Vol. XXVII TORONTO, CANADA, APRIL, 1925 No. 4

*The Official Organ of the Provincial Hospital Associations*

# The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

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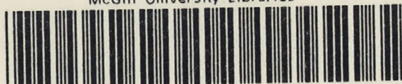
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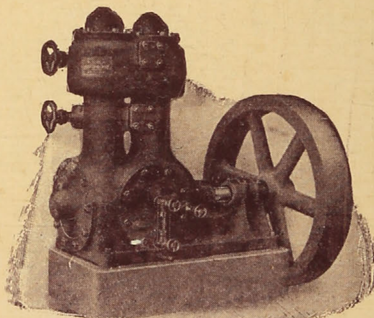

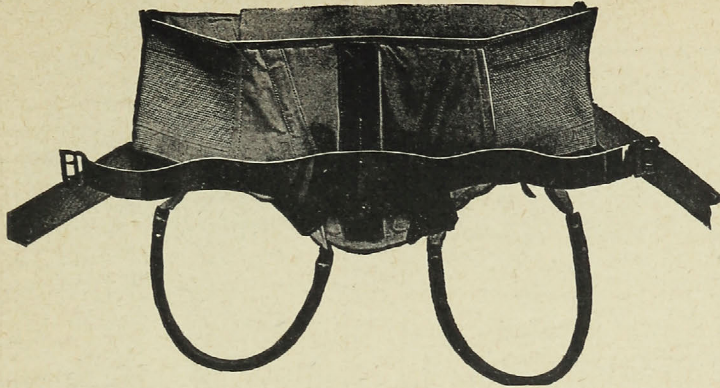

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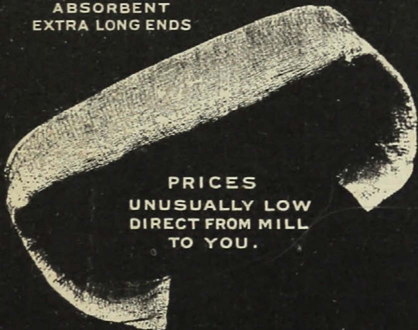

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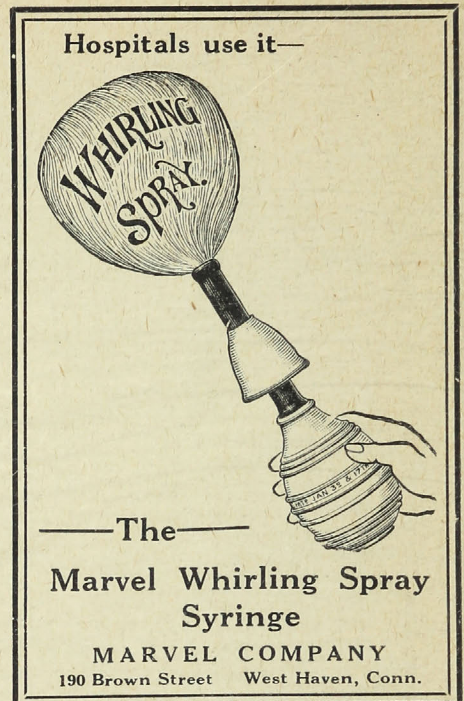


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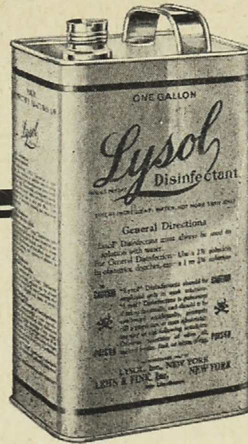


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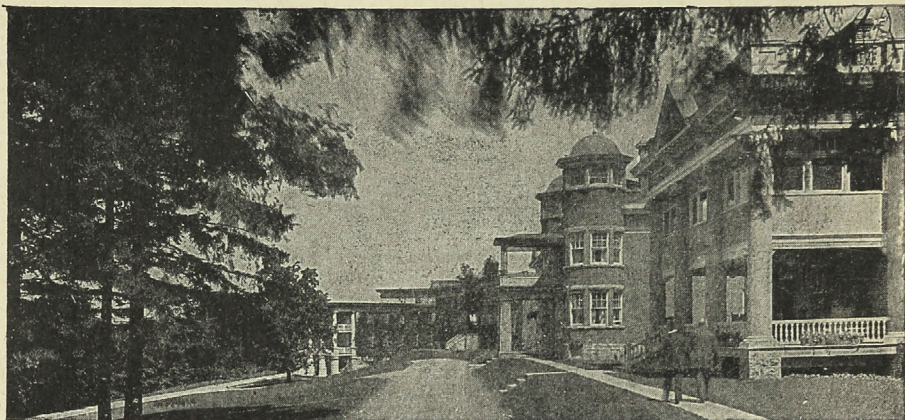

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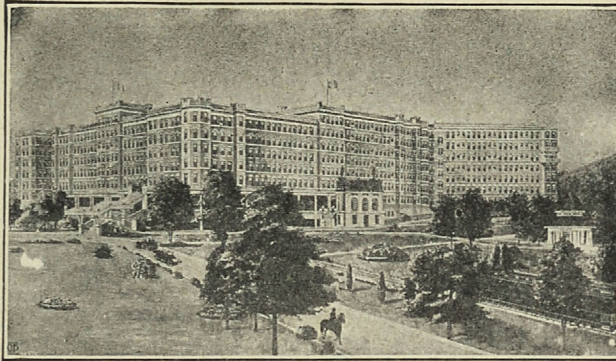

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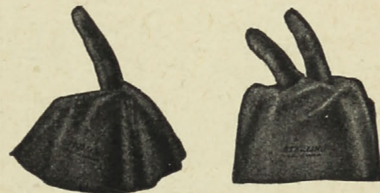

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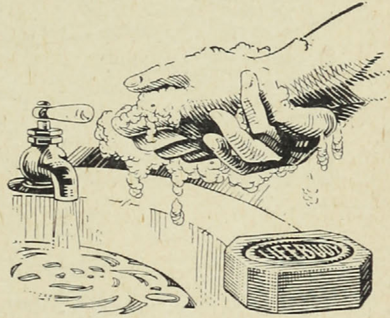


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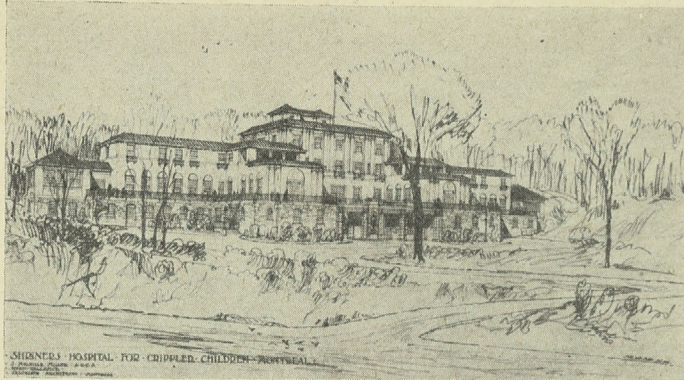

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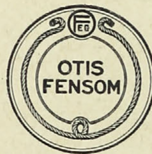


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THE HOSPITAL, MEDICAL
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TORONTO, CANADA

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

VOL. XXVII TORONTO, APRIL, 1925 No. 4

# Editorial

## The Ontario Medical Association and Hospitals

We feel sure our readers will appreciate the efforts of the committee of the Ontario Medical Association on Hospitals, in its report to the Association, as follows:

1. Consideration has been given, first, to the supplying nurses in training with lectures on social service from the point of view of the medical practitioner. Your committee recommended that the Board of Directors communicate with the social service department of the University and the directors of training schools regarding the possibility and advisability of providing instruction in social service work to nurses in training in all hospitals asking for such instruction.

2. Second, in respect to the question of open versus closed hospitals, your committee suggests that a questionnaire be sent to every hospital in the province asking:

(a) Is your hospital open or closed, and why?

(b) What are your arguments in favor of your or the other system?

(c) Does the hospital operate under an appointed staff who are responsible for the care of public ward patients?

(d) Does the charter of the hospital or the support of the County Council or other body prevent the formation of a closed staff, to care for public ward patients?

3. In respect to hospital rates, your committee feels that in certain hospitals rates charged to people of moderate means are immoderately high, more particularly charges for special nursing. In connection with the questionnaire referred to above, your committee desires that the various Ontario hospitals be asked whether or not they supply adequate nursing to paients in their private and semi-private wards; and if they do not, why? Your committee also proposes to inquire how many private rooms a floor nurse on private duty is expected on the average to look after—both during the day and during the night shift?

4. Your committee has been in receipt of complaints that public ward and out-patients facilities in hospitals are being abused to a considerable extent. In one complaint's letter it is averred that three well-to-do farmers passed themselves off as poor people and accepted gratuitous maintenance and surgery, although they were quite able to pay for same. To help correct this state of affairs it is suggested that all hospitals be communicated with, not only those in the province, but also the larger hospitals in the neighboring provinces near the boundary, calling their attention to such cases, asking them in future to scrutinize applications for admission in respect to ability to pay more rigidly than they are now doing, suggesting that the hospitals communicate with the family physician who will doubtless assist them in the matter of collection of fair charges for work done and service given.

5. Your committee strongly recommend and endorse the appeal to be made by the Ontario Hospital Association to the hospitals of the Province, that each of them will name one of their wards or operating rooms after the immortal Lister. They feel the stronger on this matter, since the old hospital in which Lister did his work has been demolished by the pressure of commercialism in spite of the strong protests of many Lister admirers.

the features of an institutional home, but also of a sanitarium.

Bully for the Mountain boys!

---

### Fumigation

In the advocacy of soap and water with elbow-grease, sunlight and fresh air, the good old practice of using sulphur should not be overlooked. Efficient supervision of all details is necessary: All openings to room as hermetically sealed as possible; loose material placed on chairs or otherwise off the floor. In using sulphur dioxide place the sulphur in a pot —at least three pounds for every 1,000 cubic feet— and place the pot in a galvanized iron wash tub (say) containing sufficient water to surround the pot for half its height. Light the sulphur and heat it. If the liquefied sulphur gas in cylinders is used the weight should be doubled.

Atmosphere containing fifteen per cent. of sulphur dioxide will kill rats; seven per cent. is quite deadly. Use enough.

Hydrocyanic acid gas is now being used considerably as a fumigant. One-half an ounce of sodium cyanide to one thousand cubic feet of air will kill mosquitoes in half an hour; for fleas use two-and-a-half ounces; for rodents five ounces for two hours; for lice ten ounces for two hours; for bedbugs five ounces for one hour. The house or ward should, of course, be empty of all persons and domestic animals. Care should be taken in semi-detached houses or houses in a row, to see that there are no openings in the intervening walls anywhere from cellar to garret, and that there is not a common chimney. The immediate neighbors ought to be notified and warned of the danger.

The writer of this item was called to see a woman in a state of coma, who lived next door to a house which was being fumigated with hydrocyanic acid. She had been notified of the procedure, and her neighbor who was having the fumigating done was spending the night with her. There was an opening around a basement pipe-hole which may have transmitted the cyanide fumes. There is a feeling in certain quarters that this method involves too great a risk of life.

Hydrocyanic acid is the only effective fumigant which is harmless to materials; and it leaves no odor behind.

In Rotterdam they have been experimenting with liquid made of methyl-cyano-formate )90 per cent.) and methyl-chloro-formate (10 per cent.) This when sprayed into the air gives off hydrocyanic gas and an intense irritant which affects the eyes. A United States public health committee is experimenting along this line. A mixed gas has been produced containing three parts of cyanogen chloride and one part hydrocyanic acid. The formula per thousand cubic feet is—powdered sodium cyanide, 4 ozs.; sodium chlorate, 3 ozs.; talc, 2 ozs.; commercial hydrochloric acid (S.G. 1.20), 17 fluid ozs., and water, 34 fluid ozs. First the talc is mixed with the sodium chlorate, then the cyanide is added and mixed and the whole placed in a bag to be dropped into a suitable vessel containing the acid and water. The resulting concentration of gas in milligrams per litre is given as cyanogen chloride, 0.9407; hydrocyanic acid, 0.3269.

Until the new fumigant is well tried out, we advise our readers to stick to the safe old sulphur.

## Eye Strain and Light

Bundesen, Health Commissioner of Chicago, reports that out of 158,826 school children in that city examined last year 26,390 had defective vision! A great deal of this, no doubt, was due to the improper use of artificial light.

The following rules will mitigate this appalling condition:

1. Light should shine on the object under gaze, not in the observer's eyes.

2. Glare, which is light out of place, can be overcome by the use of diffusing glass globes, reflectors or shades.

3. Strong contrasts of light and shadow should be avoided. Indirect lighting is to be preferred, by means of which the brightness of lighting bowls or other fixtures is reduced.

4. Avoid the glare of reflections from polished surfaces.

5. Localized lighting, in the form of drop lights, etc., is to be avoided. It produces too sharp contrasts of light and shadow.

6. Both too much and too little light strains and fatigues the eyes, which must labor to obtain sharp definition of the object under gaze.

7. Eye-strain and irritation result from the use of unsteady, flickering or streaked light sources.

# The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

**The Official Organ of The Provincial Hospital Associations, including The Ontario Hospital Association, The Alberta Hospital Association, The British Columbia Hospital Association, etc.**



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# Original Contribution

## THE PRESIDENT'S ADDRESS*

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Chicago,
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*(Continued from March issue)*

### AFFILIATION OF STATE AND PROVINCIAL ASSOCIATIONS WITH THE AMERICAN HOSPITAL ASSOCIATION.

The relation of state and provincial association to the American Hospital Association is much unsettled at present. Various attempts have been made to solve this problem and devise ways and means for a practical and workable affiliation. So far, I believe, no successful solution has been reached. I expect this will be a matter for discussion at the present conference.

In considering the matter carefully I, personally, feel the time has arrived when we must seriously think of introducing what might correspond to the House of Delegates or Representatives in other national organizations. Such a body has been found to be an acceptable and necessary part of national, state and provincial organizations of various kinds. This, in addition to our present organization, would provide a more representative and well balanced opinion on matters of interest to the Association, and would furnish the link we are now looking for between the American Hospital Association and state and provincial units. This presupposes that each state and province has its own organization in order that each may appoint a representative or representatives to the House of Delegates or Representatives—the number of such delegates or representatives to be determined in proportion to their respective membership in the American Hospital Association. In this way affiliation desired could be obtained and membership in the Association stimulated.

As an instance of the need for such a body, let me call your attention to what is happening at this conference. There are being submitted to you at the various sectional meetings

*Presented to the American Hospital Association, October 6, 1924.

some eighteen reports for adoption or otherwise. Notwithstanding the fact that these reports are compiled by those able to speak with authority and reflect the thoughts and efforts of the best minds in the Association, yet it is hardly reasonable to expect you to put your approval or endorsement on them as the official opinion of the Association with such a brief presentation and discussion of some twenty or twenty-five minutes. This, I claim, is not a good procedure, though these reports are well worked out, carefully considered by the committee and generally acceptable and good. They should have more consideration beforehand, such as could be properly given by a representative body as a House of Delegates or Representatives. The opinion from a group of this kind would be representative of all parts of both countries, a distinct advantage to the Association, owing to the variation in hospital conditions throughout the different parts of the United States and Canada.

I believe the Association could well give consideration to this matter. I do not feel it is premature. I cannot see how a large international organization with varied interests and conditions geographically can function without a body of this kind as part of the organization, not only for the value of its opinion, but also as a link between the American Hospital Association and the various units.

### Development of Hospital Standards.

The Association has made a good start towards the development of practical standards, as you will all agree when you study the reports to be submitted by the various committees. The report submitted by Miss Margaret Rogers, on behalf of the Committee on General Furnishings and Supplies, illustrates what can be done in this respect. Miss Rogers has accomplished a splendid piece of work in the standardization of hospital bed sizes. In this she had the utmost co-operation of the Division of Simplified Practice, United States Department of Commerce, Washington. It will serve the hospital field in saving the hospitals, not only a great deal of time and thought, but no doubt, money as well.

The hospitals are looking for standards in equipment, supplies, organization, procedure and the various attached services. A vast field remains to be covered. They know that through proper practical standards they can save time and money and do more efficient work. The field is large and our Association, now that it has made a start, should continue to develop more of these standards.

Administration and service standards are much needed. They must be practical and uniform in nature. Give the hospital a minimum standard and with a guiding service it will soon develop maximum standards. The Association can render a real service to the field in developing and submitting standards of this kind from time to time.

### Relations.

(A) Allied Organizations

I believe the Association should develop broader relations with all allied organizations and groups. The United States and Canada have numerous organizations of this kind, many of them closely related and often identical with each other in activities. We need a closer contact for better understanding of each other's functions so as to prevent overlapping or omissions through better co-operation and co-ordination. These organizations, thirty-seven in number, have been invited to be represented at the sessions and banquet to-morrow evening. Let us not lose any opportunity to draw these organizations closer to us.

Without intending to discriminate, I can mention the need and desire for closer relations and contact with the National Tuberculosis Association and the American Psychiatric Association. These two organizations are interested in two groups of cases, tubercular and psychiatric respectively, which are concerning the general hospital very much and to-day almost universally presenting administrative problems. The more specialized or concentrated data collected by special organizations would be, I am sure, of great value to our Association. I also hope that at least the interchange of representatives at functions of this kind will be carried out. Let us make every effort to promote closer relations of this kind in the future.

(B) Federal Hospitals

I would recommend closer relations with the hospitals of the United States Army, the United States Navy, the United States Public Health Service, the United States Veterans' Bureau and the Soldiers' Civil Re-Establishment of Canada. This contact would be of mutual advantage. As a member of the Council on Medical and Hospital Affairs, United States Veterans' Bureau, I have had an opportunity recently to visit several of their institutions in the Pacific Northwest. I was much impressed with what they are doing, with their physical arrangements, organization, procedure and control. I had a most interesting visit during which I personally gained a great

deal of valuable information. I am sure it would be of mutual advantage to have closer contact between these Federal hospitals and the American Hospital Association.

(C) Foreign Countries.

The twenty-sixth Annual Conference of the American Hospital Association represents a more international spirit than we have had previously. This year we are honored by the presence of distinguished representatives from New Zealand, Australia, England and China. The promotion of the international spirit is desirable for many reasons but particularly for the inspiration and enthusiasm it affords, in addition to the interchange of ideas, which is always beneficial. May our relations with foreign countries and the international spirit of hospitals develop rapidly. We hope that at every future conference of this kind we may have representatives who are interested in hospital work, from as many foreign countries as possible.

### Hospital Ethics.

I feel that the Association has arrived at a time when there is need of laying down a code of ethics for hospitals. I receive complaints frequently of hospitals doing things which are irregular and tend to commercialism. Is not the Association the body to appeal to for correct guidance? Why do hospitals admit fee-splitting surgeons or those practising methods generally regarded by the profession as unethical, unsound, unscientific and commercial? These practices are not considered compatible with the care of sick human beings. Many such instances come before the American College of Surgeons constantly in its hospital work, and not infrequently we find the hospital loath to take action because the client brings them revenue. We must eliminate irregulars, the unethical and commercial element from our hospitals to-day, primarily, of course, for the sake of the patient.

It is deplorable to think that politics creep into our hospitals, which may immediately ruin any institution. There is no place in the world where politics should be banned more than in a hospital. Politics work along in divers ways with many consequences, but in the end the patient suffers most. Almost every day we hear of good hospital executives losing their positions through politics from without or within the institution. Let the Association take a firm stand on this and go on record as strongly opposed to it.

In this connection I want to call your attention to "My Pledge and Creed," recently published in the *Modern Hos-*

*pital.* This "Pledge and Creed" is the result of much thought —that is why it is so full of beautiful interpretation. I would like to see the spirit of this permeate all institutions. I wish "My Pledge and Creed" could be adopted and put into universal effect throughout every hospital in America. What a great change would come over many of our institutions. I would therefore recommend that the Association take more interest in hospital ethics, establish a code of ethics, and adopt for universal use "My Pledge and Creed."

A Standard of Qualifications for Membership in the American Hospital Association.

Closely related to the question we have just discussed is the adoption by the Association of some standard of qualifications for membership. At present I believe there is an unwritten standard exercised by the Executive Secretary, the Board of Trustees and the Membership Committee. However, I believe it would be greatly to our advantage if this standard was more generally known. It would, I feel sure tend to stimulate better ideals and ethics.

Membership in the Association must always be carefully guarded and be kept on a high plane so as to carry with it credentials worthy of universal recognition and confidence. The time has now arrived when the first information sought about any institution or hospital executive making a request or asking for consideration is, *whether or not that institution or hospital is a member in good standing in the American Hospital Association.* Indeed, this question will be asked more and more frequently in the future. The certificate of membership hanging in the front entrance of your hospital or in your office carries with it a recognition well worth while.

Training of Hospital Executives.

The matter of training hospital executives has been before this Association and the Board of Trustees in the past, but to date very little progress has been made. No doubt the Committee of the Association dealing with the matter will bring in an encouraging and acceptable report. As time passes the need for this becomes more urgent and we, as an Association, must take definite action. The field needs trained hospital executives. It seems to me that the Association itself should take a more active part than it has in the past in advancing this cause.

Related to the matter of training hospital executives is that of providing refreshing or observation courses for those already

engaged in hospital work of any kind. Cannot the large hospital centres organize hospital councils as some of the cities have already done? The purpose of such a council should be, not only to promote hospital interests locally, but to take stock of their facilities and to organize them for teaching and demonstration purposes. When the busy hospital executive comes to the large city to visit hospitals is there not some organized information service that he or she can get as a guide as to where to go to secure that information to the best advantage? Every hospital, possibly, has some outstanding feature worthy of demonstration. The hospital executive making a tour is much handicapped because of the lack of organized information indicating what hospitals to visit, how to get to these hospitals, who to ask for and what to see to the best advantage in each particular case. No doubt the hospitals in any of our larger cities cover the entire range of facilities, organization and procedure worth while seeing. An abundant amount of valuable information can thus be made available for such observation or refreshing courses so often participated in. Possibly arrangements can be made with the university to put on a short course in administration during the summer months, as was successfully done at Temple University, Philadelphia, this year.

I would, therefore, recommend that the American Hospital Association take into consideration more seriously the matter of training hospital executives and the formation of organized observation, refreshing or post-graduate courses for hospital personnel in the larger cities of the United States and Canada, using the abundant facilities available for this purpose. The Association can make a most valuable contribution to the field in more actively promoting the training of hospital executives and providing opportunities for observation, refreshing or post-graduate study of hospital administration in the well-organized institutions of the larger cities in the United States and Canada.

### The 1924 Conference and Exposition.

You have come from far and near, all over the United States and Canada, to meet in conference for a few days this week in Buffalo. You have dropped for the time being your many and varied activities. You are here in a spirit to give and receive—to give of your experience for the benefit of others and to receive light on the numerous difficulties and problems of your respective hospitals. You are here assembled on common ground regardless of type of institution you represent,

whether large or small, private or public, special or general, sectarian or otherwise. You all have problems to meet daily, some of which are perplexing. A more direct course to solution may be found in this getting together meeting. Such a conference acts as a great clearing house for the hospitals of the United States and Canada.

Through the deliberations, and particularly the exposition, you acquaint yourselves with improved methods of hospital management, increased efficiency and better means of economy. You all benefit in many ways, but there is one in common, and that is the renewed enthusiasm you will carry back when you return to take up your respective duties. You will all go back better hospital administrators and workers. Regardless of what institution you come from, no matter what size, kind or location, all of you have the same purpose and that is, the best care of the patient. We are glad to have so many of the smaller hospitals represented at this conference. The convention will endeavor to keep these institutions in mind particularly and its discussions to the solution of their particular problems. The convention balances up the discussions and deliberations so that uniformity of thought and procedure relative to hospitals may be obtained, but in this each institution must retain its own individualism and work out its own problems by applying some of the general principles presented at this conference.

To Summarize:

1. The Association has had a good year, noticeably characterized by increasing interest, activity and co-operation on the part of the hospital field generally.

2. The Association has important and definite functions to perform in the best interests of the hospitals of the United States and Canada.

3. The ever growing demands for service made on the Association require increased momentum and finances to adequately meet them.

4. The increased momentum and finances to adequately meet the needs of the field can only come through a greatly increased membership—institutional and personal.

5. The increased membership is now being secured through a well organized active general membership campaign carried on throughout the United States and Canada through the co-operation of thirty-two regional campaign committees.

6. The membership campaign should be pushed forward vigorously till all the possible institutional and personal members eligible are secured.

7. It is hoped and expected that the general membership campaign now being carried on will inspire much needed complete organization of the entire hospital field for protection and more progressive development generally, as well as for economic and scientific reasons.

8. The entire hospital field of the United States and Canada should be covered by a complete, closely interrelated organization, consisting of international, state or provincial, and local units, each having its own respective functions.

9. National Hospital Day celebration, through the courtesy of *Hospital Management*, now becomes a valuable activity of the Association, which, under proper direction, will provide a closer and more effective contact with the entire field.

10. The increasing demands of the hospital field for technical and advisory information—administrative, financial, educational, legal and scientific, convinces me that we should add, as required, more technical and advisory personnel to the headquarter staff.

11. Affiliation of state and provincial associations with the American Hospital Association is still in a struggling, embryonic state, but I believe the objects of such affiliation could be more mutally satisfactorily and beneficially accomplished through the addition of a House of Delegates or Representatives to the present organization, as described in the text.

12. The hospital field benefiting from the standpoint of economy and efficiency through the various standards developed by the Association from time to time, looks to the Association to continue to establish such standards, not only in equipment, supplies, organization and procedure, but also in the various services vital to the hospital.

13. The Association can do well to promote better relations and closer contact with all allied organizations in the field, and the federal hospitals of the United States and Canada, as well as hospital interests of foreign countries.

14. There is a great need for the Association establishing and adopting a code of ethics as an antidote to commercialism, unethical publicity, irregular practices and politics in hospitals—all of which in the last analysis affects the patient directly or indirectly, and in this connection I would strongly recommend the adoption of "My Pledge and Creed" (as submitted through the courtesy of *The Modern Hospital*) for universal use throughout the hospital field of the United States and Canada.

15. I believe the time has arrived when the Association should have a definite standard of qualifications for member-

ship which carries with it credentials worthy of recognition and confidence.

16. The urgent and ever increasing need for the training of hospital executives must receive immediate attention and more active co-operation on the part of this Association, as well as the organizing of post-graduate, refreshing or observation short courses for hospital personnel all over the United States and Canada.

THE ASSOCIATION NEEDS THE SUPPORT OF ALL THE FIELD.

There are no cliques or politics in this Association. It is the earnest desire of your trustees and headquarters to deal squarely, impartially and in an unprejudiced way with every individual in the hospital field. The Association cannot be run by one person or by one group alone. Each member of the Association must contribute his or her unit of service and support to advance its many interests and activities. It must always be borne in mind that the Association is not in Chicago at 22 East Ontario Street, but everywhere in the United States and Canada where there is a member, institutional or personal. The Association can only grow and prosper in proportion to the aggregate effort of its individual members. Therefore, let me bespeak for your continued and ever increasing interest and co-operation to the fullest extent for the individual and collective effort in making this Association a powerful force for hospital development and betterment, ever keeping in mind that your relations and interests must be totally unselfish, for after all in the final analysis, the Association exists for the patient who must receive through the hospital with its staff that honest, human, kind, sympathetic administrative and scientific care that means everything to his or her welfare. In our work and development in the hospital field for all time to come we must not even for a moment forget that all is for the patient—"the hospital perspective," on whom we must focus every service rendered. The entire deliberations of this great conference are primarily for the patient. The true estimate of the success of this Association, and of this meeting in particular, can only be measured by the rise in the barometer of efficiency of the service rendered throughout the hospitals of the United States and Canada during the coming year.

My appeal to you is for your whole hearted efforts; your most intelligent thought; your most active co-operation for your association; your hospital; your patient.

# "WHAT SHOULD A HOSPITAL BE DOING FOR ITS COMMUNITY?"*

By H. L. Brittain, Toronto.

It would be an easy answer to the question to say that the hospital should do for its community whatever the community needs done, but this statement indicates only that the answer to the question pre-supposes the knowledge of the community's needs.

Now the needs of communities with regard to hospital service are as various as the communities themselves. The needs of a metropolis of 500,000 are quite different from the needs of a small city of 12,000, and those of a city of 12,000 are just as fundamentally distinct from the needs of a small frontier community of a few hundred in New Ontario. In a large city there is a possibility of specialization of hospitals, and in most cities this has been carried out to a considerable extent, although not by any means as far as it will be in the comparatively near future. With the transportation facilities of fifty years ago, it was necessary to distribute hospitals so that they could easily be reached by the people served, with the result that a greater proportion than at present were forced to be general hospitals.

The life on a farm is not the only thing which has been greatly changed by the invention of the automobile; the whole problem of hospital planning for the community has been changed fundamentally by the development of the modern auto ambulance. The presence or absence of good roads has a great deal to do with the planning of hospitals for community needs. The presence or absence in a community of a sufficient number of medical men, both general practitioners and specialists, has a very direct bearing in any given community on the hospital problem for that community.

It is, I think, quite obvious therefore that it would be impossible to make out a list of what a hospital should do for its community, which would be applicable to all hospitals and all communities. There is, I take it, just one general specification which should apply to all, and that is, that no community should undertake a hospital programme until a thorough survey has been made of the community needs, and no hospital should undertake new services, erect new buildings or discontinue services formerly given until the authorities have something more definite upon which to base their

*Address given at Sherbourne House, January 22, 1925.

action than opinions of the board members or even of the responsible officials. This is true alike of the smallest and of the largest communities. The mistakes which are made in the placing of hospitals, the size of hospitals, the equipment of hospitals, the layout of hospitals and the relative size of hospital departments are almost unbelievable. It would appear that in some quarters, the idea that the needs of the sick and of those who have to take care of the sick should be the very first consideration in hospital planning, using this term in its largest sense, is only beginning to filter in to the consciousness of those directly connected with hospitals and has not even touched the consciousness of the public as a whole. For example, in a city of half a million, should it be possible for a group of public spirited citizens to build, equip and set up in business a hospital, the deficits of which will later on have to be paid by the taxpayer, not only without the authorities of the community having made a study as to whether the hospital was needed, what sort of hospital was needed, how large it should be or where it should be, but even without a thorough enquiry by the promoters themselves? Should there not be some way to find out at any given stage of community development just how many general hospitals there should be, just how many maternity hospitals, just how many children's hospitals, just how many orthopedic hospitals, just how many hospitals for chronic cases, and just how many hospitals for convalescent cases should be provided and where and when?

In a small community one hospital has to meet all hospital needs, but in a large city there needs to be not only the closest co-operation between hospitals, general and specialized, but the city itself should have and exercise the right to determine what its hospital needs are and how they shall be met.

I presume that, as yet, the first function a hospital should perform is to provide facilities for the cure of the sick, and it probably is true in most places that so far as its care of the sick who actually reach its doors is concerned, this function is well discharged. For the purpose of gauging how well a hospital discharges its community function of curing the sick who need hospital care it is necessary to divide possible patients on economic lines: First, the rich or well-to-do; second, those who have small incomes; and third, the poor. In many cities I think that it can be taken for granted that the rich and well-to-do are adequately served, and in most

hospitals the service rendered to the poor is remarkably efficient, but it has always seemed to me that that part of the community which receives the least service from the hospitals is that part made up of families whose bread-winner receives but an ordinary salary or income. The man who can, in spite of the capital cost of erecting modern hospitals, discover a practical way of reducing costs to a point within the reach of the average man, without an undue drain on his resources, will have performed a valuable service. For my own part I can offer little of practical value, but, although not an architect or a builder, I cannot get rid of the belief that careful planning would make it possible to cut down the capital cost of building and equipping hospitals catering to the family in the mean without affecting the efficiency of the services rendered.

In addition to the care of the sick, the modern hospital considers as one of its main functions the treatment of the ailing and below par, who are not yet sick but may become so. In this field the public hospital does not have to consider the well-to-do; they are or should be adequately taken care of by their private physicians. One who has watched the operation of an out-patient department in a good hospital must be impressed by the extreme efficiency of its service to the poor and down-and-out, but, just as in-patient departments fail to reach all those in moderate or somewhat less than moderate circumstances, so out-patient departments function but slightly, if at all, in rendering service to the man on small salary or members of his family. There are, I think, undoubtedly many families who cannot bring themselves to accept charitable or semi-charitable service from an out-patient department of a hospital, and who cannot, without seriously crippling their finances, command expert services from private sources, but who would be willing and anxious to pay fairly large fees for services rendered so freely and efficiently to the poor. I quite well recognize that there is a danger of such a service being exploited by unprincipled people who are quite able to get service through the ordinary channels, but are quite willing to sponge upon the hospitals if possible. Even under present conditions such cases occur. Personally, I am convinced that in all medium sized and large cities general hospitals will in the future establish in connection with their out-patient departments, pay clinics for the service of that part of the community which is neither poor nor well-to-do.

There are two classes of patients in many cities which are inadequately taken care of by public hospitals. These are chronics and convalescents. In too many general hospitals a large proportion of the beds is occupied by chronic cases. This is undesirable not only from the standpoint of education, but from the standpoints of administration and finance. When it can possibly be avoided, chronic cases should not be found in general hospitals, but should be taken care of in institutions built and equipped for the purpose. With regard to convalescents, it may be said that the care of convalescents in a general hospital is not only unnecessarily expensive per day, but that the chance of rapid recovery would be greatly improved if patients could be transferred at the proper time either to convalescent hospitals or convalescent wings of general hospitals. The convalescent, it would appear, needs a different environment and different treatment from those acutely sick, and it would seem that even if the capital costs of building convalescent hospitals is not less than those of general hospitals, it would be in the interest of economy, as well as of humanity, to make adequate provision for the care of convalescents in all communities which contain at least medium sized hospitals. In a large city, for example, it should not be possible to promote the building of an additional general hospital until adequate provision has been made by the community or by private benefaction for the hospital treatment of convalescents. I believe that the time will come when, in large cities, general hospitals will co-operate in the establishment and management of a joint convalescent hospital and in smaller communities separate provision will be made for convalescents.

For a considerable period some hospitals have been recognized as teaching hospitals. In most cases a teaching hospital means a hospital which is used for the purpose of teaching the medical profession. A large number of hospitals are teaching hospitals in the sense that they give professional training to nurses. Not all hospitals, however, can or should be teaching hospitals in either sense, although I believe it is desirable for any hospital of sufficient size and properly situated to undertake both these functions in the interests not only of the medical and nursing professions, but in the interest of the care of the sick.

The function of a hospital, as a teaching institution, charged with the duty of educating its patients along health lines, is rarely, if ever, considered. In my judgment no cured patient should be discharged from the hospital until

he or she has been given instruction as to what course should be followed in order to make it less likely that he or she shall return. Such instruction naturally falls under two heads: First, what course should be followed by the patient and what arrangement should be made in the patient's home during the period immediately following his cure and preceding his complete restoration to his normal activities. This involves a knowledge on the part of the person who gives the advice as to the nature of the patient's work, and the conditions which obtain in and around his home. Could anything be more imbecile than to spend many dollars on curing a patient and then send him back to conditions which will bring about an immediate return of his ailment. Second, what should the patient know after he has returned to his normal occupation in order not only to prevent his return to the hospital, but also to make him a more efficient member of society? "When the devil was sick, the devil a monk would be; when the devil was well, the devil a monk was he." No man, and I presume no woman, is so receptive to instruction along the line of health as when he, perhaps much to his surprise, is on the road to restoration to his customary activities. Then is when the hospital can get in its finest work. If the hospital were a factory, taking in the raw material, treating it and putting it out as a finished product, there might be no occasion to follow the product into the workaday world. A factory, for example, may have no further interest in a monkey wrench after it is sold, but even in the industrial world enlightened producers send out instructions or even instructors to those who use their product as to the best methods of using. An insurance company may spend large sums in health education in order to cut down the cost of operation. Is it not possible that, by proper organization, hospitals could greatly cut down the huge overhead cost of sickness and semi-sickness? Whether a patient is a millionaire or a pauper, I do not think it should be possible for him to get out of the hospital without being told some heart truths. For example, suppose that hospitals could convince their graduate patients of the desirability of their obtaining a thorough physical examination at least once each year, what would the result be both to the individual and to the community. Is it a wild suggestion that communities should make it possible for the out-patient departments of their public hospitals to give a physical examination annually to all of its indigent former patients who might apply for examination. In small communities with one hospital, probably owned by the community

and with a very small department of health, the health department and the hospital might become a working unit for the health service of the community, but in a larger community with many hospitals the problem is much more difficult but, in my judgment, until a scheme is worked out by which the municipal health department and the various hospitals co-operate very fully in bringing the gospel of health to sick and well alike, there will be considerable unnecessary human wastage.

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## HOSPITAL REVENUES*

By G. F. Blair, Regina.

Practically all the hospitals in this Province, irrespective of who manages them, are approved by order of the Lieutenant-Governor-in-Council and entitled to be paid fifty cents per day for each patient treated. Each of the Municipal Acts in Saskatchewan, except that of a Local Improvement District, requires the various municipalities to "make due provision for the care and treatment of any person who has been a resident of the municipality for at least thirty days, who falls ill and who for financial or other reasons is incapable of procuring the necessary medical attendance and treatment."

The Local Improvement Act modifies the provision above cited to the extent that the Minister may direct payment out of the funds of the Local Improvement District, but is not compelled to do so and without his direction the District could not be made responsible.

It is important to note that it is the municipality and not the hospital authorities that is required by statute to make due provision, etc.

The only defence that a municipality can make to a claim by a hospital for services rendered by it to one of the residents of such municipality, if the proper notices are given, is that it has made "due provision" apart from the hospital claiming or that the person treated is not incapable for financial or other reasons of "procuring," not paying for, necessary medical attendance and treatment.

To procure hospital treatment, payment is required to be made in advance. The test therefore of whether an applicant to a hospital is capable of procuring hospital treatment is decided by whether upon demand for payment he refuses or neglects to pay. It is obviously impossible in most cases for

*A Digest of the Paper Recently Read Before the Saskatchewan Hospital Association.

the hospital authorities to do other than admit the patient to the hospital and then deal with the matter later. It is on admission that the determination is reached as to whether the patient is financially capable of procuring hospital treatment.

That his ultimate ability to pay is a matter of municipal, rather than hospital concern, is evidenced by those provisions of the various Acts giving special power to the municipalities, not the hospital, to enforce payment of all monies it has paid to a hospital under the Act.

With the exception of transients, being those who have not been resident for thirty days in a municipality in the Province, all patients treated in one of our hospitals may be divided into two classes, namely, those who for financial reasons or otherwise can procure hospital treatment and those who for financial reasons or otherwise cannot procure such treatment. The hospital authorities should not lose any costs of the treatment of the first class, and the only loss that they should have in the treatment of the latter, is represented by the difference between the amount which it costs them per hospital day for all services, general and special, rendered to a patient and the amount they can collect from the municipality under the Act, together with the Government grant of fifty cents per day.

For reasons other than legal every effort should be made by the hospital authorities to secure kindly co-operation with the various municipalities they serve. Where possible, municipalities should select hospitals to which their sick requiring hospital treatment will be sent, where possible terms should be arranged, not only as to the price to be paid for services, but as to the efforts that should be made to collect for those services.

The law as it stands at present clearly contemplates that any person needing hospital treatment shall have it, if such hospital treatment is physically within the patient's reach. If for financial reasons or otherwise, he cannot procure it, then the municipality, not the hospital, must provide such treatment, until the patient is in a position to pay for it. The law as it at present stands, further contemplates that every person served in a hospital shall pay for the services so rendered, if payment can be enforced.

While the law is as above stated, there can be no question that every reasonable effort should be made to enforce payment for all such services. To get the best results there should be the fullest co-operation between the hospital that renders the services and the municipality that may have to

pay for them, in providing such a business-like management of hospital collections as will get the very best results possible.

I have had the privilege of perusing letters from various hospitals dealing with the question of collections. The municipally owned hospitals do not seem to get as satisfactory results as are obtained by those hospitals which are under more or less private ownership and management. Many of the reports indicate that from sixty per cent. to seventy per cent. of the charges made in any year are collected within that year and approximately from ten per cent. to fifteen per cent. are subsequently collected. The best showing is made by a privately owned hospital, which reports a collection of eighty per cent. of its current charges and a subsequent collection of eight per cent. and the balance is written off as bad debts.

It would appear from the letters received that possibly there is not as accurate a record kept of the collections as should be for the purpose of showing just exactly what percentage is collected in the current year and what percentage is subsequently collected, and the answers I have received would lead one to question whether as careful an analysis is made as should be as to why it is that such a large amount has to be written off as bad debts.

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# Hospital Items

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## NURSE IS APPOINTED

The Board of Health has appointed Miss Wilhelmina Twidale as public health nurse in St. Catherines, in succession to Miss Hamilton, who resigned when the arrangement between the Victoria Order of Nurses and the city was terminated. Her salary will be $1,500 a year.

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## NURSES REFUSED SALARY REQUEST

The Wentworth medical inspection committee at the annual meeting considered the request of nurses who asked for a minimum salary of $1,200 per annum, with increases of $50 per year until a maximum of $1,500 a year was reached. This was refused, as was also an increase of $50 for the present year.

## WING FOR HOSPITAL

Woodstock hospital is to have a new wing built to it. In the estimates of the provincial secretary's department, this year an appropriation will be made for this purpose.

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## GRADUATE NURSES' CONVENTION

The eleventh annual convention of the Manitoba Association of Graduate Nurses was held at the Marlborough Hotel, Winnipeg, on Jan. 27 and 28. Addresses were given by Lady Aikins, Prof. R. C. Wallace, Mrs. R. F. McWilliams, and Mrs. R. A. Rodgers.

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## WILL NOT RAISE GRANT

On the ground that it would mean an additional annual outlay of $565,274, Hon Lincoln Goldie, provincial secretary, has decided that the government cannot afford to accede to the request of the Ontario Hospital Association that the per diem allowance to rural and urban hospital institutions be increased. In a letter to Dr. F. W. Routley, secretary of the Association, Mr. Goldie, however, concurs in the suggestion that the government's contributions be made semi-annually.

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## GREATER HOSPITAL ACCOMMODATION IS AIM OF JEWISH COMMUNITY

Recognizing the opportunity and need for further hospital accommodation, the women behind the Jewish Mount Sinai Hospital on Yorkville Avenue have in mind something modelled on the lines of the widely known Mount Sinai Hospital in New York City.

Representatives of thirty organizations were called into conference recently, when it was decided to begin action looking toward the larger undertaking, and it was arranged to form a men's auxiliary to the hospital. Max Clavin was elected president; M. Spiegel, vice-president, and D. Kertzer, secretary.

A big membership campaign will be undertaken. While the proposed new hospital will be managed by Hebrew men and women, the institution will be open to all. At the present time the accommodation is thirty beds.

## FOR A HIGHER RATE

Chairman T. H. Pratt, of the Hamilton hospital board, declared that it was his intention to renew the campaign for an increase in the rates for non-resident patients when the provincial legislature holds its session. "We are practically running a hospital for the benefit of county patients," he said. "We are allowed $1.50 per day for patients and their maintenance costs close to $3. The only ground on which we can refuse the county patients is if we are overcrowded."

The chairman made an effort to have some concession granted by the government last year but was unsuccessful.

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## JAIL PHYSICIAN RESIGNS

Sheriff Allan has received the resignation of Dr. J. Lindsay from the post of county jail surgeon, Guelph, and has appointed Dr. A. B. McCarter, Dr. Lindsay's assistant for the past year, to succeed him. Dr. Lindsay has a long and honorable record of service in this capacity, having been appointed to the post thirty years ago, several years before Mr. Allan was appointed sheriff. Dr. McCarter, who succeeds Dr. Lindsay, has served well during his year of service as assistant physician, and takes over the duties attendant to the position immediately. The remuneration in connection with the position is $200 per annum, having been raised last year by the county.

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## HOSPITAL WIDELY KNOWN

Stating that the Muskoka Assembly would find a permanent place in Canadian life if it continues to grow as it has in the past four years the board of directors of that organization met in the general boardroom of the Wesley building on Feb. 12th.

Records show that on account of the hundreds of patients who have been helped by them since their inauguration four years ago they have become known from coast to coast. Rev. C. S. Applegath, the president, declared that much of the success of the organization was due to the sound basis on which it is established.

Rev. C. S. Applegath was re-elected President. The remaining officers for 1925 are: First Vice-President, Rev. A. I. Terryberry; Second Vice-President, Dr. A. E. Marty;

Secretary, W. H. Male; Treasurer, George A. Martin; Directors, Oliver Hezzelwood, John Medland, Walter J. Bolus, Rev. E. B. Lanceley, William Hood, Rev. H. S. Dougall, Miss Ira M. Steward, J. M. Vaughan, Mrs. T. R. Stark and E. E. Appleton.

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## THE WORKMEN'S COMPENSATION BOARD AND HOSPITAL ACCOMMODATION

The following letter reached THE WORLD from Toronto Western Hospital:

"We take pleasure in advising you that new and better accommodation has been provided for patients under the Workmen's Compensation Board.

"Hitherto, these patients have been given public ward service, but we have been planning for over a year to allot semi-private rooms to make it possible to allow the patients greater privacy and certain privileges in regard to visiting hours, etc., that could not otherwise be possible.

"We now have reserved and equipped Ward 'M' for Workmen's Compensation Board patients, of which we can accept up to thirty in semi-private rooms containing from two to six beds, with every facility for comfort and treatment. The regular semi-private ward visiting hours will be observed."

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## ENCOURAGING YEAR FOR GENERAL HOSPITAL

Although there is a deficit of $10,000 in the accounts of the Toronto General Hospital, the financial report presented at the annual meeting of the board of that institution showed that the position is a great improvement on last year. As the total allowance per patient per day is considerably less than the actual cost, this is regarded as particularly good progress.

"One of the most encouraging years in the history of the hospital," was the opinion of Superintendent Decker. He said that statistics showed a definite advance in the treatment of patients, the report of the Burnside branch in this respect being particularly pleasing.

The board recorded its appreciation of the work of Chairman C. S. Blackwell, who was re-elected as was Vice-Chairman Dr. D. Bruce MacDonald. A resolution was adopted expressing apreciation for the magnificent bequest of the late D. A. Dunlap.

## GRADUATE NURSES' CLUB REPORTS SPLENDID YEAR

The annual meeting of the Toronto Graduate Nurses' Club was held on Jan. 29th at the clubhouse, 295 Sherbourne Street, deviating from the usual order of the purely business meeting by a club dinner being served and a number of prominent women invited to give three-minute talks on the various organizations and clubs they represented.

Mrs. H. M. Bowman gave a brief address of welcome to the guests of the evening, and also a short sketch of the history of the Club, telling of its origin, its aim and its object. Then followed brief addresses from each of the guests present, showing the co-relation of the various organizations for good in the city of Toronto. Other speakers and members of the Club were Miss Gunn and Mrs. Struthers, both past presidents.

After the adjournment from the dining room, the business meeting was held, the secretary and treasurer giving splendid reports, showing the Club to be in good condition financially. Nominations for the executive were received and the election of officers will take place at the next regular meeting.

## TO APPLY FOR CHARTER FOR EAST END HOSPITAL

The executive committee of the Toronto East General Hospital were given authority to apply for a charter at their annual meeting in the Riverdale Technical School on Jan. 29th. Joseph Harris occupied the chair, and gave a general review of the work of the executive committee for the past year. The officers and executive of the association were all re-elected. A number of addresses were given by Mr. Harris, E. B. Ryckman, Aldermen Dibble, Smith and Luxton, Dr. Plews, Dr. MacDonald and Dr. Burton, J. Bolton and Principal Saunders.

## RADIO USED IN HOSPITALS

Wireless has been found an aid to recovery in the children's hospital at Edinburgh, where little patients leave their beds to dance and sing to loud-speaker music. Most of the big London hospitals have installations by means of which occasional concerts are given. Doctors and nurses have found that the music helps to produce a mental condition necessary for rapid cure. It is stated that many of the installations in hospitals and other institutions have been bought by the B.B.C. out of "conscience money" sent by repentant "pirate" listeners-in and cash appreciations forwarded by admirers.

## MEMORIAL HOSPITAL OFFICIALLY OPENED

Before a large crowd, his Honor Lieutenant-Governor Henry Cockshutt, officially opened Peel Memorial Hospital at Brampton on February 2nd. Following his welcome to the town by Mayor H. W. Wegenast, he was escorted to the hospital, where he inspected the guard of honor comprised of returned men, under command of Capt. R. W. Lent. He was then received by James Harmsworth, president of the hospital board,, while among the others on the platform were the newly elected Warden of Peel, Reeve Leslie Pallett of Toronto Township and Lieut-Col. R. V. Conover, officer in command of the Peel-Dufferin Regiment, and a member of the board.

The building was dedicated by Rev. R. N. Burns, of Toronto, a former pastor of the Methodist Church there, and his Honor then made a brief address, in which he congratulated the Board of Governors on their enterprise in this good cause.

The hospital, which has been erected in memory of the Peel County and Brampton boys who fell overseas, is a three-storey brick building, comprising fourteen beds. Six of the beds are in single rooms as private wards, and there is one two-bed ward and two more each composed of three beds.

The hospital throughout is the latest word in modern equipment, having, besides a fine operating room, an up-to-date nursery and excellent nurses' and doctors' rooms. In building the hospital subscriptions were received from the Brampton, Peel County and Snelgrove Women's Institutes, the Brampton Chapter of the I.O.D.E., the Loyal Orange Benevolent Association, the Brampton Red Cross, the Brampton Driving Club, the Board of Governors of the hospital, Mrs. Edward Dale, Mr. and Mrs. W. J. Lowe and T. W. Duggan. Dr. W. D. Sharpe donated an operating table, and Dr. and Mrs. W. H. Brydon furnished the nursery. The matron in charge will be Mrs. Kelly.

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## NEW LEONARD NURSES' HOME MUST BE COMPLETED FIRST

The need for the new wing at the General Hospital at St. Catharines is becoming more evident each day. As a usual occurrence, every bit of available space at the institution is taken up. There are always a number of cases that should be receiving hospital attention, but due to the lack of space it is impossible to give this needed treatment.

It is, however, impossible to proceed with the work of erecting the new wing, for which all arrangements are made, until the New Leonard Nurses' Home is completed and ready for occupation.

The present nurses' home will be torn down to make room for the new wing as soon as it is possible to use the new building which was recently plastered.

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## LACK OF HOSPITAL ACCOMMODATION A SERIOUS MENACE*

The startling statement made by Dr. A. K. Haywood, superintendent of the Montreal General Hospital, that every bed in the institution is filled, that there is a waiting list of 425 patients in need of accommodation, and that a corresponding condition exists in the other hospitals of the city, should arouse Montreal to a realization of a grave menace to the public welfare. As if to emphasize the seriousness of the situation, the newspapers of the current week have been carrying unusually lengthy lists of deaths of middle-aged and elderly persons from disease, indicating a prevailing rate of sickness and mortality above the average, due presumably to seasonal conditions, and making exceptionally heavy demands upon medical science and its aids. One of these is hospital care, and this in many cases of accident and disease is not a matter which permits of indefinite postponement, as do many seemingly important affairs of life; for often a few hours, and sometimes only a few minutes, means the difference between life and death. Dr. Haywood states that for a fortnight even the most urgent calls for the ambulance have had to be refused, even in the case of an accident involving serious injury to a number of workmen, because it was a physical impossibility to provide accommodation for a single additional patient. That sufferers in a critical condition, perhaps at the point of death, must be denied the immediate attention which might mean the prolongation of life and ultimate recovery, or at least the easing of their last moments, is a shameful reproach to a community which prides itself on its Christianity and humanitarianism.

Dr. Haywood, after pointing out that hospital accommodation, like many other necessary public services, has not kept pace with the rapid growth of the city and the increase of its population, strikes at the root of the problem by ascribing its existence to the lack of adequate and proper assistance from the civic and provincial governments. Montreal is virtually

*Courtesy of the *Montreal Gazette*.

alone among the great centres of the continent in withholding a generous support from the institutions maintained for the care of the sick and injured, while most provinces and states also contribute in greater or lesser measure to their extension and upkeep. In the case of the Toronto General Hospital, the erection of the present splendid plant was made possible by the provincial government's grant of $600,000 and the city's contribution of $610,000; both assist in its maintenance, and both have equal representation with the University of Toronto, and the supporting subscribers upon its board of trustees, and accept the responsibility implied. The justness and fairness of such a course is apparent, for it means that instead of the burden of support falling upon the most generous-hearted element of the citizenry (and this does not necessarily mean the most affluent), a public duty and obligation is shared equally by all in the form of the taxation necessary to provide the funds required for the proper care of the afflicted and the safeguarding of the general health. The crisis is too grave to be allowed to continue without remedial action, and if the governmental bodies concerned persist in ignoring it, public opinion should make itself heard in no uncertain tones. Moneys are being spent by both the city and the province on objects which are not half so important and so imperative as the providing of the facilities which are so vitally essential to the community's health and the very life of its citizens.

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## WESTERN HOSPITAL MUSICALE

An interesting and decidedly new venture in connection with the Toronto Western Hospital was the large musicale held March 2nd, in the main assembly hall. Nurses, doctors and their friends, numbering about three hundred were present, and received with enthusiasm the splendid numbers of the programme arranged by Charles Smith. Dr. John Ferguson, a member of the Board of Governors, was chairman.

Seven artists contributed to the well-balanced programme, and responded generously with encores, which were carefully chosen. Madame Holland, the possessor of a rich contralto voice, delighted with two groups of solos. Selections were contributed by Mrs. Gladys Read, whose clear soprano voice was heard to advantage.

An interesting number was the Sonata for violin and piano by Grieg, presented by Mrs. Rachelle Copeland Stephenson, a

talented violinist, and Clement Hambourg, pianist, who has but recently returned from Europe.

Clever Chinese numbers were among those given by Horace Lapp, a gifted young pianist. Raymore McLeod's tenor solos were well received, and Irving Lavine's splendid bass numbers completed the fulll programme. Acting as accompanists during the evening were Charles Smith and Horace Lapp.

Following the musicale, the guests were received by Hon. Thomas Crawford and Mrs. Crawford; Miss Beatrice Ellis, Superintendent of Nurses; A. C. Galbraith, Superintendent, and Mrs. A. C. Galbraith. Roses and daffodils decked the long table, where refreshments were served, and where Miss Chryssa Black presided.

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# Book Reviews

*A Text-Book of Pathology for Nurses.* By A. V. St. George, M.D., Lecturer in Pathology, Bellevue Training School for Nurses. New York and Toronto: The Macmillan Company. 1924. Price $2.00.

This book gives knowledge to the nurse which greatly increases her usefulness and enables her to use more intelligently the information which she has acquired in her study of anatomy and bacteriology. The nurse who has an intelligent comprehension of pathology, as well as of physiology, is much more able to apply aptly her nursing procedures.

This book would be very valuable used as a text-book, supplemented by charts, lectures, and material from other sources, as well as for reference. It is clearly and concisely written and not more technical than the subject demands. It covers a great deal of ground in small compass without burdening the nurse with details of interest to physicians only.

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*The Care, Cure and Education of the Crippled Child.* A Study of American Social and Professional Facilities to Care for, Cure, and Educate Crippled Children; A Complete Bibliography of Literature Bearing on this Subject; and a Complete Directory of Institutions and Agencies Engaged in this Work by Henry Edward Abt, Director, Bureau of Information of the International Society for Crippled Children. Published by the International Society for Crippled Children, Elyria, Ohio. 1924. Price $3.50.

Coming at a time when attention is being directed very generally throughout America to the problem of the crippled child this book is invaluable. Written by an enthusiast for the great charity it naturally devotes considerable space to encouraging the movement which has developed, and the writer has most convincingly shown the need for greater efforts in dealing with the situation and the great results which may be accomplished. Chapters are also devoted to the history of orthopedic surgery in America, and of the development of schools and institutions for occupation training. Another chapter is devoted to an account of how children become crippled, and of how the causes may be removed. A complete survey of the cripples of the United States and Canada is given, and an account of the methods and equipment at present available in each state and province for their care and education. The laws of the states and provinces are reviewed and subjected to careful criticism, and in considering the situation as a whole much useful constructive legislation is suggested. A complete bibliology of medical literature on the subject is appended.

To all surgeons interested in orthopedic surgery, in all hospitals undertaking the treatment of the deformed, and to all societies or individuals devoting their attention to the care, treatment and education of crippled children, the book is warmly recommended.

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*Burdett's Hospitals and Charities 1925.* Being the Year Book of Philanthropy and the Hospital Annual. Thirty-fifth year. London: The Scientific Press, Limited, 28-9 Southampton Street, Strand, W.C. 2. Price 17/6 net.

This volume is certainly a *multum in parvo* and contains a wealth of information. The name of Sir Henry Burdett, K.C.B., for a great many years has been almost a household word to those, particularly in England, who interested themselves in matters concerning hospitals and charities, so the mere fact that the volume under review is his "Baby" and the result of trojan work on his part is more than sufficient recommendation. The book contains "A Review of the Position and Requirements," and chapters on the "Finance of the Hospitals and Kindred Charities, with an Exhaustive Record of Charitable Work for the Year." It will be found exceedingly useful as a guide to those directly or indirectly associated with institutional work the world over.

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*First Steps in Nursing.* A Handbook for Junior Practitioners and all who Contemplate Entering the Nursing Profession, by E. Margaret Fox, R.R.C. Revised edition. The Scientific Press, Ltd., London, 28 Southampton St., Strand, W.C. 2. 1924.

This is one of the most explicit little books on preliminary nursing we have seen—the bed-making, the bathing of the patient, care of the hair, prevention and care of bed sores, use of ice, care of steam kettles and hot-water bottles, giving enemas, taking pulse, temperature and respiration. Chapter IX is devoted to the Art of Observation. The way the instructions are given makes one remember them. A choice little volume.

## HOSPITAL REFRIGERATION

The following are some of the hospitals that during the past year or two have equipped their institution with "York" Refrigeration and Ice Making Machinery, manufactured by the Canadian Ice Machine Co., Limited, of Toronto, Montreal, Winnipeg and Vancouver.

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Ontario hospitals: Queen Alexandra Sanitarium, London; City Hospital, Hamilton; Mountain Sanatorium, Hamilton; General Hospital, Saulte Ste Marie; Byron Sanatorium, London; Brantford General Hospital, Brantford; St. Joseph's Hospital, Sudbury; Brockville General Hospital, Brockville; War Memorial Children's Hospital, London; Orillia Memorial Hospital, Orillia; Hotel Dieu, Windsor; Essex County Sanitarium, Sandwich; Muskoka Free Hospital, Gravenhurst; Preston Spring Sanitarium, Preston; Oshawa General Hospital, Oshawa; St. Mary's Hospital, Kitchener; Reception Hospital, Whitby; St. Augustine Seminary, Toronto; St. Michael's Hospital, Toronto; Toronto General Hospital, Toronto; Wellesley Hospital, Toronto.

University Base Hospital, Salonika; Dominion Orthopedic Hospital, Salonika.

Quebec hospitals: Royal Victoria Hospital, Montreal, (two machines); Hospital General St. Vincent de Paul, Sherbrooke; Laurentian Sanitarium, Ste. Agathe; Hotel Dieu, Montreal; Hotel Dieu du Sacre Couer, Quebec City; St. Antoine Hospital, Quebec City; St. Michael's Archangel Hospital, Mastai, (two machines).

Hospital for the Insane, North Battleford, Sask.; St. Paul's Hospital, Saskatoon, Sask.; Ponoka Asylum, Ponoka, Alta.; Provincial Mental Hospital, Ponoka, Alta.; Misericordia Hospital, Edmonton, Alta.; Provincial Mental Hospital, Essondale, B.C.; Brandon General Hospital, Brandon, Man.; St. Roch's Hospital, St. Boniface, Man.

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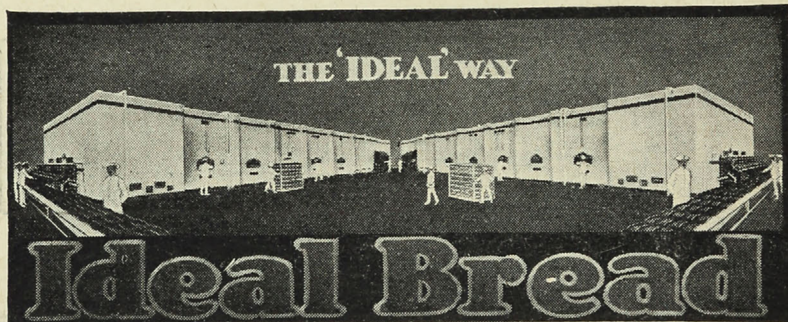

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