

The Official Organ of the Provincial Hospital Associations

The **HOSPITAL
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NURSING WORLD
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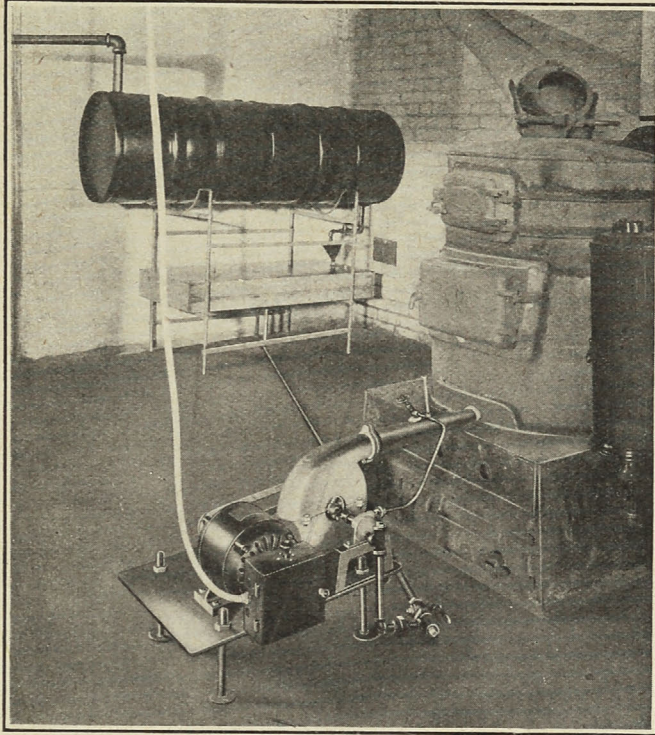


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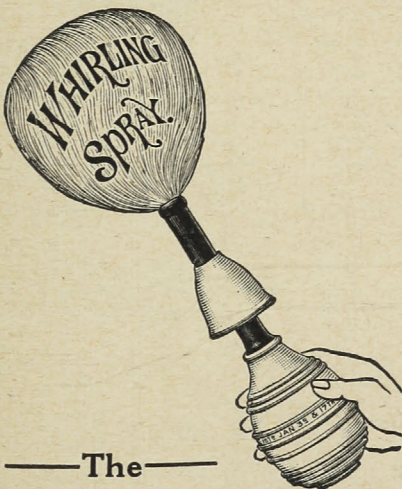


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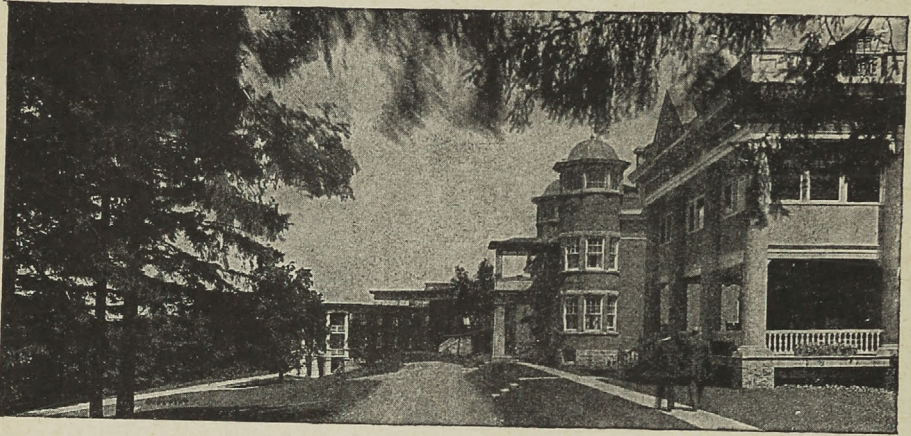
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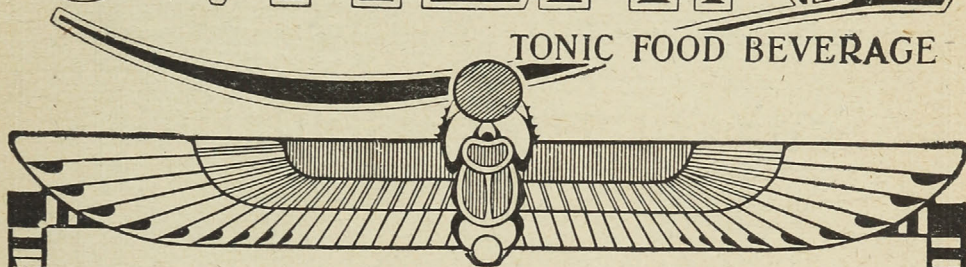
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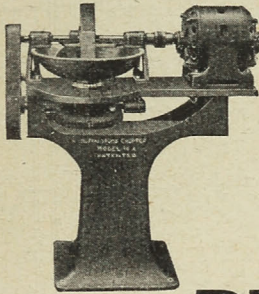
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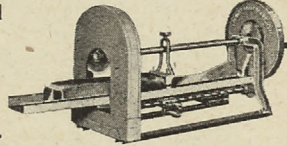
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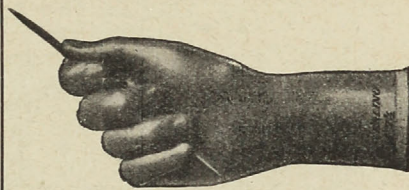


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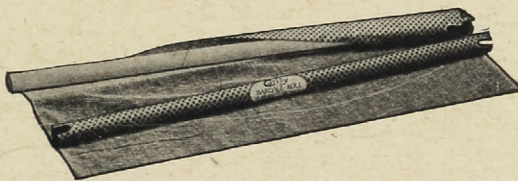
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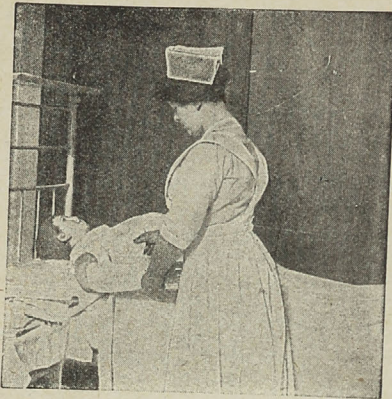


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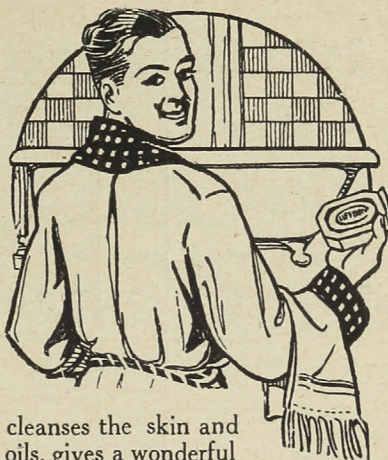
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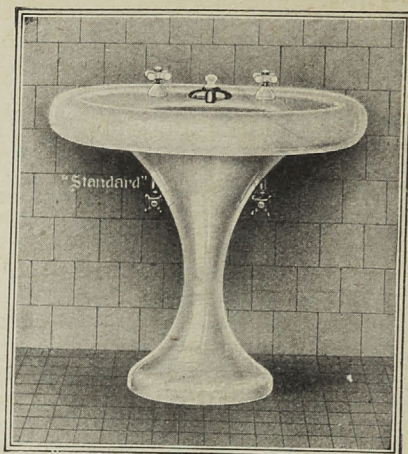


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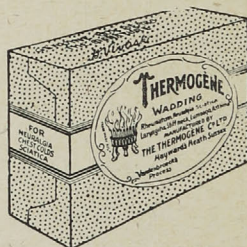
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TORONTO, CANADA

A professional journal published in the interests of Hospitals, and
the Medical and Nursing Professions.

VOL. XXV

TORONTO, MARCH, 1924

No. 3

Editorial

Ontario Hospital Association

This journal is much pleased that the hospital workers of Ontario have organized themselves into a hospital association.

The western provinces—most of them—are organized, and we hope Quebec and the maritime provinces will organize next.

At the inaugural meeting of the Ontario Association, one or two prominent hospital officials spoke rather pessimistically about the future of an Ontario association; one or two such organizations had been formed previously and had gone by the board. The Canadian association had also become defunct. The rest of the speakers were all optimistic about the Association; and their enthusiasm communicated itself to the whole body of workers present. We see no good reason why the new organization should not flourish like a green bay tree.

It was of good omen to have the ardent support of (1) the Provincial Secretary's lieutenants, Mr.

Govan and Miss E. McP. Dickson; (2) of Dr. Edward Ryan, and the other Ontario hospital workers who look after the mentally sick, (3) of Hon. Mr. Charlton and his staff of sanatorium workers; and of the superintendents of training schools. We were also pleased to see hospital architects represented; and perhaps, most of all, so many hospital trustees.

While the meeting was called for the express purpose of organizing an association, incidentally several questions were touched on, which indicated how anxious hospital workers are to discuss the hundred and one hospital problems.

Several speakers alluded to the minimum standard and the method by which it was brought to the attention of their several hospitals. Mrs. Kipp told of how the Presbyterian women were financing several small hospitals in the north-end of the province. Dr. J. G. Routley outlined the hospital activities of the Red Cross; and Dr. Groves, the veteran hospital owner, of Fergus, remonstrated forcibly against too much outside inspection and interference.

Under the able presidency of Col. Gartshore, of London, and with Dr. Routley as an enthusiastic secretary, we feel sure the Ontario Hospital Association is going to be a big success.

It is proposed to have a graded institutional membership and a personal membership. The charge to hospitals is on a sliding scale—from \$5.00 up. A charge of \$2.00 is suggested for individuals.

Members will be classified as honorary, active and associate. The honorary will include those

who have done some outstanding work on behalf of our hospitals. The active will include hospital trustees, superintendents of nurses, and members of the medical staff. Associate members will be chosen by an Eligibility Committee, and will include hospital architects, stewards, nursing instructors, apothecaries, members of Women's Auxiliaries, and other sorts of hospital workers. It is suggested by one member of the executive that no hospital shall be allowed more than, say, four or five votes on any motion calling for a count. He has some fears that the larger hospitals might secure undue control of the association's affairs.

We have little fear of the dominance of the larger institutions. They will (we think), be only too pleased to see the small hospitals getting all possible consideration. Probably the new organization can be of more benefit to the smaller hospitals than to the larger. We hope it will benefit all. It is earnestly hoped all will join—general, special, private, sanitoriums, and those for the insane.

It augurs well to see the active part trustees like the president (Col. Gartshore), Mr. Pratt, of Hamilton, and Moncrieff, of Petrolia, are taking on the work of founding this body of hospital workers; and the Government is to be complimented on the enthusiastic activities of Mr. Govan, the recently-appointed Inspector of Hospitals and of Miss E. McPherson Dickson, the official Inspector of Training Schools.

The infant in the form of The Ontario Hospital Association was born in the Academy of Medicine on Dec. 13, 1923. Those responsible for the call to the meeting were Dr. W. J. Dobbie, Physician-in-

Chief of the Tuberculosis Sanitarium, Weston; James Govan, Inspector of Hospitals for Ontario; Miss E. McP. Dickson, Inspector of Training Schools; C. J. Decker, Superintendent of Toronto General Hospital and Secretary of the former Provincial Hospital Association; and Dr. John N. E. Brown, Secretary of the Committee of the Ontario Medical Association on Hospitals. The meeting was well attended and those present enthusiastic over the project of a new association. A partial list of those present follows: Dr. Edward Ryan, Superintendent, Ontario Hospital for Insane, Kingston; Professor Austin, Kingston; James Govan, Provincial Inspector of Hospitals; Dr. Perkins, of Pittsburgh; Dr. Ardagh, of the Soldiers' Memorial Hospital, Orillia; Dr. W. Clutterbuck, Physician, St. John's Hospital, Toronto; Dr. John Ferguson, Founder of the Western Hospital, Toronto; J. C. Galbraith, General Manager, Western Hospital, Toronto; Dr. Burke, Board of Health, Toronto; Dr. Groves, owner of the Royal Alexandra Hospital, Fergus; Dr. Stalker, County of Bruce General Hospital, Walkerton; Dr. D. M. Robertson, Protestant General Hospital, Ottawa; J. J. Walters, General Hospital, Kitchener; Dr. J. M. McCullough, Nicholl's Hospital, Peterboro'; C. J. Decker, General Hospital, Toronto; F. D. Reville, General Hospital, Brantford; David Williams, General and Marine Hospital, Collingwood; Dr. E. A. McDonald, East End Hospital, Toronto; Miss Hurst, Superintendent, Hospital for Incurables, Toronto; Mrs. H. M. Kipp, of the Hospital Board of the Presbyterian Women's Missionary Society; W. M. Som-

erville, of the Ontario Association of Architects; H. A. Rowland, Business Manager of the Riverdale Isolation Hospital, Toronto; W. Swain, Superintendent, Hospital for Sick Children, Toronto; E. G. Clegg, Superintendent, Victoria Hospital, London; Col. W. M. Gartshore, President, Board of Trustees, Victoria Hospital, London; J. Routley, Secretary, Ontario Medical Association; Dr. Levinter, Mt. Sinai Hospital, Toronto; Dr. B. Hannah, Riverdale Isolation Hospital, Toronto; Dr. H. A. McKay, Ontario Hospital, Hamilton; Dr. Stevenson, Ontario Hospital, London; E. R. Loughlin, St. Joseph's Hospital, London; Miss B. E. Pickles, Mt. Sinai Hospital, Toronto; Dr. W. P. Downs, St. Joseph's Hospital, Toronto; Dr. Dales, Superintendent, General Hospital, Newmarket; Dr. Fred Mowbray, of the Mowbray Clinic, Hamilton; George Reid, Secretary, National Association; Dr. W. B. Kendall, Superintendent, Sanitarium, Gravenhurst; Dr. W. J. Dobbie, Superintendent, Weston Sanitarium; Hon. W. Charlton, President, National Sanitarium Association, Toronto; Dr. Guest, Chairman, Medical Board of Women's College Hospital, Toronto; Miss Anderson and Mrs. Bowman, of the Women's College Hospital, Toronto; Miss Rowan, Superintendent, Grace Hospital, Toronto; Miss E. McP. Dickson, Inspector of Training Schools; Miss Fraser, Superintendent of the Preventorium, Toronto; Miss Pringle and Miss Kerr, Victoria Memorial Hospital, Toronto; Miss Collomore, Superintendent, General Hospital, Welland; Miss Scott, Superintendent, General Hospital, Sarnia; Miss Donohoe, Superintendent of Nurses' Ontario Hospital, Hamilton; Dr. J. N. E. Brown, Medical Staff,

St. Michael's Hospital, Toronto; E. D. Gardiner, General Hospital, Toronto; Dr. Vrooman, Ontario Hospital, Toronto; Miss S. G. Bryant, Ontario Hospital, Whitby; Miss McArthur, General Hospital, Owen Sound; G. C. Cliffs, Victoria Hospital, London.

Following is a list of the officers of the new association: President, Col. W. M. Gartshore, London, Ont.; First Vice-President, Mrs. H. M. Bowman, Women's College Hospital, Toronto; Second Vice-President, Dr. Edward Ryan, Rockwood Hospital, Kingston; Honorary Secretary-Treasurer, Dr. F. W. Routley, Medical Director of the Red Cross Society in Ontario; Directors: Dr. J. H. Holbrook, Mountain Sanitarium, Hamilton; E. R. Loughlin, St. Joseph's Hospital, London, Ont.; Miss Elizabeth Whiting, Cornwall; Miss J. K. McArthur, Owen Sound; T. Pratt, Chairman, Board of Trustees, Hamilton General Hospital; Major Moncrieff, Board of Trustees, Petrolea Hospital; Inspector of Hospitals, James Govan; Inspector of Hospital Training Schools, Miss E. McPherson Dickson.

The infant is lusty.

The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The official organ of The Provincial Hospital Associations

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Original Contribution

DIETETICS IN VANCOUVER GENERAL HOSPITAL

MAUD MARION TROOD, DIRECTOR OF DIETETICS, VANCOUVER
GENERAL HOSPITAL, VANCOUVER, B. C.

The dietetic department plays an important part in the properly conducted modern hospital of the present day. The supplying of materials in the form of food to build up and repair tissues, to supply heat, energy and the body regulators necessary to retain or regain that harmonious interaction and balance known as health, is no longer a matter of guess work but a matter of science and the practice thereof a recognized profession, with hospital dietetics as a specialty. The dietitian therefore requires a knowledge of nutrition, of physiology, food chemistry, and the effect of the various kinds of foods on the system in health and in disease. She requires knowledge of the changes that take place in the process of cooking, of the art of serving, of the economical use of foods and of supervision.

The development, or shall one say evolution, of the dietetic department in a rapidly growing hospital is interesting. This has been particularly true in the hospital with which the writer is connected, an institution growing from forty-five to 1200 beds in a few years. Not only the dietetic, but other departments, found it necessary to make rapid adjustments in order to keep pace with increasing bed capacity. Tracing the history of development in the institution referred to, we find five distinct periods of interest:

FIVE PERIODS IN DEVELOPMENT.

First: A period when the superintendent of the hospital was charged with the direct supervision and more or less of the detail of all services in the institution. A good cook or cooks and kitchen staff were employed under the supervision of the superintendent. This arrangement gradually grew more and more onerous as well as complicated, when the hospital passed its 100 or 150 bed capacity, and soon additional staff and increased organization were necessary.

Second: The appointment of a competent housekeeper marked the beginning of the second period and brought with it an adjustment of duties which resulted in all detail and supervision of the dietary being transferred to the new department; the housekeeper, however, being responsible to the superintendent for this. Lucky indeed for the hospital, when the incumbent of such a position is a woman with good knowledge of housekeeping details and of dietetics. In the case being described a graduate nurse with such knowledge and experience was obtained.

The continued rapid growth of the hospital and the establishment of definite standards for teaching and training nurses in this branch of work, made it imperative that there should be a division of duties—the purely housekeeping on the one hand and all that involved the food or dietary on the other. Thus there came a cleavage of duties with the hospital between 300 and 400 beds in capacity, and another stage in development was reached.

Third: The appointment of a full-time dietitian, establishing a separate department, having to do entirely with all matters pertaining to the food or dietary so far as quality, cooking, distribution and service was concerned, marked the third stage. As her work grew assistants with well-defined duties were added. Interest developed rapidly and in recent years this has become more scientific in nature. The medical profession in the past few years have been much impressed with scientific feeding or dieting. Its members fully realize the value of carefully prescribed diet and its relation to nutrition, to health and disease. Some diseases to-day are treated almost wholly by dieting. This scientific interest brought about further development or organization worthy of note.

Fourth: Through the more intensive study of metabolic disease in blood chemistry and physiological laboratories a closer relationship of the dietitian and her department to the latter was recognized, and to-day real team work exists between them. All feeding cases now receive more scientific thought. There is less routine, more measured, weighed and special dieting done, following out the prescribed order of the physician after studying the individual cases, rather than applying a group standard. A metabolism clinic has rapidly grown, adding a greater load to the department but affording

more interest and teaching opportunity. The rapidly growing demand for scientific dieting necessitated the increasing of the dietetic staff with the same rapidity to four full-time dietitians. It is the object of the dietetic department not only to see that the patients have correct diet while in the hospital, but to so educate them along dietetic lines that they have some knowledge of dieting their own specific cases when discharged. But the story does not end here, for another interesting phase or development follows.

Fifth: It is recognized that most hospital work nowadays requires proper follow-up in order to make the results of scientific care more permanent. This was found to be quite true in scientific dieting, especially in such cases as diabetes discharged from the hospital. In our case a number of the patients returned for advice regarding their special diets, and then the dietitian who developed this department took on the follow-up work on her own private enterprise and so far has made a splendid success of it. She visits their homes and there instructs and supervises in the preparation of the prescribed diets, and checks patients' condition generally as indicated by weights, symptoms, etc., as well. This she carries on in entire co-operation with the attending doctor.

CLOSE RELATIONSHIP WITH OTHER SERVICES.

All dietetic departments in hospitals do not grow or develop in such a manner. The evolution of the department in this particular hospital may have passed along lines different to what would have occurred in the present day, for there is now a more serious realization that all hospitals from their inception should have a dietitian and a dietetic department whereby the patients not only can be better cared for by proper and scientific dieting, but nurses can be instructed and trained in this important branch. It is only in recent years that the hospital profession generally has begun to realize the important scientific bearing that food has on health or disease. On this account hospitals are recognizing the need of such a department as one of the fundamental units when building or organizing an institution.

The dietetic department is closely related to the many other departments of the hospital, as well as to the staff and patients. It is very closely connected with the medical department as dieting has a distinct influence on the course of

disease in many instances, and special diets are often prescribed as part of the treatment. It is closely related to the nursing department from the standpoint of the education of pupil nurses who receive lectures and training in practical dietetics, as well as training in the service of the food to the patients. There must be close communication and working with the chemical and bacteriological laboratories in the scientific portion of its work at least. Finally, and indeed not of little importance either, is the relation of this department to the business division of the institution. There must be the utmost co-operation to insure the economical expenditure of money in the purchasing and handling of food. Too much emphasis cannot be laid on these relations and responsibilities outlined.

DIETITIANS HAVE THREE FUNCTIONS.

The functions of the dietitian are three-fold: supervisory, scientific and educational. Her units of responsibility as head of the department should embrace every phase that pertains to the food, especially as to quality, cooking, distribution and serving. In many cases there also may be the added responsibility of purchasing and handling.

As head of the department and in complete charge of the food, the incumbent thereof is sometimes designated as the dietitian, the chief dietitian or the director of dietetics. The writer prefers the latter designation as it carries with it more dignity as well as implying initiative and responsibility.

The underlying principles in a dietetic department in a hospital should be science, efficiency, co-operation, economy and service.

As stated before, science in dieting is much regarded today. Well balanced dieting must not be lost sight of for a minute in any institution. Routine standards of a universal nature must be replaced or characterized by scientific methods or considerations. A study of each case on its individual merits is the surest means of success in disease.

Efficiency is a quality universally necessary in anything that succeeds, and it must prevail in the dietary department, in the kitchens and throughout the institutions. Time is always an important element in the preparation and serving of food, and a well trained, experienced, efficient staff in the

kitchen is indispensable. We must be sure that this quality is found in every person from the dietitian to the dish-washer or scullery man.

The day of co-operation as a feature of our institutions is keenly recognized. The staff of the dietary department consisting of nurses, men, women, cooks of various kinds, maids, helpers, food carriers and others must all work together, each having her own particular part to perform, but the component units of the entire organization fitting into each other so as to make a harmonious working whole. The work of one must be timed and executed in the necessary relations to that of the other, and the taking up of one process by the other without delay or disorganization; the helping of one by the other and all together. Dissensions, jealousies or bad feeling in the kitchen embarrass service, and react all through the hospital, eventually sending home dissatisfied patients, which is the worst publicity a hospital can receive.

MEANS OF PREVENTING WASTE.

Everywhere we are emphasizing economy in hospitals in all things. No other departments can be responsible for more waste than that of the kitchen, unless due control is exercised. What are the underlying principles, therefore, to prevent waste? To enumerate them serially there are:

1. The purchasing of good quality food at the best price. This may be done by tender, by large amounts or by buying at a particular time when prices are good or on the open market.
2. Proper, adequate storage and refrigeration to prevent waste and to permit of buying in large amounts.
3. Competent and efficient kitchen arrangements with good equipment placed so as to minimize effort and energy, and a well trained and experienced personnel which can turn out work of good amount and quality.
4. Making the service of food pleasing to the taste and attractive to the sight of the patient. In this respect the meals must be hot and daintily served. It is indeed advisable to have a more or less selective service if possible in the hospital. To this end the daily menu is our best solution. One article of undesirable food served to a patient may arouse disgust for all the other food served. Small helpings repeated are better than giving too much at one time and will have a great effect in reducing the volume in the garbage can.

5. Daily supervision of garbage cans in wards and before dispensing of same by a responsible officer of the hospital is exceedingly important. A check-up here must be carried out consistently.

6. The reclamation of all uncontaminated waste or remnants is essential; for instance, the rendering of fat from meats, the final content being used for cooking or for sale, and that which cannot be so reformed for making laundry soap. The keeping of the outer vegetable leaves, bones, etc., makes a substantial basis for the stock soup kettle. The using of all toast and bread crusts not contaminated for crumbling, dressing or puddings is an economy worth recognizing, while that which is contaminated can be sold for chicken feed. The making of jelly out of apple peelings and candied orange peel out of orange rinds not contaminated, are processes which are being carried on in diet kitchens to-day, adding a very splendid objective lesson to those in training for conservation and reclamation.

7. The last, but not least, principle laid down is service, the fundamental requirement for the success of anything to-day. The public to-day demands service and the diet kitchen must always keep this in mind, for it has a large clientele to serve and satisfy, including the entire staff and roll of patients. Poor food dissatisfies worker and patient and reacts in many ways, resulting eventually in loss of interest in work by the employee, a grouching habit, and puts the hospital in disfavor with the patient who disseminates bad publicity when discharged from the institution. Every detail of the entire system or organization in the dietary department must of necessity be characterized by the highest degree of service.

**Society Proceedings****ALBERTA HOSPITAL CONVENTION HELD AT
AL AZHAR TEMPLE, CALGARY,
SEPT. 6th and 7th, 1923**

(Continued from February issue)

MR. STACEY: Do you think the municipalities should be pressed to the limit of the law to collect?

CHAIRMAN: You can only take \$200.00 from them.

DR. SMITH: I do not know that I quite agree with Father Cameron. I would like to see Father Cameron after some of these men. It is a very serious matter to start in to collect these accounts from the various municipalities.

CHAIRMAN: Mr. McLennan could not come, so Mr. McCannell, Government Inspector of the Province, who has a great deal to do with the organization of municipal hospitals has kindly consented to take his place.

MR. McCANNELL: It is not my intention to discuss problems of finance in municipal hospitals. You are more directly concerned with the large city hospitals. In regard to the work of municipal hospitals they originally were the outcome of resolutions and petitions forwarded by the U.F.A., U.F.W.A., Women's Institutes and other organizations to provide some form of hospital accommodation for the people in outlying districts of the Province. The result is a Department of Health with a Minister in charge. There was also passed the Municipal Act of 1919, under which municipal hospital districts might be established throughout the whole Province, the idea being to eventually cover the Province with municipal hospital districts so that every ratepayer could get hospital accommodation at reasonable cost, taking into consideration efficient service and up-to-date accommodation. I am sure you will all agree this is a step in the right direction; because we must admit, with all our natural resources, the greatest asset is the people, and the greatest asset of the people is their health and for this reason this Act was brought

into effect. So far as the Department was concerned the request had to come from the districts, together with the outlying districts, also petitions or resolutions from the councils, or twenty-five signatures of ratepayers in any unorganized district. As soon as this information is received an organizer is sent out into the district. Part of his work is to see in the outlying boundaries that no person is left out, or no person taken in who would be better served in another district. Another thing to consider is the question of transportation. You can realize how difficult it is when two or three or four towns want the hospital located there as the centre. This has been overcome by an amendment (1923). By this amendment the site is determined by a plebiscite. As soon as the Minister gets that information and the recommendations of the district, then the hospital board is appointed; one member representing each municipal or unorganized district, whoever is recommended by the municipality. The council is appointed by the municipality. When this board is appointed they meet together and prepare a plan showing exactly where the hospital towns are and all details, information of expenditure and revenue. This is published and fourteen days allowed for right of appeal of any twenty-five ratepayers in the district. After fourteen days if no appeal, this is submitted to be ratified or rejected and has to be carried by a two-third majority of those voting. Under this system the people elect their own representatives. At the next municipal election members of the hospital board are elected, half the board dropping out at the end of two years. One feature of municipal hospitals which appealed to me is the plan of building, trying to do away with the general ward system where so many patients are put together. In the municipal hospitals, one, two, or three beds are the limit in most cases. There is no first, second or third class rate of accommodation. All is first class, and all patients have a right to that accommodation. Any patient who is a resident of the district, but not a ratepayer may, by paying the rate fixed by the board, receive accommodation at \$1.00 per day. To non-ratepayers and short residents the rate charged is \$3.50 to \$4.00 per day so that in this system there has been brought to the people of Alberta a very needful service. Imagine if you will, the many, many miles where there is no nurse or doctor to help the patient, toiling women of our country. Here is a place which has been provided by them where they

can be taken and receive the best attention and the best medical attention that can be given. While the primary object has been to take care of these cases I have mentioned, the maternity work, they are also taking care of all other hospital cases. They do not always take care of all serious operations. In our municipal hospitals we have private operating rooms just as up to date.

Another feature of the municipal hospital system which appeals to me is this: it provides medical service and keeps the medical service of the country right where he is. Without centralized hospital service it would be difficult to keep doctors in the outlying portions of the Province. These patients are right there among their own people and it is the privilege and duty of those in the district to do everything they can to carry out this work. If you would take the time to visit the municipal hospitals you would see up-to-date, modern conveniences. I do not know of much more with which I can interest you. I could talk for quite a while. It has been my privilege to visit many hospitals on different occasions and we have talked to patients and ratepayers, and one feature in connection with ratepayers in your larger hospitals where there are general, private and semi-private wards is that many people are obliged and able to pay the larger fees, but no matter what a person is able to pay the basis is there at a \$1.00 a day rate. I would like to emphasize the necessity for closer co-operation of all health institutions for, as I said in the beginning, we cannot do too much for the benefit of our people. Much has been done gratuitously and much trouble has been experienced in collection, but we hope that these conditions will improve and that it will make financing very much easier. I thank you.

CHAIRMAN: There is no doubt in the mind of any of us that the municipal hospital is serving a very useful need in the outlying portions of the Province. I believe one of the problems that confronts them is what their relation would be to a resident, ratepayer or not, who refuses to take service from them, or for some reason has to take services from another hospital. Do you know if they ever discuss that as a practical problem among themselves?

MR. McCANNELL: There was a clause in the Act that any person taken suddenly ill would be taken care of by the board, but that has been taken out of the Act, perhaps be-

cause it was abused by people going to a larger hospital where similar services were at hand at a more reasonable rate.

CHAIRMAN: Is there any condition under which a patient in a municipal hospital district, if he wishes to select another hospital may do so?

MR. McCANNELL: No, except that the board may make arrangements.

DELEGATE: What grant does the municipality make?

MR. McCANNELL: Fifty cents per day.

DELEGATE: What rate does the municipal hospital charge patients that come from outside points?

MR. McCANNELL: In the hospital districts usually \$3.50 to \$4.00 a day, not more than \$5.00.

MR. WILLIAMS: In Drumheller it is \$4.50.

DR. SMITH: The question has been raised with regard to the matter of finances. I do not see any difference. The City of Edmonton builds one hospital, they pay for this hospital by taxing the rate-payers just exactly as the country districts do that you are working for, then they follow that up and they charge all residents of the city less *per diem* than the residents outside the city, which is exactly what you do, and they go farther and tax people so much for the year to pay for the running of the hospital that they may give the people in the city a better rate. I take it, Mr. Chairman, as far as the method of raising funds is concerned it is practically identical.

MR. McCANNELL: The cities make no special levy for hospital purposes. They simply carry on to the end of the year and the deficit is made up by general revenue and in the municipal hospital districts they are under our management. In the city either a hospital board is appointed from the council—a man might be a very good councillor, but not the best hospital representative—but in the rural district a man is directly responsible to the ratepayers.

DR. SMITH: In the City of Calgary it is directly under the control of the city council, members of the city council are just as much representatives of the people of this city as is the hospital board in the rural municipalities, the only difference is when the City of Calgary elect alderman, they elect them to run the hospital; they elect them to do a thousand other things, but are directly responsible to the people.

MR. McCANNELL: That would apply the same to your school board.

DR. SMITH: It is the same thing, the council is elected for many purposes.

MR. McCANNELL: And they elect them for one purpose. That is where the important difference is.

MR. WILLIAMS: It would be quite impossible to run a municipal hospital from a number of district representatives in council. We have four or five municipal boards, one town, four villages and several hamlets, but it would not be possible to operate the Drumheller hospital with six representatives from each one of these boards so elected by the people. I think generally throughout the Province the work of the boards is pretty efficient.

DR. SMITH: What I wanted to say was, that after all the municipal hospital as such in country districts are very little, if any, different from our city hospitals and other smaller hospitals throughout the Province. We all have the same objects and aims in view and it has always appealed to me as being very desirable that all hospitals of this Province get together into one good strong central organization in order that they might operate and grow, and work out their needs and charges. There are a great many things the hospital ought to do and get not only from the Provincial Government, but in Dominion matters along health lines, and I would like to make the suggestion that the hospitals of this Province get together and work out our hospital problems.

CHAIRMAN: The Nominating Committee report the following members for the Resolutions Committee: Dr. Archer, E. E. Dutton, Mr. Stacey, S. P. Williams. Moved by Dr. Smith, seconded by Mr. McKee. Carried.

Honorary President, Hon. R. G. Reid, Edmonton; President, Dr. H. R. Smith, Edmonton; Vice-President, E. E. Dutton, Esq., Lethbridge; Secretary-Treasurer, S. V. Davis, Esq., Edmonton.

Executive Council: Rev. Father Cameron, Calgary; E. W. Stacey, Esq., Medicine Hat; H. B. Stickney, Esq., Morrin; S. P. Williams, Esq., Drumheller; Dr. R. T. Washburn, Edmonton.

CHAIRMAN: Does the meeting approve of that, if so indicate in the usual way. Carried.

Mr. Edwards is unable to be present here this morning, but has sent his paper, which is on "Hospital Decoration." The idea is new and well worth thinking over.

“PAINTING AND DECORATING AS APPLIED TO HOSPITALS.”

A. W. Edwards, Manager Palliser Hotel, Calgary.

For some reason unknown to the writer, it has been the practice in the past to use white paint or calcimine exclusively for the covering of hospital walls and ceilings, which, whilst admirable from a lighting point of view, must be very trying on the nerves with nothing to relieve the deadly monotony of gazing on unattractive white surfaces. The physiological effect of soft pleasing tones of flat colors is now generally recognized in the hotel world, and could, I think, be adopted in hospitals. From a sanitary point of view it would be better to use a paint with a semi-gloss for walls and ceilings, with a high gloss enamel for standing woodwork and trim, also bedsteads. The value of such paints is derived from their non-absorbent and washable character, the surface being absolutely waterproof and is so smooth that organic matter can gain no foothold. A rough or even a hard-surfaced cement or plastered wall of any kind, a wall made of wood or pressed or formed paper board, or of any similar untreated construction is porous. Moisture may be absorbed rapidly, and retained for long periods. Such surfaces, moreover, contain small craters in which floating organic matter may be deposited. Because such walls cannot be washed, this organic matter may not be removed. Consequently, there may be present these two factors—moisture and organic matter—that are required for the growth of bacteria. The value, therefore, of oil or varnish paints is in forming a waterproof film on any of the above mentioned materials of construction, and, in so doing, to make a smooth surface that will not afford a resting place for easily available organic matter.

A prominent pathologist connected with a large hospital and medical school in Washington, at one time attempted the preparation of vaccines and antitoxins in a laboratory room where all precautions were observed, except that the plastered walls were not coated with oil paint. The cultures became contaminated. It was not until the walls were oil-painted that successful results were obtained. Ever since, a high gloss white paint that could be easily washed, has been used, and no contamination of the cultures has been experienced. Paint drying to a flat or to an egg-shell gloss might also be used in such laboratories, provided they dry to as

smooth a surface and as waterproof a film as high gloss enamel referred to. For frequent washing, however, a high gloss paint is usually preferred in certain laboratory rooms. In the same hospital, the operating rooms are painted with a high gloss varnish enamel, so that fumes of formaldehyde may be used from time to time. Again, in infectious wards, where formaldehyde vapors are employed for disinfecting, and where the painted surfaces are scrubbed occasionally with water containing substantial amounts of powerful antiseptics, a water-resisting paint is used. In the main hospital, in the wards and private rooms, painted walls and ceilings are in general use, and repairing throughout the hospital at least every two years, and generally every year is the rule. This is, moreover, the practice in nearly every modern hospital. It is probable that the cases of infections in hospitals have been reduced comparatively to as great an extent through the maintenance of sanitary conditions by frequent painting, as the infections of former days were reduced by the general adoption of the principles of Lister.

In a recent address before the St. Louis Paint Oil and Varnish Club, Dr. M. C. Stakloff, for thirty years Health Commissioner of St. Louis stated as follows:

"This occurred in a lying-in hospital of which I had knowledge. In a given period, there had been more than 100 cases of puerperal fever, with a high death rate. After the walls were painted it was noted that in the similar period following, cases of puerperal fever had become almost nil. Undoubtedly paint was largely responsible for the saving of many lives.

"Forty years ago, out of every 1,000 born, 240 babies died. To-day out of every 1,000 born only 61 die. The growing recognition and use of paint for cleanliness and cheerfulness is playing an important part in saving the nation's babies."

In order to get some further data on the subject, tests were arranged and carried out in the following manner: A laboratory wall surface was chosen for experimentation. One coat of paint was applied to a small area. After drying, this surface and another adjoining area of unpainted surface were lightly rubbed with swabs moistened in sterile water. These were plated in agar-agar and the following results obtained; Unpainted area, (positive growth in agar.) Painted area. (negative growth in agar.)

Cultures of bacillus subtilis, staphylococcus aureus, and bacillus coli were then incorporated in dry powdered calcium carbonate and blown upon the two wall surfaces. Liquid cultures of bacillus subtilis, staphylococcus aureus, and bacillus coli were also sprayed upon adjoining areas, of the two surfaces. Plates in agar-agar were made one hour later, and were positive in both cases, but not so pronounced from the painted areas. The two areas were then washed with soap and sterile water. Plates were made an hour later. The unpainted area cultures showed abundant growth while the cultures from the painted area indicated very little. These tests show that when surfaces are contaminated the source of danger may be removed by washing if the surface is painted. They also show that infected surfaces may be made sterile by painting.

With the introduction and use of the new type of paints it was found that their great light-reflecting properties made it possible to use fewer electric light bulbs to supply the illumination that would make a room cheerful and well-lighted at night, and bills for illumination were greatly reduced in many instances. It is probable that within the past ten years the amount of savable current that might be traced to the use of such paints would represent a sum greater than the entire cost of the paint and its application. The sanitary value of the paint, the beauty and freshness it has added to surfaces, and the cheerfulness it has provided have then, all come without cost.

As stated above, the modern types of paint are thoroughly sanitary and do much to maintain hygienic conditions that should be a fetish with all hospitals. They contain no evil-smelling compounds that would give a musty odor. Because of their washability, they may be easily restored after long service, by cleaning with a sponge and soapy water. It has been found, however, almost as cheap to apply a fresh coat of paint as it is to wash them. For instance, one of the earlier manufacturers had his product applied to a large office building in the South about twelve years ago. Although the paint was thoroughly washable, the owners of the building have made a practice of giving the walls one fresh coat of paint a year, of the same type of paint. Thus for a period of two years this paint has been used with very successful results. Such practice being thoroughly satisfactory because of the character of film produced, should find a much wider

application in the future. It is of great interest to note the speed with which such paints may be applied. The writer learned that in one very large apartment hotel, re-decoration of the rooms takes place every time a new tenant moves in an apartment, which probably occurs at least once a year. When the old tenant moves out in the morning, the walls may be spraycoated with a fresh coat of waterproof flat wall paint in the afternoon. The following morning the paint is perfectly dry so that the new tenant can move in and be assured of perfectly sanitary surroundings. Modern practice in many transient hotels is to freshen the wall surfaces every year with a coat of waterproof wall color. This is done mainly to show the guests that the hotel believes in maintaining sanitary conditions, and partly to lend interest to the surroundings by occasional change of color scheme. This could be applied to hospitals.

The liberal use of pictures around the walls will do much to interest the patients, and in children's wards a wide stencilled dado, depicting nursery rhymes might be used to advantage. The pictures, however, should be backed with beaverboard or burlap, which should be treated with a varnish paint similar to that used on the walls.

You are all, no doubt, conversant with the psychological effects of various individual colors upon the mind of the inmates of hospitals and should bear in mind that the large scale use of brilliant hues should be avoided, in order to prevent headaches, eyestrain and similar minor nervous effects. The colors recommended are cream, pale sea-green, pale blue, light pink, or French grey; these colors combine cheerfulness and good light reflection. The use of any of the latter tints with a figured stencil border and a pale cream or white painted ceiling, would add considerably to the cheerfulness of the wards. The writer would suggest that each ward be painted a different tint, if possible, in order that patients could be moved to rooms of a different tint at convenient periods. In selecting suitable paints, those having the greatest hiding power, the maximum resistance to fogging under sunlight, the most negative toward yellowing in dark rooms, and the most washable and elastic, should be chosen.

Yearly inspections of the paint on all surfaces, exterior and interior of hospitals and in fact all large buildings, is an important matter. Such an inspection can accomplish

much, and is as important as yearly inspections for fire hazards and for the determination of the observance of sanitary conditions. It is especially advisable to make a yearly inspection of fire escapes to see that they are properly coated. A fire escape rusting from lack of paint portends future disasters. Metal cornices, copings, and even metal parts of roofs should all be looked after. The latter for instance, is often only as good as the paint coating applied to it. Sir Robert Hadfield, in his report on the corrosion of ferrous metals to the Institute of Civil Engineers of Great Britain, has stated that during 1920, the amount of iron and metals washed away throughout the world as rust, amounted to probably 29,000,000 tons. This amount would have an economic value counting the cost of the metal, fuel, labor, etc., of nearly \$3,500,000,000, much of which might have been saved by painting.

Investigations were recently conducted to determine the resistance of a large number of plain, print and granulated linoleums to the effect of various kinds of neutral and alkaline soaps, and abrasive soap powders. In this investigation the samples were washed at thirty different periods, and inspection made to determine the effect. While in general the soaps proved entirely satisfactory, the most startling result was the failure of any kind of linoleum to stand up under the continued action of some of the alkaline or abrasive cleansers without showing in many cases such defects as darkening, fading of color, development of white specks, loss of pattern, loss of thickness, etc. This result led to the inauguration of a series of tests on various grades of linoleum, that were varnished either with a high grade interior varnish or a high grade exterior spar (all purpose) varnish. Two coats were applied with a period of about two days for drying between. A smooth, glossy finish was obtained which appeared to have better traction properties when sprinkled with water than the unvarnished samples similarly treated. These samples were then rubbed for thirty different periods in almost as many days with various neutral and alkaline soaps and the abrasive powders. In no case was failure shown. It is true that the alkaline soaps, and especially the abrasive soap powders dulled the finishes, but no failure of pattern, color-change, darkening, spotting or similar defects were observed. This would suggest that varnishing is the proper treatment for all linoleum or similar floor coverings, and that

the varnish should be applied immediately after the laying, or at least as soon as it has stretched to permanent form on the floor.

Waxing of linoleum is a practice that cannot be recommended. Wax compounds often have a softening effect upon the linoleum, and dirt is easily ground into the softened surface, with danger of permanent discoloration. On the other hand, waxing is desirable where a "dull" polish is desired, but it should be applied after the linoleum has been varnished as noted above. The varnish makes a firm base upon which the waxing will give good results.

CHAIRMAN: You have heard this very interesting paper of Mr. Edwards' on "Hospital Decoration." It has some very splendid suggestions apart from the idea of decorating. I doubt very much myself whether painting of rooms can be made so cheap. Do you know, Dr. Smith, anything about this spraying system in hospital rooms?

DR. SMITH: I do not know. I was always under the impression that painting would be very much more expensive than kalsomining or any other treatment.

CHAIRMAN: Have you anything to say on the color scheme in rooms?

DR. SMITH: There is no doubt it must be very monotonous at times for patients to look constantly at a bare white wall. I find if you are going to have a uniform color white is the best color. There is no color that takes so long to get tired of as white. To have, as the writer suggests, wards painted in different colors, using a different tint for each ward would be a very serious problem for a hospital. It would involve keeping in stock a great deal of paint and color. Then, too, it would involve having a man who was expert in that line of work. I do not think there are a great many hospitals in the country that can afford to do that unless the large hospitals have a man expert in that line of work, an expert decorator that could go from one large hospital to the other and do this work for them, but for a hospital to follow that up it seems to me it would be quite a problem. Then, too, with regard to the hanging of pictures in the ward as the writer suggests, that, I believe is customary in some institutions, but as a rule it has not been done. There are cases where patients are in for a long time when it surely would be a great relief to have some attractive pictures hanging on the wall. I would like to move that a vote

of thanks be tendered to the writer of this paper and that it be sent to him. He has gone to a great deal of trouble in preparing this. Seconded by Mr. Lawton. Carried.

CHAIRMAN: Dr. Washburn has been visiting the Eastern hospitals looking over the management with a view to taking over the new hospital in Edmonton in connection with the university and will address us on "Recent Impressions on Hospital Management."

Mr. Chairman, Ladies and Gentlemen:

When the secretary wrote to me and suggested that I give a talk on my observations which I gathered in the East, I accepted willingly. It looked to me an easy proposition, to just tell what I saw, but when I got busy and started to write the paper I realized that the field was so large, that there was great danger of hanging myself. One subject in hospital management is sufficient for any one paper. I will just run over my visit in the East and tell you just as I found it.

I visited Toronto General Hospital. I walked into the hospital and asked for the superintendent. After a considerable time I received word that the superintendent was busy and could see me at ten o'clock the following morning. I then asked for the assistant superintendent, or whoever could give me some information. The assistant superintendent, Dr. Gray, as soon as word was sent in, came out to see me. I went through the hospital and I enjoyed myself thoroughly. The Toronto General Hospital is a great institution, particularly the sun parlors. They have a large sun parlor off practically every ward, where the patients may be taken, which gives the staff a wonderful opportunity to look after the wards and to look after the patients in the sun parlor; and the benefit derived from the fresh air and sunshine and the feeling of being in the open does a tremendous amount of good to the patient. I will endeavor to take each hospital and bring out the predominating features in my mind in each hospital. I feel the Toronto General Hospital has the best social service department in America, barring none. Miss Nisley is the director and she has eight assistants. They are all supported by public subscription. The prominent women in Toronto guarantee the salaries for these workers. They have seven districts in Toronto. In each district is a representative of the Toronto General Social Service Department, together with one of the city health nurses, and also a representative of what

they call the "Neighbors League" much like our Community Leagues. That is, there are three workers in each district, one on the care of the patient, a certain amount of maternity nursing and in the poorer districts considerable nursing. The section worker is employed in looking into the financial standing of the family and arranging for means to tide them over and the three workers simply advise the patients; advise the mother on feeding and cleanliness and general care of the house. Now they have a confederation for community service in Toronto. There are other societies who are sister bodies and a tremendous drive is made and the alms distributed to each one. There is a tremendous department working without any expense whatever to the hospital. I think that is all I will say with regard to the Toronto General.

I kept my appointment at ten o'clock the next morning with the superintendent and he was very kind, but my impression there was that the hospital visitor does not necessarily mean the superintendent of another hospital or nurse or doctor, but any hospital visitor should be looked after, and looked after carefully. In that respect I feel that the policy of a hospital to-day in sending away a pleased visitor is more important than sending away a pleased patient. A patient, if he does not pay his bill, no matter how well he is looked after, is a knocker. It is the psychology of the individual, if he is owing he will not come back, he will go around the block as he is afraid you will get the knock in first to some of his friends, and he will knock you first. The visitor does not owe anything in the hospital. He comes there with an open mind. He is well, he is not toxic, disagreeable, he is curious. He has heard about hospitals, a dreadful place where people die often and are very fortunate if they get out alive and he goes into the hospital. There is no one at the door to show him around. He is used to visiting hotels and public places, but not hospitals. He enters the hospital and no one takes care of him and he goes up the stairs into the ward. In the ward he finds the patient ill, grumbling, stating the food is bad, the nursing is terrible; he presses the bell and it is at least twenty minutes before the nurse comes and he goes out of the hospital and before the patient comes out he has poisoned the minds of all that patient's sympathetic friends, and the hospital has a black eye.

Speaking of hospital visitors, I would like to leave out Montreal for the time being and go to the Massachusetts Gen-

eral in Boston. In the Massachusetts General they have, I understand, a very highly paid official at the door, named Mr. Lee. If anyone comes there he finds out their name, address and all about him. If he is going to visit a patient, private or semi-private, the visitor is escorted to the room, made perfectly comfortable and he is well looked after. At tea-time tea is served to the visitor in the semi-private and private wards. The visitor is entertained, made comfortable, and leaves the hospital pleased with himself and pleased with the institution. Dr. McIvor who is assistant to Dr. Washburn, the assistant of the Massachusetts General looked after me, and he asked me what I would like to see. I told him I would be in Boston for three weeks and would like to start at the bottom; I would start in the laundry and engine room. He advised me not to go near the laundry; it was very bad, but that there might be something there which would interest me. He rang for the housekeeper, who is in charge of all special departments: housekeeping, laundry, linen room and everything like that. The three of us went to the laundry and the housekeeper gave us a splendid talk on the care of the laundry, pointing out that there were no chemicals used, but just plain soap and water. Their soap was of their own manufacture. They saved all their dripping and made their own soap, and sold—I can't just remember the number of hundred pounds per month. The laundry was nothing out of the ordinary. The press impressed me very much, the large automatic electric press. I think it is a wonderful saving of labor and they turned out beautiful clothes. In criticizing the laundry I think they could have bought their soap and sold their dripping cheaper than making their own. They had two men making soap and working around the laundry. I am quite sure they could have been dispensed with, but all the hospitals in the East are units in themselves. They have other departments, their own printing departments, their own manufacturers of sterilizers; their own orthopedic rooms, making their own splints, etc.

I then visited the outdoor department. The outdoor department is operated on a pay basis, everyone who enters the department as a patient or applies for treatment pays fifty cents per adult or twenty-five cents per child. There is a clerk sitting there, and another over there (indicating), and there is a little chute which goes down to the record room.

There was a queue about two blocks long applying for treatment. Now there is a certain amount of exploitation; there are certain individuals who want something for nothing or very little and there are people who have money and do not make it known. They cannot help that. They are doing a splendid work. They are looking after people who cannot pay. If there is any doubt with regard to an individual the patient is immediately passed over to the superintendent of the outdoor department who makes a thorough investigation. They have not the check on exploiters or people who do not want to pay that they have in Toronto. In Toronto, every patient applying for treatment passes their social service department first and all data and information is fathered by the social service worker. If the patient is a fit case to be admitted the social service department passes the case on. If not, the case is turned back and told to look up his or her own physician. But this outdoor department is a tremendous thing. They run through 350 cases between nine and ten o'clock, when the clinic is open to the public to receive patients; after ten o'clock the clinic closes and the patients will not be through with their examination possibly until one or two o'clock. They have a maternity ward operating twenty-four hours a day. That is operated by internes with their house physician right on call. Their record room is splendid. They are no different to us in our small way. They have a fire-proof record room; they have pasteboard, dust-proof boxes, which hold twenty records, and these boxes are in rotation from one to twenty with a lid which opens down with a little black string on it. They are well looked after. They have a tremendous staff. I would imagine that they have twelve to fifteen record clerks working there all the time, and with a staff like that they have an opportunity of keeping their records perfect. One point that impressed me in the Massachusetts General was the discipline. Any doctor caught smoking a cigarette or lighting one, in the Massachusetts General would be warned that if it happened again he would not remain on the staff. An interne caught smoking a cigarette on duty or off in any place but his own quarters would be immediately discharged. Their whole organization is run along the same lines: rigid discipline. You can see it the moment you enter the place. You get the impression right away that here is an institution you cannot trifle with, and you have a

respect for that institution. There is only one reason! discipline is absolute, and there is no string tied on the superintendent there. He can discharge any member at once. It is the only way, and an organization cannot be run satisfactorily otherwise.

Now I will go back to the Montreal General. We in Canada, often look to the United States for all pointers. If you are in doubt about a hospital go and see the Montreal General, and the Royal Victoria Hospital, in Montreal. They cannot be beaten in America. They are two wonderful hospitals. The Montreal General is wonderfully well organized. It is the only hospital I ran across that has the cardex system of recording. Mr. Cook, the secretary, is quite a highly-paid official, his salary being \$4,500.00 a year. I walked into his office and said I would like to see their follow-up system. He pulled out a drawer and there was a cardex all in rows, little flags of various colors meaning certain things. For example, in following up honorary governors: Their honorary governors contributing to the hospital are life-members and they all pay so much, etc., and in following up the honorary governors they have them make a periodical visit. He has his system so that one color opposite certain names will mean all those who will visit the hospital on such and such a date, another color the following week, and so forth. These honorary governors are interested individuals. They have the hospital at heart. They know the hospital; they have taken time to go and investigate the hospital, and consequently, they are a wonderful assistance to the hospital. They visit periodically, and are invited to luncheon and shown through the hospital by a well-trained escort who has the hospital interest at heart and is a splendid talker. He makes them believe that it is the best hospital in the world. That is what he is there for, besides being foreman. He is foreman, and a good one, and he controls all special staff. Now that man is worth his weight in gold in that institution for two reasons: one, the manner in which he controls the special staff and the other in his ability to take care of hospital visitors. He has been there something like twenty to twenty-five years. I cannot say there is any outstanding feature in the Montreal General; every department is good. Dr. Haywood has certainly a wonderful place and the reason of it is discipline. I said to Dr. Haywood: "Supposing you found a doctor here had brought in a case of abortion, what would you do?" He said, "I would

kick him out of the institution." I said, "suppose he appealed to the board?" but he said, "that body of men put there on that board are big people and they would not overrule me." That is the sense of the Montreal General: rigid discipline and no strings tied around Alf. Haywood's neck, but he does not take advantage of the trust placed in him. He delivers the goods and you can see it as soon as you go in there. You can walk in there at any time of the day and you will find an orderly standing in the corridor. He is spelled off after a while and another takes his place, and the orderly is ready and willing to show anyone around. The internes come to the corridor and stand there just like sentries. The internes are there to discuss cases with hospital visitors; in place of the visitors going to the floor and causing a noise discussing cases with the internes who are working on the medical and surgical service, they do their discussing downstairs. All the internes are trained to talk guardedly to the friends of the patients. They entertain the visitor and answer questions. The nurse on the floor does not give any information, the housemen look after that. Every part of the organization is run just like clockwork.

I will pass on to the Royal Victoria Hospital. The Royal Victoria Hospital is the finest private hospital in America, barring none. Mr. Webster, the superintendent, apparently has wonderful business ability, but he is fortunate in having a group of men around him, a group of doctors who are big men in Canada, who advise him greatly along medical lines. Ross Pavilion has a record system installed for checking up nurses. This record system records the time when a button is pressed calling a nurse, and the time the nurse arrives there, day and night. This, as Mr. Webster explained, settled a great many disputes where patients claim the nurse was five minutes getting there and the nurse says she responded at once. There is an absolute record which goes into his office each morning showing the service given to private patients.

Their diet kitchen is spotlessly clean. The private-patient nurses were just taking a wagon of relishes to their patients from the diet kitchen when I went through with Mr. Webster, and it was a very pretty sight to see how they had arranged the dishes, and the dishes themselves to give to the patient. If I were sick I would love to be there.

The X-ray and artist's department impressed me most in the Royal Victoria. Dr. Pirie is at the head of it. He takes a film and puts it on view and leaves it there until night. That picture is open for the surgeon or the internes to inspect. That night the film is read and put in a small cubicle, one for each doctor, together with the report. This is immediately taken away by the interne on that service, who takes it to the ward where it is kept filed away with the rest of the records on the ward. Dr. Pirie says that this saves a great deal of money in his time with doctors, who come back and come back to have the film read and discuss the picture with him. Dr. Pirie makes his report and that is final. The report goes to the ward and that is the end of it. There is one little pointer: musilaging the film dissolved in a stone. He just has a small camel-hair brush and he writes on this before the film is developed and that seals it over and leaves the white lettering or name. It is only a small tip on marking X-ray films. The principle is simply that the developer does not touch the film underneath, and it comes out white. It might be of great value in some cases. White ink will rub off and there is really no other way of marking films, but in this way the film cannot be changed for another one. That, together with the artist's department of the Royal Victoria, were the two outstanding features.

The artist's department was operated by a nurse who had taken special training. She was specially adapted to that sort of work, but this small department was run independently from the hospital. She has there plaster models of all extinct specimens gathered from the operating room and the autopsy room. She has drawings of all interesting cases. It would be a very simple department to establish in any hospital, in any room if one is fortunate in obtaining the services of an individual who is an artist and if that individual is your record clerk establish a department in your record room with all outstanding cases and specimens.

There is a little pointer I think you would be interested in and I have brought a sample with me; it is an article used in looking after the patient's clothing. They have a check room at the Massachusetts General. The clothes are brought down from the wards and the lady in the check-room takes the clothes and makes out a duplicate slip, sends one back to the ward to be put on the patient's file and the other copy is kept in the check room. It is quite a little problem to look

after the patient's clothes. This is simply a bag to hold the clothes. It is made so that it is dust-proof and moth-proof. The clothes are slipped over a hanger with the exception of the collar and tie and hat. There is a shelf for suitcases, club bags and shoes. After the clothes are on the hanger this bag is slipped over the hanger and the clothes, with a small hole at the top for letting the wire go through. There is a pocket in the front and back to hold anything, and a few moth balls. There are two side sections brought over, the bottom done up and pinned and you have everything in that bag. They take great care against loss of articles. The clothes are checked over by this lady, buttons sewn on, etc.

I am going to enlarge on that scheme and I have under-way at present a check-room in a hospital in Edmonton which is going to serve three purposes. The patient's clothes will be looked after along these lines. All special staffs coming on duty in the morning will report at the checking room and check in hat, coat, rubbers, etc. That will serve as a check on the staff's punctuality. In order to make full use of the girl in the check-room we are going to employ her in picking washed gauze during her spare time as you know that is one of the largest accounts for the month and by washing gauze and re-picking it, which is all done by a servant, you save her wages alone. I do not think it economy to use nurses for picking gauze and looking after the sorting and arranging of wash cloths; a nurse's time is too valuable. If you can spare a nurse to pick gauze you can do without her services on the wards. The fourth use I am going to make of the girl in the check-room is looking after a small library for the patients. This one girl will look after the patient's clothing, pick gauze and keep a record of the books loaned to the floors. If a book is loaned to a patient it will be written down on the laundry slip, a duplicate of which the clerk has. If the book does not come back to the check-room the patient's account will show the price of the book.

Now a big feature of the check room is, I think, that it is a check on loss of linen and food. I have found out that in winter our losses in linen and food are much greater than in the summer. Why? Overcoats. The staff steal—there is no question about it. I do not think they consider conscientiously that it is stealing, but they see so much in a hospital: so many articles, that they cannot see why they should not have a new towel, blanket, or a pound of butter. Now with

checking in their overcoats every parcel will be entered going in and out of the institution. The staff check out and the girl has her instructions if there is a parcel to make a note of it, and search, if necessary. We must install a system in our hospitals to prevent loss in this manner.

The Sick Children's Hospital in Boston is a very nice hospital. There is just one point I gathered there which was distinct. They have now a cubicle room in their children's wards. These cubicles are 6 x 6 feet and there is a large window between each cubicle so the nurse in the diet kitchen may look down and see the children in their cots. Every child coming in must remain in the orthopedic section for six weeks before being allowed into the general ward. This is done to prevent infection. They have cut down their spread of infection to almost a minimum. They treat every child entering the hospital as a possible source of infection to others and for six weeks the child is treated as an isolated case. These little cubicles could be put up in any hospital. They are made of two plates of tin and supported by a horizontal bar.

Now I do not know if there is anything else that I can describe as far as my visit is concerned. It simmers down to this: after all, there are two or three things which must be brought to bear and they are the cardinal symptoms, so to speak, of hospital management. The first one is discipline. If you cannot rule by kindness you must rule by force. You know there is a lot of truth in that. Kindness has its place, but force is the greatest asset a man has in hospital management. If you are going to manage a hospital by kindness your hospital will not amount to a hill of beans. If we are going to be filled up with crocks due to petty politics and we are forced to attempt to manage hospitals with a staff of crocks our hospitals will never amount to anything. The public to-day have got to be a body of sane men. Men who have had experience in hospital matters, men who have taken the trouble to visit hospitals. These are the men we must have surround us to-day in hospital matters. We must not be tied; we must be able to step out and do things and meet the occasion and to have a free hand to do it. The public to-day are an extravagant people; they all go to picture shows and enjoy life thoroughly and make no provision for sickness. They know the hospital is a charitable institution and that if they cannot be looked after at home the hospital will look after them, so they do not need to

worry about paying the hospital. Now as long as we allow ourselves to be put in that class the public will call the institutions charitable and we are not going to have hospitals. We must be able to present a budget and see our way clear to finance that all the way through. We must not travel in a slipshod manner feeling that if we are \$50,000 in the hole someone will cover it up. Hospitals must be run along business lines. It is a real business. Compare the management of a hospital to-day we will say with the Palliser Hotel. Could you imagine the Palliser Hotel not making provision for the end of the year and not arranging their room rates so that their capital account and operating account dividing by the average rate brings a certain amount of money. The public have a wrong conception of a hospital. We ask them to pay \$5.00 for a private room and they think it is terrible, but they have no objection to going to the Palliser and paying \$4.00 for a room, and meals \$8.00 a day. They have no objection at all to paying that without any highly paid nursing service. In this country we are operating along wrong lines. Our hospitals are designed after the eastern architecture. In the East they have wealthy people. Their private room rates are as high as \$8, \$10, \$15, and \$20 a day. They have the money. We in the West have not the money. We are dealing with the working class, ninety-five per cent of our patients; what do they want with private rooms? They cannot afford private rooms, they want public wards and what we have to do in building hospitals here in the future is to go into the large ward, cut down the private and semi-private. It is wrong economy to think you are making money out of private members. The same floor space used in public wards as against private wards would bring you in fifty per cent. more money at \$2.00 a day than \$5.00 for the private ward.

Why are our people not satisfied with taking public wards? Because we have made people believe that the public ward is a pauper's ward. We have made them believe that, because our nursing service has not been sufficient. We have made a difference in the food, we have made a difference in the dishes and the whole attention given to the public-ward patient is wrong. Let us raise our standards for the public wards; let us give them adequate nursing service; give them better food; give them better dishes and look after them properly then we will get our public wards full of people

who can pay for that service and we can raise our private ward rates twice the amount, we can raise them to \$10.00 a day. Double the price in your private wards, and you will have them full all the time.

I have only one more word to say and that is about the nursing service. What are we doing turning out thousands of girls in this Province as nurses and expecting them to make a living when the patient can go to the hospital and get everything for \$5.00 a day? What do they want with a private nurse? They would pay \$5.00 for a private nurse in the home so why not go to the hospital and get all that for \$5.00? Our nurses are going to starve in this Province. To-day they are not averaging in private nursing \$15.00 a month. Five dollars a day should mean \$150.00 a month. Our nurses must be looked after. I think that we have suffered and are going to continue to suffer if we conduct our nursing education along the same lines as we have been doing. Why should a girl who wants to become a nurse and take up the noblest of professions, have to go into a hospital and act as housemaid for a number of months? She should not have to do that. We should get grants for our nursing school; they are just as important as any other school along educational lines. We should be supported, and our whole school operated along proper educational lines. If we do this and charge a tuition fee to our nurses entering the training school the same as the medical student entering the medical school, we shall get the type of nurse we want.

There is only one thing, this paper called for my personal impressions on hospital management, and I hope they are not too dogmatic, it is just my enthusiasm.

MR. WILLIAMS: I would like to ask one question if I may. What is the consensus of opinion of the members of the Convention as to the proper definition of an indigent?

DR. LAIDLAW: The Act as it stands at present is very unsatisfactory, unsatisfactory to the hospitals and to the municipalities, as half the time they do not know what an indigent is, and unsatisfactory because of the definition of a resident. It is very difficult in some cases to establish a residency on some municipalities.

DELEGATE: The word indigent is not properly defined and also the department of public health have increased the time of residence from three to six months.

DR. LAIDLAW: That is a clerical error. It is in error, but the Attorney General ruled that the Municipal Act should apply. It is three months in the Municipal Act and six in the hospital.

DR. WILLIAMS: I would again urge that this Association send one or two delegates to meeting the Urban Municipal Association.

CHAIRMAN: You would suggest that the Legislative Committee be given that authority. Would some one make a motion empowering the Legislative Committee to act. It is the proper way to proceed. I think with regard to the time of the meeting it would be better to hold it at the time of the Municipal Convention.

MRS. MELROSE: I would move that the Legislative Committee be empowered to arrange any conference with the municipal representatives to arrange a suitable and clear wording of the Act governing indigent patients and any other contentious matter between the municipality and the hospital. Seconded by Dr. Smith. Carried.

DR. SMITH: Up until last year this Association always had a full report printed of the proceedings which cost around the sum of \$400 to \$500. Last year they were printed in the Toronto HOSPITAL WORLD at a cost of \$125.00 and besides that we had copies sent to us of this magazine; in fact that was our only cost. We paid down the money for these copies and this magazine was sent around to all the delegates to the Convention, as well as all hospitals. I think this was quite a success last year and certainly more economical, and I would like to move that the president and secretary take such steps as are necessary to have these proceedings printed this year in this magazine and that all delegates who attended the Convention be furnished with a copy and that several copies be sent to each hospital in the Province. Seconded by Mr. Dutton. Carried.

CHAIRMAN: We will call upon the Chairman of the Resolutions Committee to report.

MR. WILLIAMS: Mr. President, Ladies and Gentleman: We have a resolution here which has been looked over by the Resolution Committee and submitted to the Convention for consideration. It is from the Galt Hospital, Lethbridge.

Whereas, the Provincial Government have, by Order in Council, directed that, in computing hospital days for the pur-

pose of The Government Grant, the day of discharge shall not be included for the current year, and

Whereas, hitherto, by distinct regulations of the Department of Public Health, both the days of admission and discharge have been reckoned, and

Whereas, no notice or warning was given for this to come into effect, and the amendment was not sent to this hospital until several months of the financial year had elapsed, thus meaning a considerable reduction in the amount of the Government Grant after hospital budgets have been compiled and finances arranged on the basis of existing regulations at the first of the year.

Therefore be it resolved that the secretary be instructed:

1. To write direct to the Minister of Public Health protesting strongly against the amendment along the lines of this resolution and asking that the grant for at least this year be paid as formerly.

2. To communicate with the other city hospitals of the Province suggesting that united action of protest be taken by all the hospitals through the Alberta Hospital Association and

3. To send copy of this resolution, stating what other action has been taken, to the secretary of the Alberta Hospital Association, for the purpose of enabling him to bring the matter before the executive of the Association for discussion at the next Convention.

This resolution has been endorsed by the City of Edmonton Hospital Board. This is their resolution:

"That this Board do unanimously endorse the resolutions of the Galt Hospital Board, and that the secretary be instructed to write the secretary of the Galt Hospital Board—and also the secretary of the Alberta Hospital Association accordingly."

MR. DUTTON: I think that is another matter which might justifiably be referred to the Legislative Committee if the Edmonton representatives on the Legislative Committee could further pursue that matter. We have already taken it up with the Department through the Alberta Hospital Association without any success.

MR. WILLIAMS: I think all the Hospital Association can do is pass this resolution on and endorse it. The resolution is plain.

DR. SMITH: I would move that this Association endorse this resolution and that the Legislative Committee be instructed to take up matters contained therein with the Department of Public Health. Seconded by Dr. Washburn. Carried.

MR. WILLIAMS: The Committee would also report on a number of recommendations put through at the last Convention of the Association. These matters were referred to the Legislative Committee, who presented them to the Provincial Government. The Edmonton Hospital Board had also recommended that some resolutions be brought forward again and brought before the Association and also the Provincial Government by the Association. I will not read them as they are fairly lengthy, but I have several copies here if any one wishes to read them. (Recommendations attached).

RECOMMENDATIONS.

Whereas, the following resolutions as passed by the Alberta Hospital Association at the Convention held last September had not produced the desired results. This Edmonton Hospital Board do earnestly request the Alberta Hospital Association at its coming Convention, September 6, 7, next, to reconsider these resolutions with a view to bringing further pressure to bear upon the Provincial Government.

Resolved, that "The Special Committee on Legislation" appeal to the Provincial Government to enact such legislation as may be necessary to allow municipalities to keep in suitable homes within their own territory, aged and incurable persons, and that the Provincial Government make the usual government grant for such cases as is allowed for the hospitals now receiving such grants. This is to be a temporary measure until such time as the Government or the municipalities can make more satisfactory and permanent provisions.

Whereas it is universally recognized that the supplying of facilities for educating and training pupil nurses is a public service, the adequate performing of which entails considerable outlay to the hospitals maintaining training schools. Therefore be it resolved, that "The Special Committee on Legislation" be requested to bring this matter to the attention of the Provincial Government with the request that suitable remuneration be provided for hospitals maintaining satisfactory training schools.

Whereas, there are a considerable number of children in the Province afflicted with joint or bone disease or deformity, requiring from the nature of their diseases, prolonged periods of hospital treatment, and

Whereas, in the majority of cases, the period of treatment required is so long that it is impossible for the parents of the child to begin to pay the accounts which accrue.

Therefore be it resolved, that this Convention respectfully request the Provincial Government to make such grants to hospitals for this type of case as may enable the hospitals to give these children free treatment.

Whereas, under the present Act known as "The Hospital Ordinance" the hospitals of the Province of Alberta are under a serious financial burden owing to the fact that they frequently find it impossible, by any reasonable means to collect accounts from other municipalities, many of whom are ratepayers of those municipalities, and

Whereas, it is obviously unfair that municipalities which are already providing hospital accommodation for the care of their own sick should have to carry the burden of the care of the sick of other municipalities; and, whereas certain rural municipalities have a much larger percentage of residents who are not ratepayers than have others, and

Whereas the municipalities are in a position, by reason of their own present legislation, to make collection of any such accounts from patients who may be ratepayers of their own municipalities.

Therefore be it resolved:

(1) That "The Special Committee on Legislation" respectfully request the Provincial Government to alter the existing legislation that

(a) Any hospital, after having exhausted all reasonable means of collection of accounts from patients who are ratepayers and their dependents from any other municipality, may collect such accounts from the municipality in which the patient is a ratepayer, and

(b) That any hospital, after having exhausted all reasonable means of collection of accounts from patients who are not ratepayers in any municipality, shall be reimbursed by the Provincial Government for the amount of such accounts at a stated specified rate per diem; and further,

2. That this Association respectfully suggests to the Provincial Government that a health tax be levied upon such

adults within the Province who are not now contributing, by other taxation for health purposes, and further,

3. That this Association would be in favor of the Provincial Government appointing an official to give careful oversight and inspection to all such cases whose accounts are chargeable to the municipalities or to the Government in accordance with the provisions of this resolution, with a view to eliminating from the wards of the hospitals any cases that are not actually in need of hospital care.

DR. SMITH: I would like to move that we approve of these resolutions and that they be passed on to the Legislative Committee with instructions to take them up with the public health department. Seconded by E. Dutton. Carried.

MR. WILLIAMS: There is one more resolution from the Drumheller Hospital Board:

Whereas a large percentage of the employees of the Canadian National Railways have no hospital or medical protection.

And whereas Section 6, of the Hospital Ordinance provides that an indigent person must reside six months continuously in a municipal area before a public or municipal hospital can recover any fees for the care of an indigent person from any city, town or municipality (and then only up to a limited amount), thereby making it almost impossible to collect hospital and medical fees from a large number of the employees of the Canadian National Railways above referred to, who in many cases come under the category of indigents.

And whereas as a result of having no medical or hospital contract, the said employees of the Canadian National Railways, in many cases, become a heavy charge on the finances of the hospital to which they are admitted in time of sickness or accident.

Now therefore be it resolved that this Board do recommend that it be made compulsory for all employees of the Canadian National Railways to have a medical and hospital contract, and that it also be made compulsory for every employer of labor to make provision for the medical and hospital care of their employees, by contributing a sum sufficient to cover the costs of these services to a Board, which should be established with powers similar to those of the Workmen's Compensation Board, or that the scope of the

latter Board's activities be widened to provide, not only for compensation in case of accident or death of employees in certain classes of work, but to provide also for compensation in time of sickness, for loss of earnings, and to make proper provision for the payment of medical and hospital fees of persons classed as employees, working in any kind of business, trade, profession or calling, whatsoever, with the onus of collecting the necessary fee, being placed on the employer, with the end in view of largely eliminating the heavy burden imposed (particularly on hospitals), through failure to collect fees incurred by indigent patients, which under the present system, impose a heavy charge on the finances of the hospital, and constitute an unfair imposition on the tax-payers supporting the hospital."

Moved by Mr. Stickney, seconded by Mr. McKee. Carried.

DR. SMITH: It has been brought to my attention that owing to the time of year in which we have been in the habit of holding this Convention, a great many representatives of rural hospitals being farmers, they find it exceedingly difficult to come in and attend. We have some men here this year, who have had to leave their crops, etc., to get in. We have a large number of these rural hospitals and I would like to suggest or move that this Convention meet at a time more suitable for these gentlemen from the country. November and December are months when they are not so busy. I believe it would facilitate matters a great deal if we could adjust this time to meet this need. I would move:

"That the Executive Committee be instructed to arrange for a date for the next Convention to take into consideration the hospital boards of hospitals located in the country districts and if possible arrange a time more suitable for them."

CHAIRMAN: Would you care to include in your resolution the holding of the Hospital Convention with the Nurses' Convention rather than the doctors?

DR. SMITH: There is an old resolution instructing us to meet with the nurses and then another one last year for the three to meet together.

CHAIRMAN: Let us have a definite resolution that will make it clear. We thought over it last year and met on several occasions and thought it would be a splendid thing to have the three units of public health meet at the same time and for three years had the medical men, the hospitals and

the nurses meet at the same time. It seems to me as the Medical Association is the largest unit they are bound to swing the other two. I think everything would have been all right this year, but for these R.N. examinations coming on, so I think we had better make a new resolution, rescinding all old resolutions, that we meet for the future with the nursing fraternity.

DR. SMITH: I will move

"That the Executive Committee be instructed if at all possible to arrange to have this Convention held in conjunction with the Alberta Nurses Association next year."

MR. MCKEE: That would be a good thing. At the present time we have a separation between municipal hospitals and city hospitals and just a few municipal hospitals are represented and if held at a more prudent time we would have more and more assistance for all hospitals.

MR. WILLIAMS: I do not think this can be decided by any persons twelve months in advance. I think it should altogether be left in the hands of the Executive Committee with full power to use their discretion.

CHAIRMAN: We will go back to Dr. Smith's first resolution.

DR. SMITH: I will withdraw both resolutions and substitute this:

"That the question of time and place of the next Convention be left with the Executive Committee." Seconded by Mr. Stickney. Carried.

Meeting then adjourned to visit the Central Alberta Sanatorium on invitation of Dr. Baker that the delegates take luncheon there and afterwards view the institution and carry on their afternoon programme of addresses and clinics at that hospital.

"MENTAL DECEPTION IN MEDICINE."

D. R. Dunlop, Calgary, Alberta.

Mr. Chairman, Ladies and Gentlemen:

My embarrassment this evening would in some measure be relieved could I feel myself even in a slight degree worthy of the honor of representing my profession on this platform. As the rain falleth alike upon the rich and the poor and upon the just and the unjust, so the medical profession makes no discrimination in the dispensation of its services.

The basis of the entire profession of medicine is faith in the doctor, his drugs, and his methods. It is from such faith that a considerable part of all cure arises. Although we try to awaken faith on the part of our patients, we do not desire blind or fanatical faith. As regards prayer for the sick, Professor James says that if any medical fact can be said to stand firm it is that in certain environments prayer may contribute to recovery, and should be encouraged as a therapeutic measure.

It has been one of the sweetest delusions of man throughout all ages that his body is under the control of his mind. If he has not really believed this, he has always wanted to believe it. He has always felt sure that he could control his mind. If man could control his mind and his mind could control his body, he is master of his fate. Unfortunately for his peace of mind, the more confident he becomes of the one, the more doubtful he becomes of the other. Has it never occurred to you that the only genuine and lasting control of our minds is obtained by modifying the conditions of our bodies? For centuries the mentally sick were chained, imprisoned, starved and flogged. Then their demons were exorcised. They were prayed over and argued with—without the record of a single cure. Now we treat their bodies as we would any other chronic ailment, with rest, comfortable surroundings, good food, baths and fresh air; correction of bad habits, gentleness and kindness and we leave their minds without treatment, excepting in so far as ordinary decent humanity and consideration may be regarded as mental remedies and we cure approximately forty per cent. and make ninety-five per cent. comfortable, contented and happy. We are still treating the chronic drunkard as a minor criminal, by mental and moral means. The disgraceful records of our police courts will testify as to the results. The laggard at school we now treat by removing his adenoids, or by correcting his defective vision with glasses. In large cities, juvenile crime is now treated by the establishment of play-grounds; pauperism, by good food, living wages and decent surroundings; and we should encourage individual and family independence—and this for the first time has met with success. All victories over bodily ills, as well as a large majority of successes over mental and moral diseases have been won by physical means.

The mind does exert a powerful influence over the body in both health and disease. Mental influence is not new in the treatment of disease. It is the oldest method of treatment of which we have knowledge. Nowhere upon the pages of history has there been a more thoroughly tested, more universal, more ubiquitous remedy listed. The proportion to which it survives in the medicine of any race is the measure of that race's backwardness. Psychotherapy and opium, have always been the sheet-anchors of the charlatan and the miracle-worker.

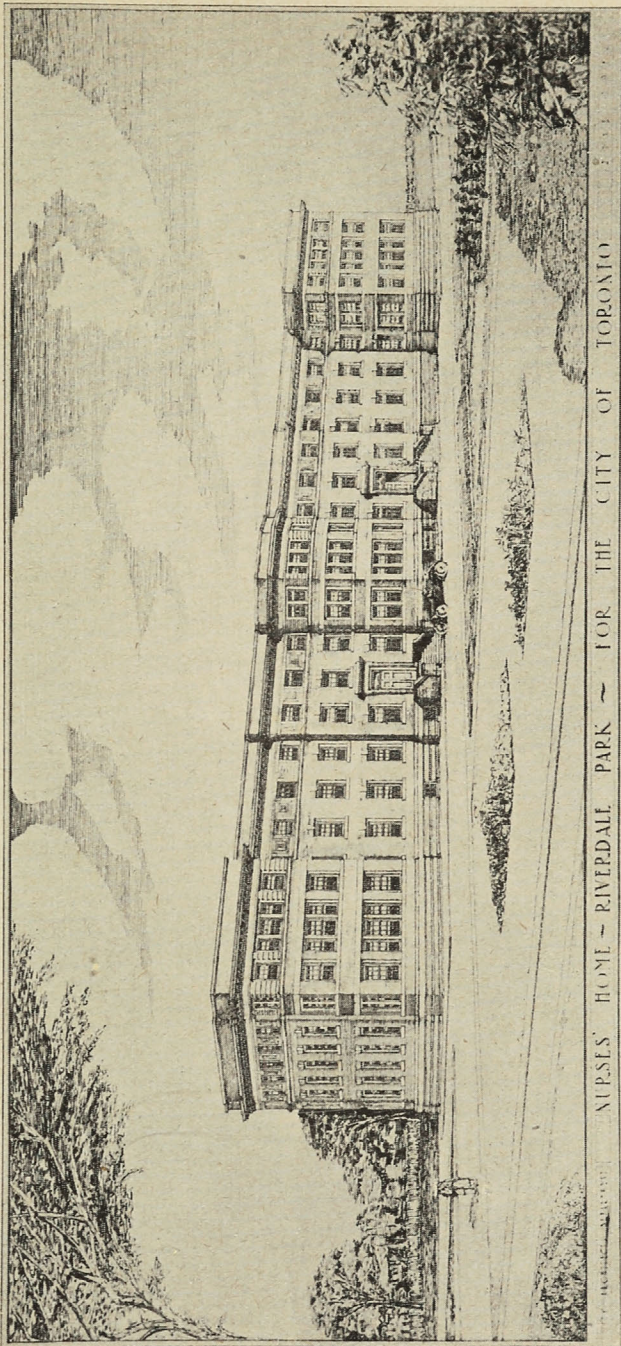
The medical profession has no quarrel with those who would apply mental influence in the treatment of disease. It regards it simply as it regards any one of many remedial agencies. Faith without works is as dead in medicine as in religion. In nine cases out of ten if we take care of the body, the mind will take care of itself. If people had the same faith in themselves that they have in the exponents of commercialized religion, and pursued the common sense methods, of combatting functional nervous disorders, suggested by medical science, they would have the moral satisfaction of achieving a cure without becoming the stultified dupes of designing frauds. It is evident that the so-called diseases over which the wonder-working charlatan triumphs so signally are not really diseases at all, but merely symptoms of the various functional nervous disorders.

(To be continued in our next issue)

Hospital News

RIVERDALE ISOLATION HOSPITAL NURSES' RESIDENCE

After many years of discomfort and isolation, the nurses of the Riverdale Isolation Hospital now have a new and in every way up-to-date residence. The first hospital building was erected in 1891, and since then the nurses' quarters have been on the top floor of the building, with but very poor accommodation and practically no provision for comfort or entertainment. The building, which was formally opened recently



MISSISSAUGA, ONT. — NIPSE'S HOME — RIVERDALE PARK — FOR THE CITY OF TORONTO

by Mayor Maguire and Mrs. Sidney Small, chairman of the Local Board of Health, is a three-story building of red brick with cut stone trimmings.

In the basement there are demonstration rooms, diet kitchen and a small laundry and ironing room for use of the nurses. Reception rooms, offices, classrooms and superintendent's suites are situated on the first floor, where the long halls with attractive arches and fern-filled windows, give an artistic finish. There are thirty-six bedrooms, sitting-rooms and kitchenettes on each of the two top floors. The bedrooms are all bright, and each is provided with a capacious clothes closet.

The furnishings throughout the new residence are particularly attractive. All the bedrooms are furnished with comfortable beds, desks, bureaus and easy chairs. Dainty amber curtains are hung at the windows. The main reception room, from whose windows can be obtained a wonderful view of the park, is furnished with comfortable chesterfields and easy chairs, upholstered in taupe-colored velvet and mahogany. Mulberry hangings brighten this pleasant room which is also provided with a large fireplace.

The administration of the hospital and its services have just been reorganized. Heretofore, the medical superintendent—a resident—has also been in charge of, and responsible for, the care of all building and other services. Under the new arrangement, which was established on July 1, Dr. Beverly Hannah, for many years on the staff of the Hospital for Sick Children, has been appointed physician-in-chief of the Riverdale Hospital, and also is in charge of the medical services of the hospital.

Miss K. Mathieson, who has been superintendent of the training school for nurses for several years, continues to hold that position, and is, therefore, responsible for all nursing care of patients and orderly service in the hospital. The work of business administration of the hospital, including all services other than medical and nursing, is in charge of Henry A. Rowland, secretary of the Department of Health, under whose care the building has been completely furnished and equipped.

TORONTO WESTERN HOSPITAL

At the twenty-seventh annual meeting of the Western Hospital (Toronto) women's board on December 4th, the following officers were elected: President, Dr. Augusta Stowe Gullen;

Corresponding Secretary, Miss H. Drysdale; Recording Secretary, Mrs. C. J. Keddie; Treasurer, Mrs. J. A. McElroy; Vice-Presidents, Mrs. Thomas Crawford, Mrs. A. C. Tomlin, Mrs. John Ferguson, Mrs. W. J. Wilkinson, Mrs. L. M. Pinkerton. Executive Committee: Mrs. F. Stowe, Mrs. William Wallace, Mrs. R. W. Eaton, Mrs. W. J. Wilkinson, Mrs. T. J. Page, Mrs. S. D. Mitchell, Mrs. M. Snider, Mrs. W. Baird, Mrs. F. C. Trebilcock, Mrs. W. J. Clarke, Mrs. A. York, Mrs. I. P. McConnell, Miss Lena Chatterson, Mrs. George Glionna, Mrs. C. F. Moore.

NATIONAL HOSPITAL DAY, 1924

Plans for the observance of 1924 National Hospital Day, May 12, are being prepared by the National Hospital Day Committee, 537 S. Dearborn Street, Chicago, and all hospital and nursing administrators and others interested in this movement to make the public better acquainted with hospitals and to win greater community support and interest are invited to write to Matthew O. Foley, Executive Secretary of the Committee, for printed suggestions and ideas for a programme.

Dr. C. S. Woods, St. Lukes Hospital, Cleveland, Ohio; Dr. F. M. Hollister, Brockton Hospital, Brockton, Mass., and W. W. Rawson, Dee Memorial Hospital, Ogden, Utah, are among the new members of the committee for this year. E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, and Dr. M. T. MacEachern, president of the American Hospital Association, are respectively chairmen and vice-chairmen.

National Hospital Day now is not only generally observed throughout the United States and Canada, but has gained a foothold in Alaska, China, and Egypt.

Book Reviews

International Clinics. A Quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otolaryngology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners by leading members of the Medical Profession throughout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Vol. III, 33rd series, 1923. Philadelphia, London and Montreal: The J. B. Lippincott Company. 1923. Price \$2.50 per volume, or \$10.00 for set of four.

Bowers on the "Psychology of the Unconscious" gives an idea of the modernity of this number; Walsh on "Therapeutics of Pain," of its conservatism and practical appeal; "Recognition of Surgical Diseases," the emphasis on diagnosis; "Remarks on Hanging" the Medico-legal Appeal; "University of Geneva, the cosmopolitan touch; and our friend Dr. Bulkley on Cancer. A very interesting and instructive number.

Rhus Dermatitis from *Rhus Toxicodendron*, *Radicans* and *Diversiloba* (Poison Ivy). Its Pathology and Chemotherapy by James B. McNair. The University of Chicago Press, 5750 Ellis Avenue, Chicago, Ill.

McNair has so fully covered the subject of rhus dermatitis in this work that it must be considered a valuable reference on the subject.

The Dietary of Health and Disease—for the use of Dietitians, Nurses and Instructors in the sciences that pertain to nutrition—by Gertrude I. Thomas, Instructor in Dietetics. University of Minnesota. Illustrated. Lea and Febiger, Philadelphia and New York. 1923. Price, \$2.25.

This book contains some good material for preliminary instruction in dietetics. The larger part of the book, devoted to recipes, contains helpful cooking suggestions for beginners. The space devoted to dieto-therapy is very brief. The starvation method recommended in the chapter on diabetes was used

more widely a few years ago than to-day. Insulin is not mentioned in this book; diet and insulin are important in diabetes. Salts and fats are confusing in Chapter VI. Proteins are given in extensive detail in Chapter VII., but not clearly explained. The reference method of teaching recommended in the book is good; where time permits pupils should always have access to other books besides text books.

Studies in Ethics for Nurses, by Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburgh. Second edition, thoroughly revised. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto, 1923, Price \$2.50.

We had the privilege some time ago of reviewing Miss Aikens' first edition of "Studies in Ethics for Nurses." Now a second revised edition follows. The book has been carefully rewritten and a number of additions made, bringing it in every respect up-to-date. We feel that Miss Aikens, through her writings, has been the means of greatly elevating the status of the nurse, through instilling in her mind higher ideals of conduct, character and service. We would like to believe that a copy of this book will get into the hands of, not only every undergraduate, but every registered nurse in the Dominion. Would that there were more books of this kind written.

A Manual of the Practice of Medicine, prepared especially for students, by A. A. Stevens, A.M., M.D., Professor of Applied Therapeutics in the University of Pennsylvania. Eleventh edition, entirely reset. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Company, Limited; Toronto, 1923. Price \$3.50 net.

It is very seldom indeed that any book, no matter what subject it deals with, has to be published in eleven editions. It simply means that the author in his views has met with the approval of his clientele. This edition has been largely revised, and is now presented in different type. A good deal of new material has been added, and Dr. Stevens' manual of "The Practice of Medicine" is one of the best works we know of for use by students, being arranged particularly for their purposes.

A Text Book of Anatomy and Physiology for Schools of Nursing, Normal Schools and Colleges, by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers College, Columbia University, New York City. With 369 illustrations, 25 of them in colors. Philadelphia and London: The W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co. Limited, Toronto. Price \$3.00 net.

The teacher of anatomy and physiology in college or hospital work has a very valuable text in this book. The simplicity of this well illustrated text combined with the authentic accuracy of statements and the well planned study helps following each chapter furnish the student easily accessible knowledge. While the keynote of the book is "to help the teacher help the student," it will also supply her with a reference book after student days have passed. Dr. Williams has presented this subject in such a manner that intricate scientific material is grasped without effort by those for whom the book was written.

Quebec Hospitals

THE SANATORIUM OF ST. AGATHE NOW A TUBERCULOSIS HOSPITAL

The Sanatorium of St. Agathe, which had been used since the war by the Soldiers' Civil Re-establishment Department for the handling of tuberculosis cases in the military, was taken over on January 25th by the Provincial Government for the benefit of civilians suffering from the white plague.

Such was the announcement made following a conference held between Hon. Dr. Beland, Minister of Soldiers' Civil Re-establishment and of Health, and Premier Taschereau, on certain details affecting one of the most important matters dealt with for some time between Quebec and Ottawa.

Hon. Athanase David, Provincial Secretary, who will sign the contract, will place the administration of this provincial anti-tuberculosis sanatorium under the care of the director of hygiene, Dr. J. A. Lessard. The costs of the institution will be borne entirely by the public charity act funds.

There will be three hundred beds available for tuberculosis victims, and great benefit is expected to result from the opening of the new sanatorium, which is scheduled to take place some time in June.

LEPERS LOSE INFIRMARY BUILDING—INCREASED COST OF CONSTRUCTION MAKES APPROPRIATION INSUFFICIENT

Costs of construction have increased twenty per cent. in Louisiana since last spring, when Congress provided \$650,000 for the construction of additional buildings at Carville, Louisiana. The funds, therefore, are sufficient only for the erection of seventeen cottages housing twelve lepers each, together with a dining room and kitchen building and additional power plants, water supply and sewage disposal units. The infirmary needed for treatment of the blind and crippled must await further appropriations.

There are now 174 lepers at Carville, every bed being filled, the inmates including men and women from nearly every State in the Union. The new buildings authorized will add 204 additional beds which will be immediately utilized, since there is a waiting list of more than 100 who wish to enter the institution and many other lepers in the United States aggregating, it is believed, more than one thousand, whom it is desired to segregate as soon as facilities can be provided. One-fourth of the inmates at Carville are totally blind from the disease, and the mutilations, especially of hands and feet, resulting from the disease are such as to remind one forcibly of Biblical descriptions.

The new construction which will be immediately undertaken will probably require several months for completion.

LIQUOR AND THE DOCTOR

The medical profession has received a black eye because of its attitude towards the prescribing of liquor. For the most part promiscuous prescribing has been done by those with elastic consciences or none at all, for the fee attached (and often a handsome one at that) so that the practice of medicine in some cases has come to resemble high class bar tending. That a considerable element in the profession has been willing

to cheapen their calling by abusing their privilege is perhaps not to be wondered at, but the practice cannot be too heartily condemned.

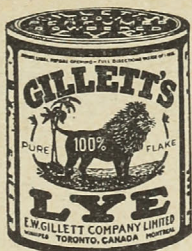
The Volstead Law, adopted by our representatives in Washington, the representatives we voted for and who acted according to their best judgment (a judgment, by the way, which will be upheld if the question is ever submitted to popular vote) had for its object the elimination of alcoholic beverages. The medical value of alcohol taken internally being an open question, provision was made whereby the occasional patient who might, in the physician's opinion, be benefited, could be accommodated.

It is true that there is a strong public sentiment opposed to prohibition. It is also true, that the average citizen has no qualms about breaking the law to the extent of taking a drink when opportunity arises. Rather strong pressure is exerted at times when your friend wants a nip and you are in a position to furnish it. One way to avoid the situation is not to take out a license and this procedure is strongly recommended to those who have not the backbone to say no or wish to avoid unpopularity.

At first thought it would seem as though the present state of affairs would gradually adjust itself. As the stubs of the first prescription book are turned in, previous to the issuing of a second book, one would think that it would be easy to detect the law breaker. A crook is generally a good liar, however, and should be able to fake names and diseases with facility.

Most of us can practise medicine without prescribing *spiritus frumenti* and the like; for the same results can be obtained from alcoholic preparations which do not tickle the palate to the extent of over indulgence. It would be no tragedy if the privilege of prescribing alcohol in drinkable form were taken from the profession and we do not hesitate to predict that this will occur if the present disgraceful state of affairs persists.—*Minnesota Medicine*.

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Crystal flakes that dissolve instantly in hot or cold water.
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One teaspoonful dissolved in two gallons of water makes the ideal cleansing and disinfecting solution.

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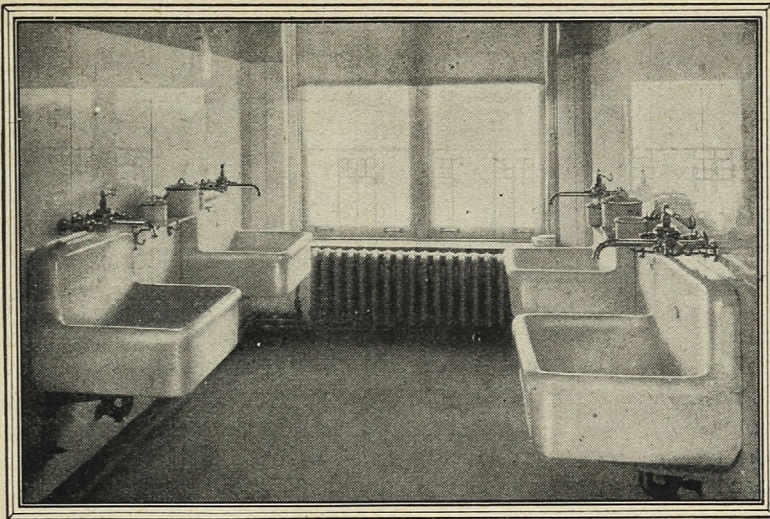
REGISTERED TRADE-MARK

HOMEWOOD SANITARIUM, OF GUELPH

The Homewood Sanitarium is an institution that has been known to the medical profession throughout Canada for quite a number of years and has been patronized by many physicians in the treatment of, particularly, neurasthenics. In reply to a request from us, we have received the following letter from Dr. C. B. Farrar, medical superintendent, and gladly publish the same:

"Among the larger improvements, the principal one is the erection of a nurses' residence, with accommodation for fifty nurses. The building is of three-story brick construction with enclosed fire-proof staircases at either end, and provides all the comforts and conveniences to be found in the better buildings of this sort. The new superintendent of nurses, Miss Augusta M. Bigler, who was trained in the Illinois State School of Psychiatric Nursing, recently took charge of the Training School. It is our endeavor to get the best possible type of young women for special training as psychiatric nurses, for whom there is an increasing demand everywhere. The scope of the medical service is being extended as opportunity offers and we shall presently have regular dental and eye, ear, nose and throat clinics conducted as a part of the routine examination and treatment of patients. Certain interior improvements in the wards and in nursing and treatment facilities have been made. These include the installation of additional continuous baths and showers. The dietary service has been reorganized under an experienced dietitian, who is a graduate of the MacDonald Institute, of Guelph, and special attention has been given to this feature of the service.

"Special mention should be made of the Occupational Therapy Department, which has also been reorganized under a qualified instructor. It is our intention to amplify this work until all suitable patients are provided with adequate and proper occupation in conjunction with their treatment. Both in the dietary and occupational services pupil nurses who are receiving their training in these subjects will act in turn as assistants respectively in the ward diet kitchens and as occupation aides both in the central shops and throughout the wards. In the general management of patients, our main aim is to impose as little restrictions as possible and to have patients admitted on the voluntary basis as far as may be. You will be interested to know that during the ten months of 1923, to date, 83 per cent. of our admissions have been admitted without formality on the voluntary basis. When it is recalled that these admissions include patients of every type of nervous and mental disability and in all stages, the voluntary rate is



CRANE HOSPITAL CLINIC SLOP SINKS

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Effective installations demand water and drainage piping systems of the highest quality. The most exacting requirements for valves and fittings are satisfied in Crane units. Crane drainage fittings, for instance, have a protective coating of special acid-proof preparation to insure enduring service.

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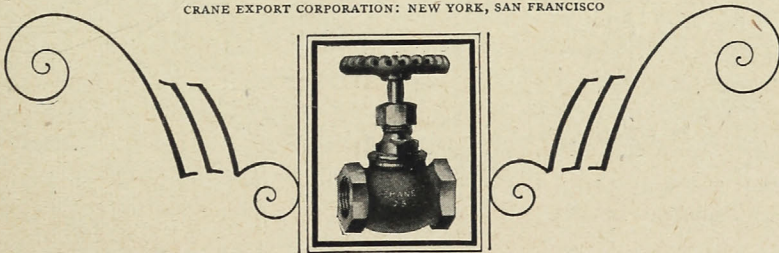
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quite imposing. Of the 210 voluntary patients received thus far during 1923, in only one instance was it later found necessary to resort to the process of commitment. With our present ward arrangements, which include both open and closed divisions, we are able to so classify patients as to bring similar types together in as congenial associations as possible."

WHAT MIGHT BE CALLED "A FOOD SPECIALIST"

Specialization has long since proved its immeasurable value to surgery and to medicine in general. So it seems only natural that a food whose purpose is purely therapeutic should follow in the path of an idea which has already arrived. It is not because of the fact, however, that Kellogg's Bran is dedicated solely to the relief of constipation that it lays claim to the title of specialist. It is because of the specialization practised in the contents of the Kellogg package. There is nothing in it but bran. The effectiveness of bran in mild and chronic cases of constipation has long been recognized by the medical profession. When the doctor thinks of bran, however, he does not think of a food in which other elements have been retained merely to produce a more likable flavor. Nor does he consider bran in the light of a combination of foods united so that a dual or triple curative claim may be made. The bran he knows serves one purpose only. It is just bran, plain, unadulterated.

Kellogg's Bran is just this—unadulterated, 100 per cent. bran. Again the note of specialization creeps in. Kellogg's Bran is interested solely in keeping the complex digestive apparatus functioning regularly and naturally. Because it is all bran, Kellogg's Bran by increasing the bulk in the intestine in a purely mechanical way stimulates better peristaltic action. There is no violent irritation or undesirable after-effect as in habit-forming drugs and pills. Kellogg's Bran absorbs the maximum of liquids and keeps the feces in a moist condition as it passes through the colon. It will bring relief even in chronic cases of constipation when eaten regularly. Patients who are familiar with only the flat, unpalatable taste of ordinary bran are most pleasantly surprised by Kellogg's. The Kellogg process of cooking and krumbling gives it a delicious flavor which makes it enjoyable as a cereal aside from its therapeutic value. Physicians who prescribe it do so with the assurance that their orders to eat it regularly will be carried out to the letter.

UNGUENTUM ASEPTICO

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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Thermogene is a carefully prepared, fleecy cotton wool, impregnated with stimulating vegetable substances. In close contact with the skin, it promotes and maintains an increased circulation of the blood in the affected part, producing a gradual and increasing sense of warmth and glow. The consequent relief of the pain or tightness that is distressing the sufferer gives the greatest satisfaction both to the patient and the prescriber. The use of counter-irritants is often limited in effect through the evanescence of the agent employed. Commonly, counter-irritation is succeeded by early reaction and the good effects are quickly dissipated by conduction and radiation. By using Thermogene, the counter-irritation is definitely prolonged and the surface heat almost entirely conserved. From the point of view of cleanliness, readiness for use, comfort, safety, ease of application and lightness in weight, Thermogene claims superiority over every other means of counter-irritation. Moreover, one can regulate the intensity of the effect.

JELL-O

Both in the States and in Canada the Institutional size package of Jell-O, making one gallon of jelly, is meeting with ready acceptance for its convenience and for the high standard of quality that has always characterized the Domestic size package. There seems to be almost no diet requirement where the gelatine jelly may not be used. It may be a part of a liquid diet, a semi-solid diet or a convalescent diet. It is cool without being frozen, solid without being hard. It appeals to the eye as well as to the taste, and it furnishes easily assimilated nutriment in the way of sugar and protein, these two elements respectively forming 80 per cent. and 16 per cent. of the powder.

HYGIENIC PAPER GOODS

The attention of the readers of *THE HOSPITAL WORLD* is called to the advertisement, now running in the journal of Stone & Forsyth Co., 67 Kingston St., Boston, Mass. This firm are perhaps the largest manufacturers in America of Hygienic Paper Goods and Specialties for Hospitals and Sanatoria. Their goods are too well-known to require more than a mention. Among the lines they manufacture are *sputum cup refills and holders, pocket sputum cups, wood specimen boxes, wood tongue depressors, wood applicators, paper napkins, paper towels, paper drinking cups.*

Any institution that has not up to the present given this firm an order will do so to their own advantage, the goods being of the very best quality in every respect.

"Canada's Most Famous Dessert"



Gallon Package

HALF the charm of "home cooking" is in a simple delicious dessert like Jell-O. Many a wise chef has found that out. And so we've made an Institutional Size package—the same famous and favorite Jell-O in a giant box, for greater convenience and economy in hotel, restaurant, cafeteria, hospital and other large-order kitchens.

The Genesee Pure Food Company of Canada, Ltd.

Two Factories

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A valuable adjunct in the treatment of middle-ear inflammation

EVERY general practitioner knows the tendency of middle-ear infection, suppurative and non-suppurative, to eventuate in abscess, and to extend to and involve the mastoid cells. The following use of Antiphlogistine has been found effective in ameliorating this condition.

Heat the Antiphlogistine, and spread it at least $\frac{1}{4}$ inch thick over and beyond the affected ear. Physicians report that this treatment is highly satisfactory in

relieving the pain and where the abscess has not already formed will tend to diffuse the inflammation and congestion, preventing, in many instances, the more serious condition of mastoid abscess.

A scientific, practical method of treating mastoid inflammations is fully described in our special Ear, Nose and Throat Booklet of which we would be glad to send you a copy, if we may.

The Denver Chemical Mfg. Company
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Antiphlogistine
TRADE MARK
"Promotes Osmosis"

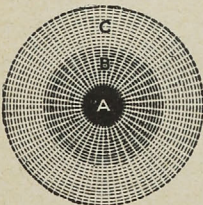
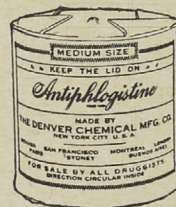
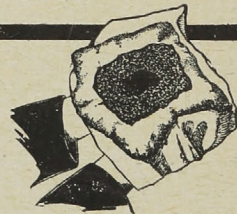
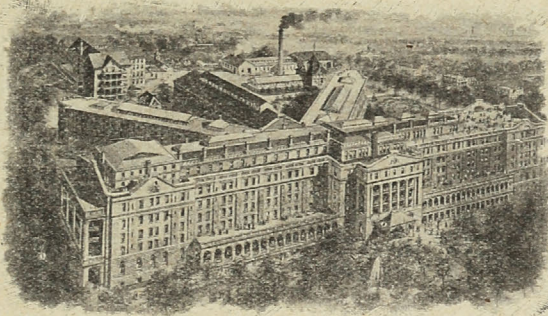


Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.



Antiphlogistine poultice after application. Center moist. Periphery virtually dry.



An Invitation To Physicians

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

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

Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family.

An illustrated booklet telling of the Origin, Purposes and Methods of the institution, a copy of the current *Medical Bulletin*, and announcements of clinics, will be sent free upon request.

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MEDICATION: *Intravenous or intramuscular injections.*

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It has kept apace with science and invention. Improvements that add efficiency and further sanitation always find a place with us. The latest addition—the gas-fired travelling ovens—whereby bread is baked to a nicety without the touch of a human hand is the talk of the trade all over Canada.

It is merely a further proof of the progressive ideals upon which the Ideal baking business has been based. The same high ideal of equipment as we have of quality; for Ideal Bread is made from the finest ingredients possible to be obtained.

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Bed sheets, sheeting, draw sheets, lehotomy sheets; pillow slips, circular pillow cotton; mattress covers and quilts; pillows, etc.

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work in harmony where boys and girls  
grow strong and healthy on City Dairy  
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