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THE HOSPITAL WORLD

Vol. XXIV

Toronto, October, 1923

No. 4

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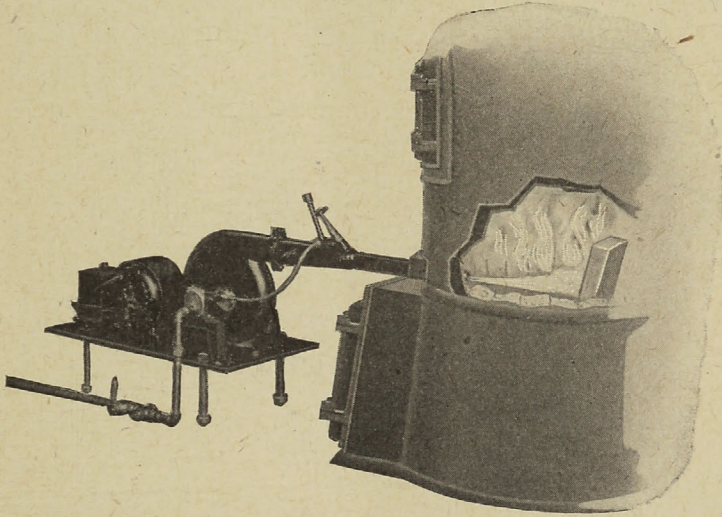
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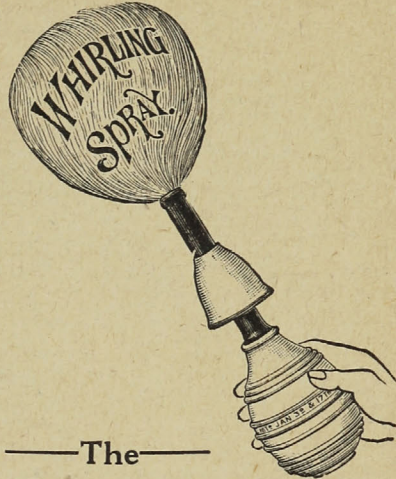
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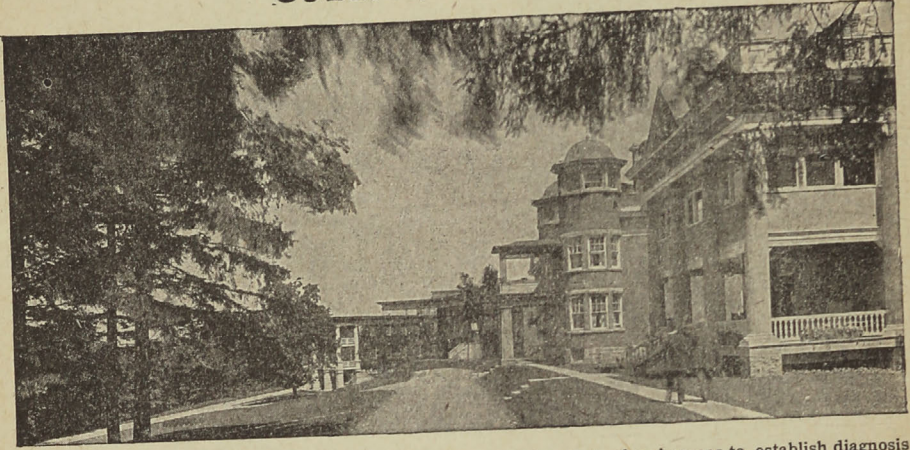
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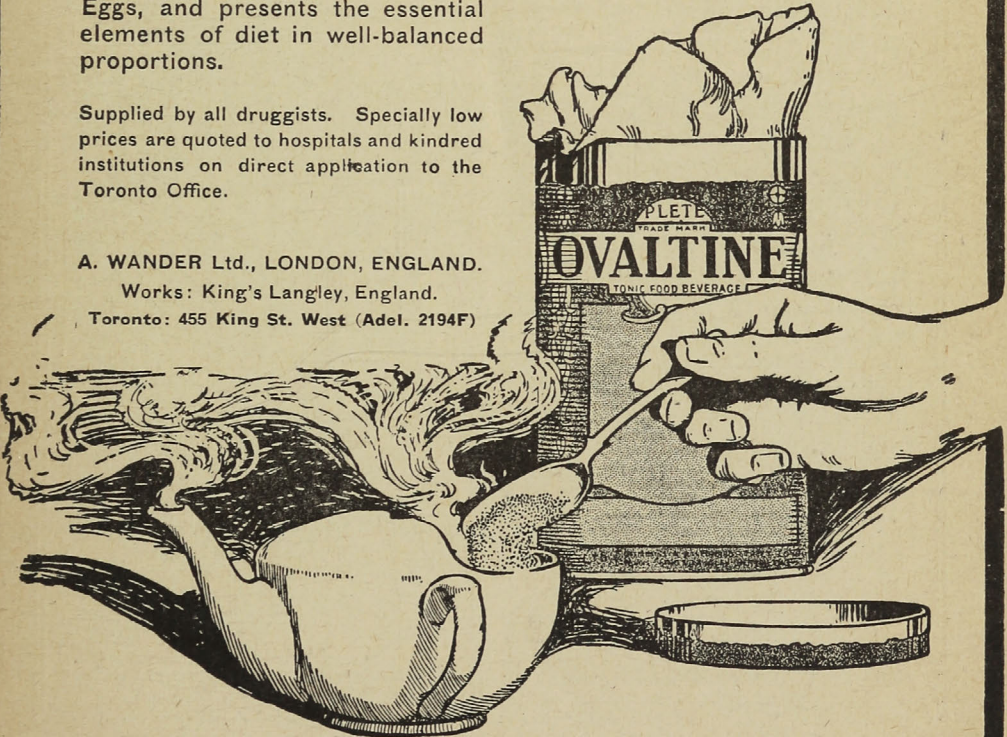
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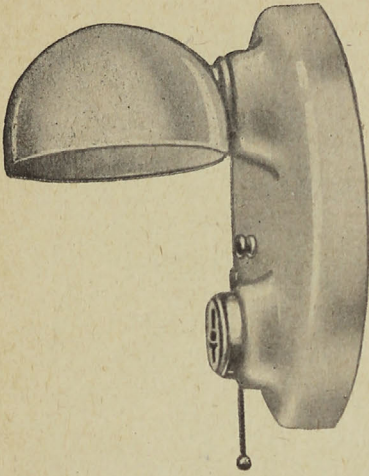
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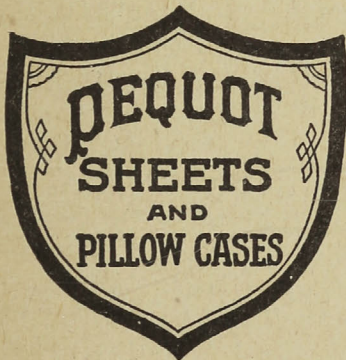
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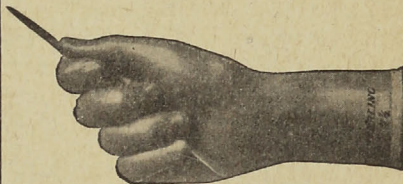
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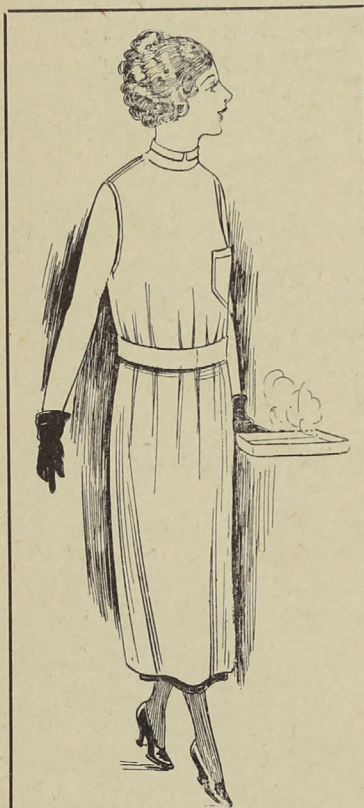
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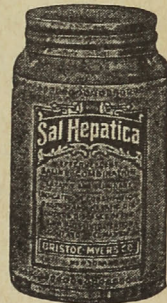
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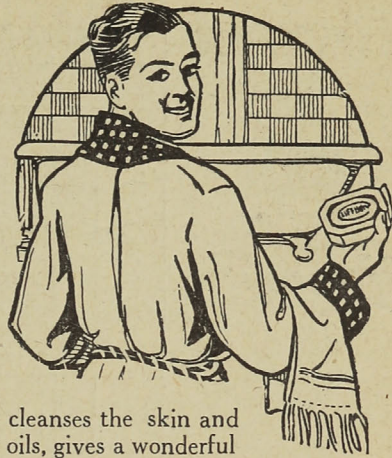
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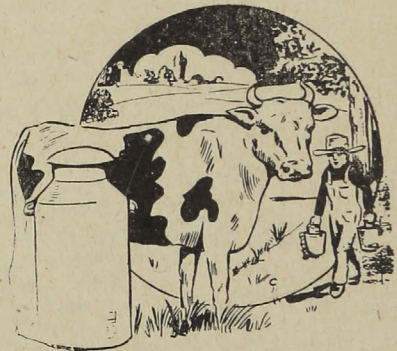
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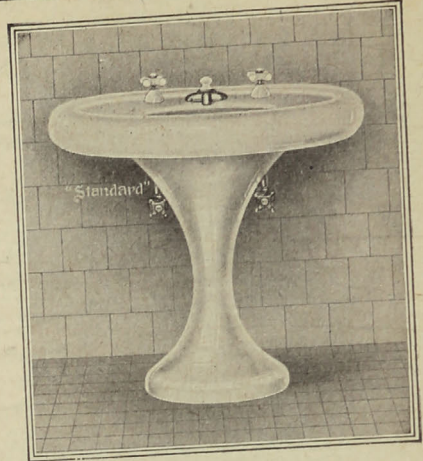
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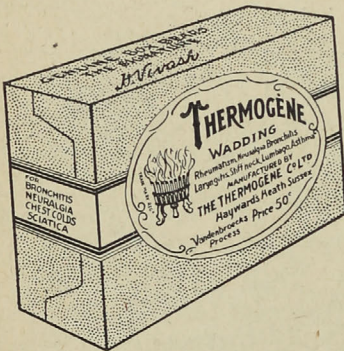
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TORONTO, CANADA

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

Vol. XXIV

TORONTO, OCTOBER, 1923

No. 4

Editorial

Nurse and Patient

On a page preceding the printing of an address delivered by Osler to a bevy of Baltimore nurses in 1907, there appears the following appropriate quotations:

I said, I will take heed to my ways, that I sin not with my tongue: I will keep my mouth as with a bridle. . . .—Psalm 39: 1.

If thou hast heard a word, let it die with thee; and be bold, it will not burst thee.—Ecclesiasticus 19: 10.

The author opens by describing the predicament of a sick man. In the hands of the nurse he is as helpless as a lump of clay. "She stops at nothing; and between baths and spongings and feeding and temperature-taking, you are ready to cry with Job, 'Cease thou, and let me alone.'"

Osler describes nurses as "intruders, innovators, and usurpers, dislocating from their tenderest and

most loving duties these mothers, wives and sisters; but they are an added blessing to the household, with certain limitations. At their word one often sees order and quiet replace chaos and confusion, not alone in the sick room and household; having, as Darwin says, 'put all to rights.'

"*Per contra* the nurse, instead of being a messenger of joy and happiness, may become an incarnate tragedy—with a protracted illness, an attractive and weak Mrs. Ebbsmith as nurse, and a weak husband—and all husbands are weak—here are fit elements for a domestic tragedy, which would be far more common were nurses' principles less fixed. On the other hand, the nurse may become a fascination to the sick wife. One poor swain was heard to remark anent the nurse, 'She owns my wife body and soul, and so far as I am concerned, she has become the equivalent of her disease.' "

"Nurses," continued Osler, "are frequently in households the miseries of which cannot be hid; all cupboards are open; they become the involuntary possessors of the most sacred confidences. That part of the Hippocratic oath which enjoins secrecy should be administered to every graduating nurse.

"Taciturnity—a discreet silence—is a virtue little cultivated in these garrulous days, when the chatter of the bander-log is everywhere about us; when, as some one has remarked, speech has taken the place of thought.

"To talk of diseases is a sort of Arabian Nights' entertainment, to which no discreet nurse will lend her talents. . . . The habit of openly discussing

ailments is an abominable practice. This open talk about personal maladies is an atrocious breach of good manners.

"Nurses should resist the fascination of a desire to know more, much more, of the deeper depths of the things they see and hear. This ignorance is very tantalizing, but it is more wholesome than an assurance which rests on a thin veneer of knowledge."

Osler turned once to a fine example of the learned nurse, and asked in a humble tone what the surgeon (whom he had failed to meet) had thought of the case? She replied promptly, "he thought there were features suggestive of an intra-canalicular myxoma;" and when Osler looked anxious, and asked, "Did you happen to hear if he thought it had an epiblastic or mesoblastic origin?" this daughter of Eve replied without flinching, "Mesoblastic, I believe!"

Little Details

The department of the hospital dietitian is today acknowledged as one of the important factors in hospital therapeutics. Drugs have yielded largely to diet lists. A ration, rightly proportioned in food value, of proper quality, and quantity, is recognized as an important element in treatment in every first-class institution.

But, unfortunately, much is still to be desired in the cooking and serving of food in a large number of our hospitals. The carefully selected and well-

appointed tray for the high-priced, private ward may be above criticism, except, perhaps, in its too frequent waste of imported luxuries. But the bulk of the trays in the semi-private and public wards are too often neither attractive nor appetizing. In quantity, quality, or temperature—sometimes all three—the food lacks that appeal to the palate that predicates a good digestion. As a consequence there is both food waste and unsatisfied appetite.

Most patients are peculiarly susceptible in the matter of their food. Its savoriness and appearance mean enjoyment in the partaking. There is so slight a difference at times between the tray that appeals, and the tray from which the patient turns away.

To make the standard of difference in serving food too markedly one of wards, private and public, rather than between the patients themselves, is an error.

The instruction of nurses in dietetics has perhaps been confined too entirely to the chemical aspect. The serving of a simple meal is as important as the cooking of the same. And further, the personality of the patient should enter somewhat into consideration, since there are psychological food values as well as chemical ones.

An intelligent nurse should quickly recognize the varying food idiosyncrasies of each patient, and as far as possible, adapt her tray service to meet each need.

The Spice of Danger

"To have a good time, one must do something injurious to the body," so jokes a clever little take-off. "Nourishing food is always nasty," supplements a hospital patient. Other crisp utterances may be picked up anywhere by an attentive ear to indicate how generally the sentiment still prevails that right and wholesome living is largely a matter of negation—food without salt, life without "punch."

It would be interesting reading if our Health Departments were to issue a bulletin giving directions how to have "a good time" in the common acceptation of the term, sanely, hygienically, entirely wholesome, and yet with the "punch" in it that appears so desirable to all but the very young or very old.

The conception of "a good time" is that of something just a little beyond the ordinary—something outside the humdrum of daily living in food, dress, work and social relationships. It is really adventure that we seek outside the pale of colorless routine of "dout's and do's." When adventure ceases to be adventure it no longer attracts.

A gateway bore the placard, "Keep out—Danger." The boy went in on a tour of inspection.

"I wanted to see what the danger was," he explained later, adding gleefully, as he nursed his splintered arm, "and I found it."

Precisely! He found it, and had the satisfaction accruing therefrom.

Among the many excellent medical health pamphlets let us have one on how to have a good time with "punch"—and safety.

The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

Toronto, Canada

The official organ of The Canadian Hospital Association, The Alberta Hospital Association and The British Columbia Hospital Association.

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All Communications, Correspondence, and Matter 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 IDEAL HOSPITAL*

MR. A. H. LEANEY, HOUSE GOVERNOR, GENERAL
HOSPITAL, BIRMINGHAM.

My first duty to-night is to offer what defence I can for consenting to read to you a paper on the Ideal Hospital. On the face of it, you might very well object to one who has had comparatively little experience in hospital administration and who has not yet arrived at the age of wisdom daring to lay down what he considers to be the ideal hospital.

But I wish at the outset to make it quite clear that I am not going to attempt to sketch for you *the* ideal hospital but simply my own present idea of what that hospital should be, hoping that by expressing my own views, I may draw out observations and criticisms which may be of use to my audience and to myself.

We constantly hear of the greatness of the work we are called upon to do and we believe it right to style it a vocation rather than a profession or occupation. If that is right—and who can deny it?—surely it is worth while for us occasionally to think about it and see how we can best fit ourselves for so high a calling.

I would add just one more personal note. Those responsible for my giving you this paper to-night were influenced, I am told, by a paper, with a similar title, which I gave to our Midlands Branch a year or so ago. Now that paper was really the outcome of friendly chaff. Having earned the reputation of being an idealist, I had often been asked by way of a joke—and my friend the president of the Midlands Branch was the chief sinner—to read a paper on the Ideal Hospital. One evening, much to the surprise of my tormentors and myself, I consented.

However, to-night I do not want you to consider with me the ideal hospital as a joke nor even something worthy of occupying an hour of our time but rather as something it is our duty to consider.

Now what is an ideal, and of what use are ideals? An ideal is something that exists in fancy or imagin-

*Read at a meeting of the Incorporated Association of Hospital Officers, held at 28 Bedford Square, London, Eng., April 27, 1923.

ation only and is incapable of being attained. As one of my best friends would say: "Then why bother about it?"

Nothing of any value has yet been done in this world excepting by those who have followed an ideal. If the human mind is to develop its powers to the utmost, it must concentrate its energies upon something outside itself and also upon unattainable perfection. It is only by so doing that our powers are harmonized and fully developed. If our aim be inwards—on self, in other words—our powers become distorted, stunted and incompletely developed; they may even become divided against each other with disastrous results.

If time and your interest permitted, I would be willing to develop that statement, but it would lead us into a vast subject. If there are any present who would dispute it, a little reflection will soon dispel their doubts.

But the actual attainment of perfection is fortunately not essential to our development; it is the striving towards it that is all important.

I will leave this part of what I have to say by just laying down as an axiom that a striving towards an ideal is essential to the development and progress of the human mind. It applies to everything—not only to hospital work.

I do not intend to spend the time at my disposal by theorizing, and I want, if I can, to deal with practical life and offer some practical suggestions as to how we can stimulate our interest in our duties and increase our efficiency for the benefit of both our hospitals and ourselves. I will try to suggest some ways in which we may get near to the ideal.

So much then for the ideal. May I next endeavour to define a hospital? Of what does a hospital consist? Apart from bricks and mortar and furniture and equipment (things altogether too material to be worthy of consideration to-night) it consists of:

1. The patients.
2. The controlling authority—the governors, the board, or whatever we may term it.
3. The medical staff.
4. The nursing staff.
5. The industrial staff.
6. The domestic staff.
7. The administrative staff.

Let us try to picture the ideal from the standpoint of each of these sections, taking the "average" individual in each case.

What is the patient's ideal hospital? It is an institution where the best medical and surgical treatment can be given and where that treatment is meted out with sympathy and kindness. Where there is no waiting to come in; no irritating delays, no begging for tickets, no red tape, and no unnecessary intrusion of finance while lying ill in bed. From talks with many patients I gather that to be a fair representation of their ideal.

And then the governor's or the board's ideal. The average member of the board as I know him wants to come down to the hospital as often as his presence is really necessary and no more. He is a busy man and can scarcely afford the hour or so a week during which his presence is required. He wants everything needing decision placed before him with brevity and clearness, the point at issue emphasized, and above all, he wants a definite suggestion made to him—he wants a lead. Apart from this, he just wants the hospital to do well, to be economically and properly managed, to be free from complaints from patients and their friends, from adverse criticism in the Press and he wants the hospital to be free at any rate from too embarrassing a debt.

And what does the medical staff look for? First of all of course interesting clinical material, the best equipment, good nursing, the minimum of rules and regulations, cleanliness, smartness, good tone and, above all, a hospital to be proud of.

The nurse looks for very much the same conditions as the medical man in the hospital itself; but she also wants the nurses' home to be equipped on the lines of a college where there will be a pleasant and educative social life. She would also like reasonable remuneration and provision for old age.

The industrial staff is to my mind, a very important section. The hospital engineer, plumber, carpenter, attendant, porter, is usually a most interesting and often a loveable type of man. His devotion to the institution is often

not only very pleasing but very encouraging and inspiring. Apart from his actual work, which brings him considerable happiness, I think he yearns most for consideration on the part of those for whom he works (the ward sister for example) and for a little appreciation of the work when it is done.

The domestic staff is an important section and, while some of its senior members may shew that devotion to the institution and its officers which is one of the glories of hospital work, I fear the ideal for the majority of them would be as little work and as much pay as possible.

And last, but by no means least in importance, comes the administration. Taking the administration collectively, I think they like to feel above all that they are attached to an institution of importance. They like the medical staff to be composed of men of great ability and distinction, the nursing staff to be capable but human. They like to be treated as if they were an integral part of the institution. They want to take a definite part in its work, to do it well and under convenient conditions. They wish their chief to be one capable of holding a definite position in the hospital world, and they look to him to train them as efficient and worthy secretaries of the future. Leaving on one side a natural desire for reasonable remuneration and emoluments, I take it that is a fair description of the ideal as it presents itself to a member of the office staff.

If all these demands are to be met we see how much depends upon the administrator, and in my opinion we cannot over-state how much depends upon him. I feel certain in my own mind that not only does the efficiency of each individual hospital depend mainly upon its head officer but the efficiency and the continued existence of the voluntary hospitals depends ultimately upon the head officers. That is the point I wish to emphasize to-night. That, to my mind, is at once the key and the problem of the future of our hospitals. I believe that the present chaotic condition of the voluntary hospital system and its insolvency is due to the failure of the hospital officer, and its solution can be found only by hospital officers. The urgent question is: can we wake up to that fact in time to save the voluntary system

or shall we be content to expend our energies in demanding with a loud voice that the system must be maintained at all costs and yet do nothing to maintain it?

I do not know whether the president feels tempted to rule me out of order and chide me for leaving my subject; but I suggest that the ideal hospital depends so much upon an ideal head and if he does not appreciate his responsibilities in the direction I have indicated, he falls sadly short of the ideal as I see it.

I should like next to develop the statement that each section of the hospital depends largely upon the chief officer. Let us first take the *board*. What are the main duties of a board? They are responsible to the subscribers and governors for the conduct of the hospital and their duties may be divided into:

1. The getting of income.
2. The spending of it.

Now the getting of income is an extremely important matter and the board ought to have a definite policy with regard to it. They should not allow money to drift in by way of legacies and subscriptions and from the results of spasmodic and sensational appeals. If the work of a hospital were spasmodic it would be another matter, but it is not. The demands are constant, and the whole resources of the hospital are required every hour of the day and night on every day of the year. The income should therefore be constant.

And here we come to a great problem which awaits solution at the present time. With regard to the raising of funds there seems to me to be much chaos, much hysteria and very little clear thinking. The methods or lack of method of many hospitals shew signs of panic. They have beaten the big drums and played on the feelings of the "public" to such an extent that they themselves are played out. They have covered their buildings with devices and mottoes of every kind but still the funds decline to come in. Many have put self respect and all thought of the dignity of their work on one side and given way to the prevailing craze for excitement and something for nothing. I refer, of course, to the

lotteries and ballots which are to my mind a blot on the voluntary hospitals.

There are then two ways of raising money; the spasmodic and sensational appeal and the steady pressure of a well-considered organization suited to the special needs of the district.

The fundamental fallacy underlying the spasmodic, hysterical method is that we can still conduct hospitals as we did a generation ago when they were run for the free treatment of the poor from the superfluous wealth of the rich. Because they were run on funds given voluntarily and because treatment was free, they were called charitable institutions.

I do not deny that much good was intended and done under that system, but I do say that the whole thing was immoral and therefore not in the best interests of the nation. I think it is far more moral that the poor should receive better wages and be in a position to pay for their treatment—I mean indirect payment through their organizations. It was sometimes elevating to the rich to give, but it was very degrading to the others to have to receive. Whether you accept that or not, conditions *have* altered greatly. The surplus wealth is very much in other hands to-day—hands not so ready to give, and the working man does not want charity; he wants to claim his treatment as a right.

We ought to face reality. We are organizations offering the best medical and surgical treatment at the lowest cost which efficient management can give.

That is not necessarily the end of charity. After all, the other was mainly vicarious charity and good deeds lose much of their value when performed by proxy. There is still plenty of scope for charity—and a charity of the highest kind—in the way the treatment is given.

I believe the ideal principle is that each hospital should obtain its own income in its own district by its own methods—each extraneous organization which is set up to try to do for hospitals collectively what each should do for itself only dissipates energy and is detrimental to the hospital in the long run.

Every hospital should have a definite policy as to the raising of funds and that policy should in the case of the larger

hospitals be carried out by a specially trained staff responsible to the administrator.

Where does the hospital officer come in here? you may ask. Well, if a policy is to be successful it must be known to and accepted by everyone working in and for the hospital; it must be the creation of one mind or compiled by one mind. It must not be a patchwork of ideas—some antagonistic to others—contributed by several members of the committee.

The administrator must see that it is understood and accepted by his colleagues, and he, with his intimate knowledge of the hospital itself, the district it serves and the people it serves, is the best fitted to formulate a policy.

Just as the Allies muddled along in the War with a patchwork policy and ultimately found salvation under unity of command, so will a hospital find salvation by unity of policy.

An undoubtedly important help to the raising of funds is a definite and bold policy on the part of the board as regards the facilities offered by the hospital. They should be ready to provide the very best equipment and keep abreast of medical and surgical knowledge. They should also be ready to do their share in research. If extensions are needed they should be taken in hand with confidence. More courage is needed in this direction and hospitals which have adopted this course have shewn it to be the right one.

There is another point which I know will not command general acceptance. I do not believe that a hospital with an overdraft attracts more support than one free from debt. I look upon that as merely another instance of failure to face changed conditions. There is nothing to be gained by juggling with accounts or making transfers to reserve funds, etc. It is far better to tell the whole truth and offer to our supporters a clear statement of the exact financial position.

Another important help is to make the work and the needs of the hospital familiar to its potential users by conducting parties over the hospital. In many institutions this is now a part of the regular routine with excellent results.

In some hospitals the experiment has been tried of asking members of the medical staff to give a simple demonstration and lectures to meetings of workpeople interested in the hospital. This is an excellent way of familiarizing these

people with the work of the hospital and it shows them how their money is being spent.

If the methods I have indicated are adopted we shall then have travelled a good way towards the ideal, namely, that no patient or member of his family is asked for contributions during the time he is under treatment. If a patient is able and willing to give, let him give by all means, but it is better for him to give during health through his Works Benevolent Fund.

Time will not permit of my saying more on the subject of income although it is of great interest to me. We must consider the board's policy as to the spending of money and the part played by the chief officer in this direction. The old method has often been to go on spending and meeting the demands of the staff after a reasonably protracted opposition and to add up expenditure each quarter. The chairman then makes the usual pessimistic speech which most of us know by heart like a nursery rhyme, and the older members of the board look into the future with horror and say something must really be done while the younger ones are duly optimistic and are quite certain the public will never allow the good work of the institution to suffer for want of funds. Then a special committee is appointed and a lot of money is spent in the getting out of returns, and a lot of time and energy sadly needed in the administration of the hospital is consumed all to no purpose.

The same principle of letting people understand where income is required should be applied to the spending of it. And first of all the board itself should see light.

At the beginning of each year a budget should be prepared shewing the anticipated income, and that income should be allotted under the several heads of expenditure. Month by month the actual expenditure should be compared with the budget, and special requisitions considered in the light of the financial position.

The policy of enlightenment should be carried to the medical and nursing staff and all other sections. Each physician ought to be given in a sample form the cost of his wards and laboratories, and the surgeon the cost of his wards and theatres. And above all the matron and the ward sisters

should know month by month what each individual ward and department is costing. The statement should be as complete as possible, but it must be simple. This method is known as the costing system, and, provided it is not taken to extremes, I believe it to be capable of important results. Not only will it make for saving and general economy, but it will help in the raising of income by giving confidence to the business world.

And for costing to be a success it must be employed judiciously by the administrator; he ought to know exactly what every department is consuming and costing.

It would be extremely useful if each section of the staff were addressed by the head of the hospital each year after the annual report and accounts are published. Not only would such enlightenment arouse interest in the work of the hospital as a whole but it would make for the utmost economy.

Another important duty of the board is to accept responsibility for the welfare of the staff employed by them. It is not sufficient to engage and pay a staff for the several purposes of the institution. It is a duty to look after the physical and moral well-being of the employees. The average works or large office is far ahead of the hospitals in this direction—although some of us are beginning to see our responsibilities.

It has often occurred to me—and I am sure to many of you—what great opportunities are presented for advancement in knowledge and for encouragement of the social virtues by the large number and variety in type of people who live together in our institutions. Not only would the staffs themselves benefit by an organized social life, but the hospitals and the world outside.

It is not only medicine and surgery that have made such great advance in recent years. Equal advances have been made in other sciences, such as education and sociology, and the truths they have discovered for us should be made use of and applied to the benefit of our fellow-workers. Hospitals must not be content to be isolated units; they need in every way to be far more a part of the world outside.

Before leaving the question of the governing body I would like to express my views as to the ideal relationship between

its members and the chief officer. The statement that the latter is appointed to carry out the wishes of his board is only half the truth. He should be capable of forming those wishes. He should lay down policy both internal and external. I do not say that he should openly dominate his committees, but I believe they look to their managing director to lead providing he is not too aggressive. He must administer his ideal as to policy by homœopathic doses—he must master the art of suggestion.

My knowledge of the classics is not a wide one, but there is one passage in Cicero's "de Senectute" which so aptly describes my ideal administrator that I ask your permission to give you a translation of it. He is likening an old man to the navigator of a ship, and says:

"While some climb the masts, some run up and down the gangways and others are pumping out the bilgewater, the navigator sits quietly in the stern holding the tiller."

That would make an excellent subject for a paper on the ideal administrator. It seems to me to set out so well the idea of display of physical energy on the part of others—all necessary and quite proper, of course—and the contrast of self-control and restraint and hidden mental energy of the one who directs the more obvious energies of his colleagues.

With regard to the medical staff, the administrator should try to understand clearly their aims and their policy; he ought to understand in general outline new advances in medical science as they are made. He gradually attains a very fair amount of medical knowledge and is therefore in a position to instruct the lay members of the board in a way they can easily understand. As a quasi medical man and as a layman he makes an excellent liaison between the professional staffs and the lay board at all times. Professional men are notoriously unbusinesslike and unmethodical (although there are, of course, exceptions) and the layman can do much to help by introducing method into their business meetings.

There are many problems affecting the nursing staff, particularly at the present time, and it is essential that we should be thoroughly conversant with them. As so much depends

upon a proper solution a right judgment is important, and the board must see the problems in all their aspects.

The timid policy, or lack of policy, in many hospitals, is doing much to undermine the nursing profession. It is another instance of failure to realize altered conditions. Although nursing has changed from voluntary work on the part of ladies of means to a profession, the conditions of service have scarcely changed. We need well-educated, intelligent women as sisters and nurses, but we decline to offer salaries and conditions which will attract the right type. There is no need for me to dwell on this subject, because it has been so much before us during the past few years; but I would like to add that I personally would offer an attractive salary and pension and really comfortable accommodation to ward sisters in particular, because an efficient staff of ward sisters is the backbone of a well-run hospital.

I have already touched upon the domestic and industrial staff and expressed my view that we need to give far more consideration to their welfare.

In emphasizing the importance of the superintendent, the house governor or the secretary, whatever he may styled, I do not wish to suggest that he is the only person of importance or that he is capable of running a hospital by himself. Far from it. His ability to do good work depends to a very large extent upon those who work under him. His function is to clear the path for the others and see that there is a minimum of hindrance to their being able to develop their powers for the common good. His own experience and his own power will greatly depend upon how much he gets from his colleagues and subordinates. He is the clearing house of information. He must consider, reject and accept as his judgment dictates and, having digested the information placed at his disposal, he hands on the finished product to his board.

No institution can run well unless all, and particularly the heads of departments, can work together. Regular meetings of the heads of departments at which the affairs of the institution are freely discussed are a great help towards smooth and combined effort.

But it requires high qualifications in a man to be able to stimulate many people of different type and temperament to

give their best. It needs high qualifications to assimilate and form correct judgment upon the information and help to be derived from those people. And then again it needs uncommon powers to present a policy to a board in the best way and to stick to it against inevitable opposition and to be undismayed by delays, prejudice and ignorance. All this needs special knowledge of human nature and that can be obtained only if we really understand ourselves.

Think of an average day in the life of a superintendent. Added to all the matters I have enumerated, are interviews with members of every kind of profession and trade. There is every imaginable kind of difficulty to be solved and the way one has to switch suddenly from one point of the compass to its opposite is often quite amusing although that in itself is a tax upon our energies.

What hope is there then that any man could fill so difficult a task with satisfaction? And the answer is: there is no hope. The demands are so great that no one man could entirely fulfil them. The ideal is unattainable. But, given certain conditions, he may gradually get fairly near it.

If one tours the hospitals of this country one is struck most, I think, by the fact that each has its peculiar excellence and that they all differ quite markedly from each other. That, on the face of it, is all to the good; we welcome it as a sign of individuality and therefore of strength. It may, however, also be a sign of insularity and that does not make for strength. If every problem of ours were being faced by those hospitals (each in a different way) it would be pleasing to see so marked a difference, but what we actually find is that individual hospitals are tackling a few of the problems only.

Every suggestion I have made to you to-night as being part of an ideal administration is being carried out with success somewhere. What we must endeavor to do is to unite these successes and, as far as is humanly possible, see that each institution shares them.

Now what are the conditions under which the individual officer may hope to get nearer to the ideal, and under which hospitals generally may share in the sum of individual excellencies? What machinery can be set up to help us?

The machinery already exists in this association of ours. It only remains to use that machinery. It cannot be used to advantage unless the majority are willing to join in making it efficient.

If such an association is to be a success every member must have one aim in view—to give all he possesses freely for the benefit of his fellow members. He should take stock of his opinions on all matters of moment and be prepared to express them at such meetings as this. Very few people enjoy preparing or reading a paper. Apart from the difficulty of persuading oneself that one has anything worth saying, there is always the natural objection to risking making oneself look foolish through failure. But we ought to remember two things. Firstly, if we are right in holding our positions, we must have some experience to recount for the benefit of others, and he is a poor man who cannot express at least one thought, which, if it does not help immediately, will at least stimulate thought and so help indirectly.

To those who have not yet gone through the ordeal of preparing and reading a paper, may I add one word of comfort, and it is this. Even if you make no impression upon your audience and do them no special service you will at least have compelled yourself to face your own views squarely and to form definite opinions on the subject you are dealing with. Not only will that make for peace of mind, but you will often find it of great practical value to yourself and your committee to possess definite views on matters connected with your work.

I should like to say, with all respect, how much I regret the absence from our meetings of men holding the highest posts in our profession. I feel certain from what I know of them that they do not realize how much they could help us and our hospitals by their presence and criticism. If they realized their potential value they would be the last to withhold it.

And we know there are some who do not join us because they object to something or other in our constitution or proceedings. That always seems to me so poor an excuse. Surely the right course for such people is to try to amend those deficiencies and, for the sake of others as well as for their own, to make the association worthy of their support.

An association such as this could play a large part in the ideal hospital; indeed, to my mind the ideal hospital is impossible without it. I know I am at issue with some of our most respected members, but I still believe it a mistake to say this association has no right to consider policy. It has no right to dictate it, but it has a right and a duty to consider it. Without a definite policy—a definite aim—we can never get very far. By giving our attention to questions affecting our own welfare we are dealing with symptoms and not with the disease itself. Let us treat the disease and the symptoms will disappear.

We ought to look at our great work in its relation to the world outside. Europe, and therefore our country, is in the melting pot. Its future cannot be left in the hands of the so-called leaders who are merely men who voice the feelings of the unthinking majority.

Our hospital system is so closely interwoven with the social machinery of the nation that it can play a great part in moulding the future.

The voluntary system stands for unselfishness and sympathy in a selfish, materialistic and thoughtless age. It is worth preserving for itself and for the general benefit of the nation, but without the co-operation for which I plead I can see no hope of the voluntary system being maintained.

And in conclusion I only want once more to emphasize the importance to my mind of our own personal efficiency and our own outlook. If our aim is to fill a position as head of a great institution, and if we intend to measure our success by the number of beds under our charge, and the amount of our salary and emoluments, we shall be utter failures. If we are to succeed we must try to forget ourselves and work with one object only—the highest good for our patients, our staffs, and everyone connected with our hospitals. We cannot succeed if we try to stand alone. Each of us needs all the help that our colleagues can give. Let us give it freely. Let us, by the aid of a united and enthusiastic association, take up the urgent call for a definite policy in the hospital world—a definite ideal. If only we could do that—if only twenty or even a dozen of us could do it—we should ourselves be

amazed at our powers and our progress towards what seemed unattainable.

We are highly privileged men and women. On all sides to-day we hear complaints of the monotony and lack of feeling in the daily work which the majority of people are forced to perform. Their work tends to destroy all that is best in human nature. If our work has a fault it lies in its infinite variety; it is intensely human; it calls out of us all that is best in human nature and gives every hour golden opportunities for the development of character and individual personality. We must not think of its many difficulties except to welcome them as means to an end. And that end must be ideal work carried out under ideal conditions by ideal men and women.

B. C. HOSPITAL FIRE ROUTINE

H. C. STEEVES, M.D., MEDICAL SUPERINTENDENT,
PUBLIC HOSPITAL FOR INSANE, NEW WESTMINSTER, B.C.

The mental organization of this province operates in three separate units, one situated at New Westminster, the old original hospital; one at Essondale, six miles from the city, the new hospital site where our new institution is being built and will eventually be the mental hospital of the province. The third unit, for the insane criminal, is situated at Colquitz, Vancouver Island.

At the parent hospital in the City of New Westminster we have a city fire alarm box at the central porter's desk and the man on duty there is instructed to call the city immediately the institution alarm rings. Every ward and every building of the institution is covered with a Gamewell fire alarm box, which is constantly kept under supervision and in order. Each ward and vantage point about the institution is supplied with Canada La France chemical fire extinguishers and each ward has, in addition, a two-and-a-half inch fire main and fifty feet of hose, which is frequently inspected and kept in constant readiness for use. Alarms are frequently run in and all appliance and apparatus inspected at that time as well as the con-

formity to drill which the nurses, attendants and patients carry out.

Attached is a copy of instructions placed in the hands of every employee, who is expected to be familiar with them and is frequently examined regarding the contents.

NEW BUILDING FIREPROOF

At the new hospital at Essondale, the building is of reinforced concrete construction and contains nothing inflammable except hardwood floors. However, here we also have a fire alarm system and fire mains and hose equipment on every ward and every danger point. For the protection of this building and also for the residences and other buildings about the institution we maintain a motor fire truck carrying large chemical fire extinguishers and hose ladders, lanterns, etc., which constitutes the usual equipment of a fire truck.

At the hospital for insane criminals, also a reinforced concrete and tile building, there is practically nothing inflammable whatever, excepting the furniture and bedding. Here, too, however, we maintain a fire alarm system with fire standards hose and hydrants, and hose in readiness to meet any emergency which may arise.

We are fully alive to the serious menace of fire in a mental hospital and constantly keep before our employees the need of great care in this connection. Our patients are not permitted the use of matches and as much care as possible in supervising their smoking is exercised.

The fire instructions for employees follow:

TO RING IN AN ALARM

(1) Open the door of the alarm box by turning the key. (2) Pull down the hook to the bottom and then release it. (3) Close the door.

The number of strokes and time between strokes tells the number of the box run in and locates the nearest point to the fire. Count the strokes and thus know where the fire is by consulting the box directory card. Each alarm will repeat at least three times, some of them four times, giving ample opportunity to correctly locate the number.

WHEN AN ALARM RINGS, EVERY ONE IS ON DUTY

Go immediately to your ward, whether it be day or night. See that every room is emptied of patients and the doors locked so patients cannot return to rooms. Line patients up in orderly line ready to march from the ward when the signal comes to do so. A second alarm will mean to vacate the building. In case of vacating, take patients to airing court. When all is in readiness to leave the ward, two at-

tendants will remain with the patients and all others go to the location of the fire to assist in fighting it.

AT THE SCENE OF THE FIRE

Ring in the alarm no matter how small the fire may appear. Take no chances. One attendant uses the chemical extinguisher; all others attend to the patients until aid arrives.

Bed patients must be removed to the day rooms, using the blankets as a stretcher and be properly wrapped in blankets to be carried out should need arise. This is important.

A FIRE AT THE NURSES' HOME

Break the glass, thus starting the gongs. Go at once to Miss Fillmore's bedroom and ring in the box located there. Use chemical extinguishers located in the corridor on each floor.

MECHANICAL STAFF AND OUTSIDE GANGS

During the day the dining room steward will ring the bell in case an alarm comes in. All gangs will congregate in charge of one attendant on the lawn in front of the plumbing shop. All other attendants go to the scene of fire to assist.

The mechanics will gather at the fire hall and take hose reel to nearest hydrant and connect up ready for use. Bring out the ladder wagon for use if needed.

The hall porter will put in the city alarm at once when local alarm rings in. **DON'T WAIT.** *We need all the help we can get.*

Lawn house nurse will start gongs in nurses' home.

At night, the engineer on duty must immediately turn on all lights.

The night supervisor will ring in city alarm, then go to the scene of fire, to assist in the getting out of patients. All others get on duty as quickly as possible and get all patients ready as in the day.

Alarms will be rung in at various times, at least once a month, for fire drill purposes. Whenever the alarm rings, carry out every detail; *it may not be a drill.* Stand in readiness to leave the ward until inspected and instructed to disperse.

Study this thoroughly and know it well. You will have to practise it and know how to carry it out. It will be too late to learn after the fire has started.

ALBERTA'S MUNICIPAL HOSPITAL SYSTEM

ARTHUR K. WHISTON, SUPERVISOR OF ORGANIZATION,
DEPARTMENT OF PUBLIC HEALTH, EDMONTON, ALBERTA.

Oliver Cromwell once said, "Trust in God, my boys, but keep your powder dry"; the philosophy of this statement meaning: Providence helps those who help themselves.

Year after year all over this continent, hospital, medical and nursing associations have been grappling with the all-important problem—the better care of the sick and the provision of the

very best facilities to relieve suffering humanity. The better the service, the greater the cost, and generally speaking, the greater is the burden upon the sick or afflicted.

Is there anything more valuable than human life?

Is there an asset to a country greater than the new-born baby?

If sickness visits a home, is the best service too good?

In a province such as Alberta, which has been described as a country of distances and opportunity, can this service be made readily available when required? This question has been answered in the affirmative by the action of the people of the province themselves.

MUNICIPAL HOSPITALS ACT PASSED

Upon the statute books of Alberta is to be found an act entitled, "the municipal hospitals act," which provides ways and means whereby the people may help themselves and bring within reasonable access, the maximum of hospital service at the minimum cost.

In the early development of a new country, pioneers must necessarily endure hardships and inconveniences, but as development proceeds and population increases, the bitter lessons of the past should teach the people to avoid the experiences of those who have broken the trail. It is only a matter of a few years since the first hospital was put in operation in what is now the province of Alberta, but since the province has been formed, development in connection with all health matters has been proceeding rapidly.

In this country of great distances, the cost for medical attention and hospital service is extremely high. In fact it is not extravagant to say that many people are burdened with liabilities incurred through sickness. The rural people of the province a few years ago decided that ways and means should be provided to bring adequate hospital service nearer to them and, in consequence, cheapen the expense incurred through sickness.

ORDINARY HOSPITAL BEYOND MEANS OF PEOPLE

A hospital to be efficient must be successfully financed. Hospitals operate and keep their doors open, deriving their

revenue by a schedule of fees, which, while not extravagant or out of proportion for the service rendered, makes it practically a penalty to be sick if the service is participated in by persons of limited means. In other words, this type of hospital, in order to function, must depend upon revenue derived from so many sick persons at a fixed sum per day, plus the usual extras in accordance with the class of service rendered.

If this type of hospital, even while performing heroic work and giving satisfactory hospital service, was found to be outside the means of the greater majority of the people, then there was only one alternative and that was for the people to assume the burden collectively and by co-operation, and the municipal hospitals act in an exemplification of this endeavor.

What is a municipal hospital in Alberta? A municipal hospital is an up-to-date, modern, fully equipped institution, built, maintained and operated by the people of a hospital district and supported by direct taxation, this revenue supplemented by a schedule of fees; a place offering service to the persons liable for hospital taxes and to those who are not by the payment of a fixed annual sum; a place where a man and the dependent members of his family may obtain hospital service including bed, board, nursing attendance, drugs and dressings, and the use of the X-ray where installed, at the rate of one dollar per hospital day.

The revenue necessary to maintain and operate the institution and to provide funds for the annual repayment of debenture indebtedness is derived by direct taxation or from revenue paid by the people individually, while well, through a hospital tax. The funds so obtained guarantee the continual operation of the hospital and constant service to those needing care and attention.

Briefly, the municipal hospital system exemplifies the great command, "Bear ye one another's burdens." How often is it found that when sickness visits a home finances are at a low ebb! Therefore, how imperative that in time of health, we should prepare for sickness!

A municipal hospital is a splendid example of applied brotherhood and true community spirit, and is a very strong link in the binding together of the people of the district which it

serves, for the institution is the very exemplification of united effort combined for the common good.

The municipal hospital is governed by an elected board. The capital required for the erection of the building and the annual maintenance and operation charges all are provided by the people of the district. The government pays a per diem allowance of fifty cents per hospital day, under the hospitals ordinance, a similar allowance to that paid any other approved hospital.

The first municipal hospital in the province was erected in 1919 in the village of Mannville and was placed in operation in October of that year. On December 31, 1921, there were twelve municipal hospitals, nine operating and three in the course of construction.

Space does not permit a full description of the general details in connection with municipal hospital activities, but, by comparison with the year 1920, of the records covering the operation of the institutions for 1922, the following statistics might prove of interest:

	1922	1921	1920
Number of hospital days	60,807	39,995	29,585
Number of patients admitted	5,003	3,098	2,439
Number of maternity cases	856	645	444
Number of major operations	408	345	156
Number of minor operations.....	1,074	688	424

SYSTEM SOLVES PROBLEM IN NEW COUNTRY.

Does the municipal hospital system offer the solution, or provide the panacea for hospital ills? So far as Western Canada is concerned, it would appear that the answer should be in the affirmative for it must be remembered that in a new country, capital flows in, not out. Consequently, institutions cannot, for some years at least, become endowed, and it is apparent that only two classes of hospitals can function, namely, the institution deriving its revenue from so many sick persons, or the institution of the municipal hospital type which derives its revenue from so many well persons, who when they are sick and desire service, obtain the same at the nominal fee referred to.

HOSPITAL RATES.

DISTRICT	RURAL TAX RATE	RATEPAYERS' HOSPITAL RATE
Mannville	3c and 3 mills	\$1.00
Vermilion	3c and 3 mills	1.00
Drumheller	3½c per acre	1.00
Islay	3c per acre	1.00
Cardston	3c per acre	1.00
Bassano	4c per acre	1.00
Onoway	3c per acre	1.50
Viking	3c per acre	1.00
Hanna	3c per acre	1.00
Provost	3c per acre	1.00
High River	3c per acre	1.00

The people of this province, more particularly the rural residents, are found to be fully in sympathy and accord with this great movement, and it is not unreasonable to expect that within the next few years, hospital service of the type provided under the municipal hospitals act, will be made available to the great majority of the rural people.

TORONTO'S NEW RECEPTION HOSPITAL

Commencement of building operations on the Reception Hospital, Toronto, to use its official title, brings this city into line with the latest ideas in the way of treatment and diagnosis of mental diseases. Local psychiatrists and specialists in nervous diseases are gratified that the step has at last been taken which enables those who are mentally sick to submit to proper medical care without the revulsion which usually attends the routine of commitment to an insane asylum, while for those in less fortunate circumstances, languishing in jail while the report of an alienist is awaited, will be a thing of the past.

The building which the city is to erect on Surrey Place, adjoins Queen's Park, will accommodate sixty-five patients and a staff of fifty, and is planned as a sort of clearing house for all mental cases in the district, and at the same time will be in a position to administer treatment where observation indicates that a temporary nervous disorder is responsible,

and that scientific care at the proper time will cure a condition which would otherwise be allowed to run on until a long term case, frequently incurable, is developed.

Co-operation of the province, city of Toronto, and the university, in the construction of the hospital concludes negotiations which have been hanging fire for over ten years. Public sentiment first became aroused in 1912, when it was known that some twenty or thirty insanes were left in Toronto jail. Agitation resulted in the opening of the pavilion, in the old general hospital on Gerrard Street, for the purpose of receiving mental cases and for their early treatment, but on the understanding that adequate accommodation would be provided elsewhere. Use of the Gerrard Street buildings as a barracks in 1914 necessitated the removal of the ward to Trinity Park, however, and the work was carried on under handicap until 1919 when the reception hospital idea had to be temporarily abandoned owing to the dilapidated condition of the building in which it was being carried on.

Discussing the cases handled in this short time, Dr. Harvey Clare, Superintendent of the Ontario Hospital, who directed the work, said: "Of 3,000 cases which came to our attention, 1,900 improved to such an extent under the treatment which we gave that they were able to be returned to their homes. The remainder proved too far advanced, and were transferred to Queen Street."

Discussion of sites and plans continued until 1921, when the University of Toronto, desirous of securing better facilities for the teaching of psychiatry, offered the site on Surrey Place, according to the provisions of an Ontario statute, with the understanding that the city would furnish the building, and that the province would staff, administer and maintain the new organization. An agreement to this effect was drawn up a short time ago under the direction of Sir William Meredith, and permitted the start of the building operations, once signatures were affixed.

Need for a specialized hospital of this kind reflects the latest ideas on the treatment of mental disorders, according to statements of local psychologists. Insane people are of two kinds, it seems—and by "insanity," is meant any condition

which renders a person unfit to look after himself or his affairs—those in which a crisis which will be reached, and with proper attention, safely passed, and those which prove chronic attacks requiring prolonged treatment in the recognized institutions for the purpose.

Commenting on the place which will be filled when the new building is in operation, Dr. Eric K. Clarke, psychiatrist for the department of public health, stated: "The Ontario hospital is equipped primarily for the treatment of well defined cases of mental disorder, and the one who is afflicted with a mild attack, or whose case is in doubt, may be treated in the General Hospital, or he may be kept under observation in the jail. Such patients should not be mixed with ordinary medical or surgical cases, however, as happens in the General. While the jail is not the place to take care of sickness—and mental cases are just as responsive to scientific treatment as are any others. People suffering from a nervous breakdown are one type of patient who will be dealt with at the new hospital. Frequently due to highly strung nerves, 'nervous breakdowns' can be cured after three or four weeks of proper care."

It is for this reason that special provision will be made in the equipment for hydrotherapy, and for electrical treatments. Baths of various kinds have been found to work wonders in the case of persons whose nerves have secured the upper hand.

Patients need have no hesitation in taking treatment at the new hospital. Treatment at such a place is nothing to be kept dark, or to be lived down. Further, it is hoped that should examination indicate that the patient is a chronic sufferer, he and his relatives will look with greater favor on admission to an Ontario hospital, because they will have the satisfaction of knowing that there has been no superficial examination, or careless certification to an asylum.

No stigma attaches to treatment at certain sanitarium in the province, although the cases, and frequently the treatment, are similar.

An out-patient department will be a feature of the Reception Hospital, which will make periodical examinations of those discharged from Queen Street, from Whitby, and from

its own wards. Likewise, social service workers will keep track of certain of the patients, as a percentage, particularly those ordinarily treated at the jail, are known as delinquents. Curable pathological conditions will be eliminated as stumbling blocks in the paths of these unfortunate sufferers, however.

"Insanity in its many forms is attributable largely to three factors," Dr. Clarke explained. "General medical conditions, and to some extent inherited weakness, are responsible, but there are many precipitating factors, such as shock, worry, or overwork. The modern idea of psychiatry is to take hold of your case early, and clear it up, before it becomes a permanent institution case."

The hospital will provide facilities for the teaching of psychiatry to medical students, which have been needed for some time, and it is expected will be opened in approximately one year's time.

NATIONAL HOSPITAL DAY CELEBRATION AT THE ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALBERTA

A programme was prepared several weeks in advance which provided for a celebration extending over a period of four days. On the evening of May 11th the annual nurses' graduating exercises were held, at which prizes, diplomas and pins were presented, and a very inspiring address on nursing was delivered by Dr. Fuller MacPherson, one of the city's most prominent physicians. On the following day, May 12th, at two o'clock in the afternoon, citizens and friends visited the hospital. A large platform having been previously erected on the hospital grounds immediately adjacent to the front entrance, short addresses were delivered by the chairman of the board, Mr. W. T. Henry, His Worship, Mayor Duggan, and the medical superintendent, Dr. H. R. Smith. These were followed by a most inspiring address by the Rev. Comyn-Ching, Rector of Christ Church, on the "Life of Florence Nightingale."

Following this address the Lieutenant-Governor, Dr. Brett, in a very pleasing and able manner, conducted the ceremony of unveiling a beautiful bronze tablet, which was presented to the hospital by the Women's Hospital Aid, inscribed on which were the names of those who had contributed to the furnishings of the hospital. Another very pleasing feature of the afternoon's programme was the planting of a tree by the nurses of the 1923 graduating class. This was presided over by Mr. J. A. McDougall, one of the old-timers of the city, who has been, for many years, greatly interested in the work of the hospital.

The 49th Battalion Brass Band was present. The music rendered by them was excellent, and was greatly appreciated, not only by the visitors but by the patients all through the hospital. It was feared by some that those very ill might be disturbed by the music, but without exception the patients expressed themselves as being grateful for the opportunity of listening to the splendid entertainment.

All mothers who had babies born in the hospital in the last two years had been invited, some six hundred and seventy-five invitations having been sent out. A great many of them responded and brought their children with them. Refreshments were served on the grounds and an opportunity was given the visitors to inspect the hospital. On the following day, Sunday, May 13th, the Salvation Army Band rendered excellent music on the hospital lawn which was thoroughly appreciated and enjoyed by the patients and their friends. On Monday, May 14th, the ratepayers of the city were given an opportunity to express, by ballot, their approval of the hospital by-laws totalling \$115,000. The members of the hospital board, Women's Hospital Aid, and all the friends of the hospital did their utmost to induce the citizens, on this occasion, to vote favorably for these by-laws with the result that they carried by a large majority. This money is to be spent in erecting an addition to the Nurses' Home, a new laundry and an extension to the heating plant. This was the first occasion on which the Royal Alexandra Hospital undertook to celebrate National Hospital Day and it was, undoubtedly, a very great success.

NEW NURSES' HOME OPENED AT WHITBY.

With Mrs. W. J. Hanna to formally officiate and with Hon. Dr. Forbes Godfrey to deliver a brief address, the Conservative administration which did so much to inaugurate enlightened care of the feeble-minded and the one which is now seeking to continue that policy, were linked together at the opening of the two new nurses' homes at the Ontario Hospital, Whitby, on August 15th. It was Hon. W. J. Hanna, whose widow performed the ceremony, who gave special attention to the development of the Whitby institution, and the opening of the nurses' residence added to it a detail of equipment which must inevitably make for its greater efficiency, as well as for the greater comfort of the nurses who make the care of the unfortunate patients their mission.

The buildings themselves are thoroughly modern in equipment and conception. Built somewhat in the bungalow style, they are airy and light to an extent which makes them cheerful. They are furnished in a manner to make them most attractive as well as most comfortable for their inhabitants. They represent a thoroughly progressive idea of construction, and are designed to fit in suitably with the development of the institution to one caring for 2,000 patients, which Hon. Dr. Godfrey forecasted in his address.

Hon. Dr. Godfrey spoke briefly of the manner in which hospitals were a reflection of civilization and suggested also the plans for expansion of the Whitby institution which he entertained. "In 1921," he said, "when the last census was taken, I believe the population of Ontario was 3,000,000. In the different hospitals for the treatment of mental diseases on October 31st, 1921, there were 7,734 patients. This was the actual number who slept in hospitals that night, and does not include those visiting or out on probation. Approximately this is one of every 380 population. In newer provinces the proportion is not so great. For instance, in Massachusetts and New York State, where the organization is more thorough and older, the percentage is considerably larger. Down in the Southern States the percentage is one in 800. In other words, the better you make your hospitals, and the higher the degree

of civilization, the more people will be picked up and placed in hospitals.

"In 1921 the population of the various hospitals for mental diseases in Ontario was increased by 271. In 1922 this population increased by 384. When times are hard more people are forced to place their relatives who are mentally afflicted in hospitals. When people are working and have money they frequently take their patients out and provide for them at home.

"I do not think that insanity is on the increase, but when Ontario has a population of 4,000,000 you will have approximately 2,000 more patients in mental institutions than we have at the present time.

"This institution, The Ontario Hospital for Mental Diseases, beautifully situated on the shore of Lake Ontario, with an area of probably 500 or 600 acres is a new institution begun in 1912, and probably the finest hospital of its kind in the world. A lasting memorial to one of Ontario's greatest men, Hon. W. J. Hanna. It will probably accommodate 1,500 and I think that before many years have passed we can probably reach 2,000, and from an economic standpoint this will reduce the per capital maintenance cost."

Speaking of Dr. J. Forster, superintendent of the Whitby Hospital, Hon. Dr. Godfrey paid a glowing tribute. The speaker referred to him as one of the ablest men in the medical profession in the province, and certainly one of the most suited for the great responsibilities which the position carries with it.

The Government was also represented by Hon. George Henry, Minister of Public Works, and by various officials of the Provincial Secretary's Health and Public Works departments.

SCOTCH SURGEON ARRIVES

Among the cabin passengers to arrive on board the C.P.R. Montrose from Liverpool on August 24th, was Sir Henry M. Gray, M.B., F.R.C.S., eminent Scottish surgeon of Aberdeen, Scotland, who has come to Canada to take over the duties of chief surgeon at the Royal Victoria Hospital in Montreal.

NATIONAL OFFICE, CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

The Executive Committee of the Canadian National Association of Trained Nurses wishes to announce that a National Office for the Association has been established at 609 Boyd Bldg., Winnipeg, Man., with Miss Jean S. Wilson, Reg. N., Executive Secretary, in charge.

The nurses of the various associations affiliated in the National Association have long felt the need of a headquarters' office with a full-time secretary, and at the annual meeting held in Edmonton in June 1922, a majority vote of the associations represented decided on the establishment of such an office.

It is the wish of the members of the National Association that this office should become a bureau of information for the various branches of the nursing profession in Canada. Nurses wishing to obtain positions should send a request to the executive secretary for an information form. Hospitals, institutions and organizations employing registered nurses are recommended to refer to the executive secretary when wishing to obtain the names of nurses available for their needs. No fee or commission is charged for any assistance received through the National Office.

The duties of the treasurer and archivist have been delegated to the executive secretary.

MEMORIAL HOSPITAL AT ST. THOMAS

Beneath the fairest of summer skies, the corner-stone of the Memorial Hospital, the \$200,000 institution that is being erected north of the Amasa Wood Hospital in honor of St. Thomas' sons and daughters who served in the late war, was laid with fitting ceremonies by Col. Harry Cockshutt, Lieutenant-Governor of Ontario, on August 29. Hundreds of persons from the city and country witnessed the event, and tendered his Honor a royal welcome. In the evening his Honor and members of his party were guests of the city at a brilliant banquet in the Grand Central Hotel, at which some 150 attended. An automobile drive around the city and a public

reception in the Chamber of Commerce clubrooms preceded the banquet.

An illuminated civic address was presented the Lieutenant-Governor by Mayor Raven at the corner-stone laying, and also a silver trowel from the architects, Messrs. Darrach & Findlay of St. Thomas.

The presentation of the British Admiralty war service medals to seven members of the local St. John's Ambulance Brigade also took place in connection with the hospital ceremonies, the Lieutenant-Governor officiating.

Dr. C. J. Copp of Toronto, Assistant Commissioner of the St. John's Ambulance Corps, introduced the nursing sisters, and spoke briefly on their splendid record in the war.

The completion of the hospital is anticipated early next year. It will provide accommodation for sixty beds, and will be equipped with all the modern facilities. One of the features will be a large memorial hall in which tablets setting forth the deeds of the local soldiers will be erected. The other memorial feature is the extension of free hospital care and treatment to all returned men of the city in need of the same.

DEFICITS IN THE TORONTO HOSPITALS

Four of the Toronto hospitals, Grace, Western, General and St. Michael's show deficit on maintenance for the year of \$2,442, \$18,130, \$29,501 and \$8,035 respectively, and the Hospital Commission has asked the Board of Control for payment of fifty per cent. of the amounts, which was agreed to. The City Auditor reported that he concurred with the auditors of the hospitals' accounts.

GIVE CASTLES FOR HOSPITAL PURPOSES

Lord Londonderry and Lord Boyne have made generous offers to present Seaham Hall and Brancepeth Castle respectively to Durham County for hospital purposes, notes the Durham correspondent of the *London Times*. Both Seaham Hall and Brancepeth Castle are admirably situated and easily adaptable as hospitals or convalescent homes, and were so used

during the war. Brancepeth Castle has been the seat of the Russell family since the eighteenth century. Originally built before the conquest, Brancepeth dates from an earlier period as a castle than any other in the country. Lord Boyne is now living at Burwarton, Bridgnorth, Shropshire. Seaham Hall was closed by Lord Londonderry owing to heavy taxation and the cost of upkeep. It has been in possession of the Londonderry family since 1822.

BIG BLAZE IN HOSPITAL

Damage estimated at \$30,000 was done on July 12th to the General Hospital at St. Catharines, when fire broke out in the old wing of the institution. The nurses acted with great bravery, carrying and assisting patients to places of safety through heavy smoke, which soon filled the building.

Fortunately, the hospital was not crowded, there being only about sixty patients. The fire originated in a maid's room in the third storey, presumably from an electric wire, and the flames spread in all directions, going rapidly through the roof. Firemen were quickly on the scene and had a hard fight to stamp out the blaze, which was not easy to get at.

Book Reviews

Success in Practice, by C. H. Ash—a Brochure, published by the Roycrofters for The Spencer Lens Co., Buffalo, N.Y.

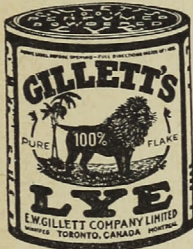
This is a brochure that, from a mechanical standpoint, is a credit to any firm. It is "Roycrofter" all the way through—the paper is most beautiful and the printing a credit to the trade. The brochure is most interesting, giving a great deal of information regarding Pasteur, the father of bacteriology, and one of his successors, C. A. Spencer, (born in Lenox, New York) who devoted his entire life to optical problems, particularly the development of the microscope and the origination of the Spencer Lens Co. of Buffalo, whose microscopes are so well known in Canada. The brochure will be sent free of cost to any physician making request for a copy.

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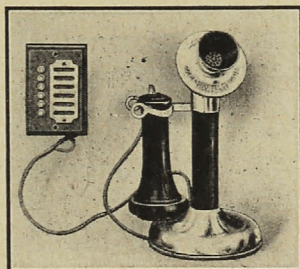
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SOFT WATER IN THE HOSPITAL.

The hard water problem in the hospital, which has been the cause of extensive inconvenience and large expenditures in the past, has been solved. It is now possible to have soft water anywhere. No longer is it necessary to be located where the water supply is soft to be able to reap the immense benefits which can be derived by its use. There are now on the market machines to soften hard water by removing the troublesome salts of lime and magnesia, which cause this hardness. These machines, or softeners, are small, compact, easily operated and inexpensive. They require very little attention and the water is softened instantaneously as it flows through the mineral bed. This mineral is a substance supplied by nature. It is mined in a natural state, and processed for commercial use. The softener consists of a tank or container filled with this mineral, with the necessary valves and piping to control the flow of water through the machine, together with a brine tank to hold the brine used for regenerating the mineral bed.

The advantages of using soft water in a hospital or institution are numerous. In the laundry department the use of soft water saves from thirty to sixty per cent. of the washroom supplies, which in itself is a large saving. In addition to this, there is no soap curd left in the linen after washing. This results in a much cleaner and whiter quality of work, and leaves the linen with a sweet, fresh odor. This curd is formed by a combination of soap and the hardening salts in the water, and cannot be washed from the linen. When hard water is used, large quantities of soda and bleach are used to counteract the hardening salts, which have a detrimental effect upon the linen. This is done away with when using soft water, with a resultant saving in linen replacement. This saving is an important item, and in most cases is higher than the saving in supplies. In the boilers, soft water eliminates the scale already formed, and prevents new scale from forming, thereby reducing the fuel consumption considerably. No boiler compound is used with soft water, and the elimination of this item means additional savings. Soft water is excellent for the bath, for shampooing and general toilet purposes. It is not irritating to the skin and after shampooing, leaves the hair with a brilliant lustre. Many hospitals have already installed water softeners, with the result that their hard water problems have been definitely and efficiently settled. Further information regarding water softening and filtering equipment, for any purpose, may be obtained without obligation, from The Refinite Company of Canada, Limited, 305 Continental Life Bldg., Toronto, Ontario.

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HUNYADI JANOS NATURAL MINERAL WATER

is again procurable in Canada. Hospital Superintendents should always bear in mind that HUNYADI JANOS is *not a manufactured water*. It is bottled in Hungary. *THE LANCET* (London) says of Hunyadi, "Since its composition is constant, its medicinal effects will not be variable."

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It has recently been called to our attention that physicians and dietitians are attaching considerable importance, in the treatment of diabetes, to Junket made with milk.

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and sweetened with saccharine fills the desire for sweets, and furnishes all the food elements of milk pre-coagulated for easier digestion.

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It will be a welcome sign to many to note that E. W. Gillett Co. Ltd., are at last able to place upon the market sodium bi-carbonate in such a state of purity as to be pre-eminently suitable for medicinal use. This compound is made by the carbonating of ammoniacal brine solution under pressure—the resulting bi-carbonate of soda being washed, further purified and dried in an atmosphere of carbon dioxide at 90°C. This ensures a salt of the very highest strength and stability and one which is free from even traces of such deleterious substances as chlorides, sulphates, arsenic, etc., etc. The process of manufacture is, of course, under very strict chemical control, and all batches are subjected to very rigid tests as to strength and purity. Gillett's Medicinal Soda is in a very finely powdered state ensuring quick solution and as it contains the highest possible percentage of available CO₂ is a most efficient anti-acid, being eminently suitable for many acid stomach conditions. In all cases where physicians prescribe soda bi-carb, rest assured that Gillett's Medicinal Soda is the purest salt for all requirements and is readily obtainable throughout Canada. It is packed in sealed packages, thereby ensuring a perfectly dry compound. Furthermore, from crystallization to consumer, it is never touched by hand, thus eliminating any dangers of contamination.

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Physicians will be interested to know that during the past year, The Acme Dairy, 13 Essex Ave., Toronto, installed some of the most modern machinery that can be purchased, the proprietors being determined that they would supply nothing but the purest product in the most sanitary way. Acme Milk is second to none and can be recommended by the medical profession for use in the sick room and the home.

HOSPITAL SUPPLIES.

The readers of the HOSPITAL WORLD should note that G. H. Wood & Co., 28 Wellington Street East, Toronto, deal in a number of lines, of immediate interest to institutions. These lines include the Konex Paper Drinking Cup Service, Perfection Water Coolers, Liquid Soap Dispensers, Liquid Toilet Soap, Linseed Soft Soap, Sanitary Towel Vending Machines, Paper Towels, Disinfectants, Air Purifiers, etc., etc. The firm made a splendid exhibit at the National Exhibition and was admired by many thousands of visitors—hospitals should not overlook this firm, their prices being right.

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A scientifically prepared antiseptic healing ointment

A compound of **Boric Acid**, **Eucalyptol**, and **Zinc Oxide** in a special ointment base.

Aseptico is particularly indicated in burns, cuts, scalds, suppurative tumors, and ulcers.

As a base for incorporating other ingredients, **Aseptico** has no equal.

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Thousands of hospitals are regular Curity users.



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

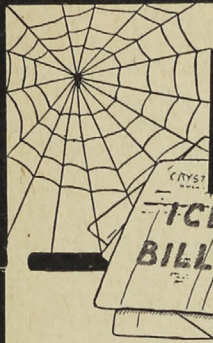
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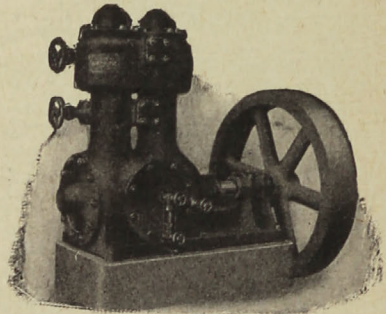
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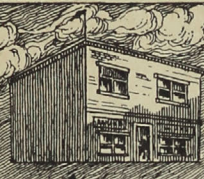
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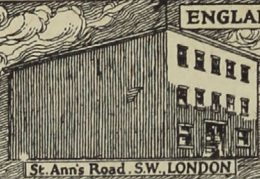
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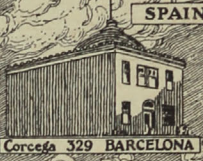
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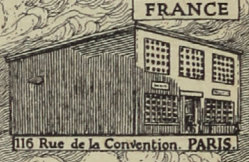
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Corcega 329 BARCELONA



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533 Maipu St. BUENOS AIRES



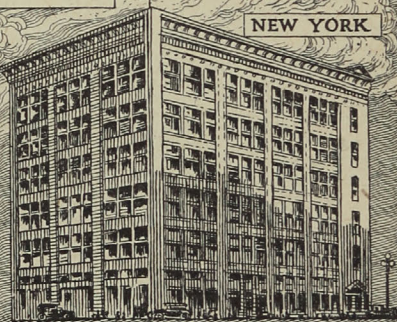
FRANCE

116 Rue de la Convention, PARIS



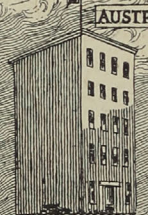
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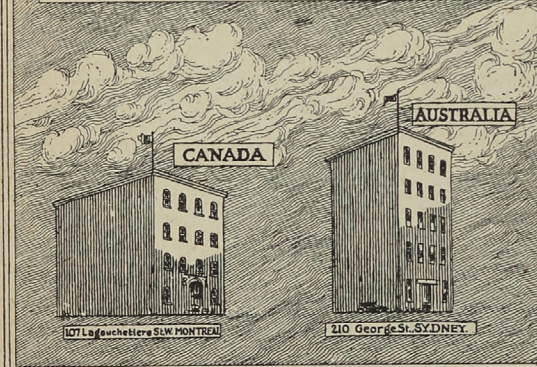
In a remarkably short time, its use spread from Coast to Coast, and brought its sponsors face to face with problems of production and distribution which called for constant adjustment. These problems have been solved and always without affecting in the slightest degree the original spirit of the enterprise—to provide the practitioner with the best non-toxic antiseptic and osmotic application for the treatment of inflammation and congestion.

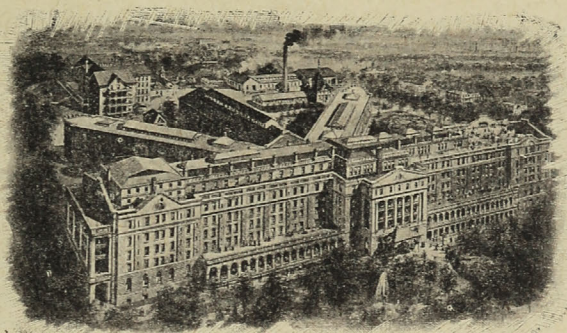
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Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

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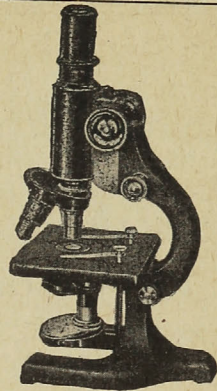
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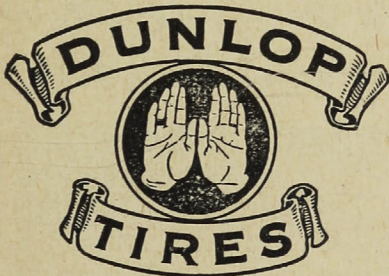
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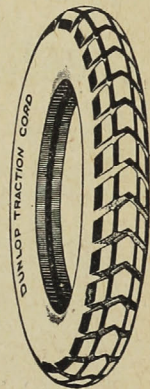
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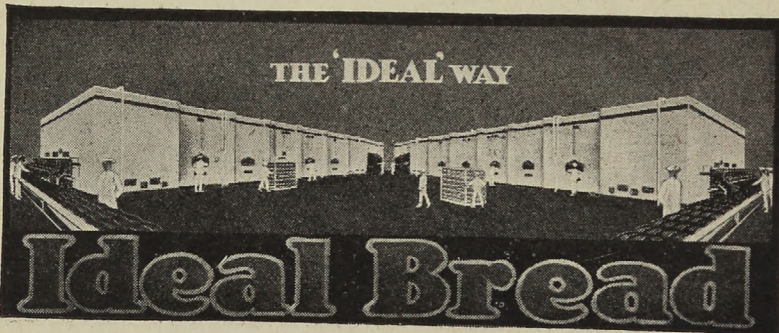
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