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The Official Organ of the Provincial Hospital Associations

The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

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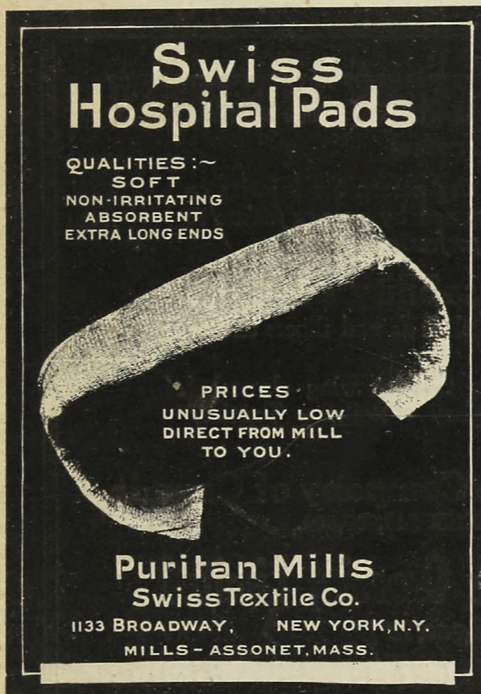

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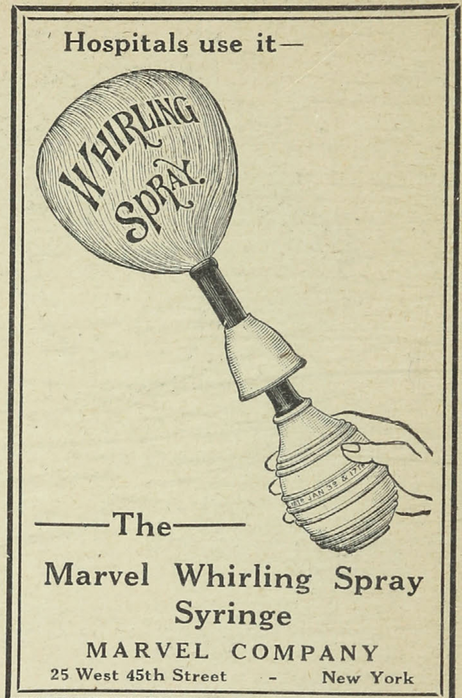

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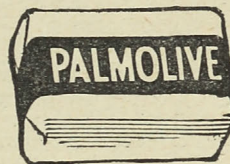

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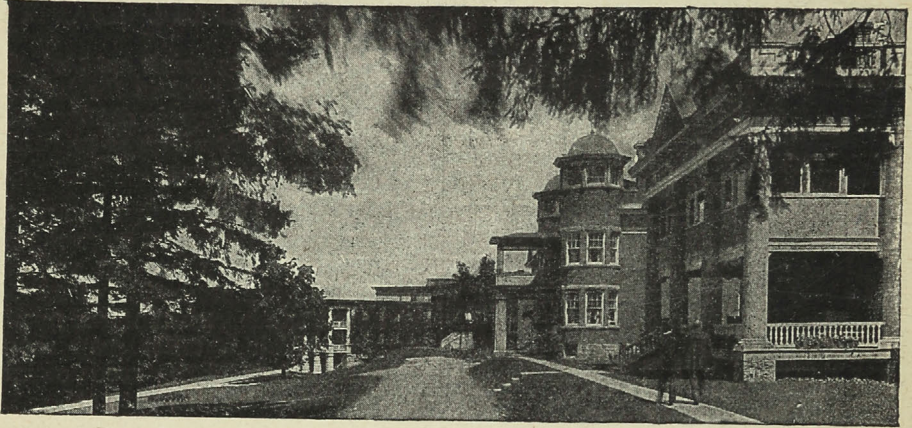

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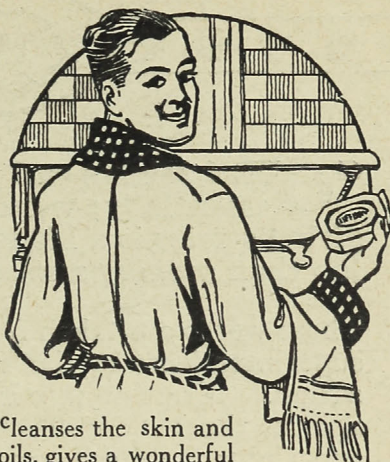

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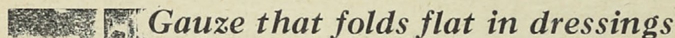

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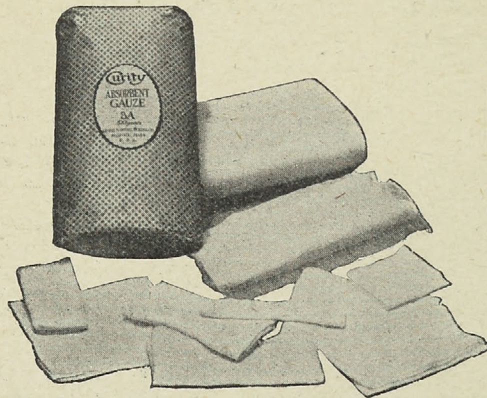

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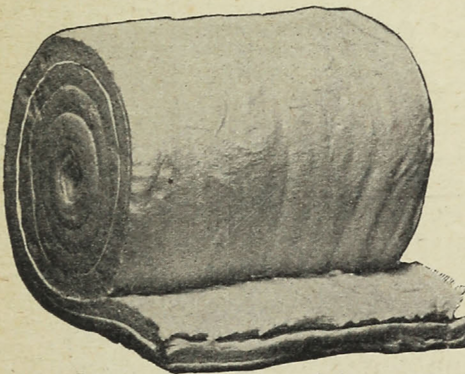

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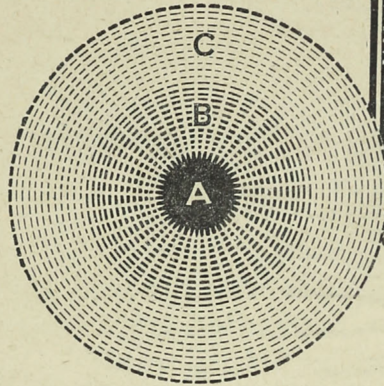

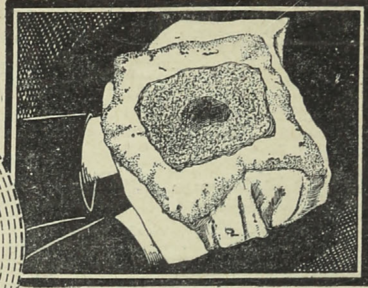

Antiphlogistine poultice, some hours after application to inflamed area. Centre is moist, where exudate has been drawn from the congested tissues. Periphery, covering normal surrounding tissues virtually dry.

This chart shows the Osmotic action of Antiphlogistine

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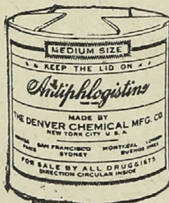

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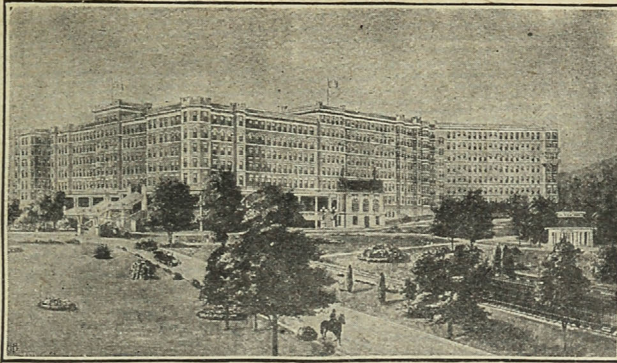

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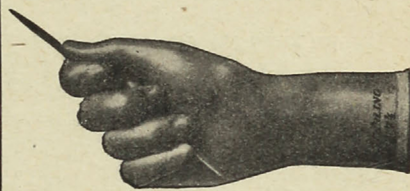

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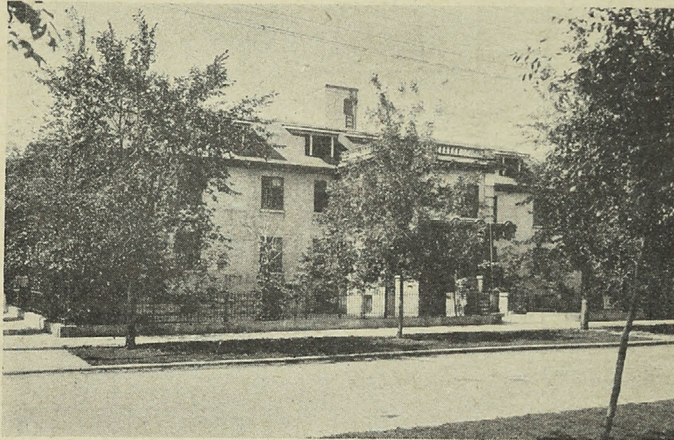

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TORONTO, CANADA

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

VOL. XXVI TORONTO, DECEMBER, 1924 No. 6

Editorial

Exteriorization of Urban Hospitals

Following the great war M. de Fontenay, as administrator of Parisian hospitals, adopted (we believe) the "ideal plan" of Dr. Mourier, which consists in carrying into the civil domain some of the ideas worked out for war hospitals during the war. The main feature was to leave in the city centre only first-aid stations from which the sick and wounded, having been carefully sifted, would be transported to special services organized and equipped for the work devolving upon them.

To use de Fontenay's own words: "The preferable solution is to adopt a programme of exteriorization; that is to say, a plan by which many of the hospitals now located in the centre of the city would be transferred to the suburbs and elsewhere. Restrictions would be imposed on certain classes of patients at the start, with the idea of increasing the restrictions as the plan developed. Our general hospitals would be transformed, in part, into evacuation centres. We would leave here the acute cases—adults and children. We would retain in Paris or in the vicinity, in the suburban hospitals, a small number

of chronic patients, not only in the general interest of the patients but also in the interest of science. Maternity cases would usually be kept in the city. To rural hospitals, located in regions with an especially adapted climate, should be sent all tuberculous patients, chronic cases in medicine and surgery, arteriosclerotics and convalescents. Cancer patients would be sent to the country, where suburban hospitals would be established for them in close proximity to radiotherapeutic institutes."

We have long contended that this is an ideal plan for the hospitalization of a large city.

Hospital Givings

Dr. Wm. J. Mayo, in an address delivered in Cleveland, says he never could quite understand the point of view of the man who leaves a large amount of money for a charity hospital. The care of the poor and the unfortunate, he claims, is as much the duty of a city as taking care of the streets or the sewers or the water mains.

Dr. Mayo continues: "The community will do only those things which it must do. There is no reason why a man should give money to relieve the taxpayers of this just burden than there is why he should pay for the street paving or perform any other public function. What he should do, I believe, is to step in at the point where the public cannot or will not expend money, that is, to advance knowledge by research and investigation which will prevent sickness in the future and furnish better care for patients suffering from certain diseases which require more study than is given in the average municipal hospital. If hospitals are to be a part of a plan of philanthropy, at least let their benefits be

for all classes of the community, each patient contributing a just proportion of the expense according to his means; in this way is forwarded the cause of true Americanism, in which each man is taught to be self-supporting and to pay, so far as he is able, for what he gets, rather than to encourage mendicancy."

Speaking on this topic recently to the *World*, the President of the Board of Trustees of Hamilton City Hospital remarked "We've solved the problem in Hamilton. We ask for what we want for the maintenance of our hospital from the Council, and we get it."

Internes' Pay

A young house doctor writes in the *Long Island Medical Journal* on "Why are Internes Not Paid?" He claims that in the near future the question of paying internes will become very vital and acute in the larger hospitals of New York and other cities. It has already been settled in the smaller and country hospitals. If they want internes they must pay them some degree of maintenance. According to statistics of American Medical Association, more hospitals every year are paying their internes. Hospitals demand internes.

When the internes organize and say, "We demand maintenance or we refuse to interne, preferring if necessary to go into practice without interneship," what will be the answer? City hospitals furnish board, room, uniforms and laundry, all of mediocre quality. Beyond that (he says) it costs the average interne in any city $100 a month for his maintenance, including clothes, carfare, insurance, amusements and incidentals. A first glance might put this amount as too high but this complainant says he has ascertained his figures by asking a great number of

men in moderate circumstances, and I believe that it is a fair average.

"Several of my associates," he writes, "are very anxious to get out into practice as quickly as possible in order to repay the loans which are supporting them now. I know of some excellent men who had to seek paying interneships which were not so desirable. Many internes are married and their expenses are consequently much greater. I do not try to uphold married internes, except to ask why men of twenty-eight and thirty years should not be married. In one of the largest hospitals of New York City one-fourth of the internes are married.

"How do you justify the present system of not paying internes? We grant:

"1. That internes never have been paid—but that does not make it right.

"2. That it is part of our education and a wonderful experience—but after we have spent four years in college and four years in medical school we do not understand why we should still lay out $2,400 for permission to work hard for two years more. Why should we pay to work? Everyone else on full time in the hospital is paid except the interne. Is not his work worth his maintenance?

"3. That it would be a burden for hospitals to pay $100 a month—but our work deserves more than that.

"4. Charity work is a wonderful idea—but maintenance must come before charity. Attending physicians have their outside incomes.

"This article is written in a spirit of revolt against the system and in order to bring the question before medical men. The author must borrow the money for his maintenance this coming year.

"Why are internes not paid maintenance?"

Hospital Cost and Waste

The tray of a diabetic always returns empty, even to the salt in the cellar if the nurses don't "watch out." Why should not trays of all patients come back the same way? They would return pretty much in that way if more individual attention were paid to the patient's exact needs. The amount of food so saved probably pays for the extra help needed. Patients should be taught economic habits in dealing with food. They should not be allowed to see food wasted.

Large hospitals have food experts to help them solve problems of food conservation and waste. In smaller hospitals unable to afford such luxuries it behooves all nurses and doctors to unite in watchfulness. A calorie card on the nurses' and doctors' table will be instructive.

Recently graduated nurses probably know more about diets than the older physicians; but such knowledge must not be too wonderful for them or the old doctors.

Food Service Radius

The length of the "food service radius" is a direct measure of plan efficiency and vital to the operation of the dietary department, says a writer in a contemporary.

The factors that are important in keeping this radius small are concentration of patients into compact nursing units; establishing service stations around the kitchen, with complete set-up and clean-up trays under the supervision of a dietitian; an arrangement of equipment and a system in the service stations that follows a progressive scheme of

production; the executing of all work of the same kind in as few places as possible; providing means of vertical transportation that do not cross or conflict with the work of the department, so that the dietary department can function almost regardless of any crisis that may drop in on a hospital.

The writer contends that it does not matter much whether you are planning a 50-bed hospital or an institution of a thousand or more beds, the basic principles of "measured circulation" are the same and must be followed if a *small* "food service radius" is expected.

Endowment of Hospitals

In his *Socialism for Millionaires*, George Bernard Shaw says "Never Endow Hospitals." He proceeds by saying that hospitals are the pet resource of the rich man whose money is burning a hole in his pocket. Here, he maintains, the verdict of sound social social economy is emphatic. Never (he says) give a farthing to an ordinary hospital. An experimental hospital, he admits, is a different thing; a millionaire who is interested in proving that the use of drugs, of animal food, of alcohol, the knife in cancer, or the like can and should be dispensed with, may endow a temporary hospital for that purpose, but in the charitable hospital, private endowment and private management mean not only the pauperization of the ratepayer, but irresponsibility, waste and extravagance checked by spasmodic stinginess, favoritism, almost unbridled license, for experiments on patients, by scientifically enthusiastic doctors, and a system of begging letters of admission, which would be denounced as intolerable if it were part of the red tape of a public body.

Shaw says that a safe rule for the millionaire is never to do anything for the public, any more than for an individual, that the public will do (because it must) for itself without his intervention. The provision of proper hospital accommodation is pre-eminently one of these things. Already, Shaw contends, more than a third of London's hospital accommodation is provided by the ratepayers.

In Warrington the hospital rate, which was 2d. in the pound in 1887-8 rose in five years to 1s. 2d. If a billionaire had interposed to take this increase on his own shoulders, he would have been simply wasting money for which better uses were waiting, demoralizing his neighbors and forestalling good hospitals by bad ones.

Shaw concludes by confessing that our present cadging hospital system will soon go the way of the old Poor Law; and no invalid will be a penny the worse.

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(Continuing the Hospital World)

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Original Contribution

HOSPITAL STANDARDIZATION*

F. B. Mowbray, M.B.
McGregor-Mowbray Clinic,
Hamilton, Ontario

In these days when life-saving appliances are being used in all factories and industries are trying to standardize their equipment and output, is it not reasonable that the great life-saving stations—the hospitals of the country—should be placed upon an efficient basis and standardized, so that the public may know where they may expect satisfactory service, when it may be required?

By what standards can we compare hospitals? It is obvious that there are many. There may be a standard of architecture, of cleanliness, of kindness to the patients, of nursing, of medical education, etc. To some persons the per capita cost, the number of patients annually treated, the success in private practice of their medical and surgical staff, the quality of the scientific papers produced, or the up-to-dateness of the laboratories may seem the important elements. I believe that you will agree with me that even cleanliness, marble operating rooms, famous physicians and surgeons, up-to-date laboratories, and time-honored reputation do not necessarily mean that the individual patient will to-day be freed from the symptoms for which he seeks relief.

Even the standard of kindness cannot replace entirely the actual facts of the relief or prevention of symptoms or of the prolongation of life. Nor does a scientific paper written about the autopsy give the patient the satisfaction that a successful operation might have done. The more time one spends on this subject, the more obvious it seems that the only firm ground on which we can compare hospitals is by the actual results to the individual patient.

The main function of a hospital is to render service to the sick of the community and the public have the right to demand the highest class of service available.

*Presented at the Ontario Hospital Association Meeting in Toronto, October 2, 1924.

Because a government inspector comes around and looks through the corridors and examines the architecture and perchance the boiler-room of the hospital and places his stamp of approval thereon, that is no criterion of the efficiency of that hospital.

Up till about ten years ago there existed a very powerful surgical association known as the "Clinical Congress of Surgeons of North America." It was deemed advisable to extend the scope of this organization and make it an all-American institution, including both North and South America, and to pattern it somewhat along the lines of the Royal College of Surgeons of England. It therefore became necessary to change the name of the association. After much discussion it was suggested by an outstanding Canadian surgeon that the new name be "The American College of Surgeons," because he said it was an ideal name and that no Canadian would be so narrow-minded as not to realize that this was an all-American institution and not limited to the people of the United States of America.

One of the requirements for admission to this college is the submission of case histories, which are checked up as to their accuracy through the hospitals where the work is done. Very early in its activities this American College of Surgeons discovered that there was very great diversity in the standards of efficiency of various hospitals. Therefore, a committee, of which Dr. Chipman of Montreal was a member, undertook a study of the hospital situation of the continent, and as a result of this work, a minimum standard for hospitals was evolved. This standard is based wholly upon service to the patient and is as follows:

The Minimum Standard

1. That physicians and surgeons privileged to practise in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word staff is here defined as the group of doctors who practise in the hospital inclusive of all groups such as the "regular staff" the "visiting staff" and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) competent in their respective field and (b) worthy in character and in matters of professional ethics; and that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations and policies specifically provide: (a) That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately.) (b) That the staff review and analyze at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery, and obstetrics; the clinical records of patients, free and pay, to be the basis for such review and analysis.

4. That accurate and complete case records be written for all patients and filed in an accessible manner in the hospital, a complete case record being one, except in emergency, which includes the personal history, the physical examination, with clinical, pathological, and X-ray findings when indicated, the working diagnosis, the treatment, medical and surgical, the medical progress, the conditions on discharge with final diagnosis, and, in case of death, the autopsy findings when available.

5. That clinical laboratory facilities be available for the study, diagnosis, and treatment of patients these facilties to include at least chemical, bacteriological, serological, histological, radiographic, and fluoroscopic service in charge of trained technicians.

After having evolved a standard which it was felt would be fair to all hospitals, the College at its own expense undertook a survey of all the hospitals of the United States and Canada. It must be distinctly understood that this survey does not in any way attempt to classify hospitals, but simply puts the stamp of approval upon any hospital which has apparently attained the minimum standard of efficiency.

This hospital standardization movement has now become nation-wide and international. It is carried on under the auspices of the American College of Surgeons, whose membership includes representatives from the United States and Canada and is Pan-American in nature, having for its object better hospitals for the sick, better service for the patients in the hospitals, and the better practice of medicine generally. For six years in both countries, the programme has been presented to the hospitals in a clear, simple, comprehensive manner. It has been presented in person by experienced hospital experts sent out from headquarters (and who, by the way, are Canadians), and already all hospitals in the United States and Canada of 100 beds and over have been reviewed and reported upon for the sixth time, and those of 50 to 100 beds have

been reported upon twice. A visitor looks over the hospital, analyzing the service in terms of the standard laid down. He assists the hospital management as well as the governing board in getting the programme well under way if they so desire, because after all it must be remembered this is a voluntary movement and it is for the hospital to accept or reject as it desires. It is a service offered to all hospitals without cost, for the whole programme is financed through philanthrophic endeavor.

All hospitals meeting this standard are admitted to the list of approved hospitals published annually all over the continent, and this year the announcement will be made October 20th, in New York, where the Congress of the American College of Surgeons will be in session, dealing with matters pertaining to hospital service, scientific, medicine, etc.

The list of approved hospitals is to-day found to be of decided advantage to persons choosing an institution to enter when ill, to governmental, municipal and philanthropic bodies when responding to requests for financial assistance, to medical students when seeking internships, and to parents when selecting a training school for nurses in which their daughters may be trained. Indeed, it is now being recognized more and more as a hospital guide for many purposes. To-day there is absolutely no excuse for any hospital not being able to conform to the principles as laid down. In fact, if they do not, they are not hospitals, as the requirements laid down in the programme are just what distinguishes a hospital on the one hand from an hotel, rooming-house or boarding house on the other hand, because it lays down the principles of a fundamental scientific service, which assures every patient who enters therein, an early and competent diagnosis, intelligent and effectual treatment, the return to health in the shortest possible period and through the most comfortable manner, with the best results that are humanly possible to attain. This means the sending of the patient back to producing capacity, as quickly as possible, and thus adds to the national wealth of the country, through such production.

When we look over the statistics of the results of the survey of the hospitals over a period of six years, we are struck with the fact that in 1918 only 12.9 per cent. of the hospitals throughout the whole of the United States and Canada had attained the minimum standard, while in 1923, 86.1 per cent. had qualified. When we come to analyze a little farther and come down to our country, we find also some startling revelations. In 1923 we find that Nova Scotia had one hundred per cent. standard hospitals; Prince Edward Island had one

hundred per cent.; New Brunswick, ninety per cent.; British Columbia, seventy-six per cent., and so on down the line until we come to Ontario, the banner province of the Dominion. We are ashamed almost to admit that only 50.9 per cent. of hospitals in this fair province have attained the minimum standard. We may well ask ourselves "why"; and I commend it to you, this newly-organized Ontario Hospital Association, as one of your very first problems, to find out why Ontario should give the worst service to the hospital patients, of any province in the Dominion.

Miss Rowan of Grace Hospital, Toronto, said:

"When I was asked to speak briefly on this subject, I understood that I was to deal with it from the standpoint of the hospital of medium size. Ours is a general hospital of 124 beds, and it was included in the second list published of approved hospitals.

"I can say on behalf of both the medical and surgical staff as well as the management, that the standardization movement has been of real benefit to us. Up to the present no other survey has been made which covers the same ground and checks up such details as patients' records, histories, working diagnosis, complete examination, treatment, progress notes, condition on discharge with final diagnosis. Doubtless all hospitals experience more or less difficulty in keeping such records in a state of perfection, as they may at times seem to be of less immediate importance than the more pressing duties. But it is only from the statistics obtained from institutions in every part of every country where scientific men and women are working that sound conclusions regarding diseases, their cure and their prevention can be reached.

"Interest in the monthly staff conferences has been greatly increased. As one visitor during his survey expressed it, there should be a monthly trial balance or audit. On the side of the assets will appear the successful operations, note being made of any unusual features; the number of confinements with uneventful recoveries and healthy infants; among the liabilities are the deaths, the still-births, infections following so-called 'clean' operations, and cross-infections. The frank discussion of these facts must be of benefit to every member present, and to his subsequent work. From these conferences, regulations and suggestions of a practical nature should result.

"It is found that, more and more, advantage is taken of the facilities for diagnosis and treatment furnished by the X-ray department and pathological laboratory, and in return

these departments are strengthened and improved. A greater percentage of postmortem examinations have been made.

"More difficulties have been encountered in securing the co-operation of doctors in the case of private ward patients, but even there the improvement has been marked. It has been difficult to obtain adequate information in those instances where the patient remains in hospital for only one or two days.

"On every occasion when a survey has been made, the visitor has shown a real desire to help, the criticisms have seemed just and the suggestions for improvement have been practical."

Dr. A. Groves, Fergus, Ontario, followed. He said:

"The question of standardizing hospitals in Ontario has not been raised by the people themselves, neither has it been raised by any demand of the majority of the hospitals. So far as I am aware the idea is a foreign one which originated in a country where it was believed the hospitals needed to be standardized, but it does not follow that our hospitals require standardization to make them efficient.

"Since the matter has come up it ought to be carefully considered. In order to discuss it intelligently it would be necessary to know in what respect it was proposed to do the standardizing, that is, whether the hospitals would be wholly standardized and made to fit one unvarying and inelastic pattern or, on the other hand, would it be only partial. It is well to consider whether standardization of hospitals in Ontario is either feasible or desirable. It would appear that it would be better and more natural that a hospital or indeed anything else should be allowed to develop in such a way as would best meet the requirements of its own environment untrammelled by ready-made artificial restrictions. Those striving to organize or conduct a hospital know, or ought to know, the needs of that particular place and are in a better position to judge of what is required or possible than a committee unfamiliar with the situation. If the Ontario hospitals are to be governed, regulated, or standardized it must be done wholly by themselves. The standardizing body must be elected by and responsible to the hospitals. This proposition is so self-evident that I would not have supposed it would require to be reaffirmed were it not that I have noticed in foreign journals statements that Canadians hospitals were being standardized, and apparently it was being done by an association having its headquarters in Chicago. Such an assumption of authority by any association, foreign or domestic, is not to be tolerated.

"In the event of it being decided that our hospitals should be standardized a very great difficulty will arise as to what the requirements for standardization will be. In deciding this matter care would have to be exercised that we did not place upon the hospitals new burdens, always remembering that it is an easy and simple thing for a committee sitting around a table to lay down rules and regulations involving the expenditure of money, no part of which they themselves contribute.

"It is a very prevalent human weakness to wish to regulate the lives and actions of others, when the truth is that progress is made not by conformity, which binds and paralyzes, but by diversity, which leaves each man free to think and act according to his light. The less government there is the better for a state, an institution, or an individual. Freedom demands that every man or institution have eqqual rights and that no one has any right to dictate to another.

"If any hospital believes its standards, its methods or its ideals are too low, by all means let it change them, but by no process of reasoning can it be shown that a recognition of its own weakness confers on it the right to impose its will on others.

"If public hospitals are to be standardized there are at least three preliminary requirements which should be lived up to before the claim of any hospital for standardization would be considered.

"First: The hospital would have to show it was self-sustaining, that it was a benefit to and not a burden on the community. A hospital which begs for donations from the living and legacies from the dead, which is continually urging societies to help it and organizing drives to get money, and which goes hat-in-hand to a municipal council asking to have its deficits paid off should certainly not be considered worthy of standardization. A hospital which cannot stand alone is a poor standard to set up. If men were to be standardized would the beggar be chosen as the standard or the mendicant as the measure of the man?

"Second: A hospital seeking standardization should comply with the ordinary amenities of civilization. It is said that in the slums five or six healthy people may be found sleeping in one room and that certainly is improper, but how can such a condition of affairs be consistently attacked when within a stone's throw a hospital will herd twenty or thirty sick and suffering people in a single room day and night with all that is implied thereby. It would almost seem that an indictment rather than standardization should be considered.

The public ward with all its nastiness and offensiveness ought to be utterly abolished.

"Third: Every person going to a public hospital should have the unquestioned right to be attended by the physician of his choice. The medical staff should be chosen by the patients, the poor having the same right as the rich. Similarly where a patient in a hospital requires or desires a special nurse and is paying for her services no one should be permitted to interfere with him as to his choice of a nurse. He who pays the bill should have the sole right of choice. Surely it is the refinement of cruelty to deny to a patient the consolation and support of the physician and nurse he prefers. He is the person most vitally interested and common humanity, to say nothing of decency, demands that he be satisfied, whether he be rich or poor."

Miss Jean Gunn spoke on the subject of training school records. These records of each student's attendance, work, progress, efficiency and success were of great value, not only to the hospital, but also to the government inspector and to the student herself. To the student the record shows what the hospital has done for her—that she has received what she came to get.

Superintendents of training schools are in receipt of innumerable inquiries from universities as to the records of graduates during their training. These records often show them entitled to certain credits at the university. No records mean no credits. Enquiries also come from registration boards for particulars respecting a nurse's course. So there has arisen a pressure outside of the hospitals themselves, which makes it incumbent to keep records. Unless, too, there is a proper system of records it is impossible to make any survey of nurse education, nor an estimate of the advance of nurse education over a series of years.

The present system has come about very gradually. In the beginning, Miss Gunn supposes there were no records kept at all. Later the larger schools introduced certain types of records—it was forced upon them by reason of the number of students. The smaller schools were slower than the large ones in adopting the record system. There is a great difference in the records in the different training schools. Some have no record system; how the student nurse gets in and gets out and gets a training is a mystery. Some use the antiquated book method. Cards are better than books. Some card systems are too complicated to be properly kept. One would think nothing had been left out. These cards are well printed, but often the

information is inaccurate and sometimes not entered at all. Some have a great duplication of information—quite unnecessary. If the information is on one card that is sufficient.

Many attempts have been made to standardize records. Quite a number of the states in the United States have issued standard records for the training schools; but their use is not made compulsory.

Miss Gunn then alluded to the Bell system which was worked out by a nurse many years ago. The cards of this system are printed and valuable for use. Some Canadian schools are using this system. Miss Gunn also holds that we should have our own standard records so that our schools in Canada may make use of them. The plan would make for economy. The printing of record cards is expensive because of the amount of ruling necessary—if only small numbers are ordered. By making the cards standard and inducing all schools to use them, large quantities may be printed at one time and so may be sold at a reasonably cheap rate. This would obviate the objection raised by hospital boards that the purchase of records was an extravagance. By using these standard cards information regarding any nurse could easily be secured. Such information is now being often asked for.

The outstanding requirement of a system is to have it as simple as possible. If too elaborate, too much time will be needed in keeping the record. The system, however, should be comprehensive enough to give accurately all information respecting a nurse's course. The entries should be made promptly and systematically. Some schools delay entering information in the day book for a week or two; it ought to be entered daily. It is impossible for any training school officer to carry in mind all the duties of her nurses for two weeks.

The first card contains a record of the nurse's preliminary education. These should be secured not orally from herself—so often done in the past—but in writing from the last high school in which she studied, and signed by the principal of the school—which can always be promptly secured upon application. This information need not—as is done in some parts of the United States—be sworn to. It puts the principal to too much trouble and is not necessary. The second card thrown on the screen was a page from the day book; the third was the monthly record, showing a summary of the various services in which the nurse had worked—a summary from the day book. The fourth is a card containing a record of all practical work performed by the student—all various types of treatment given.

The head nurse enters this information and certifies that the work has been satisfactorily performed.

In large hospitals the head nurses are prone to give nursing work to the senior students, overlooking the juniors. Before these cards were introduced there was no satisfactory way of checking the work done; and it might happen that a student might be in a hospital a whole year and go on night duty, and it would be found that she had never given a great many of the ordinary treatments one would expect her to have learned to give. So the card acts as a check not only on the student nurse but upon the executive as well. By this system the nurse gets the work she ought to be given. Pupil nurses are liable to slide along and not make an effort to do new work unless forced upon them. This card is carried by the student and contained in a stout manilla envelope. It is in use for three years. The sixth slide showed the student's monthly report—an efficiency report. There is much difference of opinion about it. This record contains replies to questions, the answers to which the head nurse fills in. It is difficult to get all head nurses to mark in the same way. The matter is simplified for them by estimating A, 90-100—excellent; B, 80-90, as very good; C, 70-80—satisfactory, and D, below 70, as poor. There is also a *summary* card containing a summary of the monthly reports for the whole three years. The monthly reports need not be kept after being entered; nor need the daily when copied on the monthly. On the left side of this permanent card is a summary of the practical nursing, and on the right a summary of the efficiency reports. It contains the number of days spent in all the various departments. The obverse side of the card contains a record of the theoretical work and result of examinations—subjects, when taught—in recitation or lecture; number of lectures, and final standing. On one side of the card, a complete picture of the theory, and on the other a complete picture of the practical work. This summary card and that containing the preliminary educational record are all filed.

Another card contains a record of the student's health during training; number of vacations, etc. These records are kept in a strong envelope on the outside of which is the nurse's name, date of admission and permanent home address—room being left for changes. Any correspondence respecting the nurse is filed in this envelope—copies of credentials, etc.

News Items

HOSPITAL FOR INCURABLES COMPLETES FIFTY YEARS' WORK

Recording a half century of steady progress the fiftieth annual meeting of the Toronto Hospital for Incurables was held at the Dunn Avenue building on October 29th, with President Mr. Ambrose Kent in the chair.

The need of expansion was the keynote of the afternoon. Dr. Edmund B. King, on behalf of the medical board, pointed out that at the present moment forty sufferers were unable to gain admission to the hospital because of lack of accommodation. Speaking of this phase of the subject his worship Mayor Hiltz hoped for an early beginning on work of installing new wings to the hospital. "There is $125,000 for this purpose waiting for you at the City Hall and I understand a similar amount at Queen's Park," he said. The board of management also have $50,000 on hand for this purpose.

Dr. King, in his report, also urged the need of more ward and air space for cancer patients.

Recognition of the great loss the hospital had sustained through the untimely death of Dr. W. H. B. Aikins, chairman of the board since 1910, was referred to by many of the speakers of the afternoon.

DEMONSTRATION OF COMPILATION OF ANNUAL HOSPITAL GOVERNMENT RETURNS

This subject was dealt with by Mr. Aikens of the Inspection Department, who said that he thought it would be quite in order for him to state what the function of the Government is in regard to the general hospitals in the province and what the Government would expect in the way of a return. He stated that he had discussed the subject with the head of the department and at the latter's request had prepared a draft form combining the annual Government returns and an annual report that will deal with the problem of maintenance, etc. In the early days of hospitals in the province the Government grant took the form of a lump sum, but with the increase in population a Charity Aid Act was passed which provided that the Ontario Government pay twenty cents per day towards the support of any non-paying patient for a limited term. To-day, the Government is paying fifty cents per day, which amounts

to a million dollars a year! It is also the duty of the Government to see that hospitals do not fall below a given standard, and the form at present used by the Government is not sufficient for their purpose, so they have prepared another which they hope will be more workable. There is one feature of hospital work that has never been brought before the Government and this is the question of solvency of hospitals apart from the annual statement of receipts and expenditures. A form has been drafted to cover this, as the Government has the right to know if they are giving to institutions which are properly managed, because the fact that the average rate per day varies from $1.15 to over $8.00 shows a wide margin that can only be explained by mismanagement somewhere. The suggested form asks that the hospitals show the Government their financial standing. Mr. Aikens suggested that a committee be appointed to revise this form before it is printed and when the Government has received the committee's opinion on it they will be ready to consider any changes thought necessary. The Government assumes full responsibility for asylums and prisons, but in the case of hospitals likes to encourage, to a certain extent, local philanthropy.

Society Proceedings

THE CONVENTION OF THE BRITISH COLUMBIA HOSPITALS ASSOCIATION

The seventh convention of the British Columbia Hospitals Association was held in the Empress Hotel, Victoria, August 28th, 29th and 30th, 1924. The ballroom of the hotel was generously placed at the disposal of the Association by the management of the hotel without charge and proved an excellent convention hall. Ample space was provided for the exhibits, which were a specially interesting feature and to which reference will be made later.

The following institutions were represented by one or more delegates: Abbotsford-Matsqui-Sumas Hospital; Bute St. Hospital, Vancouver; Chemainus General Hospital, Chilliwack General Hospital, Cumberland General Hospital, Columbia Coast Mission Hospitals, Hazelton Hospital, Kelowna General Hospital, King's Daughters' Hospital, Duncan; Lady Minto (Gulf Islands) Hospital, Ladysmith General Hospital, Mission Memorial Hospital, Nanaimo General Hospital, Nicola Valley General Hospital, Merritt; Penticton Hospital, Provincial Sanitorium, Tranquilla; Provincial Royal Jubilee Hos-

pital, Victoria; Prince Rupert General Hospital, Royal Columbian Hospital, New Westminster; Royal Island Hospital, Kamloops; Roycroft Private Hospital, Vancouver; R. W. Large Memorial Hospital, Bella Bella; St. Joseph's General Hospital, Comox; St. Joseph's Hospital, Victoria; St. Mary's Hospital, New Westminster; St. Paul's Hospital, Vancouver; Vancouver General Hospital, Vernon Jubilee Hospital.

The following Women's Auxiliary groups were represented: Chilliwack General Hospital Ladies' Auxiliary, Cumberland Hospital Ladies' Auxiliary, Nanaimo General Hospital Women's Auxiliary, Penticton Hospital Women's Auxiliary, Provincial Royal Jubilee Hospital Women's Auxiliary, St. Joseph's General Hospital, Comox Women's Auxiliary, St. Joseph's Hospital, Victoria Women's Auxiliary, Vancouver General Hospital Women's Auxiliary.

The following public and professional bodies were duly represented: The Provincial Government, the British Columbia Medical Association, the Graduate Nurses' Association of British Columbia, the Graduate Nurses' Association of Victoria, the Department of Nursing and Health, University of British Columbia.

Most interesting and instructive exhibits were prepared by the following: Provincial Royal Jubilee Hospital, Victoria; Vancouver General Hospital, Victorian Order of Nurses, Victoria; Red Cross Work Shops, Health Centre, Saanich.

The experiment of last year in reducing the duration of the convention to two days was not repeated this year. Probably it was felt that the charming surroundings and kindly hospitality afforded by Victoria merited at least a three days' visit. No meetings were held in the evening and the consensus of opinion seemed to be that this innovation was generally approved and should form a precedent for future conventions.

The luncheons were, as usual, most popular. They afforded opportunities for informal and friendly discussion as well as an opportunity of visiting both of the hospitals. The delegates very thoroughly enjoyed the joint luncheon arranged by the Rotary Club and did not neglect the golden chance of telling their troubles, financial and otherwise, to a most sympathetic and interested group of business and professional men.

Many took the opportunity of visiting the Columbia Coast Mission boat which was in the harbor throughout the convention. The Rev. John Antle was most kind in according every privilege.

Very much to the regret of the members of the Association the president, Mr. Charles Graham, of Cumberland, was pre-

vented by illness from being present. His place was taken, at the last moment, by Mr. George Haddon, the first vice-president, who conducted the sessions in an admirable manner.

The local committee on arrangements, consisting of Mr. George McGregor, president of the Jubilee Hospital; Dr. E. M. Pearse, superintendent, and Miss J. F. Mackenzie, left nothing undone which could add to the comfort and pleasure of the delegates. The Superior and Sisters of St. Joseph's Hospital were equally kind and hospitable. On the last afternoon of the convention the Rotary Club arranged for cars to take the visitors to the Butchart Gardens. Tea was served and a pleasant social hour enjoyed.

It was inevitable that the sudden death of Dr. R. H. Mullin on the very day that he was to have addressed the convention should have cast a shadow of regret over the meetings. The social activities which had been planned were curtailed and, in part, abandoned in respect to him. But the convention carried on in the true hospital spirit, that spirit which was so characteristic of the man whose passing is so severe a loss to the cause he had at heart—the quest of health and the alleviation of human suffering.

In spite of all, the convention was a success. The discussions were frank and friendly and gave evidence of the slow development of a true spirit of unity and mutual understanding.

The following are the officers and executive committee of the British Columbia Hospitals Association for 1924-1925: Honorary president, the Provincial Secretary; honorary life member, Dr. M. T. MacEachern; president, Charles Graham, Cumberland; first vice-president, Dr. G. B. Brown, Nanaimo; second vice-president, E. S. Withers, New Westminster; treasurer, George Haddon, Vancouver; secretary, Ethel Johns, Dept. of Nursing and Health, University of B.C., Vancouver.

Members of the executive committee in addition to the above: For Vancouver Island, George McGregor, Victoria; for Vancouver, J. J. Banfield, Vancouver; for Coast Mainland, Dr. George Darby, Bella Bella; for Fraser Valley, Dr. A. D. Buchanan, New Westminster; for Yale Cariboo, M. L. Grimmett, Merritt; for Okanagan, George Binger, Kelowna; for Kootenay East, Mother Nazareth, St. Eugene Hospital, Cranbrook; for Kootenay West, George Johnstone, Nelson; Grand Trunk Pacific, Harry Birch, Prince Rupert.

Conveners of standing committees and therefore members of the executive committee: Medical affairs, Dr. F. C. Bell, General Superintendent, Vancouver General Hospital; business affairs, R. A. Bethune, Kamloops; nursing affairs, Miss

Pauline Rose, Nanaimo; constitution and by-laws, J. H. McVety, Vancouver; convener of committee on municipal affairs, to be appointed by executive committee.

THE ANNUAL REPORT OF THE HAZELTON HOSPITAL FOR THE YEAR ENDING DECEMBER 31st, 1923

Staff: Medical Superintendent, Dr. H. C. Wrinch; Assistant Medical Officer, Dr. G. A. Petrie; Matron and Superintendent of Training School, Miss S. A. Watkins, R.N.; Night Supervisor, Miss A. J. Stephens, R.N.; Secretary, Miss E. M. Hogan, R.N.; Housekeeper, Miss R. Blade.

Nurses in training: Third year, Miss E. Nock, Miss B. McCall, Miss R. Bolivar. Second year: Miss N. Hickman, Miss J. Ford. First year: Miss K. Gibson.

Advisory Board: R. S. Sargent, Esq., Chairman; H. C. Wrinch, M.D., Secretary; H. H. Little, Esq.; C. H. Sawle, Esq.; J. Turnbull, Esq.; S. H. Hoskins, Esq.; E. Hyde, Esq.; Miss S. A. Watkins.

Report of Advisory Board.

As an Advisory Board we have had placed before us from time to time during the year, complete reports of the financial workings of the institution. Our advice and assistance has been sought in many matters and it has been freely given to the best of our ability, with a resulting harmony between ourselves and the management throughout the year.

We are satisfied that the management is most capable and we feel that the patrons of the hospital may take pride in the fact that the equipment and medical service of the institution are not surpassed—if equalled—in many parts of the Province.

With this in mind, we trust that the friends of the hospital will not overlook any opportunity to further the cause of the institution. It is to the great advantage of each one of us and to the district as a whole, that the hospital be maintained here with its valuable service.

R. S. Sargent, S. H. Hoskins,
H. H. Little, E. Hyde,
C. H. Sawle, Miss S. A. Watkins.
J. Turnbull.

REPORT OF WOMEN'S HAZELTON HOSPITAL AUXILIARY.

The Women's Hazelton Hospital Auxiliary was formed in Hazelton, on February 19th, 1923. The following officers were elected: President, Mrs. W. W. Anderson; vice-president, Mrs. R. S. Sargent; secretary-treasurer, Mrs. J. D. Galloway. Much to the regret of the members, Mrs. Anderson found it necessary in October to resign the presidency, and since that time the office has been ably filled by the vice-president, Mrs. R. S. Sargent, Mrs. A. D. Chappell being elected to the vacancy thereby caused.

There are thirty-eight local ladies members of the Auxiliary and fifteen out-of-town members. Branch auxiliaries have been formed at Cedarvale and Pacific, both of which have assisted considerably with sewing work. The prospects of several new branch auxiliaries being formed in the spring are very encouraging to the local organization.

The object of the Auxiliary and for which it was formed is to assist the hospital in any way possible. Sewing meetings were organized to do mending and make new garments. Visiting committees were formed to visit patients, and gifts of magazines, papers and fruit were distributed by these committees.

During the eleven months since its formation, the Auxiliary has raised, by means of membership fees and social entertainments in the town, about $550. Most of this amount has been expended in purchasing new material and supplies for the hospital, such as sheets, dish-towels, table napkins, curtains, flannelette night-gowns, dressing-gowns, dresser covers, towels and blankets. A wheel-stretcher, which has been greatly needed at the hospital for many years, was also donated by the Auxiliary.

In its initial year the Auxiliary has made a most successful beginning, the credit for which is due to the willing work of the individual members and the whole-hearted support of the citizens of Hazelton who have given liberally to support a worthy cause.

MRS. J. D. GALLOWAY,
Secretary.

SUPERINTENDENT'S REPORT.

The close of another year demanding an account of our stewardship necessitates a review of the various phases of our hospital activities.

With a review of that which has been accomplished, or at all events attempted, there naturally accompanies it a pre-

view of what may be expected in the near future. A hospital, of all institutions, cannot afford to be caught unawares. This report, therefore, while primarily dealing with the various activities of the institution during the year of 1923, will make use of the experiences of the past to forecast and plan for the work of the future.

In amount of service rendered as measured by attendance of patients there has been about the average amount as compared with the past few years. The last quarter, however, was much heavier than any for a long time. The principal reason to be assigned for this is the larger amount of work going on in the woods at this time. Apparently, this is likely to continue so that we may expect this somewhat larger attendance to be kept up. The territory along the railway west from Hazelton has contributed more to the increased attendance than any other part. This is the area where the largest increase of work has been going on within the past few months. Those familiar with the timber industry declare this work is yet comparatively in its infancy. This means that in projecting plans for hospital service as well as the various other utilities, we must be prepared to expend our capacity just in proportion as the various organizations for developing the varied resources of our district establish themselves and cause a corresponding influx of population.

In harmony with this principle it has been the policy of the management of the hospital to increase its facilities for treatment by adding to its equipment from time to time the most modern and latest improvements and appliances for relieving distress or curing sickness. By this method it has succeeded in organizing one of the best electrical equipments to be found anywhere except in the very largest centres.

H. C. Wrinch.

STAFF.

We have to note a few changes in the personnel of our staff during the year. Dr. Petrie, after spending over two years in European hospitals and practice, rejoined our staff in April and is still with us. His added experience since being with us before makes it both a pleasure and a profit to have his assistance.

After being associated with us for about four years, at first as a nurse in training and later as night supervisor, Mrs. E. McCutcheon, R.N., in October returned to her home near Toronto. Miss A. J. Stephens, R.N., has since filled the position of night supervisor with the best of satisfaction.

During the year, Miss E. Nock returned to complete her training in the Training School. Miss K. Gibson also entered upon her training during the year. These were the only changes in the Training School.

The position of housekeeper, after being temporarily supplied for some months was finally taken by Miss Ruth Blake, of Vancouver. We are fortunate in securing assistance of such excellent class. The hospital is certainly well supplied at the present time.

General Improvements.

During the year many much-needed improvements and repairs were made to the buildings and plant in general. A commencement was made in the fall of 1922, as described in the report of last year. That consisted principally in renewing foundation posts wherever it was found necessary. Also in securing an abundant water supply by digging a new well and piping it into the one from which the supply pipes bring water into the buildings.

The work was resumed in June of last year and included the following: New shingle roofs on main building and verandahs, and on the superintendent's and caretaker's residences; new floors in two of the largest wards; an addition of one room and extension of two others in the superintendent's residence, to provide additional office accommodation; painting of roofs and body of all principal buildings; some inside painting also in halls of main building; a new silo; and some lesser repairs to staff residences, ice house, and store houses.

These much-needed changes, which it had been hoped could be effected for about three thousand dollars, have already cost nearly five thousand. And there still remain some things to be done to complete the work undertaken. The unsettled weather during the fall made it impossible to complete the painting satisfactorily, and rather than have it poorly done it was discontinued, with the intention of completing it when the weather becomes warmer in the spring. An expenditure of between two and three hundred dollars will probably be sufficient to bring the work to completion.

The buildings and surroundings now present a very much more fresh and attractive appearance. The new foundation, with new shingles, and all outside freshly painted, make them practically as good as when first erected.

It is not to be expected, however, that we may now sit back and feel that there is nothing more to do. As soon as means

are available new floor coverings on other parts will be required, and more freshening of walls and ceilings must be attended to. These are all small matters compared with what we have just accomplished. It will probably be possible to meet the expense of these by ordinary means.

Nurses' Residence.

There remains, however, one matter of very great importance, which has been shelved from time to time, but which must not be allowed to be forgotten.

The comfort of the staff, and in a very real manner, the successful carrying on of the work of the institution, depends a very great deal upon the matter in question. This matter is a suitable residence for the nurses, outside the walls of the hospital proper.

In the early days, and under the very limited opportunities for providing both for buildings and maintenance, it was not unreasonable that the nursing staff should be allowed to occupy rooms within the building occupied by the patients. And during the earlier years of the developing period of this district, while it seemed necessary to make every effort to bring equipment, and all other facilities for treatment and care of patients, up to highest efficiency as soon as possible, it may still have been considered just and fair to subordinate the making of proper provision for accommodation for staff to the other interests referred to. Surely that attitude should not be permitted to become a settled policy.

It lacks but a few months of twenty-one years since the building of the Hazelton Hospital was commenced. It used to be a matter of pride with its staff that the institution should be abreast with, if not in advance of what might be reasonably required or expected of it. In some respects we like to believe this may still be true of it. But it is certainly not so in its provision for accommodation of its nursing staff. The matter, then, of providing and furnishing a suitable building to be known as the Nurses' Residence of the Hazelton Hospital is presented for the consideration of every one interested in the welfare of our institution. It is sincerely hoped the matter will not again be allowed to drop until it is brought to a successful issue and the nurses comfortably established each in her own particular cosy corner within its walls.

Electrical Equipment.

Over ten years ago a commencement was made in this department, by installing one of the finest interrupterless X-ray

transformers that could be obtained anywhere. This was operated then by gas tubes. Shortly after that time the Coolidge tube was invented. This gives a very much clearer picture than any other tube. We immediately took steps to secure a tube of this kind. After almost two years of waiting we at last secured one of them. Later we were able to get another. We now have one each for treatment and for photography. The next great improvement was the use of films instead of plates, the films being sensitized on both sides, and to be exposed through special intensifying screens which give a much clearer picture than before. We have adopted this method at a cost of approximately $200. By means of this process excellent results are being obtained especially in examining lungs for early tuberculous deposits, as well as in the other usual forms of examination and of treatment by X-ray exposures.

Three years ago, facilities for treating by electricity the various forms of neuralgia and rheumatic affections were provided by installing a High Frequency Transformer. This is effective also for reducing high blood pressure, as well as for various skin affections.

Still another type of electrical treatment appliance has been just recently developed. It was brought to perfection less than two years ago. It operates by means of the Ultra-Violet Rays. These are generated by an apparatus called the Alpine Sun Lamp, one of which was installed in the electrical department three months ago. It has been in almost daily use ever since. It is useful in various conditions, but is particularly effective in clearing the system of tubercular lesions in glands, bones and other tissues.

Service.

For a hospital in a smaller centre our institution possesses a service which is almost unique. Two doctors are attached to the staff, one of them resident in the building itself, and the other residing within the grounds. Both are, therefore, within call, practically without any delay whatever. This feature is of inestimable value when urgent need arises for consultation which could not be available otherwise without considerable loss of time that might be sufficient to render such consultation valueless. This means also that even though one doctor may be away on a call the other one will be available at the hospital for any emergency that may arise.

A full staff of eight nurses ensures the best of nursing care for continuous night and day service.

The kitchen is in charge of an English cook, who makes a special feature of the home cooking, for which the hospital has always been noted. Milk and cream, poultry and eggs, with all the vegetables and small fruits in season are supplied by the hospital farm. Considerable quantities of the latter are preserved by the home-canning process for winter use, so that very little of the factory-canned products are used in the institution.

The latter department may appear of much less importance than the more spectacular ones of electrical and surgical appliances, but without good service from the kitchen, which means food of best quality and good variety, attractively served, an institution, no matter how well equipped otherwise. would soon find itself discriminated against.

Hospital Day.

Hospital Day, May 12th, was celebrated with the usual enthusiasm. In the afternoon stores were closed and the people turned out en masse to the hospital grounds.

After the usual tour of inspection of the inside of the building the refreshment counters were liberally patronized. Later in the afternoon teams were picked out from among the visitors and an old-time football game was played on the spacious grounds of the hospital.

Hospital Day has now established itself as a permanent and popular local event at Hazelton.

OFFICERS FOR ENSUING YEAR, HOSPITAL FOR INCURABLES

At the meeting of the Board of Management of the Toronto Hospital for Incurables, held on November 7th, the officers for the ensuing year were elected as follows: President, Ambrose Kent; Vice-Presidents, Noel Marshall and John Macdonald; Directresses, Mrs. Grant Macdonald and Miss Mortimer Clark. R. Millichamp was made Honorary Trustee, and Ambrose Kent, John Firstbrook and W. A. Baird were appointed as Trustees. Dr. Edmund E. King was elected President of the Medical Board, filling the vacancy caused by the death of Dr. W. H. B. Aikins, and Dr. W. H. Harris was appointed as Secretary of the Medical Board. The following were elected as members of the Executive Committee: Mrs. Grant Macdonald, Miss Mortimer Clark, Mrs. J. B. Balfour, Mrs. William Davidson, Mrs. A. M. Cowan, Mrs. Ambrose

Kent, Lady Hearst, Miss Effie Michie, Miss Grant Macdonald, Ambrose Kent, Noel Marshall, John Macdonald, W. A. Baird, S. B. Gundy, John Firstbrook, E. J. Lennox, R. Millichamp and Venerable Archdeacon Ingles.

NEW MEASLES HOSPITAL

Plans for the proposed new measles hospital to be built on the site of the present isolation hospital were approved by the board of health on November 11th. They provide for a brick and tile fire-proof structure, 40 feet by 112, three storeys high. This will give about 15,400 feet of floor space and accommodation for 75 patients. The cost is to be $150,000.

WESTERN HOSPITAL HAS NOTABLE YEAR

Reports pointing to successful achievement and considerable development during the year 1923-24 were received and adopted at the twenty-eighth annual meeting of the Toronto Western Hospital on Nov. 11th.

In his report Hon. Thomas Crawford, Chairman of the Board of Governors, says: "In many respects the year has been productive of more improvements than any other since the opening of the main building." He goes on to thank the public for its splendid support of the appeal made for funds in April last. The only reason for enlarging the hospital, he states, is that it may give greater service.

Vacancies on the Board of Governors were filled by the following: John Vokes and John Medland, re-elected for three years, and Frank McMahon elected as a new Governor. The other elected members of the board are, Alex. Fasken, K.C., Geo. Warwick and Joseph Wright. The Life Governors are: Hon. Thomas Crawford, J. H. Black, David Fasken, K.C., Dr. John Ferguson, E. J. Lennox, Dr. A. A. Macdonald, Col. Noel Marshall, Sigmund Samuel, and W. G. Trethewey. Ald. F. G. Whetter and W. H. Hunt represent the city, and Hon. Dr. Forbes Godfrey the Provincial Government.

A. C. Galbraith, Superintendent of the Hospital, reporting on the year's work, states that there was an increase over the previous year of 19.26 per cent. in ward patients, and of 62 per cent. in outpatients. Although there was an increase in revenue of $38,147, Mr. Galbraith reported a maintenance deficit of $18,017.53, the greater part of which is made up of

interest charges. The hospital has no endowment, but has a very considerable capital indebtedness. The deficit reported is $4,479 less than last year, and, according to Mr. Galbraith, would have been much less were it not for the great demands created by the increased volume of patients and equipment required in increasing efficiency in every part of the institution.

Improvements put into effect during the year affect every department in some degree, some of the more important of which, as outlined by Mr. Galbraith, were: A large new pathological laboratory, completely equipped; the X-ray department increased from one to seven rooms; the ear, nose, and throat clinic increased from one to four rooms; installation of a new switchboard of double capacity at the main entrance, with provision for telephone connection to all private rooms; purchase of two Mayo Clinic operating tables of the most modern design; much new X-ray apparatus. During the year, a special bed, with other ward furniture, was received from the Ladies' Auxiliary of the Institute for the Blind.

Provision is being made in the new nurses' home now under construction for the housing of a staff of 150 nurses and probationers. At present the staff totals 100, 12 more probationers are being taken on to-day, and the nursing staff will gradually be brought up to the 150 mark. Despite the drawback of an inadequate nurses' residence, 47 students were selected last year, according to the report of Beatrice L. Ellis, Superintendent of Nurses.

The report of the medical staff, presented by G. Harvey Agnew, secretary, shows that the latest additions are diabetic, dermatological, cardiac and prenatal clinics, and are rapidly growing. Touching on research, Dr. Agnew is pleased to note that many of the staff are undertaking clinical investigation, which work has been aided by recent enlargement of the laboratory. The active staff was added to considerably, and now carries nine internes.

Vital statistics show that 4,883 patients received treatment in wards, with an average stay in the institution of 15.43 days, or a total of 72,184 days. So far as the out-patient department was concerned, 16,843 cases were treated. The dormitory capacity of the institution in beds is 265.

WOMEN'S WORK IN THE HOSPITAL

Perhaps no subject created so much interest at the Milwaukee Conference of the American Hospital Association last October as "Woman's Work in Hospitals." It clearly pointed out that while an auxiliary board is *literally* auxiliary, its work is so clearly defined that it steps out from the ordinary things of the hospital—such as the purchase of cooking utensils, dishes, inspection of linen, running the kitchen, and often dictating to the superintendent—into many lines of activity which are necessary to the well regulated hospital; and also pointed out that the successful auxiliary is the one which cooperates fully with the superintendent and the board of managers, with an understanding and unity of purpose. Women's work is of the utmost importance because it introduces a human element in the hospital that is very vital to the patient.

This is seen in the library committee distributing books and giving a word of good cheer; the child's free bed committee collecting funds from Sunday schools and other sources for free beds for sick children; the delicacies committee gathering jellies, grapejuice, preserves, etc., which are so refreshing to the sick; the entertainment committee providing music for concerts, Christmas and other special occasions; hospital bulletin committee co-operating with the superintendent in publishing a monthly or quarterly bulletin, telling the community about the work of the hospital; linen committee; social service committee; interne committee adding to the social life of the hospital; occupational therapy committee; pledge fund committee soliciting pledges from women for the work of the hospital; nurses' home committee acting as foster mothers to the pupil nurses and raising a loan fund for those pupils who are short of money to carry them through their course of training, and many other activities.

At each monthly meeting, there are committee reports, reports from the superintendent, superintendent of nurses, social service worker, occupational therapy and any other department in which the auxiliary is interested. These monthly meetings, together with the bulletin, keep up active interest among the women to the extent that they become influential missionaries for the hospital. They are active in exterminating quacks who prey upon their unfortunate neighbors, they take an active part in clubs, churches, at the polls, and other places in promoting and upbuilding the health of the community.

The women's auxiliary is doing a work in the hospital that is "women's work," and this work develops in them a deeper

knowledge and sympathy for suffering humanity and a clearer understanding of their greater responsibility to the community. —*The Modern Hospital.*

THE HOSPITAL PICAROON

J. A. Hagemann, M.D., Pittsburgh Hospital.

The picaroon is a human parasite, subsisting upon the body politic. He is morally defective, having but a hazy conception of the distinction between the pronouns mine and thine. His shrewd wit and his romantic vagabondage made him a favorite character with mediaeval writers of fiction.

Lazarillo de Tormes was one of the earliest picaroons to be delineated in literature. Of uncertain authorship, the book bearing that title was published in 1553. One reads with a chuckle the account of his eccentric adventures, yet feels impelled to frown at his disregard for the rights of others. He is but an embodiment of many of his stamp who roved over the Orient living by their wits, and so-called students who, in Europe, migrated from one continent to another, imposing upon the charitable inmates thereof. To one interested in the psychology of the picaroon the adventures of Buffalmacco, Bruno, Don Diego and Pablos, Don Quixote and Sancho Panza, Gil Blas, Rojas, and many other imaginative persons, offer a fascinating range of study.

Evolutionists emphasize the importance of adaptation to surroundings in the progressive development of a species. One might almost transcribe their theories verbatim and with congruity apply them to the modern picaroon. Like his predecessor of earlier centuries, he is a migratory insect, devoid of the homing instinct. He has accommodated himself to the changed order, however, and, if anything, has become more adept in deception and subterfuge.

It is interesting, albeit provoking, to note how successfully the picaroon of this day occasionally dupes the unsuspecting personnel of an infirmary. In my long association with hospitals I have met a few of his kind. True, I sometimes was not in the secret until after his departure in the springtime, when the lure of the highways had summoned him hence. An orderly one time, to my discomfiture, told me, with a grin, how the decamped one had "put one over on me." It would at that moment have gladdened my heart to "speed the parting guest" with my boot, but, alas, it was then a day too late.

A malingerer is one who shams illness in order to evade duty. The hospital picaroon is one who simulates a malady

for the purpose of securing food and shelter with the accompanying service in a charitable institution.

Retrospecting over the years, I can bring to memory several hospital picaroons. Singularly, the adepts I best recall were hangers-on of circuses or small wandering shows. Perhaps the hocus pocus that is often a feature of such entertainments had a part in the acquirement of their despicable craft. One may look for the hospital picaroon about the time the leaves fall. The "hibernating" instinct then becomes dominant, and it is a bit chilly under the haystacks.

Just a few favorite deceptions of our unbidden guests will be mentioned. Albuminuria has been simulated by surreptitious introduction of egg albumen into the vessel. If this be inexpedient, the taking of cantharides or chromic acid will provoke a mild nephritis with consequent albuminuria. Blood spitting has been accomplished by jabbing the tonsils or gums with a hat pin. The bloody flux produced by the introduction of lumps of alum into the bowel deceived some physicians before the discovery of the amoebae as an etiological factor of true dysentery. Affected nocturnal epilepsy restricts the physician's opportunity of observing the pupils during the "convulsion." The following morning the patient acts very "stupid" and the occupants of neighboring beds perhaps tell the doctor who is making rounds, about the "fit," not considered sufficiently grave to arouse the intern.

The knowledge of classic symptoms displayed by expert picaroons is astounding. They know Abadie's sign, the absence of pain when the tendo Achilles is pinched. By repression they can sometimes simulate the absence of the normal Babinski reflex. Of course they come to grief when the Argyll-Robertson pupil is in question.

I once saw a patient who came into a hospital complaining that he could not put one of his heels to the ground. He walked like a person with talipes equinus, and alleged that he had been that way for six months. When I pointed out to him that both shoe heels were equally worn down he strutted out of the room in a rage, unthinkingly putting both heels down firmly as he went, and uttering speech which it would be futile to quote here, for it could not escape the editor's censorial pencil.

Modern instruments of precision, the taking of medicines in a nurse's presence being compulsory, the discriminating laboratory tests, the niceties of differential diagnosis, all tend to impede the hospital picaroon's progress. But he has adaptability.—*Hospital Progress.*

HOW PROGRESSIVE IS YOUR HOSPITAL?

The following measures for improving a hospital have been tried out successfully by superintendents, and many of them have been advocated at round tables or in committee reports of various hospital operations.

Do you make use of sound-proof doors, or of sound-absorbing material, in special interior locations?

Have you secondary emergency lighting, in addition to standard electric lighting, in operating rooms?

Do you use local incinerators where the prompt destruction of infectious material is important?

Are you using a variety of pleasing and warm tints and colors in rooms and corridors to minimize the "institutional atmosphere?"

Have you a roof garden as a place of relaxation for patients?

Have you investigated the savings possible in the use of oil as fuel?

Have you looked into the advantages of the service of food from heat retaining carts?

Are your laundry costs as low as they would be if you had your own laundry department, or if your laundry were equipped with modern machinery?

Have you studied the question of electrical cooking in line with the latest developments in equipment of this type?

Is any work being done in your kitchen, or in your maintenance and cleaning service, which can be done better and more economically with one of the many types of motor driven machines?

Is your anesthesia service satisfactory from every standpoint?

Have you investigated the various dressing materials which other hospitals are using with material savings?

How does your china breakage compare with that of other hospitals?

What inspections and precautions do you take to assure sterilization?

How much time could you save in communicating with different parts of the building through the installation of a signal system?

Have you investigated the convenience and labor-saving advantages of packaged and prepared foods and food products?

Are you gaining the advantages of a mechanical type of refrigerating system?

Have you studied your hospital with a view of determining whether an independent electrical plant is desirable?

Has your hospital its quota of outlets for telephones, lighting fixtures, and for mechanical and therapeutic devices?

Are your records filed and stored so that a minimum of time and effort will locate any one which may be wanted?

Have you investigated the newest improvements in X-ray equipment and accessories?

Does your lighting system function with the least possible strain on the eyes of patients and personnel?

How much unnecessary noise is made by wheel equipment because of loose, broken, or neglected casters?

Does your laboratory give prompt and accurate service, or must time be lost and allowances made because of obsolete equipment?

Are your linens and rubber goods adequately marked as a means of determining length of service and department in which they are used?—*Hospital Management.*

Book Reviews

John Shaw Billings, Creator of the National Medical Library and its Catalogue; First Director of the New York Public Library, by Harry Miller Lydenberg, Chief Reference Librarian of the New York Public Library. Chicago: The American Library Association. 1924.

A book such as this will wile away a couple of hours some autumn evening in the most delightful manner. It is a sketch of a man of quite unique personality, a bibliographer and librarian of world-wide reputation.

Obstetrical Nursing. A Manual for Nurses and Students and Practitioners of Medicine. By Charles Summer Bacon, Ph.B., M.D. Second edition, thoroughly revised. Illustrated with 126 engravings. Lea & Febiger, Philadelphia and New York. 1924.

The second edition of Dr. Bacon's Manual is quite an improvement upon its predecessor. Its text has been thoroughly revised, particularly the section devoted to embryology. That the nurse can be of tremendous assistance to the patient during labor, there is not the slightest question, and a book like Bacon's "Obstetrical Nursing," if studied carefully, will mean better nurses and more efficient nursing.

Hospital Superintendents

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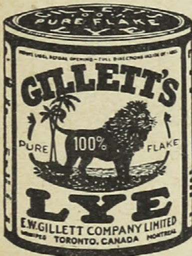

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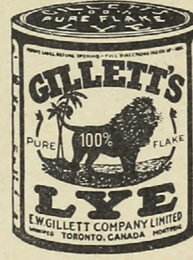

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For a patient with temperature, thirst and a parched tongue, accompanied by inability to take ordinary nourishment, there is perhaps nothing so refreshing as a properly prepared cup of cocoa. Cocoa made by a reputable manufacturer has a definite food value. It is nourishing and will sustain, for instance, a typhoid patient for several weeks or indefinitely. A brand of cocoa that has been on the market for many years and has been a favorite prescription of thousands of physicians is that of Walter Baker & Co., Limited, Dorchester, Mass., and Montreal, Que. It is absolutely pure and is put up under the most sanitary conditions. The medical profession of Canada may continue to prescribe it, knowing that any package bearing the name of Baker is "right."

THE CAPTAIN OF THE MEN OF DEATH.

We are approaching that part of the year during which pneumonia—that dire scourge—stalks abroad, flanked by his minor, but at times scarcely less virulent brethren, pleurisy and bronchitis. They well deserve the appellation "The Baneful Trinity of Winter."

Osler termed pneumonia "The Captain of the Men of Death." Another has compared it to "The pestilence that walketh in darkness, the sickness that destroyeth in the noonday," mentioned in the Old Testament. Recently a prominent physician forcefully and succintly dubbed it "Pneumonia, the Apache!"

The mortality in pneumonia remains altogether too high for these enlightened terms. Hence, no possible aid to its more effective treatment should be neglected or overlooked. In pneumonia Antiphlogistine is indicated until temperature, respiration and pulse are normal. Pain is one of the features usually encountered in pneumonia which distresses the patient and not infrequently perplexes the doctor. Antiphlogistine alleviates the pain, oftentimes, when opiates seem to fail. Yes, some doctors will tell you that the weight is objectionable, for the reason that it interferes with respiration; this is unsound in theory and is not borne out by clinical observation. The transition of the patient from a state of hazard and extreme distress to one of comparative safety and comfort, within a few hours after Antiphlogistine is applied, is a mighty strong argument that Antiphlogistine is indicated in pneumonia.

IMPERVO ENDORSED BY HOSPITALS

If scientific reason and practical good judgment had won the endorsement of an ever-increasing number of hospitals for a certain product over a period of fifteen years, surely you

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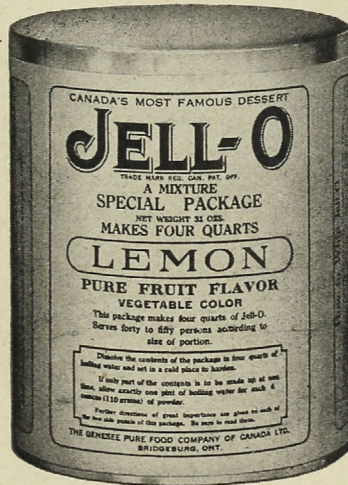

When ordering give us the name of your dealer.

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

The Genesee Pure Food Company of Canada, Ltd.

Two Factories

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

would agree that product would be worthy of your careful consideration. And if such a product had proven to be more durable than the material you are now using; if it was actually less expensive; if it possessed other unquestionable advantages, surely you would feel a sense of duty to put it to the test yourself. That product is Impervo—a modern scientifically developed and highly improved sheeting made from the finest standard material obtainable and subjected to a patent process which renders it absolutely waterproof without detracting perceptibly from its lightness and flexibility. It is eminently suited for beds, operating tables, aprons, and, in fact, for every purpose that requires a high grade, sanitary, waterproof sheeting. It is impermeable to urine, blood, oil, grease, ammonia and all acids. It is easily cleaned with soap and water and may be steam sterilized, exposed to the sun, or chemically cleaned without cracking, drying out, peeling or changing either color or texture. Impervo has been repeatedly endorsed as a practical, scientific necessity for hospitals. It costs less and will wear longer than rubber sheeting. It is made in olive, black and grey and in various weights, sizes and products.

NO ARTIFICIAL COLORING IN PALMOLIVE SOAP.

It is nature's own green, and Palmolive is as pure as soap can be made. It is a popular impression that a white soap must be purest, but as a matter of fact, a white soap is not necessarily the best. White soaps are made usually with tallow or coconut oil. Tallow soaps, even when made from the very best grade of tallow, do not lather easily under all conditions, and soaps made entirely from coconut oil are usually too harsh for the toilet or bath. It is only when coconut oil is perfectly blended with other milder ingredients that it becomes a satisfactory detergent for general toilet use.

A soap that you use constantly should be a mild cleanser. It should be the purest soap that you can find. Such a soap is Palmolive. Its bland oils soothe the skin. They cleanse, yet they blend with the natural oils of the skin and keep it smooth and firm. You owe the best of care to your hands—they are your most precious instruments. Be sure then you treat them with care. The toilet soap, Palmolive, which has for years been the favorite of women who treasure their complexions, is the ideal for those who must be particular.

LYSOL ANTISEPTIC AND GERMICIDAL

Any product, to maintain its standing, must conform to two important specifications. The first of these is suitability of product to its intended purpose. The second specification is *purity*. Lysol disinfectant is admirably suited to its advocated uses. The antiseptic and germicidal action of Lysol is.

Vital Questions

Why do some children have rosy red cheeks, while others are pale and colorless? Why do some children have straight legs and live muscles, while others are crooked and resistless? Why do some children have firm, hard flesh, while others are loose and flabby? The answer lies mainly in the food they received during the vital body-building months of their first year of life.

Nestlé's Milk Food

supplies your little patients with a clean, safe, easily digested and readily prepared milk food where for any reason it becomes necessary to supplant breast milk, either wholly or in part. It is of the utmost importance that an infant deprived of Nature's supply should receive during these vital first twelve months of its life, a milk food whose safeness and wholesomeness is unquestioned.

Doctor!—Mail this coupon to us to-day, while you think of it.

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Gentlemen:—You may send me a sufficient amount of Nestlé's Milk Food for a satisfactory clinical trial.

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To the Hospital Superintendent
To the Surgeon
To the Superintendent of Nurses

For the cleansing of bottles in hospital laboratories and dispensaries; for pantry-sinks, bath-tubs, ice boxes, bedpans, urinals and all enamel ware

CHARM

will be found to be most effective. It is odorless, antiseptic and has a bacteria count that is almost nil.

CHARM will take the lime out of a tea-kettle, softens hard and alkali water, and will be found excellent for cleaning silverware.

We would appreciate it if institutions not having yet tried CHARM would do so, as it will do all that is claimed for it.

GALT CHEMICAL PRODUCTS LIMITED
Galt, Ontario

unquestioned. In this respect it is almost standard. But certain other advantages are added to this quality in Lysol. The dilution used is not irritating to body tissues. A second point of suitability is *uniformity.* Lysol disinfectant is always the same—everywhere and at all times. This assures both the physician and the layman an equality of action that can always be depended upon. The second specification is that of purity. Purity may mean simply that the product fulfils the claims made for it. No mention may be made of disadvantages or qualifications lacking. Purity should mean a great deal more. Lysol disinfectant *is pure.* This means that it gives clear solutions which are non-irritating and it has a pleasant odor. This purity means a minimum of inert ingredent and a maximum of active cleansing antiseptic constituents. Lysol purity means then not simply that Lysol is two and a half times as strong as carbolic acid in germicidal action—but it means more—it means that nothing is present to detract from this germicidal action; it means that Lysol is all disinfectant and not half water; it means absence of free alkali and consequent irritation.

KEEPING WELL VS. GETTING WELL.

It is a comfort to thousands of people throughout the Dominion of Canada, United States and Great Britain to know that there is one concern which has specialized for half a century in the manufacture of pure foods. The Farewell & Rhines Co., of Watertown, N.Y., U.S.A., began fifty years ago specializing in the manufacture of F. & R's Celebrated Criss Cross Cereals and Flours. Owing to the purity and food value of their flours and cereals, they have constantly increased the distribution of their products until to-day they are on sale in almost every corner of the globe. The Farwell & Rhines Co. manufacture every kind of flour which it is possible to produce from wheat, and each and every package of their goods bears their trade-mark, which is the Criss Cross Lines. This trade-mark is an absolute guarantee that every pound of their goods will be the best quality which it is possible to manufacture.

SAL HEPATICA

This preparation is an agreeable effervescent saline laxative and uric acid solvent, and has rapidly gained the favor of physicians generally. It has a combination of lithia and sodium phosphate with the laxative salts similar to those found in the most famous European bitter or purgative waters. Sal Hepatica can be employed as a laxative and eliminant of irritating toxins with safety and satisfaction in inflammatory conditions of the bowels, and is worthy of a prominent place in the treatment of diarrheas of infancy and childhood.

The CHASE HOSPITAL DOLL is over five feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. It has copper reservoir which has three tubes leading into it, corresponding in location and size to the urethral, vaginal and rectal passages.

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More things can be taught by *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY than by the use of the human subject. Their physical formation many appurtenances are such, that the hospitals throughout this country and abroad who use them, find that they need put no restriction upon demonstration and practice. With *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY, the theory of teaching is converted into the practical knowledge and manual dexterity obtainable only by actual work.

Among the things being taught daily throughout the world by the use of these manikins in Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes and by Visiting Nurses and Baby-Welfare Workers are the proper application of all kinds of bandages, trusses, binders, slings, fracture appliances, packs. The internal water-tight reservoir permits the giving of instruction in douching, administering enemata, catheterization, and the application of dressings, and the examination and probing of the ear and nose cavities. They are used to demonstrate positions for major and minor surgical operations, and for gynecological positions, how to prepare the patient for operations and to care for the patient in etherization. They permit instruction in bathing, bed-making, and the feeding of the patient.

Let us send you our latest catalogue which will tell you how *The* CHASE HOSPITAL DOLL and *The* CHASE HOSPITAL BABY are made and exactly how you can use them.

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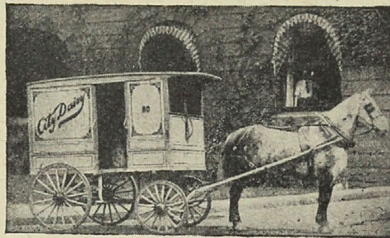
For years our leading physicians have prescribed it for delicate babies and invalids.



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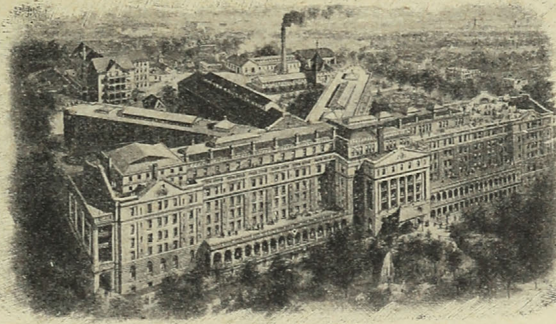

An Invitation To Physicians

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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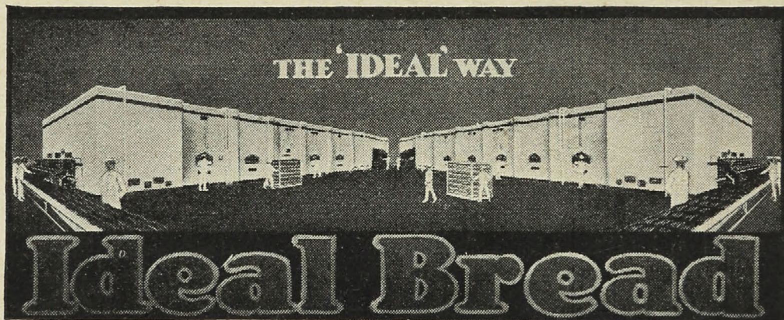

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