whom you serve, as a good soldier is loyal to his officers.

“That you will be just and generous to all worthy members of your profession, aiding them when it will be in your power to do so.

“That you will live your lives and lead your profession in uprightness and honour.

“That into whatsoever house you may enter, it shall be for the good of the sick to the utmost of your power, and that you will hold yourselves aloof from all temptation.

"Children, how many Play Ladies are there?"

"One" comes the shout.

"How many children? let's count them!"

"Twelve."

"Oh, well, then, how many can I attend to at once?" and there is no more trouble.

With the youngest babies, those of a few months, up to two years old, I tie a soft worsted ball on the side of the crib so that it swings gently to and fro. A swinging red object is supposed to be the first thing that a newly born baby notices. Watching it is his first lesson in concentration. Another day I take a yellow ball, often using balls of all six primary colors when I want to stimulate a convalescing baby. I teach babies the meaning of certain terms, with the balls, as "up, up, up, up high," "down, down, down," and "swing, swing, swing, swing."

Besides this, which I consider the babies' work, we play. I do the "creep-a-mouse, creep-a-mouse, creep-a-mouse, eee little baby down there!" and "peek-a-boo," letting the baby pull the handkerchief from his eyes. When I want to make a baby laugh aloud I have discovered a clown-like way of advancing toward the crib, wagging my head and laughing myself, which is always successful.

For older children, I use the kindergarten methods of paper folding and cutting and clay. A good many of the kindergarten gifts and occupations I do not use, as good work with them requires more supervision than I can give one child alone, and some of the occupations (sewing cards) I find, make them nervous and fidgety. I do, however, use the kindergarten method of making programmes for work suggested by the four seasons and the holidays.

I find many of the Montessori materials ideal for work in the hospital. Madame Montessori's whole idea was to find things so fascinating that, once given to the child, you could leave him to amuse and educate himself with them—and this generally happens when they are presented in the right way. I give children two years old the set of graduated cylindrical

solid wooden insets which he puts into and takes out of the solid wooden bar, sometimes forty-three times, with eager interest. The series of graduated square red wooden blocks fascinate a child for twenty minutes at a time. They are so much less complicated than the general run of blocks, with letters, numbers, and pictures and, for very young children to learn of graduated sizes and about piling things up, is enough.

Most useful of all to me is the set of wooden frames with which I teach buttoning, hooking, ball and socketing, lacing and tying bows. I always follow up this work with experiences with practical things like buttoning up their own blanket wrappers and lacing boots. Several children unable to dress themselves when they arrived in the hospital, have gone home quite capable of dressing themselves and are able to help mother in her need.

For play, these children like to cut out paper dolls and animals, and they especially like to play with a motley collection of things I have picked up, and put together a table made of the wooden socket in which the leg of a piano once rested, and a large wooden spool as a foundation, and a wooden chair and settee and a roughly hewn sideboard with cupboard. Two incomplete sets of toy dishes, wooden and pewter, accompany this.

Older children use the flat metal cut-out geometrical insets. They like to put the squares, circles and triangles into their right places blindfolded, and I tell them of diagonals, diameters, angles and circumferences as I give them new figures. Then I let them draw the figures and fill them in with colored crayons and print names underneath.

Sometimes the doctors question the hearing of a child, and I use my series of wooden boxes containing materials from flaxseed to stones. I shake them, asking which is loudest, and from these boxes we can get the superficial verdict as to hearing, which is required. So much for the Montessori materials which I find hold the concentrated attention of children without too much excitement.

I find that all children like to blow bubbles and children of all ages like the balloons I buy for them at the five and ten

cent store. And they like my handkerchief tricks—the little boy that dances when you count three, the rabbit that hops and the graceful court lady that courtesies.

For children beyond the kindergarten and Montessori age, I get ideas for educational work from the Audubon charts, the American Forestry Department cards, the *Geographical Magazine* and my map of Fairyland.

I hang up one of the Audubon Bird Charts in the spring and ask a child to pick out a bird which he likes. We find out the bird's name from the numbered glossary at the foot of the chart, and I read the account of that bird from the Burgess Bird Book, in which Peter Rabbit and Jennie Wren gossip about their bird neighbors.

The Forestry cards give colored plates of the Gypsy and Brown-tailed Moths, with their antidote, the Calsoma beetle. I tell the children in summer about these tree pests and the beetle that was brought across the ocean to destroy them, and they promise to cherish the "good one" and destroy the "bad one."

Some copies of the *Geographical Magazine* a few years ago, contained delightful pictures of our wild flowers. One little cardiac boy had this pile of pictures by his bedside for several months this summer. I brought him a new wild flower every day. He looked over the flower pictures and told me the flower's name.

Beside the flower number, there was one issue devoted to flags of all the different countries, which the older boys like to look at. They pick out a flag which I draw, and they put in the right colors with water colors or crayons. Children of this age like to play dominoes, which familiarizes them with numbers, also checkers.

My big, beautiful map of Fairyland, is valuable in suggestion for the telling of old-fashioned fairy stories that children ought to know. To see the houses in which Little Red Riding Hood, the Three Bears, and Cinderella live, makes them want to know about them right away. A child knowing all the people alluded to in this colored map, would come pretty near to being well educated from a literary standpoint.

Other suggestions for story-telling are in the rolls of crepe

paper that I buy at Dennison's. They contain pictures of the Pied Piper of Hamelin, followed by the children, some pictures of Puritan youths and maidens, Xmas pictures, etc. These we cut out after the stories are told and they are kept to show father and mother on visiting day.

While the older boys are making flags, I am teaching the older girls to knit and crochet wash cloths and dolls' afghans, and to make worsted flowers by needle-work. The worsted morning-glories have been a very popular industry this summer and, as trimming for hats should save some money for impecunious parents in future millinery bills.

Sometimes I resort to definite lessons in spelling and arithmetic, but not often, and never unless children are especially interested, for stays in the hospital are generally short and school days are long, although one little boy said to me last winter, "Why, Play Lady, when I was in school I didn't know I liked spelling, but I guess I do."

Another diabetic girl I found who liked arithmetic. Each day as the ample dinner of chicken, potato, spinach and ice-cream came in for the other children, this girl would go away by herself and cry over her scarcity and lack of appetizing food—each day until I asked her if she would like—of all things—a lesson in arithmetic! Partly because I praised her, and partly because she could show off before the happily eating children, she no longer dreaded the mid-day meal.

I use a great many picture puzzles for all ages of children. I cut pictures from the covers of magazines, or advertisements, paste them on to cardboards and cut them up in various shapes. Sometimes it is the simple picture of a baby learning to walk, which I cut into eight square pieces. Sometimes it is an elaborate picture of a country school cut into thirty irregular shapes. I follow them with the task of putting together the map of the United States and North America. The latter is the task of the oldest children. Quite young children will put together the easier pictures, which I try to make so bright and funny that the children laugh when they see them completed.

Besides regular play, we have a party once a month. At all parties my fairy chair appears. It is a small, gilded chair, prettily upholstered, with a music box inside the seat; a chair that I have had for twenty-five years. Hundreds of children have sat in it. I say:

"When a good child sits in it, it plays a tune." One by one, I wrap each child that may be moved, in a blanket, and place him in the chair. My chair does not play directly a child sits in it. There is a slight pause, during which I watch the movement of suspense on the child's face when he evidently remembers with consternation, all the naughty things he has ever done, and wonders if the chair knows—the tune begins and a gasp of ecstatic joy is the result. They usually end by asking me to sit down in it. I refuse, principally I acknowledge, to hear their assurance, "Oh, Play Lady, I know it will play if you sit in it." I have used this chair at times to distract the attention of a nervous child who must be examined. Another thing that makes a party is a lovely pink crepe-paper, flower petaled Jack-Horner-Pie. I fasten little toys to the ends of a pink ribbon, and each child pulls out one—a woolly lamb, a tin automobile, etc. Also I have sometimes fancy bon-bon crackers for special celebrations. There are three stages to this pleasure. The little stiff strip of paper sticking out, that you pull and it snaps,—the present, a tin ring, etc., and the colored paper cap.

We have so many foreign children that I try to do a bit of Americanization work sometimes. For several days before the Fourth of July this summer we were talking about the American flag and making it. Then I taught them all how to salute. On July 4th, I borrowed the big and very beautiful silk flag from the hospital library and marched around the wards with it, pausing at each bedside for their salute.

Just now we are making sets of dolls' furniture out of horse chestnuts with pins and brown floss, and drawing and coloring maple leaves, and Jack-O-Lanterns come towards the end of this month. Thanksgiving occupations follow, then the making of Christmas presents.

My work in the hospital confirms me in my belief that there are no naughty children. I did have one boy who tried

to steal everything that I gave him. When he wanted me he ordered, "Isabelle, come here!" But I feel sure he was not a normal child, although there was no diagnosis to that effect. The other children reproved him for his bad manners much more severely than I did. This often happens, that children reprove each other more severely and effectively than do their Olympians.

The other day a new boy called me,

"Nurse, nurse, come here. I want you."

Another boy in the neighboring bed scowled at him.

"You shut up," he cried; "she ain't no nurse; she's a play lady."

There is one more pretty showing of appreciation on a child's part I want to repeat, at the risk of your thinking me too personal. I had spoken of getting my train.

"Why, Play Lady, don't you live in Boston?" a boy asked.

"No, I come in from Milton every day."

"Do you? How far is it?"

"It takes about an hour from my house to the hospital."

"Does it? Why do you come? Do you get paid?"

"No, I do it because I love children and like to be with them."

"Well, now, I call that pretty good."

My failures, so far, have been in finding enough things to interest the oldest boys. I think a short course in basketry would help, and I should like any other suggestions. I have failed too in getting the sand box that I wanted for our outdoor porch, and I have not been able to find any substitute for the live thing, cat or dog, that they tell me is unsanitary—the live pet that I want in this ward in order to teach children responsibility and proper care of dumb animals, as this class of children are apt to be very cruel to animals in their homes.

Work with children in a big hospital ward keeps one eager, because of its variety and its necessary makeshifts. Difference in age of children and the degree of strength of a child, make changing and adapting as important as the original knowledge of appropriate employment, and is always interesting.—*Archives of Occupational Therapy.*

Canadian Hospitals

CORNER STONE OF GRAVENHURST SANATORIUM LAID

Phoenix-like there has risen from the ashes of the big fire at the Muskoka Sanatorium in November, 1920, a larger and greater institution devoted to the treatment of tuberculosis.

While the laying of a corner-stone is usually associated with a building in its earliest stages of construction, it was not so with an inspiring ceremony which took place on July 4th, overlooking beautiful Lake Muskoka. It was an outdoor event, in keeping with fresh air and sunshine, so conducive to staying the spread of disease. The new building, well on its way to completion, was the background for the gathering of the warmest friends of Muskoka Sanatorium, who joined in tributes of recognition of thanks to the City of Toronto, the Province of Ontario and individual contributors to the million-dollar campaign started a year ago, and made the new building possible.

Coupled with the words of pleasure over the early completion of the new building were fine expressions of appreciation of the services of the late Sir William Gage, who was the real founder of the work carried on in Muskoka and at the Toronto Hospital for Consumptives at Weston. Every speaker gave full credit to the leadership of Sir William Gage, who, they said, gave of his time and his means to carry on the fight against the white plague.

As a tribute to his memory, Lady Gage was invited to lay the corner-stone of the new building at yesterday's ceremony. With Lady Gage were her daughters, Mrs. H. H. Love and Miss Gladys Gage.

Ambrose Kent, who was one of four business and professional men of Toronto consulted by Sir William Gage 26 years ago and who made the journey from Gravenhurst on snowshoes, eulogized the courage and foresight of Sir William in the great undertaking which had resulted in lasting benefit to the sick and afflicted. Public health statistics, he said, proved that the fight against tuberculosis was worth while.

He concluded his earnest address with the presentation of a silver trowel to Lady Gage. Following the ceremony, little Edward Kendall, son of the Chief Medical Superintendent, presented Lady Gage with a huge floral bouquet.

Hon. W. A. Charlton, President of the National Sanatorium Association, who presided, made reference to the needs of the work and the great part taken by Sir William Gage, who continued his intense interest in the Association right up to the time of his death, a few months after the disastrous fire. Those who had been helped and put on the road to health were grateful to the late Sir William Gage and his family, who had always been generous contributors to the work of the association.

Mr. A. E. Ames, Vice-President, and the financial genius behind the Muskoka Association, recounted the difficulties met with in connection with the launching of the million dollar campaign, but, he said, success had eventually crowned their efforts because of the confidence of the people of Ontario in the management of the Muskoka and Weston Sanatoriums. He noted particularly the pioneer work of Sir William Gage, Ambrose Kent and Hon. W. A. Charlton and the more recent activities of Senator A. C. and Mrs. Hardy, Brockville; E. L. Ruddy, Chief of the Building Committee, and Alderman J. R. Beamish, representative of the Toronto City Council.

Senator Hardy, speaking as a trustee, said he would not withhold any credit for the work of Muskoka Sanatorium from the people of Toronto. True, many from outside had helped, but it had been Sir William Gage and other Toronto business men who had laid the foundation of the work. Senator and Mrs. Hardy have been generous contributors to the association, the Fulford Cottages being one of their gifts.

E. L. Ruddy said he felt the spirit-of Sir William Gage was everywhere present at the Sanatorium, and praised the enthusiasm of the earliest workers in the fight waged against the white plague.

Ald. Beamish also praised the work carried on at Muskoka. He felt Toronto taxpayers approved of grants made to such institutions, and he promised full support from the City Council in any deserving cause.

C. S. Cobb, the architect, promised the finished building would be a model institution at the minimum of expense. The new building will house 189 patients, bringing the total accommodation up to 450. All the latest improvements will be included, and the building will be absolutely fireproof. "The Sun Cure" will be given on the roof, which has been specially designed with this end in view. The whole structure has a southern exposure looking out on Lake Muskoka, with Muskoka Wharf in the distance. Linked up with the main building are dining-rooms, kitchens and other necessary parts of a great institution. Wards will take the place of single rooms. New central heating and lighting plants and other services will cut down the expense of the operation of the Muskoka Sanatorium as a whole. The trustees hope to make cuts where possible. Every bit of space in the new building will be utilized in getting the maximum therapeutic requirements. Dr. W. B. Kendall, Medical Superintendent, also spoke. Canon H. A. Allman conducted the devotional exercises.

The Toronto party at the laying of the corner-stone included: Lady Gage, Miss Gladys Gage, Mrs. H. H. Love, Ralph Burns, Ambrose Kent, Mr. and Mrs. E. L. Ruddy, George A. Reid, Business Manager of the association, J. J. Gibson, A. E. Ames, Ald. J. R. Beamish and J. M. Grant, who composed and read a poem for the occasion, eulogizing Sir William Gage. Senator and Mrs. A. C. Hardy also came from Brockville, J. D. Vanstone, sen., ex-Mayor of Gravenhurst; Rev. N. H. McGillivray, of Orillia and William Thomson, Orillia, were also present.

WELLESLEY HOSPITAL NURSES' GRADUATION

The beautiful grounds of the Wellesley Hospital, Home-wood Place, Toronto, were *en fete* on June 14th, for the eighth annual graduation exercises. The flag-bedecked lawn, shaded by evergreens, was filled with visitors interested in the proceedings. The platform was on the terrace and was banked with palms and the natural beauty of the place together with the spotless white and blue uniforms of the nurses formed an un-

usually fine spectacle. Seated on the platform were the Chairman, Sir William Mulock, His Hon. the Lieutenant-Governor and Mrs. Cockshutt, Miss Flaws, the lady superintendent, Dr. H. B. Anderson, and the donors of scholarships.

Sir William Mulock opened the exercises with a few remarks praising the work of the hospital. After the Rev. William Auld had led in prayer, His Honor the Lieutenant-Governor, gave a short introductory address. Miss Flaws then gave her annual report. She traced the history of Wellesley Hospital since it was formally opened by the Duke of Connaught and Princess Patricia in 1912. Miss Flaws, after dwelling on the splendid efforts of the Alumnae Association of the hospital and of Miss Smith and Miss Allen, two "originals" who were still on the staff, went on to point out that, of the first graduating class of nurses in 1915, 8 out of 10 had served overseas while the other two had served their country at home. She exhorted this year's graduating class to follow this ideal of service and she was confident that they would do credit to themselves and to their Alma Mater.

Following Miss Flaw's report, Dr. H. B. Anderson made the address to the graduating nurses. He complimented the lady superintendent on the splendid showing of the Wellesley nurses every year. Stating the position of doctors and nurses at the present day, he said: "We doctors and nurses are now servants of nature, but servants though we are, our duties and powers are of the widest, with ample scope for the ambition, energy and resourcefulness of the brightest intellects." The speaker told of the wonderful work done by hospitals even in Greek and Roman times, and was of the opinion that modern medical science could still learn from the ancients. After reminding the graduating nurses of their duty to suffering humanity he quoted from the late Sir William Osler. "Your passport shall be the blessing of Him in whose footsteps you have trodden, unto whose sick you have ministered, and for whose children you have cared."

Mrs. Cockshutt then presented diplomas and school pins to the graduating class of nurses. The following nurses, spotlessly clad in white and eager-eyed, filed up to the platform to receive these diplomas and pins: Miss Mona Robinson, Miss Edith Cale, Miss Annie Carson, Miss Olivia Russell, Miss Lois Baines, Miss Helen Johnston, Miss Alice Brown, Miss Andrina

Caldwell and Miss Mildred Whitfield, all of Toronto; Miss Margaret Martyn, North Bay; Miss Olive Bennett and Miss Jessie Marshall of Sault Ste. Marie; Miss Alice Carleton, Stirling, Ont.; Mrs. Florence Barry, Orillia; Miss Marguerita Pringle, Napanee; Miss Laura Newell, Alliston; Miss Gladys Cousins, Seaforth; Miss Mary Cornwall, Oshawa; Miss Harriet Furniss, Beaverton; Miss Delena Legate, Owen Sound; Miss Olive Aitcheson, Harriston; and Miss Marjorie Hawkins of Blind River.

The donors of scholarships then made the following presentations to the prize-winning nurses.

The Sir Edmund Osler scholarship, general proficiency, Miss Edith Cale, senior division; Miss Florence Barry, junior division.

The Herbert A. Bruce scholarship, proficiency in operating room technique, Miss Margaret Martyn.

The Sir John Eaton scholarship, general proficiency, Miss Eleanor Hinch, senior division; Miss Eileen Harrison, junior division.

The Sir William Mulock scholarship, general proficiency, Miss Elsie Jones, first; Miss Gladys Fawcett, second.

Book Reviews

Nurses' Manual of the Skin in Health and Disease, by L. Duncan Bulkley, Senior Physician to the New York Skin and Cancer Hospital. Illustrated. Philadelphia and London. The W. B. Saunders, Co., 1921. Canadian Agents, The J. F. Hartz, Co., Toronto. 1921.

Dr. Bulkley has succeeded in supplying what an intelligent nurse should know in regard to her share in securing the best results from treatment. He doesn't bother about pathology, very little about etiology or prognosis; or even treatment except in so far as the nurse can aid the doctor in

his work. The various diseases of the skin are described as to their appearance, so that the nurse may know their character and significance. The book may be used as one of reference. The chapters on "Diet and Hygiene" and "The Nurse and Diseases of the Skin" might be read profitably by every nurse—undergraduate or graduate.

Diseases of Children for Nurses. Including infant feeding, therapeutic measures employed in childhood, treatment for emergencies, prophylaxis, hygiene, and nursing; by Dr. Robert S. McCombs, Children's Hospital, Philadelphia. Fourth edition, thoroughly revised. Philadelphia and London. W. B. Saunders Company. 1921. Canadian Agents, The J. F. Hartz, Co., Ltd., Toronto.

As many other text books originated so did this one. The volume grew from the original notes of the doctor who lectured to the hospital nurses.

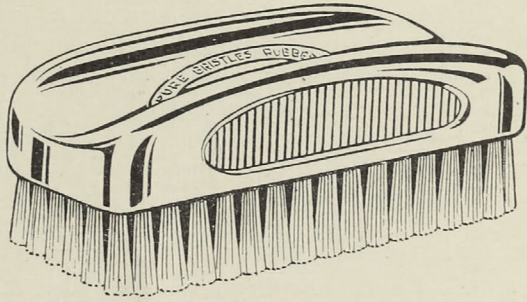
Incorporated are the methods of the hospital with which the author is associated. A brief description of infantile and children's diseases is given, so nurses may know what symptoms to expect and what complications to guard against. Enough anatomy and pathology are given to give an understanding of the human structure in health and some diseases.

A Primer for Diabetic Patients. A Brief Outline of the Principles of Diabetic Treatment, Sample Menus, Recipes and Food Tables, by R. M. Wilder, Ph.D., M.D., Mary H. Foley, Dietitian, Daisy Ellithorpe, Dietitian, the Mayo Clinic. Philadelphia and London, W. B. Saunders, Company. 1921. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

This is a valuable little work of less than 100 pages—just what the practitioner wants when he has to treat a diabetic. The book may also be put in the hands of the intelligent patient, if necessary.

The early chapters deal with the purpose of the diet; the importance of weights and measures to this sort of patient; how food is turned into energy. Then a chapter on urine testing; one on composition of foods; one on the dietary management of the disease and one containing special directions for the patient.

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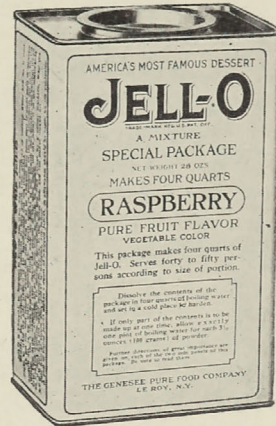
Though Ovaltine has been introduced in Canada comparatively recently, this tonic food beverage is by no means a new product. Made in England, it has been prescribed as invalid food for many years by physicians in Great Britain and Europe, and is used extensively in large hospitals and sanitariums. In convalescence after fever or operation, in tuberculosis or chlorosis, in difficult feeding cases due to gastric or duodenal ulcer, and in all other conditions of malnutrition, as well as in neurasthenic cases, it provides the reinforcement required by the depleted system. It is also extremely beneficial as an addition to the diet of the nursing mother, when it is desirable to improve the flow and quality of the milk. Ovaltine is a combination of diastasic malt extract, milk, eggs and cocoa flavoring, is easily prepared and pleasant to take. Chemical analysis has proved that it contains in proper proportion the proteid, fat and carbohydrates which are essential to the maintenance of life. It is also rich in organic compounds of lime and iron, so vital to bone, blood and nerve tissue, and is rich in lecithin, a complex organic phosphorus compound utilized in the construction of nuclein and the grey matter of the nervous system.

IDEAL BREAD COMPANY

Modern to The Last Degree

Probably nowhere is there a bakeshop which outrivals the Ideal Bread Company for modern equipment. Every scientific method is employed in the making of their products—long since famous for their purity and remarkable quality. What strikes the visitor as most extraordinary is the manner in which Ideal Bread undergoes its transformation. Starting from the dough, it is mixed, kneaded and weighed and put into the baketins by automatic machinery. Then, by a scientific application of the use of steam the gluten, which is the nourishing flavory part of the wheat, is imprisoned in the loaf. This process, therefore, gives the bread a nourishing power, a character—if you will—impossible to be obtained by ordinary baking. When the dough has passed through the steaming process, it passes on through the famous Ideal Travelling Ovens. These are the finest and most up-to-date ovens in the world. They were designed especially for the Ideal Bread

*"Canada's
Most Famous
Dessert"*



*Institutional Size
makes one gallon*

AND it is so acknowledged, particularly since there has come to be such a general understanding of the value of a sane diet in the preservation of health.

Jell-O is a sweet but not an added burden to digestion. It exactly fills the need of the adults who have come to the point of taking a little better care of themselves, or of the family that does not care to serve food in which children cannot join the grown-ups.

THE GENESEE PURE FOOD COMPANY of CANADA, Limited,

Two Factories

Bridgeburg, Ontario

Le Roy, New York

Company by Old Country Specialists. The latest addition to these wonderful ovens permits them to be heated by gas which, too, is the most modern of the world's heating systems. From top to bottom the big Ideal Bread building is spotlessly clean. Every nook and corner is beautifully flooded with golden sunlight. Interior walls are tiled in white, well in keeping with the scrupulous care taken to assure spotlessness. Upon the sixth floor, far above the hot pavements, is a completely equipped lunch-room. All through the building are located innumerable sanitary drinking fountains. The last touch to complete the comfort of its employees are the rest-rooms and shower baths.

STANDARD FLOOR DRESSING.

It has, for a decade or more, been an accepted fact that the greatest menace to successful surgery in a hospital is dust. Antiseptic surgery cannot be carried on if the air is infected with dust in any form, so that it behooves an institution to prevent the atmosphere, in its surgical wing at least, from being contaminated. The most successful antidote to such a condition is the use of a proper floor dressing. Such a preparation is known as Imperial Standard Floor Dressing and by its use dust becomes a thing of the past. Not only that, but it acts as a preservative of the surface of wood, linoleum and oilcloth. One treatment lasts for three or four months, a gallon covering from 500 to 700 square feet of floor surface. Mr. Hospital Superintendent, *nuf sed*.

AN EFFECTIVE REMEDY FOR MOSQUITO BITES.

For many years certain aromatic oils have been rubbed on the skin to drive away mosquitoes. For a long period also alkalies have been applied to the bites in order to neutralize the poison of the stings. Mr. J. S. Tyree, chemist, Washington, D.C., has combined aromatic oils and alkalies in his preparation known as Tyree's Antiseptic Powder, which will be found to be a very effective remedy in all cases of skin irritation. This powder is aromatic and alkaline in just the proportions best suited to prevent and destroy the bites and stings of mosquitoes and other insects. It is also excellent in cases of poison ivy, prickly heat, etc.



DR. JUNIOR: "Yes—I not only tan like an Indian, but this year I am suffering from a severe case of sunburn—"

DR. SENIOR: "Antiphlogistine, my boy—applied thick tonight at bedtime—"

DR. JUNIOR: "What! Antiphlogistine on a—burn? I should think it unbearable—"

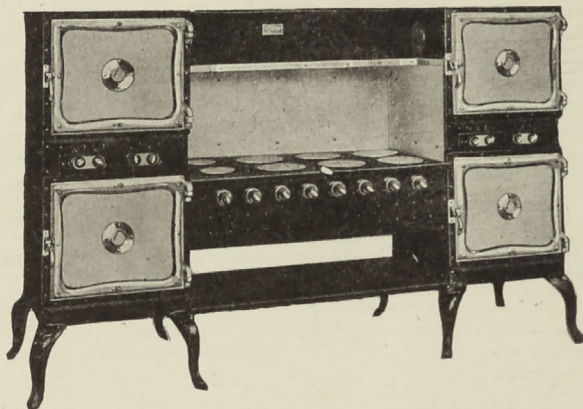
DR. SENIOR: "Oh, you don't heat Antiphlogistine when you apply it to burns, Doctor. You put it on cold."

DR. JUNIOR: "I never thought of using it except after heating it in the usual way."

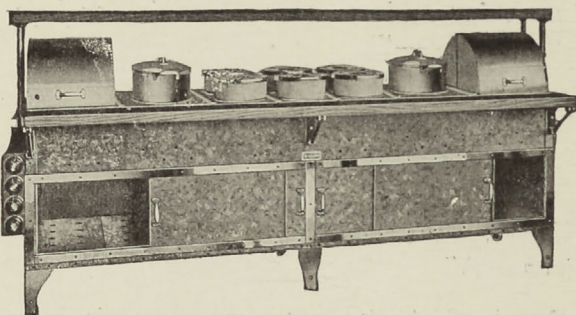
DR. SENIOR: "Well,—I am glad I am still able to add a little to your useful knowledge. During the summer season, Antiphlogistine is mighty handy and very efficacious in Dermatitis Calorica—Dermatitis Venenata—and sunburn. As you say—in regular routine practice the usual way is to heat Antiphlogistine before applying. This is because moist heat continuously applied in deeply seated congestive parts where the integument is intact, quickly restores normal circulation—the first step you know, in the reparative process in all inflammations."

DR. JUNIOR: "But cold Antiphlogistine is indicated in burns. Well, that's a new one on me. I'll try it tonight. Come—I'll play you one more before we knock off."

Electrical Equipment for Kitchens



Heavy duty Electric Range with Four Ovens and eight Elements.



Electric Service Table

Hospital Kitchens require equipment of the very latest type to keep pace with modern demand. The saving of time and labor is an essential factor in successful management. Every moment saved is of value in establishing a reputation for prompt and efficient service. It is therefore logical that you should equip these Kitchens with Electrical equipment for heavy duty work. Equipment of this nature has been successfully in-

stalled during the past year or so and has proved its worth in reducing overhead costs.

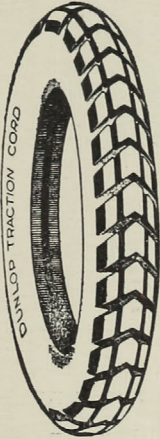
We possess unusual facilities for manufacturing standard and special electrical equipment. Two examples of our latest Electric Range and Service Table are illustrated here. We will submit plans for laying out your Kitchen on receipt of your request—this service is free. Address attention our "Kitchen Equipment" Department.

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Manufacturers of
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- ☞ These tires taught motorists to expect more resiliency, greater air space, larger amount of material, better carrying capacity—in short, bigger mileage; and that is the standard by which all Cord Tires are judged to-day.

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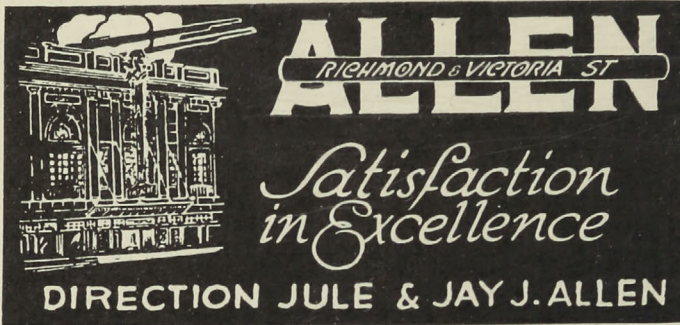
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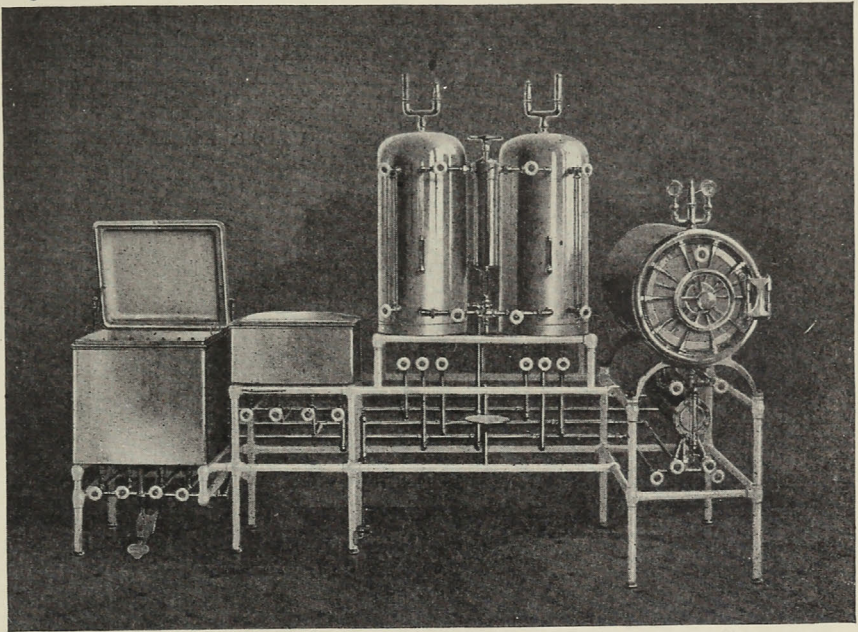
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NON-ALCOHOLIC TONIC AND RECONSTRUCTIVE

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The CHASE HOSPITAL DOLL

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The CHASE HOSPITAL DOLL and *The CHASE HOSPITAL BABY*, demonstration manikins for teaching the care of children, the sick and injured, are made with infinite care and thought to each detail. "Build for Service", is the policy behind all CHASE PRODUCTS.

Nothing but the sturdiest material goes into these products; cloth and cotton batting that have been molded into the human form, hard, raised features, flexible joints, naturally formed bodies, heads, arms and legs, that conform to standard measurements. They are covered with durable, waterproof paint. The larger models are equipped with openings, connected with water-tight reservoirs, representing the meatus, auditorius, nasal, urethral, vaginal, and rectal passages.

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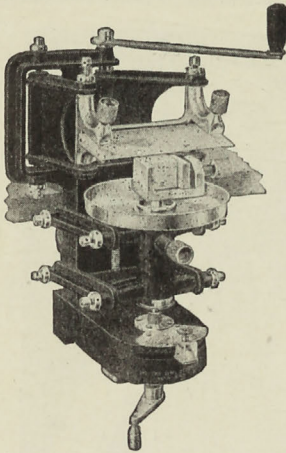
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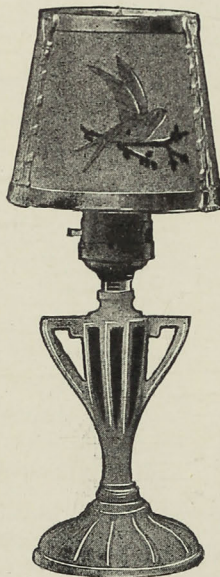
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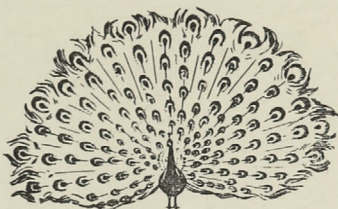


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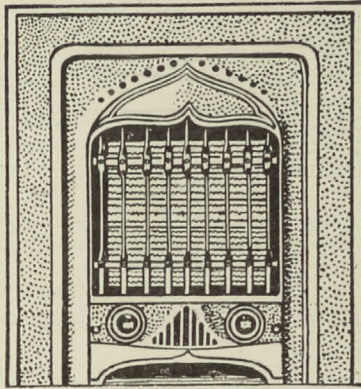
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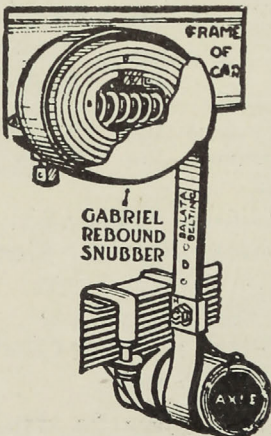
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You could travel the whole world over and nowhere would you find a bakery more scrupulously clean, more thoroughly and scientifically equipped than the Ideal bakery.

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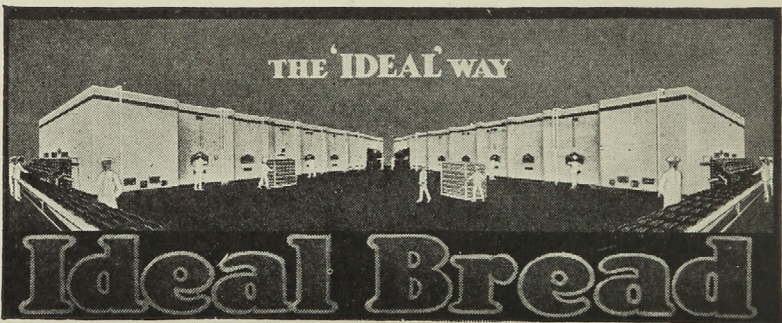
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