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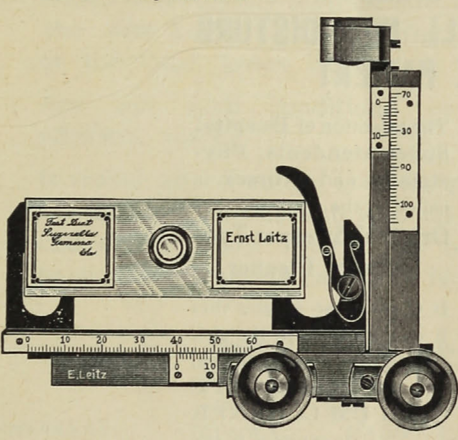

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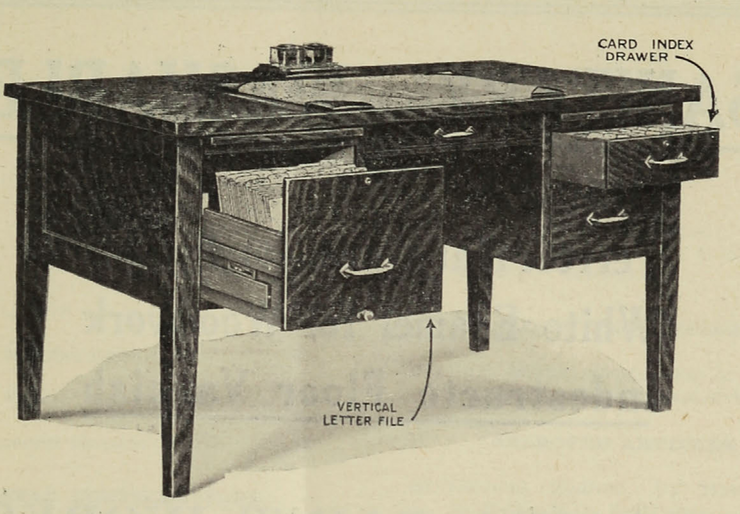

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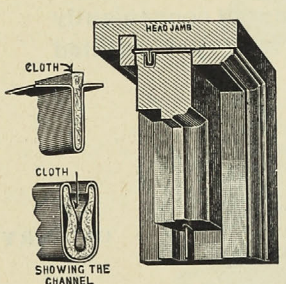

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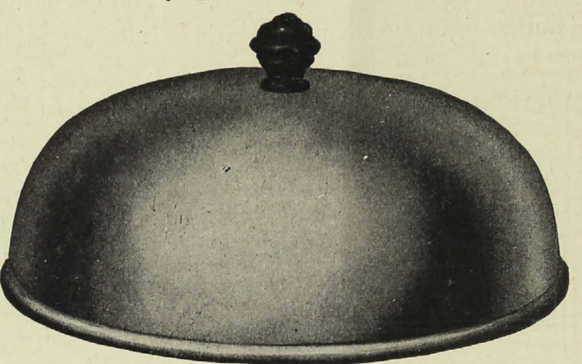

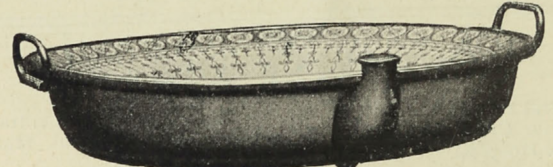

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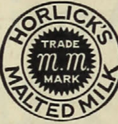

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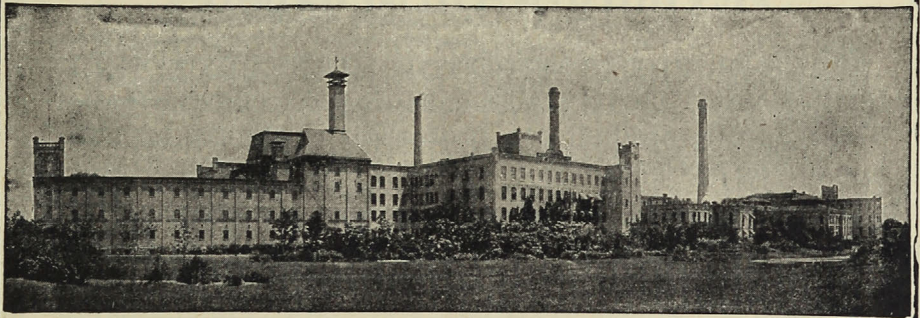

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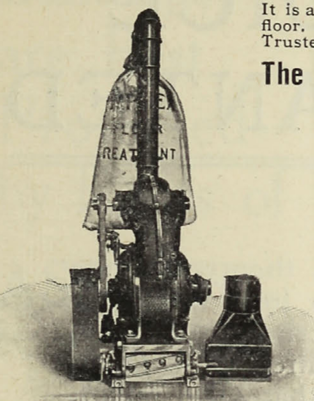

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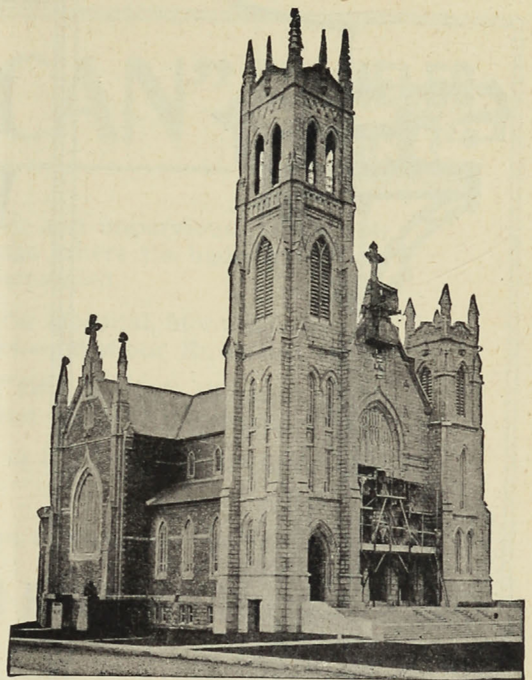

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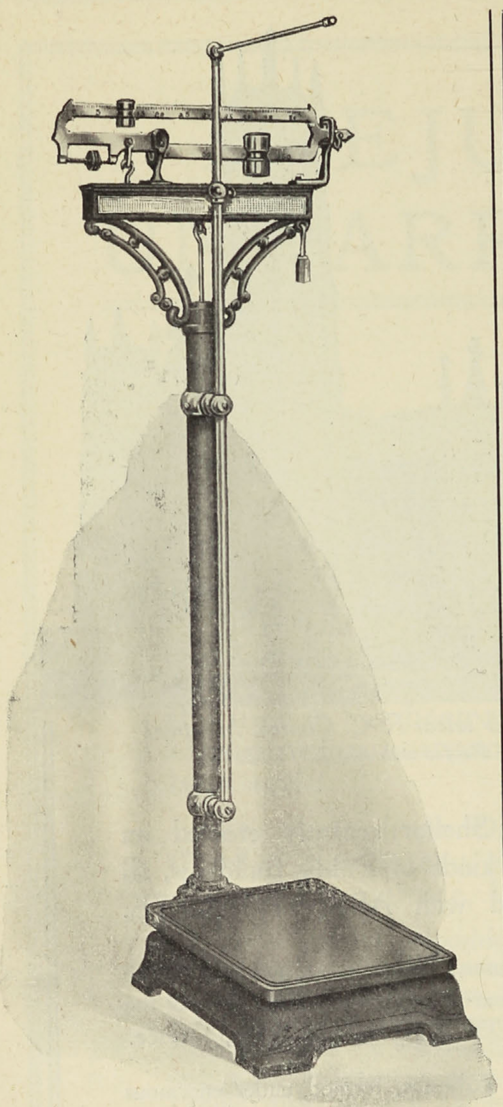

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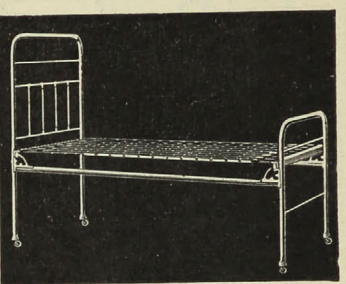

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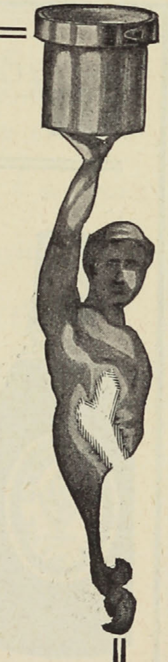

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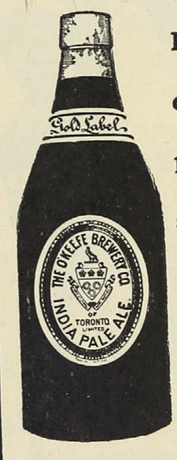

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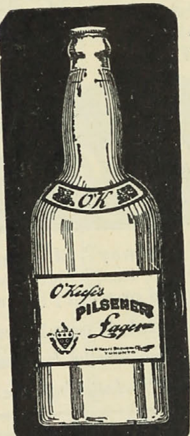

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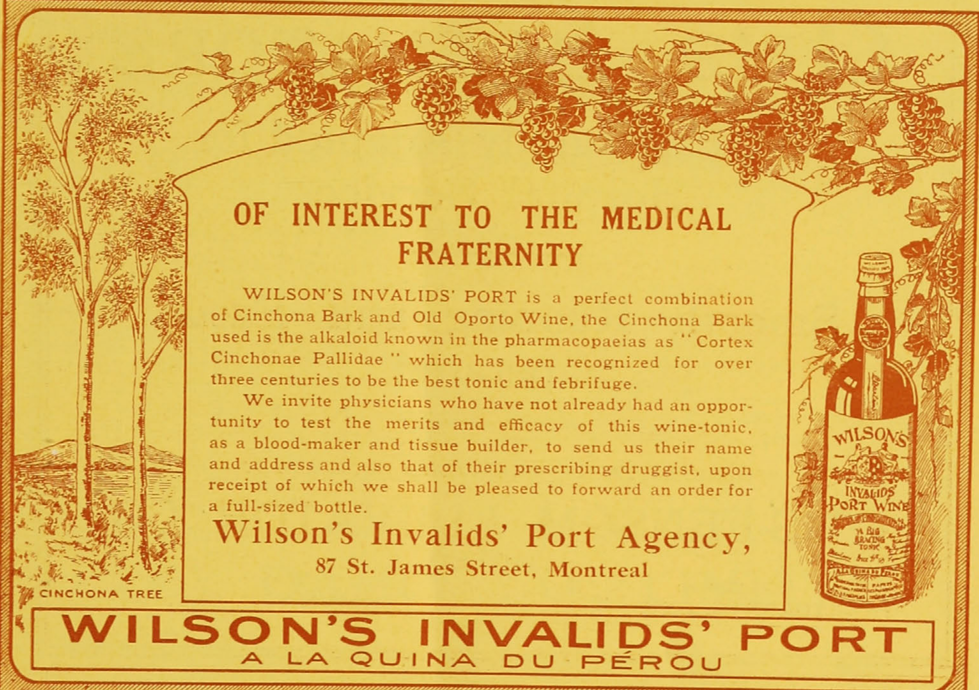

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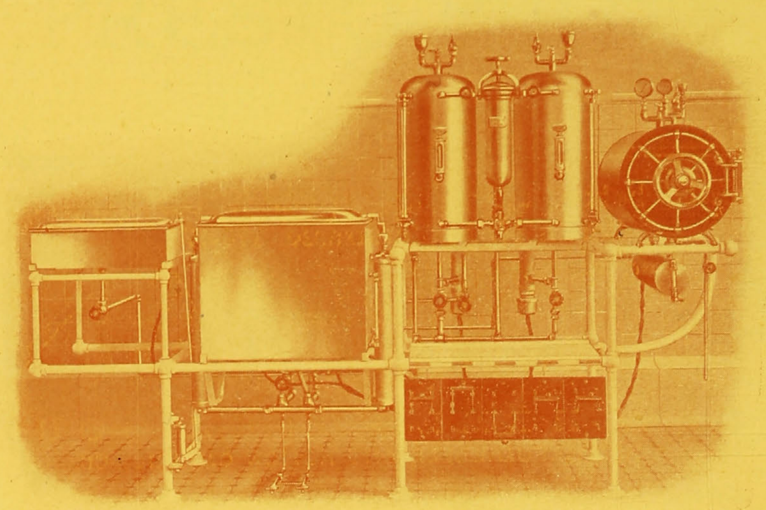

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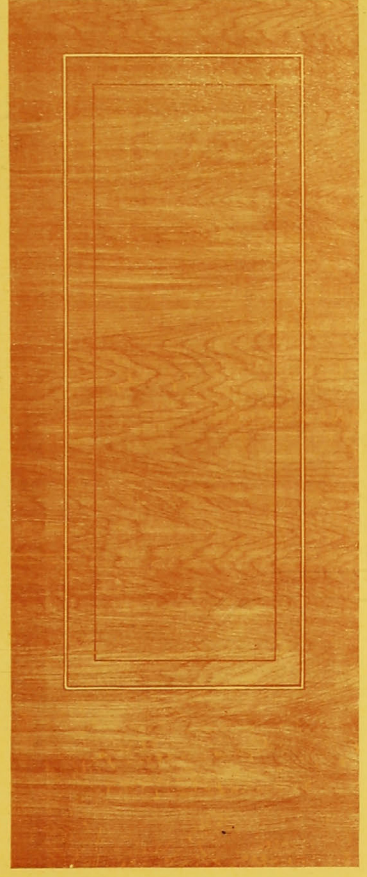

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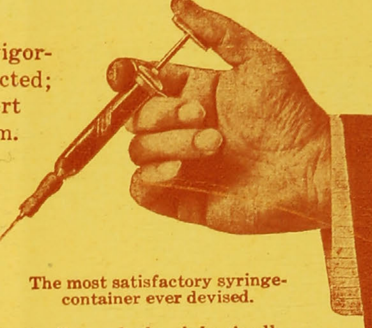

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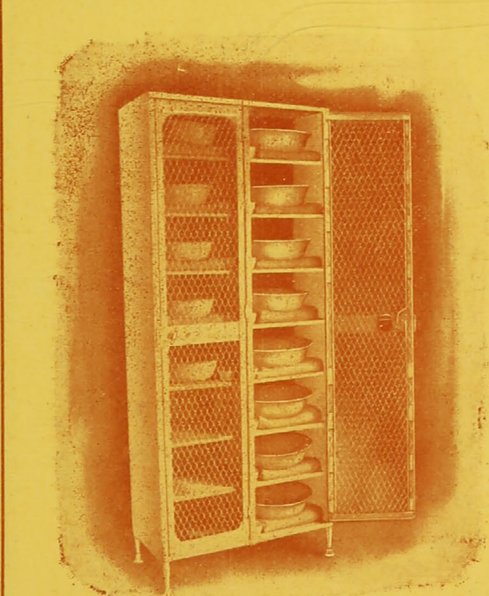

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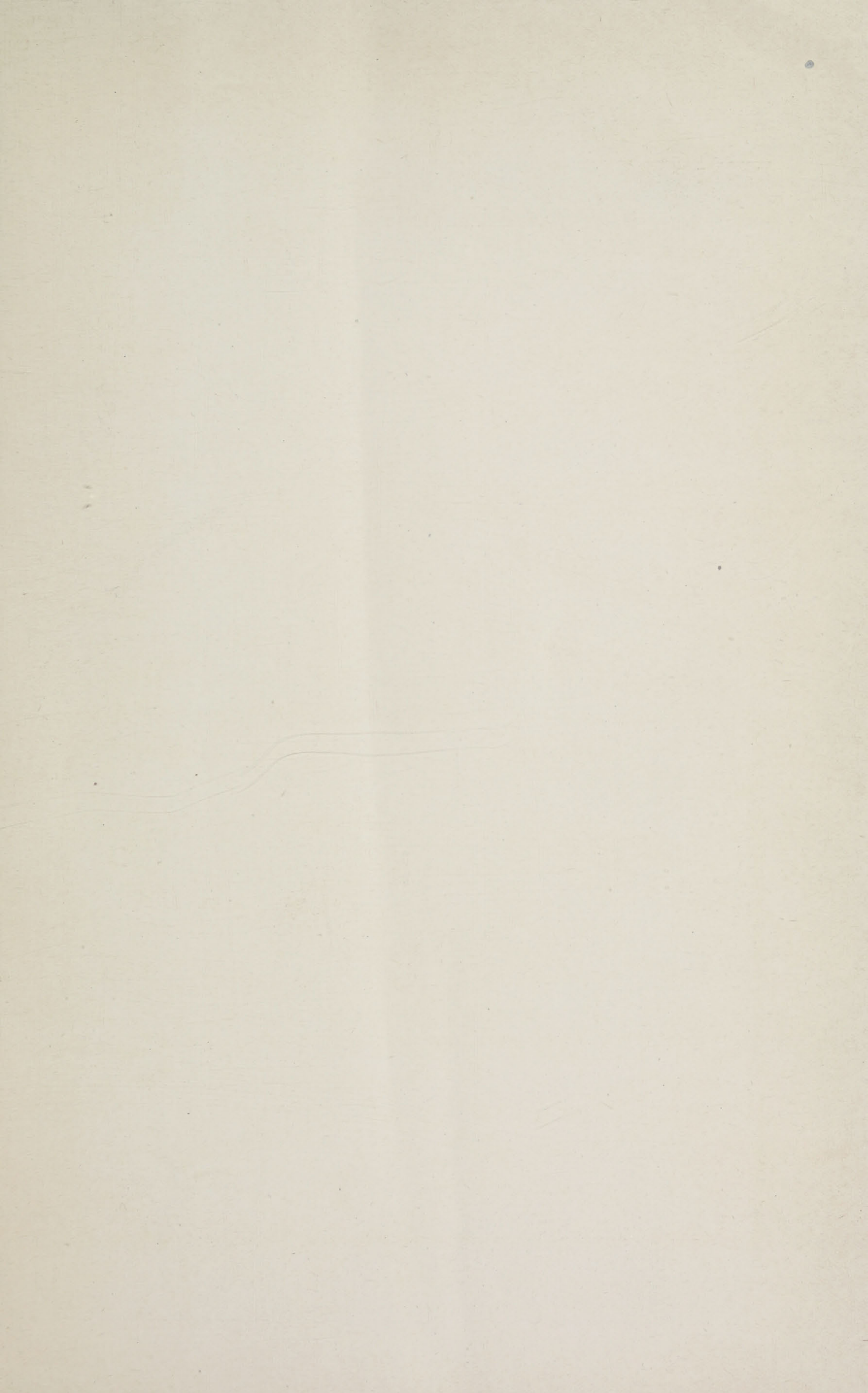

PRIVATE PATIENTS' BUILDING. THE NEW TORONTO GENERAL HOSPITAL

／# The Hospital World

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Managing Editor

W. A. YOUNG, M.D., L.R.C.P. (London, Eng.), Toronto, Ont.

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Editorials

EXTENSION WORK

In a recent issue of this journal we commented on the fact that a Philadelphia hospital was establishing a series of clinics for fathers, to be given by the hospital doctors.

A similar line of winter work was begun in November at the Massachusetts Homeopathic Hospital, where a series of free clinics are being given

weekly by the members of the medical faculty of the Boston University. These lectures assume the form of public health talks and comprise part of the preventive social service of the hospital.

A few years ago such a line of work, if conceived at all, would have been relegated to the medical health department. To-day it comes naturally into hospital extension work, as part of that preventive service which is recognized to be of wider reach than the original hospital purpose.

The progressive modern hospital is no longer the place set apart from the community, whose influence and work are confined within the institution walls.

Holding first and chiefest its curative function, yet the measure of its success is the measure of its secondary work—its educative value to the community.

How best to connect the hospital and the community is a live question among hospital administrators of to-day. A strong and natural bond is that made between a kindly efficient administration and each patient with his circle of friends. This is necessarily limited. The social service department forms a larger connecting link, and this may be interpreted in all forms of public health service.

From the initial step of the establishment of a hospital in a community to its structural completion and on through its formative organization processes and further development, success in the best sense depends upon the degree in which it stands, not alone as a curative agent, but also as a preventive force in the life of the community.

ABOUT STERILIZERS

Every hospital should be well equipped with sterilizers—mattress, dressing, water, utensil, dish, linen, instrument, glove, etc.

A well-known Boston firm manufactures a small cylindrical steam sterilizer, capable of containing one mattress at a time. Its price is within the reach of any hospital. Large institutions should procure the large rectangular type of sterilizer furnished by the leading laundry companies and sterilizing companies. It is well to procure one with the formaldehyde-ammonia attachment for such goods as will not stand the steam. Many hospitals still attempt to sterilize their mattresses by hanging them in a room and fumigating with formaldehyde or sulphur. Such processes are inadequate.

Most dressing sterilizers are of the horizontal, cylindrical type, jacketed, and possessing swinging doors. The inside door of the globular type is to be strongly recommended—this being the best kind of door. In this type there is not the same stress laid upon the production of a vacuum, which increases so much the penetrative action of the dry steam. One manufacturer lays considerable stress on the circulation of the steam within the inside chamber of the sterilizer.

Dressings may be sterilized in a mattress sterilizer. Some of them have been done this way in the city hospital, St. Louis, and in the Harper Hospital, Detroit.

The water sterilizers are all pretty much alike. The water, after filtration, is boiled under pressure. A number of hospitals use distilled water for operative work. The West Pennsylvania Hospital, Pittsburg, has a continuous water sterilizer which supplies 125 gallons per hour. It is reported that an apparatus has been constructed recently which satisfactorily sterilizes water by using ozone. Its efficiency has not yet been sufficiently tested. Ultra violet rays have been tried out successfully in Europe.

Instruments may be sterilized by boiling them for a few minutes. The expensive instrument sterilizer has a cover which may be raised by means of a lever operated by the foot and is fed from a water pipe. It has a waste and steam connection. This apparatus costs from $75 to $80, but if money is a consideration a fish kettle will answer the purpose.

The glove sterilizer is the instrument sterilizer on a small scale; but gloves may be dry sterilized in the dressing sterilizer. In fact, in some hospitals, the utensils are sterilized here as well. Dry sterilization is harder on gloves than the boiling of them.

The utensil sterilizer, like the instrument, is a boiling water proposition with a hydraulic or foot lift used to raise the cover and the tray containing the basins, pitchers, etc. It is well to have a water seal for the covers of these and of the instrument sterilizer, in order to lessen the escape of steam into the room, since the steam loosens the plaster—if the walls are plastered instead of tiled.

The two latter sterilizers should have vents to the open air or leading to a condenser. In America we have seen no satisfactory linen sterilizers. In Germany they are found in the ward unit, occupying a portion of two rooms, intersecting the intervening wall. The soiled linen is put in the "unreine seit" (dirty side), soaks twelve hours or so in cold water, and is then brought nearly to boiling and taken out on the clean side before being transferred to the laundry. Such an apparatus should be available on this side of the water.

Sterilizing rooms are better with both walls and ceiling tiled, covered with vitrolite, or the like.

Infected dishes merely need to be boiled a few minutes, which may be done by placing them in water in a pot or boiler and subjected to the necessary heat. Where there is a steam supply the metal receptacle in the diet kitchen may be connected with the same—a pipe conveying the steam direct to the inside of the sterilizer. Or there may be a steam coil placed in the bottom of the tank; or the tank may have a steam chamber under its bottom, or be properly jacketed. Some of these dish sterilizers, like the utensil, are provided with a lift, which opens the cover and raises the tray containing the dishes, when the boiling is done. This tends to the minimizing of dish breakage.

Infected food may be boiled or incinerated.

A YEAR'S BENEFACTIONS

One of the most optimistic signs of the times is the increase in the year's money benefactions.

The increase in the benefaction of personal service it is not possible to compute statistically, but that it is very great the many new "uplift" movements testify. Service in money gifts, however, is a material form of benefaction upon which to base fairly sure conclusions, and the year 1913, according to this method of reckoning, shows a remarkable record in philanthropy. The estimates made must necessarily take account only of the large and therefore notable benefactions. The innumerable small sums—the single dollars, the tens, hundreds, even thousands, given in quiet, unrecognized ways all the year round, and whose totals would vastly swell the sum—are not, and cannot be included. Yet lacking these, the sum of the notable contributions of the year on this side of the water shows an increase of sixty-six million over that of 1912—the rough total being in the neighborhood of $350,000,000.

Of this amount one-half has been given for educational purposes, while about one hundred millions have been donated for scientific-sociological work, embracing hospitals, homes and relief of the sick and helpless poor.

A great deal of wisdom is required in philanthropic giving; but hospitals are usually regarded as permanently safe channels for the exercise of bene-

volence, and many new forms of service have recently been initiated within the zone of their labor.

Preventive, and what might be termed "inventive," work are both instances of this extension; the former being an educative campaign allied to the hospital out-patient department; the latter, an effort to find suitable place and measure of work for the permanently handicapped patient, and thus secure to him a measure of self-support and self-respect. Since sickness and poverty are so largely interdependent conditions, the hospitals have kept well to the fore in all the sociological movements allied to their especial functions; and much of their appeal to the philanthropic public of to-day depends upon their efforts in these larger directions.

Hospitals and medical institutes fared well in the large benefactions of the year. Among the more notable gifts are: A Carnegie benefaction of one million dollars to the medical department of Nashville, Tenn., University; $4,350,000 to Cornell Medical School, for research work, a bequest of Colonel Payne of New York. This is probably the largest benefaction of the year for medical purposes.

Five New York hospitals, among whom are St. Luke's and Mount Sinai, receive $50,000 each from the Altmann bequest. Ferris Thompson, who died in Paris, left $100,000 to the very delightful and up-to-date little American hospital in that city; a similar amount to the Woman's Hospital, New York; $155,000 to St. Luke's, of New York, and $200,000 to Mercy Hospital, Chicago. Two Orange, New Jersey,

hospitals share largely in a two-million-dollar bequest, while the Lowell, Mass., General Hospital has a munificent share in a bequest of $3,000,000.

Miss Anna Moore, of New Jersey, has bequeathed two million to that little State for a convalescent home. Mr. Rockefeller has added $500,000 more to the many millions already donated to the Institute of Research bearing his name, the said half-million being given as a nucleus for old-age pensions for those scientists who give their lives to research in that institution. The Institute has also received another bequest of two hundred thousand, from outside sources, to be applied to the cancer research department.

The only hospital bequest from the great financier, Pierpont Morgan, appears to be one of $100,000 for the Home of Rest for Consumptives in New York. The University of California has received a gift of $1,000,000 for the establishment of an Institute of Medical Research.

In many half-million dollar bequests one or more hospitals are among the beneficiaries, while, of course, very many are not recorded. The above are instances only of the generous individual giving, during the past year, to medical and hospital needs.

THE KING EDWARD FUND

The value and extent of the work done by the King Edward Hospital Fund, as shown in the recently published annual report, and at the annual December

meeting, is fruitful of suggestion to hospital authorities at large.

The King's Fund, which was instituted with the primary purpose of helping to meet the large net annual money deficiency of the London hospitals, has not only succeeded in doing this, but, in its endeavor to wisely and fairly distribute the moneys, the Fund Council has incidentally become a strong influence in the hospital administration of the world of London.

The close advisory and financial relations that of necessity exist between the Fund and each beneficiary hospital has made it a sort of clearing-house. "It is now," says *The Hospital,* "the recognized centre for the solution of difficult hospital problems, having held several conferences, obtained expert reports, and appointed committees of inquiry."

Practically all of the voluntary hospitals in London—109 in number—are now receiving grants from the Fund. The statistical report of the Fund, published annually, gives statements of income and expenditure, in detail, of each hospital receiving a grant; and the comparison indicated between the spending departments of the several institutions has worked strongly for economy.

One of the accessory values of the Fund is the fine personal service that the administration has engendered in many of London's foremost men. The list of those present at the December meeting of the Fund Council contains such names as His Highness the Duke of Teck, who presided; the Speaker of the House of Commons; Lord Rothschild; the Lord

Mayor; the Governor of the Bank of England; the Presidents of the Royal Colleges of Physicians and Surgeons; Sir Vesey Strong; Sir Henry Burdett, and others equally representative.

Yet another value of this fund lies in the fact that it constitutes an authoritative institution, to which legacies for hospital purposes may be left, with the assurance of wise and economic administration. The Fund has recently been thus honored by two very large bequests, one of which, amounting to nearly two million dollars, is from the late Sir Julius Wernher, who was one of the earnest workers in the Fund administration.

The success and large measure of service achieved by this Fund inclines hospital workers on this side of the water to reflection. The competition, overlapping, and individualistic method of hospital conduct in vogue among us is becoming admittedly archaic. Modern efficiency cries out for reform. The desire for some measure of consolidation is already being felt by hospital experts in our large cities. New York hospitals have established a common purchasing bureau. Philadelphia is moving in the same direction. Other cities will follow. In view of the triumphant success of the King Edward Fund, the question naturally suggests itself, whether some such system of centralization and distribution of voluntary hospital funds could not be adopted with advantage in large municipalities on this side of the water.

TORONTO GENERAL HOSPITAL

THE new private patients' building, costing $359,000 (equipped $50,000 more), was opened on January 6th, 1913. It has accommodation for 150 patients, is strictly fireproof in construction. Heat is supplied from a central plant, and ventilation is effected by the propulsion of warmed air throughout the building. The rooms are electrically lighted by indirect illumination. Charges will range from $16.50 for a semi-private ward, to $100 for a three-room *suite de luxe.* This building is open to all doctors of repute. The silent signals by electric lights are installed for summoning nurses and doctors to patients. The elevators are noiseless. The rooms are provided with telephones, reading lamps, open fireplaces, and all the conveniences of an hotel. Special sitting-rooms are provided, which are sunny and bright. A section of the pavilion has been set apart for maternity cases. This unit is provided with its own operating suite, general kitchen and diet kitchen, for delicacies and for teaching nurses dietetics. Poisons are kept in a special cupboard. Double doors and battleship linoleum on the floors will minimize the hospital noises.

MR. RUNDLE, hon, treasurer, at the opening ceremonies stated:

With the opening this afternoon of the Private Patients' Building, the Trustees bring to a close the work of providing the City of Toronto with a new General Hospital which had its inception in the mind of the present Chairman of the Trustee Board some nine years ago.

The first six years of this period were occupied in preparing plans and subjecting them to the scrutiny of experts at home

and abroad, and in maturing the financial side of the enterprise, the magnitude of which is now so well known. The remainder of the time has been devoted to the actual work of construction.

As Chairman of the Finance Committee I have been asked by the Board of Trustees to present formally to you the financial statement in connection with the erection of the new hospital, and to refer to certain matters which it seems befitting to mention at this time.

The details of our expenditure and the subscriptions received having been published in yesterday's press, I shall make but a passing reference to them. I need only say that our total expenditure is $3,543,762.55, while the aggregate amount of the subscriptions received is $3,456,209.78, leaving a balance of $87,552.77 only yet to be raised to pay in full for the group of buildings which constitute the new Toronto General Hospital and the site upon which they stand. I should not be frank with you if I did not admit that this result is somewhat better than we had even hoped for. Some time during the next five years —the period in which our subscriptions are payable—we shall doubtless secure this comparatively small outstanding balance.

Like most constructive enterprises, the new General Hospital has developed greatly beyond that which was at first contemplated in both size and expenditure. In fact, let me frankly confess that had the Trustees seen the end from the beginning they would have been so staggered that possibly there would have been no beginning. It is a far cry from starting to build a 400-bed hospital at a cost of $2,000,000 to ending with a property costing over $3,500,000 and which is capable of accommodating 700 patients and a working staff of officers, house doctors, nurses and employees numbering 500 additional people, or 1,200 in all. At the same time, the truth is that our earlier ideas lacked vision, and it is fortunate that when we commenced to work at our problem we began to realize the necessities and possibilities of the situation—and the scales fell from our eyes.

It is, of course, only to be expected that in an undertaking so large and ever during its progress calling for greater expansion there should have been times when the clouds looked threatening, but thanks to a kind Providence and good friends these one by one were rolled away. The times to which I refer marked what might be termed the milestones of the enterprise and I am sure that it will not be out of place for me to refer briefly this afternoon to them.

In the beginning it was a gift from our friend, Mr. Cawthra Mulock, of $100,000 towards a much needed Out Patient Building in this city, that finally determined the Trustees to select a new site to build a new hospital. Soon after the announcement of this gift a meeting was held, at which the plans for a new hospital on College Street were announced to a group of gentlemen, who forthwith subscribed a sum sufficient to warrant the Trustees in feeling hopeful of the project. It was then that the Trustees of the Hart A. Massey Estate and the Hon. Geo. A. Cox each subscribed $100,000, while the Misses Jane and Agnes Shields, in memory of their brother John, intimated that they would construct, equip and maintain a building to be devoted to emergency cases. A few days later the Ontario Government and the University of Toronto intimated that they would join in giving $300,000, and the Council of the City of Toronto voted $200,000.

At this point the Trustees definitely decided to undertake the present hospital. This site was chosen, and Messrs. Darling & Pearson appointed architects for the buildings. Thus was the first milestone passed.

During the progress of the plans it became evident that more money would be required, and the second milestone was left behind, when, in response to the representations of the Trustees, the Government and the University decided to subscribe a further $300,000 and the City of Toronto an additional $200,000.

On a later occasion it was felt that in view of the rapid growth of the city and the evident future that lay before it, a serious mistake would be made unless the site first purchased and the buildings originally planned were considerably enlarged. It was then that Mr. John C. Eaton came to the relief of the situation, and by a noble gift, in memory of his father, the late Mr. Timothy Eaton, undertook to meet the whole cost of the surgical wing—no less a sum than $304,000. Again, through this truly magnificent act of citizenship, another milestone was passed. Still the enterprise called for more money, and again it found response in a great deed by one of its public-spirited citizens, who answered with an anonymous subscription of $300,000. Once more a milestone passed.

And now occurred one of the most important incidents in the financing of our undertaking. In order to secure as large subscriptions as possible the Trustees had asked the subscribers

to make their contributions payable in five annual instalments. We could not, however, ask our building contractors to await settlement until the subscriptions were paid. It, therefore, became necessary to arrange with a syndicate of banks to advance up to $1,500,000 to the Trustees to complete the buildings. This amount is advanced from time to time as construction certificates are issued by the architects. To make this possible the Trustees issued five-year bonds, which were hypothecated with the syndicate banks. These bonds are secured by a charge on all the properties of the hospital, including the new and old sites, the endowments and the subscriptions to the new building fund, thus giving to the banks gilt-edged security for their advances. It will be noted that the life of the bonds corresponds with the duration of the subscriptions, it being the intention that the latter should liquidate the former.

It will not be out of place I think for me to-day to take you into my confidence and tell you who compose that syndicate. The names of the banks are: The Bank of Montreal, the Bank of Nova Scotia, the Bank of Toronto, the Canadian Bank of Commerce, the Dominion Bank, the Imperial Bank of Canada, the Royal Bank and the Standard Bank.

I desire to take this opportunity, on behalf of the Board of Trustees, of making public acknowledgment of the assistance given by these institutions, and in doing so let me say that no service has been rendered to the Trustees which they more highly appreciate.

The foregoing sketch brings us down to the time of the formal opening, in June last, of the main hospital on College Street. On the day of the opening, the 16th June, we had yet $1,000,000 to raise to clear the undertaking of debt, and pass the last milestone. We have not quite covered the ground. We have, however, travelled a considerable distance, for there is now only $87,552.77 to raise to provide the total cost of the undertaking, and, as already pointed out, the Trustees anticipate no difficulty in finding this amount.

Now that the buildings are completed and the payment for them practically provided, now that the hospital is in full operation you will, no doubt, ask, and quite naturally so, how it is to be maintained? In the first place, the increased capacity of the new buildings will bring largely increased revenues. We

believe that the Private Patients' Building, which His Honor will in a few moments formally open, and which you are here to inspect, will help us greatly toward this end. But, notwithstanding the increase in our revenues, we shall require to supplement them by annual subscriptions amounting to $50,000, if we are to give to the sick who come to us for healing the care, comfort and service befitting their needs.

To raise this amount it is proposed to appeal to the citizens generally.

It is to be remembered that so far no general appeal to the public has been made in connection with the financing of the new hospital, such an appeal having been deliberately reserved for the time when it should be found necessary to increase the maintenance fund. Such an undertaking is one in which every citizen is entitled to a share, and the Trustees will greatly appreciate the efforts of those whose annual contributions cannot be more than $1.00. It is to be borne in mind, however, that in order to raise so important a sum as $50,000 annually it will be necessary for many subscriptions of $500, $250 and $100 per annum to be made by those whose means will permit. The Trustees confidently believe that, now the appeal is made, the citizens will gladly and generously respond.

In closing, let me remind you that there is no fixed standard of hospital service. It can be made more or less efficient according to the means at one's disposal. Better nursing, better food, better scientific treatment and appliances—all depend upon whether the revenues are sufficient to provide them.

We are now in possession of a beautiful and efficient group of buildings. But bricks and mortar must not denote the highest measure of achievement here. The test of this institution must be fidelity and service of doctors and nurses to suffering humanity. Moreover, the field for the advancement of medical science and the care of sick people is unlimited in its possibilities. All over the world men are working at this moment in hospital laboratories, eager to find cures for diseases hitherto incurable. What shall we do to help on the good work? The answer to this question lies in our revenues. Think for a moment of the distinction that awaits this city, this province—yes, this country—if in this hospital one of the great problems of medical science could be solved.

Original Contributions

TEAM WORK IN THE HOSPITAL*

By John Allan Hornsby, M.D., Chicago.

To make our first point, let us compare the modern hospital for a moment to a great automobile factory. If we walk through the buildings of one of these great modern commercial concerns, we will find a group of men here making one small piece of machinery; yonder we shall find a group of men making another small part, and everywhere we go in the factory we will find groups of men, each group turning out a small piece of machinery. Finally, in the course of our wandering, we will find two or three of these parts focusing toward a common point and there being assembled. Further along we will find other assembling points until, eventually, we will come to the final assembly room in which the products of all the various groups of men are being put together and assembled into a machine that is one of the wonders of the world.

May we not compare this great technical organization with that of the modern hospital? It is not the admission room, nor the nursing department, nor the diet kitchen, nor the X-ray laboratory, nor the department of pathology, nor the interne service, nor the laundry, nor the janitor service, nor the doctors—but every single one of these factors is necessary to complete service in the hospital. The patient may come to the hospital with a broken limb or a diseased bone, or typhoid fever, or with any one of the many ills to which human flesh is heir, and unless all these adjuncts, all these tiny pieces of mechanism, are available for his care, he will not get in the hospital that modern service which our age and generation is demanding. Our patient may come to the hospital, he may be admitted promptly and placed in a clean bed, by clean, alert, energetic and competent nurses. He may be ministered to after a model fashion; all his wants may be met. The doctors may take him to the operating room and remove a tumor from some part of his body

* Read at the meeting of the Canadian Hospital Association, Toronto, 1913.

and he may be taken back again and ever so carefully nursed, and he may get well and leave the hospital. It would seem to the lay mind that such a picture as this would serve any patient who is sick or who needs surgical care. But we have neglected one point. We have not made a microscopic inquiry into the character of the tumor which was removed, and after a few months or a year or two another tumor comes somewhere else and the patient eventually dies from a cancer. The chances are that if our whole technic in the care of this man had been lived up to promptly and properly the doctor would have found out that the growth was a cancerous one and he could have prosecuted his search into the glandular structure about the tumor and perhaps have removed all of it, so that the pathology department of our hospital in this particular case was where the trouble occurred.

Another patient comes to the hospital and is ever so tenderly cared for and he is about ready to leave, with his illness cured. Suddenly he develops a chill and a temperature and a red spot on some part of his body, and to-morrow he has a fully developed erysipelas. What can we blame for this? If we go back a week or a month, or six months, we will find that in the ward in which this patient lay there had been another case of erysipelas. Obviously, our cleaning processes were not proper, and even so homely a part of our hospital as the janitor service is to blame.

And so it goes through every department of the modern hospital. If one tiny factor in the scientific care of the patient is neglected we have failed to do our duty by that patient, and if we can neglect one patient in even so small a particular we are neglecting all our patients.

If this means anything it means that every department of the modern hospital is dependent on every other part and that if we neglect one we are neglecting all.

Now, let us take up the medical side of the hospital work. Dr. Murphy, the great surgeon, has been preaching in season and out, pleading and begging for better histories in hospitals. He has made the point that in nearly every hospital in the land the history, which he claims is the most important factor in the cure of disease, is turned over to the least competent of all hos-

pital technists to write, viz., the junior interne. Sir William Osler has recently made the point that history writing should be in the hands of permanent, resident medical men in order that there may be a homogeneousness about the writing of histories, and in order that they may approach somewhat and be somewhere near a point of contact with the actual diagnosis of the case as made in the physical and laboratory examination.

Not long ago a report was made of the best hospitals in the new world, and it was shown that on autopsy a correct diagnosis of the cases that came to the post mortem table had been made in only fifty-three per cent. of the cases. Let us ask ourselves how much of this want of accuracy was due to the limitations of medical science and how much of it was due to carelessness or the omission of some necessary adjunct to diagnosis. Someone, somewhere, very recently stated that not more than five per cent. of the cases of sickness of all kinds were able to elude the wisdom and learning and experience of modern medical science if the best that medical science had to offer was focused on every case. How much of this failure to make correct diagnosis is due to the hospital and want of co-ordination in its parts? I think we will agree that very much of it is the fault of hospital inefficiency.

Now, let us take up a more delicate part of this particular problem, viz., that part which concerns immediately the visiting physician in the hospital. Most hospitals have well organized staffs and upon the members of these staffs the hospitals must lean for their medical progress and for their scientific activities. How much are we doing, how much are trustees and the public generally doing, to insure the highest order of scientific management of the sick in the hospitals by close, careful and scientific attention to the creation of medical staffs? Another point comes up right here that partially answers the previous one: how are medical staffs usually appointed? Are the members appointed as a rule because of their learning and experience and skill, or are the hospitals enveloped in the maze of politics so common to every walk of our modern life? A great rich man gives a large sum of money to a hospital, and in return for that demands the appointment of some medical friend on the staff

of the hospital; or perhaps he wants his own son, just out of college, to be made a full-fledged member of the medical staff of the hospital which he thinks he has chosen to favor by his gift of money.

In this attitude of the rich man he is actuated by the same impulses that actuate the great captain of industry who undertakes with his money to buy legislation, to buy the bodies and souls of men, and the hospital that accepts his money under these circumstances pays for it in human lives. No self-respecting hospital in the world can afford to accept money tendered on the iniquitous terms implied in a demand that incompetent men shall be foisted on the institution in the guise of physicians. It isn't the best politician in the medical profession who is the most skillful doctor. It isn't the doctor who has the most friends who is the most competent physician. It isn't the doctor who can bring about him the most votes for election as a staff member.

There is another favorite scheme of some medical men to create for themselves favored positions on hospital staffs. They even go to the extent of organizing and raising money to create the hospital in order that they may have a snug berth as directing physician. This is perhaps the most insidious and harmful method of staff creation that could be well conceived. I know men who, having been refused staff membership in a good hospital, have succeeded in creating dissension within the ranks of that hospital's supporters to such an extent that they have divided the support until they have been able to raise up another hospital, perhaps not needed at all, and solely for the purpose of giving them a business opportunity to ply their profession. We all know such cases.

This is a vastly different thing, however, from the case of the man who, perhaps ahead of his community in scientific knowledge and having a consciousness that he was unable to get proper care for his sick people, creates a hospital for himself, not for the financial return, not for the glory and honor of membership on a hospital staff, but solely because he believes that the only way that he can serve his patients is by the creation of an institution of which he himself may control the activities. It seems to me that this is a most laudable ambition. Generally such a

man pays well for the conscience that lies behind his act. It costs money to run a modern hospital, and it costs more money if it is run for the patient and not for the self-interest of any person or thing.

Now let us consider very briefly the most difficult of all problems in hospital administration, viz., that feature of team work that has to do with co-operation on the part of various elements in the medical staff. How many of you who hear me can say honestly that there is entire disinterested co-operation in the medical staff of your hospital? On the other hand, how many of you could name men on your medical staff whose every act in the hospital is one of self-interest? How many of you have men on your staff who would sacrifice any interest of the patients of other doctors, any interest of the hospital itself, for personal aggrandizement or self-laudation, or financial betterment?

In some parts of the country we are coming to an era where medical staff members are being placed on salary with the expectation that they will give their whole time to the hospital and its patients—mind you, its patients, not their patients. When that practice becomes universal blessed will be the day for the sick man, or woman, or child.

Let us take an illustration: A patient is brought to the hospital to-day by his family doctor. He is placed in a pay bed and the doctor asks for all the aids that the hospital can give him toward a diagnosis. Let us say the doctor is a general practitioner and not specially versed in any of the specialties of medicine. Presently the time comes when he knows perfectly well that his own knowledge in a certain direction is incapable of solving one of the problems presented by the symptoms of his patient. The question comes up of calling a consultant. Let us say he thinks an internist specially skilled in diagnosis of diseases of the abdominal cavity should see the patient; calls him in, and there is a consultation fee. The physician and his consultant at the end of their examination think they would like to have the benefit of the skill and judgment of a surgeon, and there is another consultation and a fee. Perhaps all of these would like to know what the "eye grounds" are or they would

like to have a nose and throat man see what relationship there is between the symptoms as presented and, for instance, the patient's tonsils and their appearances. Perhaps even there may be a nervous element and the reflexes are required and an examination by a specialist in nervous diseases. We can well see that before this patient gets all that modern medicine is able to give him he has exhausted the skill of the whole faculty of the hospital and perhaps long before this has exhausted his financial resources. Nothing wrong has been done, the patient needed all these things and all these doctors have to make a living and yet does it not seem that this is a most awkward approach to a solution of the modern problem of disease? Does it not seem that if a patient goes to a hospital he goes there with a tacit agreement that the best skill and every facility of the hospital in every direction shall be his without reference to the fact that he may be a millionaire or a pauper?

It is customary, in many hospitals, to say that the millionaire can get nothing that is not available to the pauper and many of us, hospital administrators, are accustomed to boast that once a patient is within our walls we do not ask whether he is a millionaire or a pauper; we only know that he is sick and that he has placed himself with confidence in our care and we prate much of the entire absence of favoritism. Are we honest in this? Is it true that the pay patient can get nothing more than a pauper in any hospital in this land? I think I can say without fear of successful contradiction that it is not true. The pay patient does get more than the pauper. The millionaire does get more than the merely well-to-do, if in no other way, by the payment of small tips to petty officers, to orderlies and attendants and sometimes to nurses, although be it said with all honor to the nurse that the latter is very rare.

One of the greatest hospitals of our day in this country is the Johns Hopkins Hospital at Baltimore. Not very long ago I was in the South and a casual acquaintance said to me, "My mother has been sick for a long time and my father has taken her to the Johns Hopkins Hospital at Baltimore. Can you tell me whether that is the best place to take her?"

I asked him, "To what doctor is your mother being taken?"

"I don't know," was his reply. "But we have heard that the Johns Hopkins Hospital is one of the best in the country and that is why my father has taken my mother there."

I thought to myself at the time that no higher praise could be accorded a hospital than that. It was not the wonderful genius who had thrilled the world with his almost miraculous deeds in the field of medical science to whom this woman was taken in her hour of pain and sickness, but to the hospital. These people had so great a confidence in the hospital itself and in the great conscience that moved its activities that they felt secure in taking this woman there. They felt confident that the hospital would give them a doctor who could be relied on and trusted. Can I point you to a nobler example of hospital efficiency and the confidence of the people begotten of that efficiency than this, and is this not after all the one general direction in which hospital progress must lead us?

Let us, if we can, bring our whole influence to bear for the creation of medical staffs in our hospitals that will bring to these institutions that supreme confidence on the part of the public that will move the people to bring Mother to the hospital—"they will give us the right doctor."

IS SOCIAL SERVICE NEEDED? *

By G. K. Haywood, M.B., M.R.C.S., L.R.C.P.
Assistant Medical Superintendent, Toronto General Hospital.

I hope there is not a single person here who still needs to ask himself the question that is before me. Is Social Service needed? Men and women have dealt with this same question at great length years ago. The answer has been given in that at the present time nearly every general hospital of any standing supports its own Social Service organization to the distinct advantage of both the patient and hospital.

Our hospitals are composed of two camps; the out-patient department and the in-patient department or wards. Let us consider the question that is before us with regard to the out-patient department first.

Let us compare a large institution such as this with any correspondingly large business institution, our out-patient department to represent one branch; our in-patient department or wards another integral part of this business. At the present time we are spending over two per cent. per day on our ward patients, and I hesitate when I say that we are spending ten cents per day on each patient in our out-patient department.

These unfortunate people who are compelled by the hand of fate to present themselves at a free clinic have exactly the same demands on our generosity and time as the equally unfortunate ones who find their way into our public wards. How much better would it be for all concerned were we to devote more money to the care of our out-patient department. To those of us who have the moneys of such a large and public institution as this to spend and watch over, it behooves us to exercise the greatest care lest the problem get beyond our grasp.

We are blessed with an almost architecturally perfect out-patient department. We have at our command the foremost physicians in our city, whose time and knowledge is given to us gratis. Does it not seem to you that in some way our out-patient is being neglected? He is, and the weak spot is in the Social Service department, or lest you misunderstand me, the lack of enough Social Service. The Social Service worker is the link

* Read at the Symposium on Social Service at Can. Hosp. Assoc. meeting, Toronto, 1913.

between the patient when he is an out-patient, when he becomes an in-patient and after he leaves the hospital, for until he is put in a position to care for himself he is still a patient whether he is an out-patient or an in-patient, it matters not until he can care for himself.

For years the patients in the Out-Patient Department have been as so much grist for the mill. The doctor sees them, casually interviews them and prescribes—as a rule medicine. Do they need medicine? I would venture to say not one in five. What they do need is a kindly interest being taken in each one personally. Are their home conditions pleasant, hygienic or even passable? Do they need some temporary relief to tide them over an unexpected financial loss? Is this mother or that father carrying the burden of some unexpected home trouble on their already over-taxed shoulders? Does the mother know how to take care of the expected baby? Is your patient a man with heart disease working as a laborer when he should be an elevator man?

These are a few of the questions that the physician has neither the time nor often the inclination to force himself to answer. Here is where we call in our reserve force, the Social Service. Here is a factor just as important and often times more so than the physician. She takes the patient under her sheltering power and by calling into play her working tools such as money, charitable institutions, sympathetic, philanthropic friends and voluntary assistants she and she alone can complete the work so imperfectly begun by the physician.

Let us look at another side of her usefulness. Those of you who have done dispensary work must know the great amount of venereal disease that we come in contact with, and I am safe in saying that these patients do not average more than two or three return visits when not less than fifteen or twenty are required to complete a cure. They do not realize the terrible seriousness of their crime and disease. Preachers rant about it, committees of pure-minded men and women commune together and wring their hands at the hopeless outlook before them, but we have a power in our hands second to none in stamping this out. We can or should, with the law on our side be able to compel these people to return for the necessary

and proper treatments. Our Social Service worker here takes on the duties of an investigator and haunts these people until they return to us only to be discharged cured. This method appears to me to be one of the long-looked-for solutions for our great social evil.

At the present time our Social Service department is sorely taxed and it is becoming more apparent daily our need for expansion here. Of course the ideal plan would be to have a worker connected with each clinic such as T. B., genito-urinary, medicine, surgery, etc., and I feel safe in saying that this hospital will eventually have these workers as have other hospitals that have fostered the Social Service spirit, for it is a movement which, under the proper guidance cannot stand still, and I know of no other form of charitable work that produces such striking results.

I am afraid I have encroached upon your valuable time dealing mainly with the need of Social Service in the out-patient department, and while it has its limitations when applied to the in-patient or wards, it is none the less necessary.

Take for example the patient who has had for some reason his leg amputated. Previous to this he was able to earn his living and support a home by his work, we will say as a laborer. What is this man's outlook when he leaves the hospital. I have in mind just such a case where, through the kindly endeavors of our Social Service worker, this man was supplied with an artificial limb and a position as elevator man found for him.

To those of you who are doing executive work in large hospitals, you must be aware of the fact that your wards soon become filled with chronic invalids, homeless cripples and the like who for the sake of humanity alone you cannot turn out on the streets to shift for themselves. Here again is where we call upon our Social Service worker. She is in touch with Houses of Industry, Homes for Incurables, Convalescent Homes, etc., and by her tact and endeavors is enabled to place these unfortunates where they will be cared for and leaves the hospital beds free for the patient who needs urgent attention if only for a few days or weeks. I could give you many more arguments just as forcible which would help you to answer the question which we have been dealing with just now, "Is Social Service Needed."

Society Proceedings

SEVENTH ANNUAL CONFERENCE OF THE CANADIAN HOSPITAL ASSOCIATION

(Continued)

Morning Session, Toronto, October 21st, 1913.

Dr. Helen MacMurchy: These papers are now open for discussion. There are three or four names on the programme. But I think our discussion will be brief. I was going to propose one minute or two minutes, perhaps, for each speaker. That, however, does not apply to Dr. Young, who will speak to you first—Dr. E. H. Young, Assistant Superintendent of the Rockwood Hospital in Kingston. That is a mental hospital. While Dr. Young is proceeding to the front I might utilize a few moments in saying that I am very glad to see a number of ladies and gentlemen here who I know are interested in this subject, and I am going to call upon them.

Dr. Young: I do not know that Dr. MacMurchy is right in saying that this is such an easy subject to discuss. It seems to me it has been made rather difficult by the splendid way in which every phase of the subject has been covered by the several speakers who have taken up the different departments of the work. I think that social service as an organized thing started only about eight years ago in the Massachusetts General Hospital, and I do not know of any new scheme of hospital organization which has spread so rapidly, and that in itself shows the benefit to be derived from the system must be very apparent indeed. I think it is simply a reflection of the view that the hospital no longer is charged with the care of the sick only, but rather with the care of the health of the community which they serve. I know that in my own hospital, which is devoted exclusively to nervous and mental diseases, we have a social service worker. So far as I know, it is the only one in Canada. Now I do not know that we deserve a great deal of credit for initiating this, because it was forced upon us. Our hospital was becoming overcrowded. Our patients came, we knew very little about where they came from or the conditions under which they had been living; they were simply brought

and we treated them the best we could, and those who recovered were sent home again, and we do not know where we sent them. Well, the result was that our hospital was becoming very much overcrowded. Our hospital was becoming crowded for the same reason that cemeteries are becoming crowded, so we had to do something. So we hit on this plan. The social worker does not do all the social work. The physicians on the staff keep track of the work all the time. We took the best nurse we had, our head nurse, for this work, and we worked under particular disadvantages because the district is largely rural, so it is much more difficult for a nurse to get around to see patients. However, I had intended bringing the notes of the nurse down here, and I am sure if I read a few extracts from them it would convince you of the benefits of the service. To begin with, a great many cases who would in the ordinary course of events come to our hospital do not come at all. The staff has been left there for quite awhile now. The superintendent of my hospital was born and brought up in that district, and so the superintendent and myself know almost every physician and prominent layman in the district, and we are very familiar with the resources of that community. So when a patient has some mild hallucination or visions or some of these little mental troubles you all read about so frequently, we are able to send a social worker to him and with a little advice the patient is treated at home, the case does not have to be certified as insane and put into an asylum. And then there is the patient that does not come to the institution. Sometimes we have a woman that has a pathological depression known as melancholia. Now it is impossible to cure that woman while she is worrying about her children at home. Now, if we can send a social worker to her home and arrange that her children are taken care of and the nurse can come and tell us, it is of great assistance to us in effecting a cure. Now we are able to discharge our patients quicker than we could before. It almost used to be a rule after the patients had fully recovered that it was necessary to keep them there two or three months longer in order to harden them and prevent a relapse. Now we discharge them much earlier. When they are discharged a social nurse visits them, first once a week, and then once a month, and

then, if there are any symptoms of returning trouble, the patient is brought back to the hospital, and they do not mind coming at all, and I think there is no doubt that we prevent suicides and so on. Then we have the patient who must not go home. Sometimes we get a patient who is the most normal member of that family, and very often if we send the patient back, she will get worse, and very often we are able to find a more suitable home for that patient, as a housemaid or something of that kind. We have no trouble at all getting people to take them when we tell them that a social service nurse will visit them, and they do not worry about the patient if she should begin to whistle or sing. It helps us in that way. Now the result of all this has been that we were able to reduce the population of our hospital about twelve per cent., and I am sure in that way it is quite a saving to that community, of at least ten or twelve thousand dollars a year. (Applause.)

Dr. Helen MacMurchy: Ladies and gentlemen, you see what splendid work they are doing in Rockwood Hospital.

Miss Sharpe: In my experience in my own hospital we are still looking for the person between the nurse and the social worker, and although we can do a good deal of the medical part of the work we have not as yet been able to organize a social service and we have no social service workers outside the hospital to call upon. But I think it should be an organization of some kind independent of the hospital, because the hospital has the medical part of it; the social work should be some other organization. If you try to do it individually you will very frequently be financially embarrassed.

Miss Dyke: I think the hospital social service from the point of view of an outsider sometimes is created for nothing in the world but to keep the city agency busy. For that reason I have wondered whether a nurse with exclusive training in the hospital can really be of value to that hospital as a social service worker. I think the hospital social service here is doing as much as any agency to educate the people in a wide way. A friend of mine said, what is this social service problem of the Toronto General and I tried to tell her. Her brother is a lawyer in the city and a school friend of his came in one day in a desperate condition and he asked for money and the lawyer

gave him money, and the man came in and fell down and cut his head on a corner of the desk. Well, the lawyer called his motor car and took the patient to the General Hospital. Instead of attending to it, the case was referred to the social service. In the course of a few days the lawyer called upon his friend, but Miss Grant said he must not see her patient; she said she wanted that man to overcome that weakness and leave the hospital feeling that there was no one on whom he could depend. This was a new experience. The hospital taking a man and putting him on his feet was a new idea. The funds were given to the man as a loan, and the last I heard he expected to be paid, but at any rate that cut was the means of doing a good work.

Dr. Helen MacMurchy: They did attend to the cut though, didn't they? (Laughter.)

The President: I am sure I am delighted with the excellent papers we have had this morning, but I think that some of us feel we have not been doing any social work in the hospitals that we represent. I remember a case not long ago; I telephoned to a place and they said they could not take him in. This man was not really a fit person to go to any institution; he hadn't any money; so we decided to send that man in company with a family nurse or somebody to his home. Now, we sent the man and paid his way home. This is another class of social service work that is being done day after day in each of our hospitals in the larger hospitals and in some of our smaller.

Dr. Brown: Dr. MacMurchy, I think the outsider referred to is Mr. Bradley, of Boston, who has been handling that phase of the work. I had not expected to be called upon, only to express my great pleasure in seeing such a splendid turn out of the Canadian Hospital Association, in which I had really more part in organizing than in organizing the social service part of the Toronto General Hospital. That was a very minor part of my work indeed; I think the honor of that is due more to our presiding officer to-day than to anyone else.

Dr. Helen MacMurchy: I would not like to be so mean as to steal your thunder for this afternoon or I would call on Mr. Bradley. The two people I counted on next have left the

room. They have both just slipped out. However, there is Dr. Hastings.

Dr. Hastings: I appreciate very much the privilege of being here, but I came to listen and not to talk, and with your permission and inasmuch as our department has been so well represented here this morning I will withdraw and leave it to others.

Dr. Helen MacMurchy: Ladies and gentlemen, some of you perhaps might have a point which occurred in some one of the other papers, because it is very difficult to limit oneself.

Dr. Haywood: I am sure we all appreciate Mr. Burnett's enthusiastic criticism (because I feel down in my heart it was a criticism), but I hope he was not criticizing the hospital and its social service department, because, so far as I can gather in looking around the city, the amount of social service work being done in the city is almost infinitesimal. Before Dr. Hastings arrived at the City Hall I do not think anything was blacker than the conditions were down there. Since his arrival things have brightened up. If Mr. Burnett would apply some of his enthusiasm in his own department down there and stir them up, I am sure he would be well paid for it. We are crying for emigrants in this city. We are always going to need this place, and the people to get at are down in the City Hall and in the Parliament Buildings, the people who regulate our laws, and I think if we had the people here this morning who could do this they would do it. What we want in this city is a society for charities well organized and well run. I know that at the hospital here we are giving help and we know that others are giving. If we had a record by which we would know what other person has given aid in a certain case it would be a great help.

Miss Aikens: One question, and that is the relative value of the nurse as a social service worker and of the trained social service worker. I have a very strong feeling that the best worker is a nurse that has a social training. I may be entirely wrong.

Dr. Hastings: I think in view of what Dr. Haywood has said, there is room for some little defence. I am exceedingly sorry that Dr. Haywood should have misunderstood Mr. Bur-

nett. What Mr. Burnett wanted to say was that there was work for all to do and that the Toronto General Hospital could not begin to do all the work, but their work is simply one link of the chain. Now the Department of Health is entitled to secure the co-operation of every person interested in social work and they have endeavored to make other people work. There is always a little sensitiveness about the Department of Health taking up social service work. We are only too glad to do all the work you can force onto us, and it has been the endeavor of the Department of Health to stir up such a spirit and such a public sentiment as to demand the very highest degree of public health service, and we only hope that the demand will spread, so that the citizens of Toronto will insist upon the very highest quality of public health service, because if they insist they will get it.

Dr. Helen MacMurchy: You will notice, ladies and gentlemen, that the same idea is in the minds of everybody almost that speaks, that the hospital alone cannot do it. This is a thing that we must all do better or it will not be done at all.

Mr. Burnett: I do not think there is any need for me to say anything. I only want to say that I tried to say too much. We are having such splendid work done here at the General Hospital. I merely want to say how pleased we are with each other this morning. I will reiterate what I was saying that instead of thinking we have done sufficient when we look after the man after he leaves the hospital that the highest progress is to look after the prevention of some of our patients coming there at all.

Dr. Helen MacMurchy: There are just one or two points I would like to refer to. The case that Dr. Ross referred to about the poor case of indigestion; that case was a very remarkable one of feeble-mindedness. Then about the social worker, whether nurse or doctor; the first requirement of the social worker is that he or she should be a human being. After that you want to get all the training you can get; a nurse's, or better than a nurse's, a doctor's, or better than a medical man a University man's. It is all very right in being a good humanitarian.

Ladies and gentlemen, I won't detain you another moment except to extend to you our thanks, our sincere thanks to the speakers, Mr. Burnett and the others, who have given us to-day so much pleasure and so much interest and so much instruction in this work. (Applause.)

The President: I am sure we are delighted. I do not think there is another organization in the country that has had anything on social service that can be compared with what we have had this morning, and I want to tell you that it has been very largely due to the efforts of Dr. MacMurchy, (Applause.) I have only one thing to say. Perhaps I had better read this announcement again. (Reads announcement.) I would like all those who have not already registered to register, and the Treasurer is here as well to accept the fee of $2 to this Association. I just want to say that we have been under a rather heavy expense and we would be glad if every member, and everyone who is not a member, would become a member of this Association, and register.

Toronto, October 21st, 1913.

Afternoon Session.

H. A. Boyce, M.D., in the chair.

The Chairman: I have here a communication from the British Hospital Association.

(Reads communication.)

I think it is a fine thing to have a tie between all of our associations; no boundary should be so high as to exclude each from the other. I think it would be nice for the members of the Executive Committee to become corresponding members of the British Hospital Association, so as to have their literature along with our own.

*(Mr. Richard M. Bradley then read paper entitled, "Community Needs in the Care of the Sick.")

Miss Aiken: We have worked so much over this very problem that I hardly know where and how to touch it, except that

* See last issue..

I do believe that the next great step we need to take is the organization of this unorganized field among people of moderate means. I am convinced from what I have seen of this plan I know that it does meet the needs. I am convinced that we cannot do better than try to inaugurate some such plan. I hope that in time we may have a county or city "centre," that will be a real nursing centre to provide the kind of nurses needed—graduate nurses, and the lesser skilled when they are required. I think everybody is convinced that this co-ordination of our working forces—instead of the competition which is now in vogue—should be effected as soon as possible.

Miss Grant: I want to give my opinion about the nurse in the home. I think that the graduate nurse has worked for a long time to get a footing, and to get on a better plane in her profession, and I still think that she should hold her profession as a great profession. If more help is needed in the homes there are the visiting nurses and the social helpers. If they need housekeepers on that line, they should supply them; but the nursing profession is very much like the medical profession, and the standard should not be lowered in any way. We have been working a long time to raise the standards, and they should be upheld.

Miss Mackenzie: That surely does not mean the lowering of the standard of the graduate nurse, does it?

The Chairman: Not at all.

Miss MacAdams: Did I understand Mr. Bradley to say that he thought the attitude of the professional nurse was rather harsh towards the non-professional, that they do not come in contact with one another enough? In my experience I have found that it is really very difficult to come in contact with these non-professional nurses. As a rule, they rather shrink from the professional nurse, while I think the professional nurse would be very glad to offer every assistance, but they seem to keep away from her. There are many instances where these nurses, after a few months' training, have gone into the home and taken cases that they should never have undertaken, and it seems to have a tendency to rather lower the professional nurse, and it makes it difficult for her to take the stand that she should, on account of these other nurses. I do not think

it is lowering the dignity to go into the kitchen in any home where it is necessary, and we are all willing to do that. It is the same as the professional man where there is no one to assist him, he often has to do things which he should not have to do. I would not like to have the profession lowered, and I do not think it is lowering to do many of these things which trained nurses should not rightly be expected to do.

Miss Aiken: If I may be permitted to say a word again it is this: The greatest difficulty is, as the lady behind has said, that these nurses take more responsibility than they should, and this state of affairs is going to be experienced until we get an organization under which these nurses will work. I don't think this is going to be accomplished in a day, or a month, or a year —and there will always be some people who won't come under this provision—but there will be some who will come under this arrangement, and gradually the graduate nurses will give them more control than they have ever had before; at least my experience has been that it has worked that way.

Miss Mackenzie: I hope the time will come when there will be an organization of that kind in Toronto. I have been nursing for several years, and it is very distressing sometimes to have to leave people without someone in charge. I sincerely hope the time will come when we will have something of that kind.

Mr. Bradley: I think this is an attempt to raise the standard of the graduate nurse, and as far as I am concerned, I view it as an attempt to promote her from a private to an officer; and although I do not think you can possibly lower the dignity of a nurse by anything which she may be required to do, I do think you can waste her time.

I remember an instance in a small town on the Hudson. An enthusiast over graduate service told me, "We will saturate this town with nurses." I said to go ahead. We got nurses who were not afraid to do anything. I had a chance to talk with the old Dutch doctor afterwards, and he said that the people didn't seem to know exactly what to do with these young ladies in their houses; it did not seem quite right. The nurses said, "We have worked for four years or three years,"—or whatever it was,—"and we are perfectly willing to do all these

things, but it seems as if we might be useful for something else besides cleaning out sinks and so on. We don't object to doing it, but it must be a waste of time." That is one of the things that set us thinking on this business. During the last thirty years there has probably been a condition between the nurses and the other labor, which has prevented the spirit of co-operation, and as the old practical nurse has died out and the graduate nurse is established in the community as an absolute essential, we will have an adjustment in time in which the nurse will assume her natural place. People are going to get someone to look after them when they are sick. With two millions of births and half a million deaths, as well as diseases in between, we have to have help. The only question is under what conditions it is going to be given. It is, of course, impossible that the graduate nurse should do it all, and the attitude of ignoring the other women is very much the same attitude that is taken by some people towards pest houses, they think by burning down the pest house they are destroying the disease. There is an attitude of mind which seems to think that if these women are not recognized they will cease to exist.

(Miss Elizabeth Ross Green, Superintendent of the Home for Incurables, Toronto, then read a paper entitled, " Care of the Incurables.")

Dr. Powell: I don't quite know why I am called upon to speak upon this subject, as my own work lies exactly at the opposite pole. I deal with the acute troubles, and they with the results sometimes of our imperfect work.

I have been able to see for a number of years the progress that has been made, and no institution in Toronto has been doing more serviceable work than the Home for Incurables, under the direction of Mr. Ambrose Kent and the lady to whom we have just listened. The service that has been done fully justifies its existence; as I think George Eliot said:

" What do we live for, if not to make life less difficult for others."

The Chairman: I would be pleased to hear a little more discussion on this very important branch of our work.

I will ask a question: Is it proper for incurable patients

to be placed in the wards with acute cases? And I may say, in answer to my own question, that I don't think it is. I think all general hospitals should make provision for the chronic cases, but in separate wards.

Mr. Parke: Mr. Chairman, you have, I think, in your question and answer, followed the unfortunate lead of many of the papers; you have left nothing else to be said. The papers have been so excellent that there has been nothing to say, and the audience sat still just the same. I used to live in Quebec, and when the vessels came up the river to Quebec they used to leave lines trailing overboard so that the bumboats that came out to meet them could catch on; but the papers have not done anything of this kind for us.

There is one point that seems to have been followed all along, and that is the tremendous responsibility that is being and has been assumed by the heads of training schools.

While I was in the woods recently, I read a series of stories, one of which was called "The Old Gray Chieftain." This was the name given to an old mountain ram that had been hunted for years. Two hunters, while in hiding, believe that he is just around the corner of a certain rock; they hear a noise, and one says to the other, "What is that?" "That is the Chieftain." "What is he doing?" "Knocking his horns against the rock." "What for?" "Because they grow so long that they become an inconvenience to him, and he cannot reach his food."

Some of our teaching standards are like this, and they cannot reach what is almost within easy reach. I am always very diffident about raising any question of these nursing standards, but I say it is up to them to see if the time has not come for them to butt their horns against the rock, and I think the lady who has just sat down gives some Canadian hospital a great opportunity in this work. Why is not this taken hold of? These girls should make very good material for the rest of their lives or until they get married.

Miss Green (Toronto): Is there any reason why these young women should not be taken into a training school in Canada?

Dr. Robertson: When we started our sanitarium some years ago this matter was brought up, and we attempted to

have some of our nurses trained in some of the other hospitals throughout the city. Application was made, and in each case it was turned down. No particular reason was given, but as far as I can learn the objection chiefly came from the lady superintendent of the hospitals, who objected to taking in ladies trained at another hospital, this leading to a great deal of confusion. One question which was taken a great deal of notice of by them was that of seniority. This was practically the only reason given, and consequently we had to send these nurses to New York.

Miss Green: The question to my mind is, what are we going to do with incurable patients? I have a small hospital, and it is a trying question with us to know what to do with these people. We have not the time or space, and nobody else has. The Women's Christian Association of the town look after the poor; they are well organized, and look after all people who don't come to the hospital. Certain ladies take certain wards, and they come across a great many people who cannot be taken care of at home, and to a certain extent they make the hospital a dumping ground. I do not mean this in any nasty sense, but you see we have so many, and no way of keeping these people month in and month out, and our governing regulations say that we cannot keep them more than three months. What can we do with them? I should be glad to have some information on this subject.

Miss Green (Toronto): There is no use in taking the patients unless we have the nurses to take care of them; the first essential is to have someone to take care of them.

Miss Green: I don't mean to hurt Miss Green's feelings, but we have to have someone to care for them. If every small town had an incurable hospital it would be different, but we cannot afford to have one.

The Chairman: I think during the last year I have had four or five people come to me and say, "My father-in-law" or perhaps "my father is not very well. He is about seventy or seventy-five years old," or something like that. "I wonder if I could not get him into the hospital." I said, "Is he going round?" They would say yes, and I would ask why they

wanted him in the hospital. "Oh, just kind of to get him off our hands." There are many cases of that kind, and you have to be firm in these cases. They can be looked after at home, and I think we have to meet these people at once, and find out definitely about them, and not have the cases dumped into the hospital unless the patients are sick. The hospitals should not be made dumping grounds for cases which would be just as well at home.

Miss Miller: It is a very easy thing in a town of seven or eight thousand to get twenty incurable cases in the hospital. These patients are, perhaps, not going round, and need care. What are you going to do with them?

Dr. Powell: I think, perhaps, I was to blame in side-stepping the question of incurables.

In a big city hospital it is easy to get rid of patients, but there are those who develop in the hospitals—develop into "incurability of the hospital." Our city hospitals can get rid of them by sending them to certain institutions, but there is a difficulty in the smaller hospitals, because there they admit patients out of friendliness to the people, to get money, or influence, and then they are settled with them for a long period. The other way is to help, to give some help to the people who will take charge of these incurables. We had a man who became incurable, and we wrote to his daughter and told her the circumstances. We offered to supply her with an air bed, and when that was worn out to supply another; we also offered a certain amount of money, and in that way we sent the patient back and got him taken off our hands; and they get excellent care.

Dr. Robertson: This matter was brought to the attention of the Ontario Government; we brought it up year after year, and one result was that the Ontario Government passed an Act to provide Houses of Industry. I think it is up to the Government of each province to provide a home for incurables in each municipality, in the same way as they did the houses of industry, and the sooner this Association gets after them the sooner we will get some results.

Miss Miller: I spoke to Dr. Bruce Smith last year, asking him about it, and he said that eventually they will be cared for in the houses of refuge, but until trained nurses are furnished it is impossible to take them in.

The Chairman: I tried to get our Council to put in two or three trained nurses for that purpose in the House of Industry. They might get male nurses, and if this is done it would fill a long-felt want.

The Question Drawer.

The Chairman: In the absence of Dr. Bruce Smith, who was to have conducted the Question Drawer, I will call upon Dr. Robertson to fill the vacancy.

Dr. Robertson: I am sorry that Dr. Bruce Smith has been called away to Calgary on business, as with his experience in this it is a very admirable arrangement, and I would have liked to have seen him here.

These questions were supposed to be addressed to Dr. Bruce Smith, and we have received very few, there being only six or seven. There may be further questions in his office, but I don't know. However, we hope we will have volunteers to answer all these questions.

Question No. 1.—What is the most effective method of sterilizing mattresses (hair and cotton), also feather pillows? Are these destroyed by steam? Is formaldehyde fumigation, as usually done, effective?

Miss Noxon: We sterilize in a steam sterilizer, and it does not destroy them. We don't trust to formaldehyde.

Dr. Clarke: We use steam under pressure, and with a vacuum. I think the material put under such a severe test is affected; it shortens the life.

Dr. Robertson: If there are any officials of the Medical Health Officer present I would like to know their opinion regarding the formaldehyde fumigation of rooms. We are having tests made, and I would like to know if there is anyone present who has made tests.

THE CHAIRMAN: My predecessor, along with the bacteriologist of Queen's University, made several tests, and found that it was absolutely useless as far as killing these bacteria. Of course I think it is good in this way, it forces you to open up the windows, and also to get the sunlight in, which is perhaps the best means with the exception of steam sterilization. I would like to ask how many are using it?

DR. ROBERTSON: There is a man in Ottawa who holds the position of fumigator to the city; he receives, I think, $1,000 a year. To my mind it is an absolute waste. It seems to me that the same system is in force in a great many other towns and cities.

A LADY: There is a man here who does just the same thing as in Ottawa, if I may speak, I have had experience. We got no instructions, but he used formaldehyde, and sealed up the doors and windows, and left the room for about forty-eight hours before we could use it.

DR. ROBERTSON: Regarding our own practice, we have one series of rooms which are disinfected with formaldehyde. We do it because people expect it. We have other rooms which it is practically impossible to fumigate, and we have never yet had one case following our practice, which is simply to have our mattresses and pillows thoroughly sterilized by steam and the linen boiled.

THE CHAIRMAN: I would like to ask whether those present use formaldehyde with the permanganate, or formaldehyde alone.

A MEMBER: We use the permanganate.

MISS MILLER: When we had a case in the hospital, we didn't use formaldehyde, we scrubbed the walls and the bed and everything with soap and water first, and then used bichloride.

Question No. 2.—What is the best method of disinfecting typhoid linen?

How transferred to laundry?

MISS ROGERS: We had an epidemic a short time ago, and had between twenty-five and twenty-eight cases in our small hospital at the same time. We sprinkled our linen with a car-

bolic solution, then everything was boiled and sent to the laundry. After boiling it was collected and sent.

Miss Green: We soak our linen in carbolic—it is rolled in a wet carbolic sheet and then taken to the laundry. We had quite a few cases this year, but had no trouble at all.

Question No. 3.—What is the best method of cleaning and disinfecting garbage cans?

Dr. Clarke: We use high pressure steam.

The Chairman: It seems to me that the best method is to use hot water and the scrub brush, rinse them thoroughly and use the brush.

Mr. Parke: We have a new housekeeper, and she has one idea how to keep them clean. She lines them with newspaper before they are used. There is a good deal of lie (lye) in the newspaper, and of course that helps.

Question No. 4.—How often is it advisable to take an inventory of the linen?

What can be done to avoid loss?

Miss Gunn: I think that every three months is often enough. It is not as simple as it sounds, and to have an inventory taken correctly you have to count every piece of linen within a given time. I would say that probably every three months is often enough.

How to prevent the loss of linen is something that I would like to hear.

Mr. Parke: Have any of the hospitals kept any record of the percentage of loss?

Miss Mathieson: I think the linen book would show the number of pieces lost.

Mr. Parke: I mean gone where, you don't know where; not destroyed or anything of that kind; things just disappeared, not like the Irishman's pot, gone, you don't know where.

Miss Green: I think this is one of the questions where you just have to shut your eyes.

Dr. Robertson: That is a question we are asking about every two weeks.

Mr. Parke: Standardize everything. Give a standard of supply to each ward of different things. Give a ward a hundred sheets; that is enough for two and a half days. Give your laundry another supply of two and a half days. That means in your hospital you have five days. Some place in the hospital there are two hundred sheets. At any time you can go into that. When the soiled sheets go to the laundry they immediately send back the same number, twenty or fifty, or whatever it is. Now, if anyone goes into that ward, all they have to do is to count the sheets in the ward.

Dr. Goldwater said something to me when I showed him my scheme, and I think he is right. He thinks the nurses should not be asked to handle the laundry a second time; when they are removed from the bed she should not be asked to spread them out on the floor and make out a list for them. Anybody should see the point of that. It was done in our hospital until recently. If you want to work out the other scheme, it is workable—having sheets that go all over the hospital and that are returned immediately after they are soiled and replaced with fresh ones.

(*To be continued in our next issue.*)

Selected Articles

GOVERNMENT RADIUM

By Howard A. Kelly, M.D., Baltimore.

Assume Dr. Howard A. Kelly or Dr. Robert Abbe, or either of the Mayos, to have been entombed in a mine. The Government, of course, would quickly release them at whatever cost or difficulty, but until they came again to the surface the country would tremble lest their surgical skill should be lost to suffering humanity.

A hundred surgeons far more skilful are now imprisoned within the mountains of Colorado. While cancer annually claims more than 45,000 American victims, there lies dormant in the ores of Paradox Valley enough miracle-working radium to cure a large number of those who have been deemed beyond relief by the surgeon's knife. Franklin K. Lane, Secretary of the Interior, now vigorously urges that all public lands believed to possess radium-bearing ores be withdrawn from settlement or mineral claim. The Secretary's determined stand is due largely to the reports which Dr. Kelly has made of his experiments and to his practical efforts to increase the available supply of radium.

Dr. Kelly possesses a considerable portion of the two grams of radium now owned in the United States, the value of which is $120,000 a gram. Since one in every ten persons over fifty years of age suffers from cancer, only a pitifully small fraction can receive the radium treatment from this slight supply. Although Dr. Kelly's work in the field of radio-therapy brings many patients to his sanitarium at Baltimore, Dr. Kelly's greatest energies are now given to the work of the Radium Institute, of which he is president, and to advocating Government development of radium resources to the end that every city may possess enough of the miracle-working substance to enable its surgeons to effect cures of cancer now beyond the reach even of the most eminent medical men of the nation.

As I was ushered into the office of his sanitarium in Eutaw Place, a roomy, pleasant old Baltimore house, I saw a strongly built man with a powerful head and gray moustache talking

into the mouthpiece of a dictaphone. I caught the words: "——radium. Sincerely yours." The machine was stopped and Dr. Kelly whirled around in his chair. "Somebody in South America wants to know about radium," he explained and then, bluntly, and without technicality, he spoke of the radium situation as it is to-day.

"Soon after the discovery of radium one of the pioneers in this field got a burn on his side from carrying radium in his vest pocket. Instead of taking this to be a mere accident he at once put some radium in the hands of a skin specialist, Dr. Danlos, of Paris, and Dr. Danlos tested it out in his practice, and found that it would cure a number of skin diseases, even including cancers. The new remedy then passed into the hands of other eminent Paris physicians and surgeons, more particularly men doing skin work, and notably the late distinguished Louis Wickham. These scientific workers extended the field so as to include other conditions and larger cancerous growths. Dr. Domenici, of Paris, next devised a method of getting rid of the more irritating of the three rays given out by radium, so that it then became possible to make prolonged applications to growths deep under the skin without hurting the healthy skin or tissues. It was demonstrated at this time by French surgeons that the gamma rays of radium had a peculiar selective action for the diseased tissues, and in any ordinary application acted harmlessly upon the sound tissues.

"The incessant pulsations of light thrown off by a substantial specimen of radium act upon the miscroscopic cancer cells like myriads of minute surgical knives, attacking and destroying them without any injury whatever to their normally harmless neighbors. This wonderful new knowledge soon spread to England, where the London Cancer Research Institute was formed.

"Meanwhile the interest of the German nation was quickened by the discovery of another radioactive substance, mesothorium, by Hahn, of Berlin, who had been a pupil of Rutherford, of Manchester, our greatest living authority on radioactive substances. Hahn found that a waste product from the gas mantle industry which calls for thorium furnished substances

even more active than radium itself. As a result of this new move all the large cities of Germany are now vying with each other to secure considerable quantities of mesothorium for the treatment of their cancer patients. So that mesothorium teas and mesothorium balls and all manner of mesothorium public entertainments are resorted to to raise funds for the purchase of from a half a gram to a gram of the material.

"Due to this new demand the value of mesothorium has gone up over three hundred per cent. in six months. While there is no difference between mesothorium and radium so far as the treatment of disease is concerned, there is this extremely important practical difference, namely, the life period of mesothorium is only about eight years and that of radium is nearly two thousand years.

"So many radium-treated cases have now been tested out over a period of years in many foreign clinics, in addition to those under the observation of our own pioneer worker in this field, Dr. Robert P. Abbe, that no shadow of doubt remains but that radium will cure many cases of cancer without deformity, especially those about the face. And sometimes even large and massive growths not amenable to surgery are healed by it. Radium will not do anything for cancer which is scattered or in the chest or in the abdomen.

"Nevertheless, as it is the greatest remedy ever yet found and is in time destined to replace much of the surgical treatment of the day, it becomes extremely important that the United States Government should take prompt steps to conserve all of its radium-bearing ores. We stand to-day before the world in a somewhat ludicrous and embarrassing position. We have in this country more radium, more easily acquired, than any country on the globe, and yet we have been selling our radium-bearing ores abroad to be used for the most part in foreign countries for the relief of their cancer sufferers.

"After these ores have been sold abroad we have then been obliged to repurchase our own radium at enormously prohibitive prices, so great that but few physicians are able to own any. The Austrian Government long since prohibited the exportation of its radium-bearing ores. It would be a wise policy for our

own Government to take immediate steps to this end and to reserve and set aside from private exploitation all the deposits of radium which remain unclaimed through the West. This should be done in conjunction with an institution planned to enlarge the field of usefulness for radium in the treatment of disease. Incalculable benefits will accrue to a vast army of hopeless cancer sufferers throughout the United States.

" Substantial quantities of radium, measured in grams and not in milligrams, could then be found in clinics distributed in all sections of the land. It is hardly conceivable that any citizen in the ninety millions of our population can express other than the most cordial support of such action by our representatives and leaders at Washington. The great cry is for conservation of radium ore for home consumption, and the protection of the deposits in the West from concentration in the hands of a few men."

" Is there a radium trust?"

" No," replied Dr. Kelly, slowly, " I think not, although, of course, the available supply is falling rapidly into the hands of a few men."

Thus far Dr. Kelly had not mentioned the most important development in the conservation of American radium resources, namely, the creation of the Radium Institute with himself as president. I asked him to outline its work, to which Secretary Lane made official reference. Dr. Curtis F. Burnham, of Baltimore, is the vice-president of the institute. Mr. Archibald Douglas, president of the Phelps-Dodge mining interests, is secretary and treasurer, and Dr. James Douglas, of New York, and E. J. Maloney, of Wilmington, are additional directors.

" The officers of the institute," said Dr. Kelly, "are profoundly interested in the cancer problem and anything looking toward its solution or even tending in any way to the alleviation of any considerable number of our cancer sufferers. The institute has two objects in view. First, by erecting a reduction plant at Denver and placing it at the disposal of the United States Bureau of Mines we plan to experiment with our own ores and to determine the feasibility of reduction in this country instead of sending them abroad, later to be brought back at enormous prices. Whatever information the institute gains in

this way will be made public through Dr. J. A. Holmes, Director of the Bureau of Mines; Professor Charles L. Parsons and Dr. R. B. Moore, for the benefit of the public or any other reduction plants established after our experiments are concluded.

" It is peculiarly appropriate to call attention at this point to the fact that the generosity of the Austrian Government in giving Mme. Curie one ton of pitchblende at a time when its value was unknown, has been referred to times without number in citing the history of the discovery of radium. It is with the highest degree of satisfaction that I here prominently call attention to the disinterested and generous act of the Crucible Steel Company of Pittsburgh, under the presidency of Mr. Herbert Dupuy and cordially approved by Mr. Ramsay and the directors in giving to the institute a lease on its claims in Paradox Valley, Colo., for three years with the privilege of extracting one thousand tons of ore from which the institute hopes to recover not less than seven grams of radium. The Crucible Steel Company entered into this arrangement with the most generous spirit of friendly co-operation and an earnest desire to promote the great purpose of the institute. Once having obtained a sufficient quantity of radium, the second object of the institute is to test out its use in the therapeutic field and determine what diseases it will and will not cure."

"How much radium is there now available for use in the entire world?" I asked.

" Probably fifteen to twenty grams," replied Dr. Kelly.

" Then if the institute succeeds in getting seven grams within three years, will not its use result in a remarkable development of surgical knowledge in this field?"

"Undoubtedly. The second object of the institute is to work out its therapeutic field. My personal desire is to secure from some generous, interested friend an endowment of about two millions. This would maintain the institution and pay salaries to all the necessary co-workers required to assist in solving the cancer problem in so far as it may be reached by radium and other forms of ray treatment.

"The Radium Institute's plant at Denver will be finished in March. We hope, within six months, to obtain some radium. The seven grams that will probably be derived from the thousand tons of ore at our disposal would suffice to treat only a portion of the patients suffering from cancer in this country. It would be a hollow mockery to have all the radium in one place and leave other victims without it. That is why the Government should devote itself to the conservation and development of radium, for the time should be brought near when all large cities should have from three to ten grams at the disposal of their hospitals and physicians and surgeons. The price, under those circumstances, would quickly drop."

"With radium so rare as at present, how could a physician with plenty of funds proceed to obtain a gram?" I asked.

"I would advise him to put the money in a bank at interest," replied Dr. Kelly. "He couldn't obtain it, except possibly in the course of a year or two. I bought my radium in small quantities during a period when its value was not so fully appreciated as it is now."

Returning to Washington I sought from Surgeon-General Rupert Blue, of the United States Public Health Service, detailed information of the extent of cancer in the United States. Here is his statement, of peculiar interest to New England:

"In the registration area of the United States, which comprises 63.1 per cent. of the total population, there were in 1911 44,024 deaths from cancer. In practically the same area in 1912 the deaths were 46,551, an increase of more than 2,500 in a single year.

"Between 1901 and 1911 the mortality rate from cancer in the United States increases more than 25 per cent., reaching 75 per 100,000 of population. It is interesting to compare this with the mortality rate of cancer in other countries: Netherlands, 93; England and Wales, 97; New Zealand, 84; Russia, 77; Australia, 87; Austria, 73; Ireland, 68; Spain, 45; Hungary, 45.

"Among the States of the Union the highest death rate is in Vermont, 101 per 100,000 of population. This is probably due to the predominance of elderly persons in the population."

Hospital Intelligence

CANADIAN

A new modern hospital is being erected at Invermere, B.C. It will be ready by next spring.

Investigation has been made into the charges against the Children's Hospital, Winnipeg. Also into the conduct of Hamilton City Hospital.

A new civic hospital will probably be erected at Beauport, near Mastai, in Quebec Province. Ald. Gosselin is President of the Board.

The new hospital at Ashcroft, B.C., was formally opened in mid-August by Hon. Dr. Young, of Victoria, B.C.

Miss Jean Dunn has been appointed Superintendent of Nurses in the Toronto General Hospital in place of Miss R. L. Stewart, who is retiring.

Guelph, Ontario, has voted $30,000 to be used in rebuilding the east wing of the general hospital there.

Chickens Rob Hospital

Sad to relate, the by-law to remove the floating indebtedness of the Winnipeg hospital was defeated. Scores of citizens who were friendly to the by-law thought it more important to spend the opening day of the prairie-chicken season in the country with their guns and dogs than to stay in town and present themselves at the polls.

The result of the defeat of the by-law is that the floating indebtedness will become a permanent indebtedness involving the institution in a heavy annual burden.

AMERICAN

The main group of the new City Hospital, San Francisco, is completed.

The new State Hospital, Alton, Ill., is opened.

Two hundred thousand dollars has been appropriated for the construction of a new State Hospital at Cambridge, Md.

The Leland Stanford University demands a hospital interne year before granting the degree of M.D., commencing next year.

A new tuberculosis hospital is to be erected near Watertown, N.Y. L. M. Babcock is chairman of the building committee.

The new hospital at Springfield, Mass., opened on Aug. 16th, is already overcrowded. Dr. Michael Shea is director. They will have to enlarge.

Three thousand dollars have been raised to build the Lutheran Hospital at Moline, Ill. $18,000 are needed. Sixty men took part in the campaign.

From reports made by visiting nurses of Jamestown and Dunkirk, N.Y., the need of a tuberculosis hospital has been discovered in Chautauqua County, N.Y.

A new city hospital is being projected for Columbus, Ohio. Joint committees, representing the city council and the medical society of Columbus are considering the plans.

The Christian Psychopathic Association (membership 3,700) is proposing to build a new hospital in Grand Rapids, to cost $60,000. Dr. G. J. Stuart is the superintendent.

A Tuberculosis County Hospital is proposed for Oakland, N.J.

The Good Samaritan Hospital, Cincinnati, Ohio, is adding more buildings.

Grace Hospital, Coudersport, Pa., was opened on September 8th. A public hospital will be needed later.

A Municipal Hospital is to be erected at Egg Harbor, Pa., to cost $20,000. S. H. Vaughan, Atlantic City, is the architect.

Mr. Abram Nesbitt, of Pittson, Pa., has enabled the Nesbitt West Side Hospital to provide accommodation for twenty extra beds. He will also build a home for nurses.

The American Construction Company will build the County Tuberculosis Sanitarium at Wauwatosa, Wis., for $396,600. Architect Robt. Messmer drew the plans.

Dr. G. R. Owen and Dr. Thos. McHugh are establishing a private hospital on Fifth Street, Los Angeles.

A new City Hospital is proposed for Richmond, Va. The Medical College of the City of Virginia will assist.

The building fund of the Methodist Hospital, Indianapolis, reached $16,550.50 on October 3rd. Their children's ward is crowded.

Since the merger a year ago of the Good Samaritan Hospital and the Columbian Hospital, of Los Angeles, many improvements have resulted. Bishop J. H. Johnson is president of the hospital.

It is proposed to enlarge the Newburg State Hospital. This will likely be done by opening a State Farm near Columbus.

St. Elizabeth's Hospital, Woodhaven, near Brooklyn, will be ready for occupancy this fall.

Dr. W. B. Russell, of Jackson, Tenn., has transformed his residence into a hospital. It opened on September 1st.

Mr. W. A. Bowen, of Waterville, Me., conducted a short-term campaign to assist the St. Joseph's Hospital, Yonkers, N.Y.

The Washington Boulevard Hospital is to be established in Chicago. The chief surgeon is Dr. A. I. Bouffleur. It will cost over $100,000.

Mr. Henry M. Fason, of Quincy, Ill., has offered a site for a hospital. The hospital will cost $23,000, according to Dr. F. F. Jones, Secretary of the Board of Health there.

A new General Hospital is proposed for Dallas County, Texas. Dr. R. J. Newton, of Dallas, Secretary of the Texas Anti-Tuberculosis Association, is pushing the matter.

Menomonie, Wisconsin, is to have a Municipal Hospital. It will be erected by voluntary contributions of the citizens, turned over to the city, which, in turn, promises to maintain it for five years.

Dr. C. G. Wagner, Superintendent of the State Hospital, Binghamton, N.Y., has asked for an appropriation of half a million dollars to provide improvements and enlargements in his institution.

The conduct of the City Hospital, Minneapolis, has been under investigation. Complaints of house infection, tardiness in responding to ambulance calls and shortage of nurses were investigated. Dr. Collins, in his evidence with his careful records, made a good showing. Of the 45 applicants for places in the training school, not one turned up on September 1st, the date for the commencement.

Bequests and Donations.—The following bequests and donations have recently been announced:

Children's Hospital School, Baltimore, $10,000 by Mr. Simon Adler, for the erection of an additional building.

Southern Pacific Hospital Service, a donation of $10,000 from Mrs. E. H. Harriman.

Maimonides Hospital, Chicago, an additional donation of $5,000 from Abraham Slimmer, Dubuque, Ia.

St. Barnabas Hospital, New York City, and Home for Incurables, New York City, each $5,000; the Hospital for Women and Children and the Home for Incurable Children, New York City, contingent bequest by the will of Mrs. Clarence C. Hardy.

St. Luke's Hospital, South Bethlehem, Pa., a donation of $35,000 for the erection of a woman's ward and a convalescent ward, by Ekly B. Cox, Jr.

Protestant Episcopal Hospital, Philadelphia, $5,000 for the endowment of a bed by the will of Rev. L. T. Chamberlain.

The 50th anniversary of the founding of the Milwaukee Hospital was celebrated August 3-4. In memory of the occasion $100,000 has been appropriated for a surgical annex.

$450,000 will be spent in erecting a tuberculosis sanitarium at Pittsburg, and for improving the municipal hospital and erecting new buildings on the city farm.

Dr. A. J. McRae has succeeded Dr. D. C. Wilkins as Superintendent of the Wilkes-Barre City Hospital.

The Spiceland Sanatorium, Ind., was destroyed by fire.

A 12-day campaign raised $90,000 for St. Joseph's Hospital, Far Rockaway, N.Y.

Matteawan State Hospital, where the notorious Thaw was incarcerated, is badly overcrowded.

The new Ithaca Hospital, Ithaca, N.Y., has been opened.

Health Commissioner Fronczak, of Buffalo, recommends the construction of a permanent building for tubercular children, who have been occupying a tent.

A new lying-in hospital is being built in Jacksonville, Fla., to be under the superintendency of Dr. Samuel Aronovitz. It is to be known as the Lying-in Hospital of Florida.

The city architects of Philadelphia recommend the employment of specialists to prepare plans for the new buildings at the Municipal Contagious Disease Hospital. The Council demurs at calling in outsiders.

Mr. J. R. Newton, Executive Secretary of the Texas Anti-Tuberculosis Association, is collecting statistics relative to the proportion of hospital accommodation that should be made in the State of Texas for the various classes of disease. His conclusion is that for every 1,000 of population 50 beds are needed; 15 for medical cases, 15 for surgical cases, 7 for tuberculosis, 8 for contagious diseases, 3 for psychopathic cases, and 2 for maternity cases.

A new State law in Texas provides that:—"It shall be the duty of the Commissioners' Court of each county, which now has a city with a population of more than 10,000, on or before December 1st, and of any county which may later have a city with a population of more than 10,000, within six months of the time when such city shall have attained such population, to provide for the erection of such county hospital or hospitals as may be necessary for that purpose, and to provide therein a room or rooms, or ward or wards, for the care of confinement cases, and a room or rooms, or ward or wards, for the temporary care of persons suffering from mental or nervous diseases; also to make provision in separate buildings for patients suffering from tuberculosis and other communicable diseases, and from time to time to add accommodations sufficient to take care of the patients of the county."

The Flushing Hospital, Flushing, N.Y., was opened September 10th, 1913.

The Board of Estimators Committee of the Board of Health and Poor Commission Funds of Detroit have under consideration plans for construction of an annex to St. Mary's Hospital to cost about $50,000 and to accommodate about one hundred additional patients.——Building operations have been commenced on the new hospital to be erected at the Huron County Farm.——The new Union Benevolent Association Hospital to be erected at the east end of Grand Rapids will consist of two buildings, five storeys in height, constructed of brick and stone, and to cost about $300,000. The hospital is the gift of John W. Blodgett. The old hospital at Lyon Street and College Avenue is to be sold.

The workers for the Orange Memorial and Orthopedic Hospitals who are endeavoring to raise $150,000 or more for these institutions, announce that up to April 17, $41,503 had been subscribed.——Princeton University is to have a new infirmary to cost $150,000. Plans have already been approved and $10,000 has already been subscribed. The infirmary will consist of a general hospital, a contagious disease building and a building for domestic service. The main building will be four storeys in height and will contain four wards, a dispensary, chapel, etc.——The Camden County Board of Freeholders have authorized the purchase of the site for a county tuberculosis hospital at Ancona, a tract of land containing 83 acres, and a building known as Dr. Snowden's Sanitarium, to cost $11,000. On this site will be built a county tuberculosis hospital to cost approximately $30,000.

Will Found New Hospital

The committee of ten ministers and laymen of the Methodist Church is visiting several cities with the idea of establishing a hospital to be conducted under the direction of the Dakota Conference.

Mercy Hospital

Twenty rooms have been added to Mercy Hospital, Bay City, Mich., at a cost of $10,000.

San Antonio, Texas

The citizens on July 18 voted to issue $150,000 for the purchase of a site and erection of city hospital.

Long Island College Hospital

A five-story hospital building is to be erected for this institution by Wm. Higginson. Dr. R. E. Shaw is the superintendent.

Hospital Dedicated

The new wing of the Misericordia Hospital on East Eighty-sixth Street, New York, was dedicated on October 13 by Cardinal Farley. The addition of this wing, which provides for 275 beds and will be used for surgical cases, makes the hospital the second largest Roman Catholic hospital in the city.

More Trouble

Binghamton City Hospital authorities have come in for adverse criticism owing to the "needless delay and unsystematized work" in connection with the expenditure of $55,000 on hospital improvements.

The Ounce of Prevention

The Phipps Tuberculosis Institute of the University, realizing that, if the health of the community is to improve, it must be done by improving the conditions of the home, has just established a post-graduate course in public health work for trained nurses. The pupil nurses will reside at the Institute for a period of eight months of study, receiving practical experience in the hospital and in the homes of patients, visiting the sick in company with nurses in the public health field, and doing social work with the representatives of various charities.

East Side Hospital

The Sisters of the Sacred Heart are building a ten-story hospital on the East Side of New York, to cost $100,000.

New Haven Hospital

Two additional buildings are being constructed for the city hospital of New Haven—an administration and a ward wing. Day and Klander, Philadelphia, are the architects.

Yonkers Hospital

St. Joseph's Hospital, Yonkers, N.Y., is building a five-story brick addition. Sister Mary Louise is superintendent and I. E. Ditmars is the architect.

Two Hospital Beds

The National Union Hospital Bed Fund maintains two beds in the Post Graduate Hospital, New York. The Union held a dance at Terrace Garden last month to replenish the fund.

Nurses on Strike

Fiften nurses in York Hospital, Pa., went on strike. Mrs. Mary Smith, superintendent, declared that not one of them would be reinstated. We do not know the *casus belli.*

Middle Classes' Needs

The Baltimore *Evening Star* says: "When the sick of the average middle class family are taken to a hospital, the resulting drain, which is out of all proportion to the family income, means self-denial on the part of that family for a long time ahead, and even then there is often a struggle to make the two ends meet. The doctor and the surgeon fit their charges to the purse of the patient, but not so the average hospital. A reform of importance could be brought about in this respect by placing the instruction of nurses on the same basis that all other vocational training rests upon—the charging of reasonable fees for the instruction imparted."

Napa State Hospital

The California Legislature voted $154,800 for the erection of new buildings, remodelling old ones, and for renewing certain mechanical equipment, of the Napa Hospital for Insane. Dr. A. W. Hoisholt is superintendent.

Hospital Embarrassed

The *Herald,* of New York, reports that the Rockaway Beach hospital, according to Samuel I. Goldberg, the secretary, will have to close unless its debts, amounting to $35,000, are immediately met. The directors of the hospital comprise four Jews, four Catholics and four Protestants.

Minneapolis City Hospital

The *Minneapolis News* says an official investigation of the city hospital will prove a good thing. "It can be easily proved," says the *News,* "that tiny tots in the children's ward have there become infected with a loathsome disease; that there have been delays ranging from 40 hours to 10 days in reducing fractures of patients admitted with broken bones, and that at least in one case a tubercular patient was turned away through red tape to die four days later, though a statement issued from the hospital declared he was by no means in a dying condition."

Detroit Moving

The council of the city of Detroit have voted $200,000 to be applied to the care of the sick poor of that city. The poor commissioners, who have the spending of the money, are in a quandary as to what to do. Three of the hospitals of the city have offered to put up pavilions for them if given the money. Attempts have been made to secure the Art Museum and a large old residence which has been used as a private hospital; but these have been rendered abortive by certain members of the council. At this writing the matter is "up in the air," to quote one of the Detroit dailies.

Farm for the Insane

The farm of the Central Hospital for Insane, near Raleigh, N.C., is highly praised by the *Times* of that city, on account of its beauty and fertility.

Working Girls' Hospital

A plan is on foot to establish a hospital for working girls in Cincinnati. The site has been selected, and the promoters are waiting for a rich man to build the hospital.

New Dispensary

A new dispensary building is being erected in connection with the Hospital for Deformities and Joint Diseases, New York. It will be six stories high. One thousand persons are being appealed to to join the association.

Investigating Charges

The Massachusetts Board of Insanity investigated charges against the State Hospital at Worcester to the effect that patients were treated roughly, there was insufficient help, and that the food was not good and poorly served.

State Help

The *Lancet-Clinic* says that no state could devote its funds to better purposes than to see that every county in the state is provided with proper hospital facilities. . . . They would furnish to the community education in the matter of right living.

Bouquets for Baltimore

Upon the application of the hospitals of Baltimore to the city, that the patient-day per capita be raised from 50 cents to $1, Dr. Hall, President of the City Charities, took occasion to say that "the whole dispensary situation in Baltimore is in a most unsatisfactory condition from the standpoint of efficient medical service actually rendered to the patient."

On a Hill

A new tuberculosis hospital has been established on Hay Stack Mountain.

Tidewater Has Own Hospital

An emergency hospital in charge of Dr. Bert Heintzlemann has been opened at the Tidewater Oil Company's plant, Bayonne, N.J., for the benefit of employees.

Court Psychologist Appointed

Dr. Victor V. Anderson, an instructor in psychology at Harvard College and an assistant on the staff of Boston Psychopathic Hospital, has been appointed an assistant probation officer of the Municipal Criminal Court by Judge Bolster. In his new position Dr. Anderson will study various criminals before the court in an attempt to prove his theory that the criminal should be treated as an individual and not in a class. It is expected that the doctor's services will be valuable to the judges in helping them to discriminate between prisoners who should go to jail and those who should be treated for feeble-mindedness.

St. Louis Busy

The St. Louis hospitals ask for $1,500,000 for improvements through Commissioner C. H. Shutt, M.D. The additions proposed are as follows:

New group of buildings for Isolation Hospital between Sanitarium and Infirmary on Arsenal Street, $500,000—$100,000 now being available.

Five-hundred-acre industrial farm for insane and inebriates, $100,000. Buildings and equipment, $250,000.

Cottages for incipient tubercular patients at Robert Koch Hospital, $200,000.

Nurses' Home for City Hospital, $175,000.

Inebriates' home building, $50,000.

Industrial building at Infirmary, $50,000. Repairs and elevators for Infirmary, $25,000.

New Central Dispensary, $100,000.

Smallpox building for Koch Hospital grounds, $35,000.

Appropriation Cut

Governor Tener reduced most of the hospital appropriations for Mercer County, Pa. Pennsylvania is one of the few states which aid hospitals.

Alabama—Alive, Active

Hospital Cornerstone Laid.—The corner stone of the addition to the Hillman Hospital, Birmingham, was laid with Masonic rites, August 26.

Hospital Addition Completed.—The addition to the Mobile City Hospital which will accommodate eighty patients, is nearly completed. The building is two hundred feet long and connected with the present hospital building by a corridor. On the ground floor an out-patient department and X-ray, clinical and anatomical laboratories are provided.

Beds in Baltimore

The city of Baltimore has available and at its absolute disposal 743 beds in general and special hospitals, and 256 beds in tuberculosis hospitals, or a total of about 1,000 beds. The supervisors feel that this meets the present requirements of the city for free hospital treatment. It is interesting to note that there are slightly upwards of 4,000 hospital beds in Baltimore, and that one-fourth of these are free beds, controlled and paid for by the city.

Ex-Governor Sulzer's Veto

A New York State paper says: In the supply bill the Governor vetoed an item of $350,000 for an anticipated deficiency in the cost of running the state hospitals. The cost of feeding, clothing and caring for the state insane is about $8,000,000 a year. The Governor manifests a lamentable knowledge of state business when he assumes in his veto message that it is possible to know in 1912 just how many insane the state will have in 1913. The hospitals cannot spend money that is not appropriated and if it be necessary to refuse commitments or discharge patients for lack of money to provide for them the responsibility can rest nowhere but upon the Governor.

Book Reviews

Gould and Pyle's Pocket Cyclopedia of Medicine and Surgery, based upon the second edition of Gould and Pyle's Cyclopedia of practical Medicine and Surgery. Second edition revised, enlarged and edited by R. J. E. Scott, M.A., B.C.L., M.D., New York, Philadelphia: P. Blakiston's Son and Co.

The general plan of this volume is the same as that followed in the first edition; many new articles have been incorporated and a few of the old ones omitted; added cross references have been introduced, increasing the book by 155 pages. It is printed on India paper, gilt-edged, with limp leather cover. For medical students review, nurses and others who want a handy vade mecum, we recommend this pocket volume.

The Operating Room and the Patient: A Manual of Pre and Post-operative Treatment. By Russell S. Fowler, M.D., Surgeon to the German and the Methodist Episcopal Hospitals of Brooklyn, N.Y. 3rd Edition. W. B. Saunders & Co., Philadelphia, 1913; The J. F. Hartz Co., Toronto.

When the first edition of this excellent manual came out in 1907, it proved to be exactly what was required as a guide to the organization and running of this department of a modern hospital. No less than three copies of it were well thumbed and worn by the assistants and nurses in the operating rooms where the writer of the present review is accustomed to do his work. He received handsome dividends on the money invested in their purchase in notable improvement in the assistance given him.

The third edition comes to us as a book of over six hundred pages.

It is replete with information, accurate, well tested and clearly set forth. It does not run to fads or unduly exalt individual preferences. In reading the book one becomes impressed with the fact that its writer is in close touch with the best technique of American clinics and that the safety and comfort of the patient are, with him, dominating considerations.

Anyone who has even occasionally to operate or to assist in the preparation for operation will find it distinctly advantageous to have Dr. Fowler's work within reach.

The need for including a section of some seventy pages on bandaging in this edition is open to question. The chapter is well written and is illustrated from photographs originally made for Geo. R. Fowler's Surgery, but most of those who use the work will, we take it, have passed beyond the stage in which the art of bandaging is acquired before they come to consult this manual.

The subjects of anesthesia, of hemorrhage, and of shock, are discussed with clarity and with precision. The latter half of the book is devoted to a consideration of operations upon various tissues, organs and regions, and even for surgeons of wide experience it will well repay the closest study,

Like all publications now coming from the Saunders Co., the volume before us is issued in a form reflecting credit upon all who have had to do with its production. N. A. P.

"*Private Duty Nursing.*" By Katherine DeWitt, R.N., Graduate of Mount Holyoke Seminary and of the Illinois Training School for Nurses. Philadelphia and London: J. B. Lippincott Co. 1913.

This is a capital book, and should wile away an hour or two most pleasantly and instructively for the nurse, when her patient is resting. There is no doubt that nursing is ofttimes most arduous and trying. Miss DeWitt's book will assist in making its reader a better nurse and a more patient attendant. We commend it to the class for whom it was written.

A Unique 1913-1914 *Calendar.*

We suggest that our readers send to the New York Pharmacal Association, Yonkers, N.Y., for a copy of their 1913-14 Calendar. It is most unique and will be found an addendum to any physician's desk for the coming year.

American Red Cross Text Book on Elementary Hygiene and Home Care of the Sick. By JANE A. DELANO, R.N., and ISABEL MCISAAC, R.N. Philadelphia, P. Blakiston's Son & Co., 1913.

To all who take any interest in Sociological work and try to do something for the betterment of humanity by way of improving health conditions, this book will be most helpful. It is a work on Preventive Medicine in small size and not necessarily devoted to accidents, as one might expect from the title. It is simple and easily understood by all.

Pathology—General and Special: a Manual for Students and Practitioners. By JOHN STENHOUSE, M.A., B.Sc. (Edin.), M.B. (Tor.), Formerly Demonstrator of Pathology, University of Toronto, Canada, Second Edition, Revised and Enlarged, including a list of state board examinations. Illustrated with 29 engravings and a colored plate. Lea & Febiger, Philadelphia and New York.

This little volume of some 278 pages belongs to the Medical Epitome Series, and is "an attempt to give a comprehensive outline of the subject, not as a means of escape from wider or deeper reading, but as a trustworthy guide to it."

To the busy practitioner who only has time to read snatches of subjects such as pathology, to medical students for final review, and to nurses and general readers who may wish to acquire a look into the general subject of pathology, we recommend this cleverly written volume of Dr. Stenhouse.

The Medical Record Visiting List, or Physician's Diary, for 1914. Newly Revised. New York, William Wood & Co.

We are just in receipt of this 1914 Visiting List. It is as good as—perhaps a little better than—ever. Physicians will find it almost indispensable.

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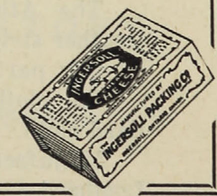

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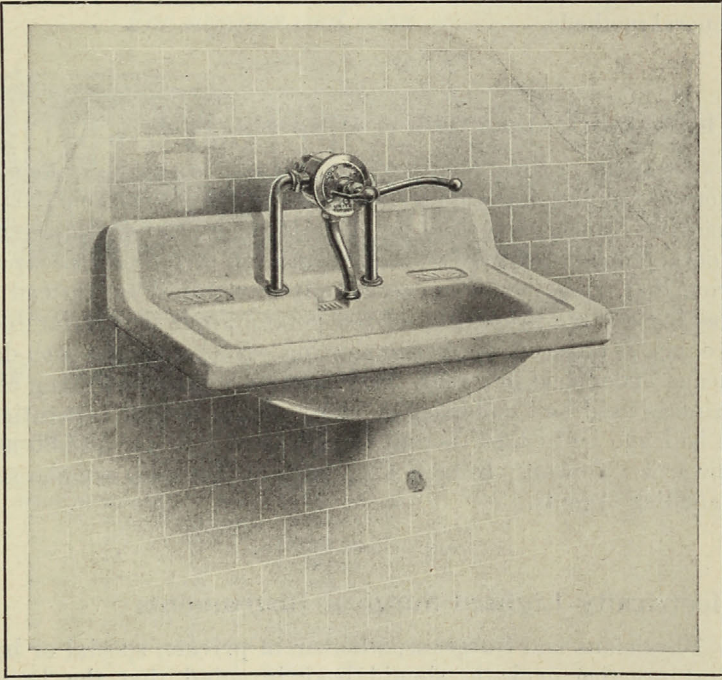

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One of the greatest labor-saving devices in the culinary department of any hospital, sanatorium or asylum is a vegetable paring machine. Each day it can be made the means of saving a considerable length of time in the preparation of the meals. Apart from that altogether it is exceedingly economical as, instead of wasting a large proportion of the potato, apple or similar food product, it takes off the merest shaving. Such a saving each day means a good deal in a year. The Victoria Vegetable Paring Machine is used and endorsed by many of the largest institutions in both the United States and Canada, and sells for $35.00 and upwards. Gowans, Kent & Co., Ltd., of Toronto, are the sole Canadian Agents.

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Physicians and Surgeons, whether in private, special or hospital practice or both, should bear in mind that the letters "E.S.I.Co." on any electrically lit surgical instrument are a guarantee of quality. The Electric Surgical Instrument Co., of Rochester, N.Y., are the pioneers in this line. They manufacture Naso-Pharyngoscopes, Bronchscopes, Oesophagoscopes, Gastroscopes, Laryngoscopes, Tongue Depressors, Nasal Specula, Auriscopes, Illuminated Eye Spuds, Transilluminators, Proctoscopes, Urethropscopes, Cystoscopes, Uterine Endoscopes, Vaginal Specula, Socket Current Controllers, and Socket Cautery Transformers. When ordering anything in this line, insist upon getting the "E.S.I.Co." goods.

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20 years is a long time looking forward, but a short time looking back. How many men can look back now and say; "If I had only invested my spare money in safe securities I would be wealthy to-day." A few get rich in a few years by making a lucky strike but more become poor in the same time trying to make a strike.

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The purest oysters procurable can be had from the Connecticut Oyster Co., 50 Jarvis Street, Toronto, who have facilities for laying down oysters in Toronto within 36 hours after leaving the oyster beds.

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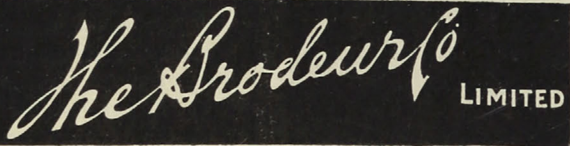

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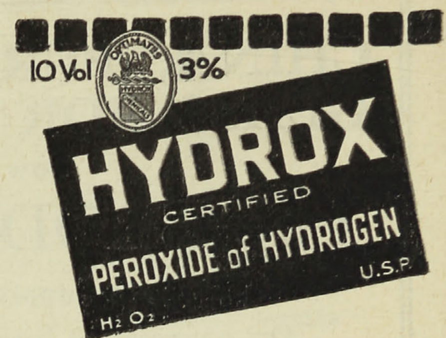

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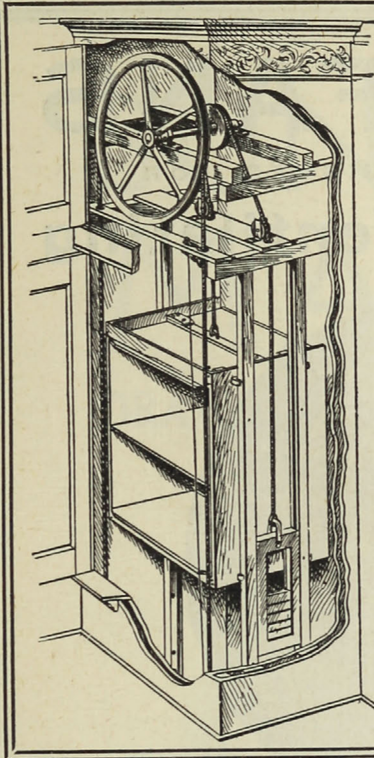

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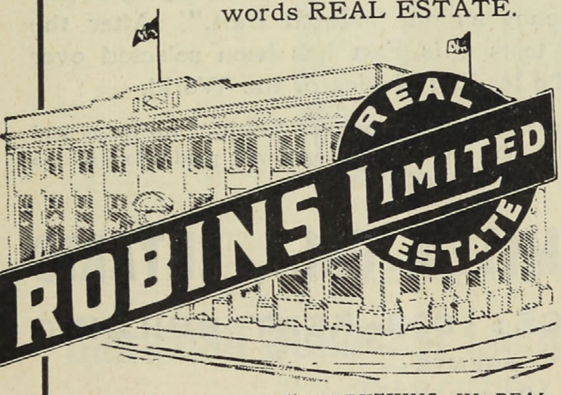

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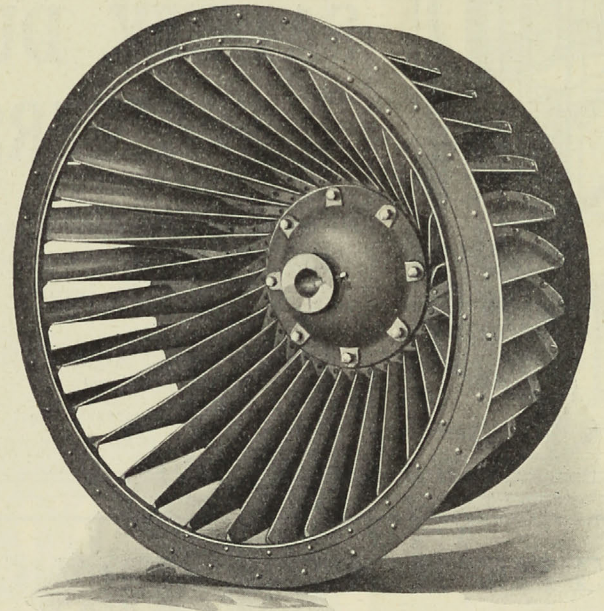

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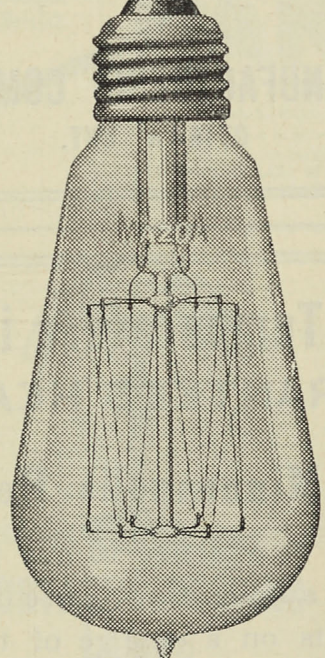

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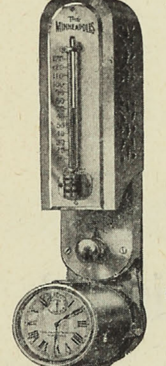

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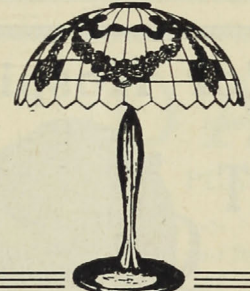

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We have a varied range of beautiful designs Prices ranging from $4.75, upwards.

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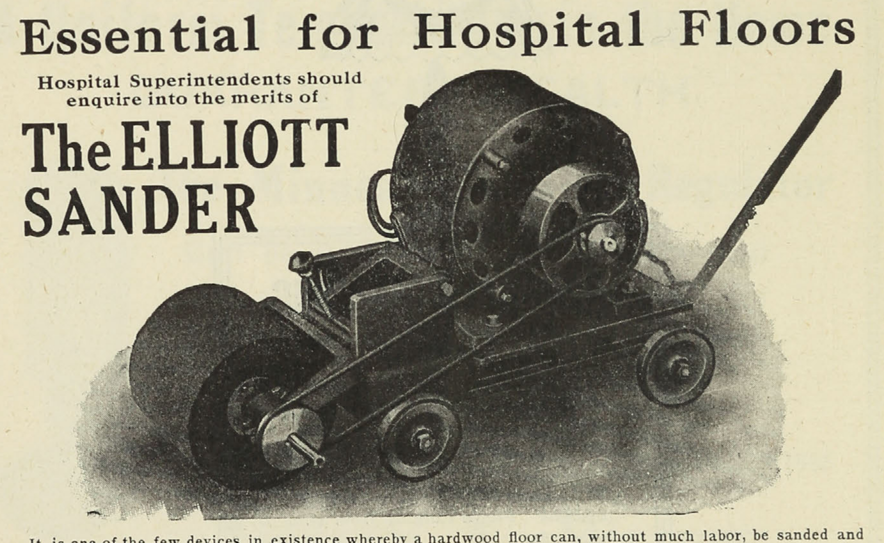
Hospital Superintendents should enquire into the merits of

The ELLIOTT SANDER



It is one of the few devices in existence whereby a hardwood floor can, without much labor, be sanded and polished. It saves 50 per cent. of the cost of labor, and be the means of saving hospital domestics being laid up from backache. The expense of operating the Elliott Sander is very trifling, it being run by attachment to any electric light socket. Bear this machine in mind when next adding to the labor-saving devices of your institution.

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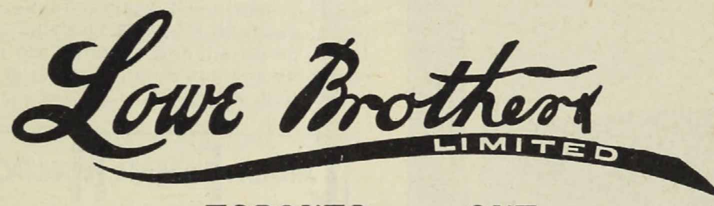

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For all household purposes. Safe, Strong, Economical.

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RUBBER TILED MATTING

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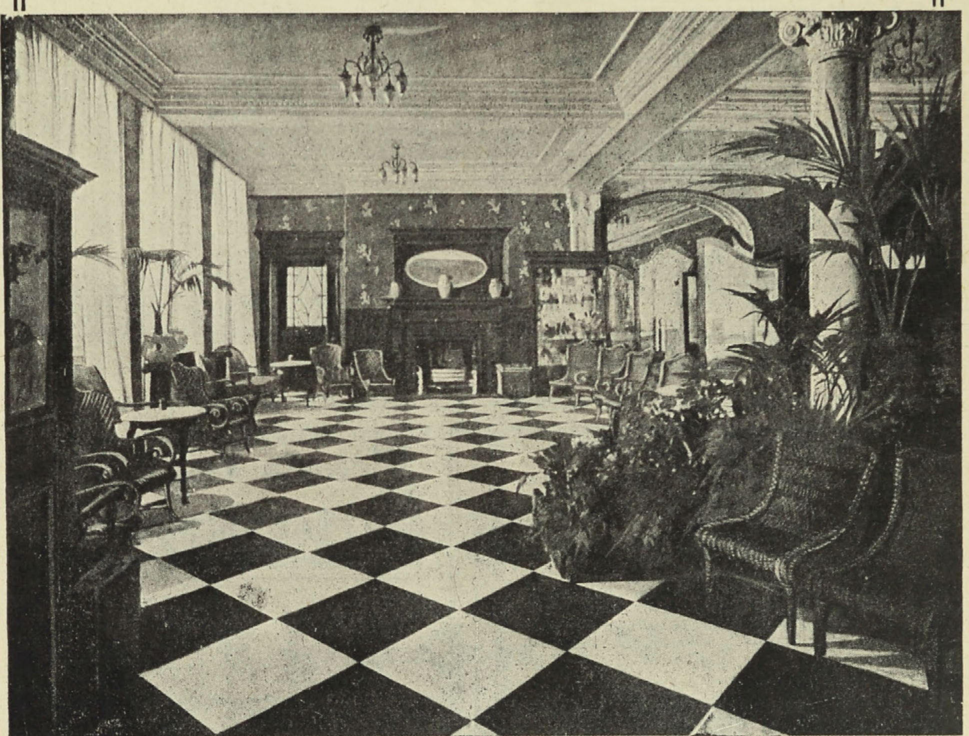

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We will gladly submit samples of this Tiling, prices, designs, etc., to any Hospital Superintendent writing to, or calling at, our Warerooms.

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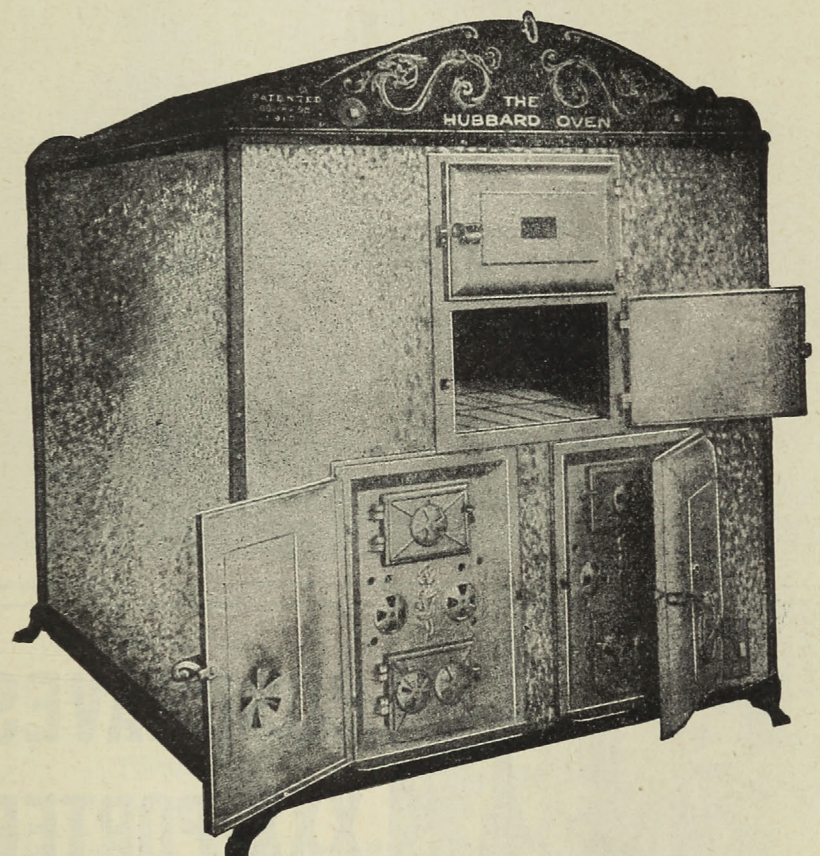

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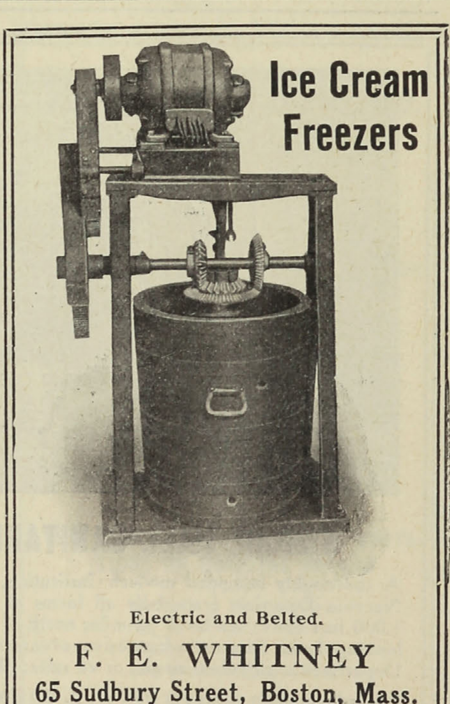

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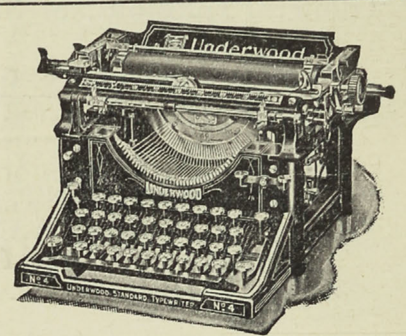

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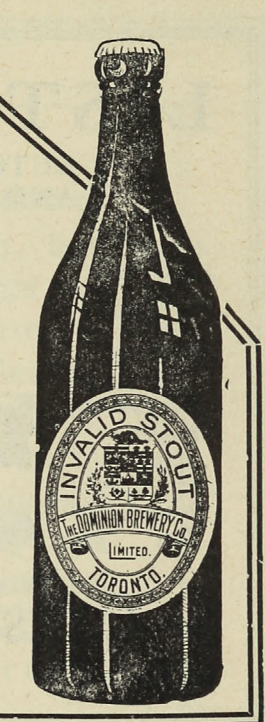

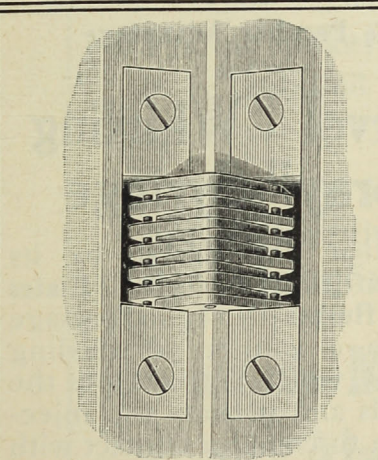

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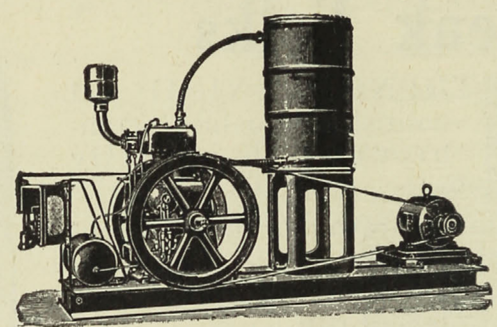

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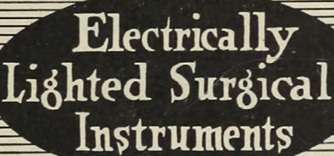

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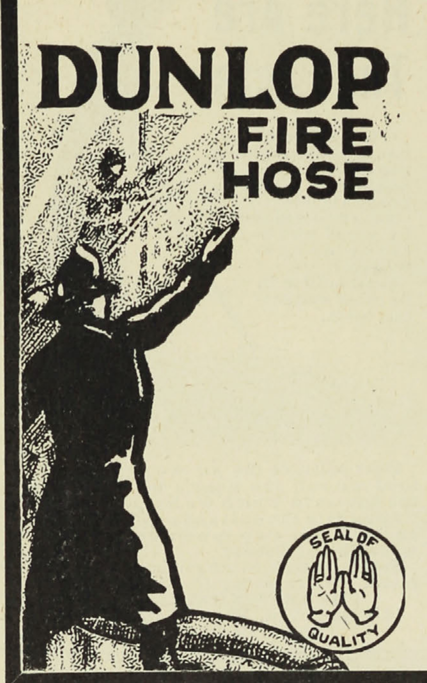

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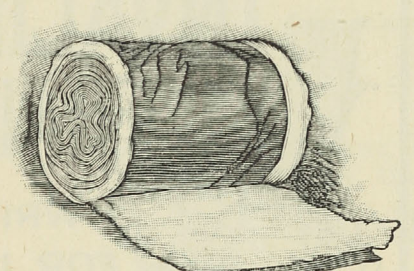

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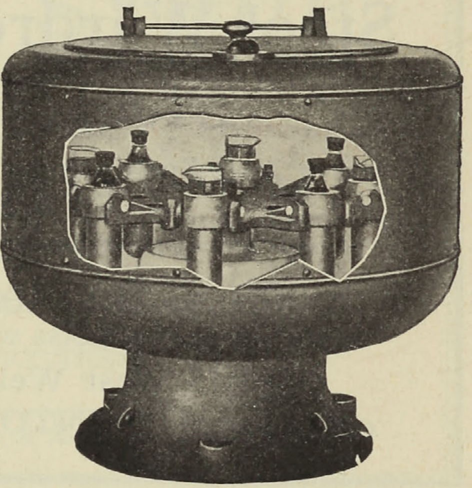

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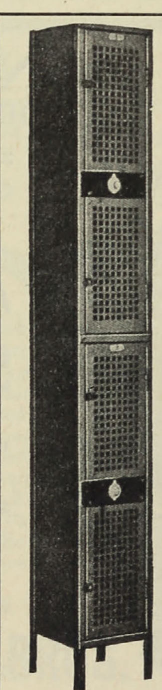

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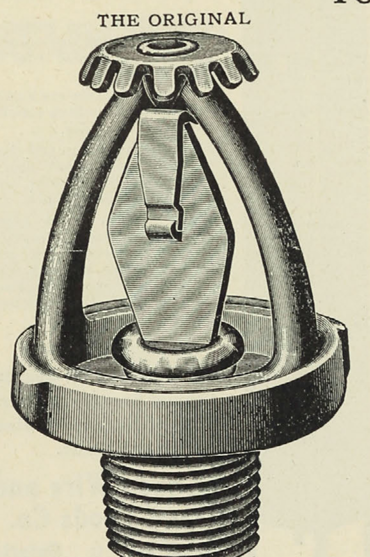

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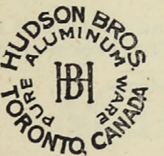

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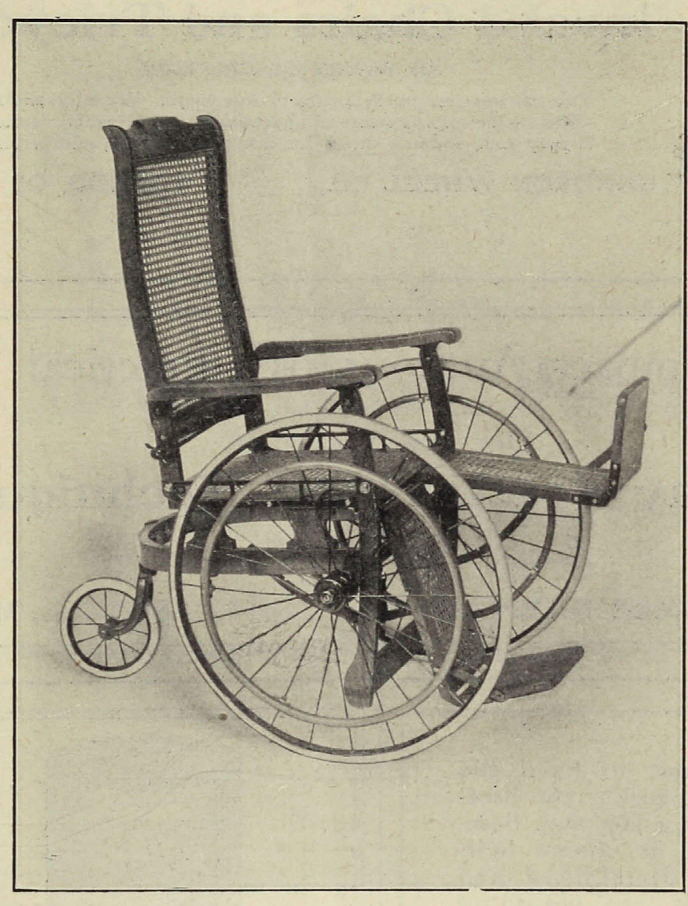

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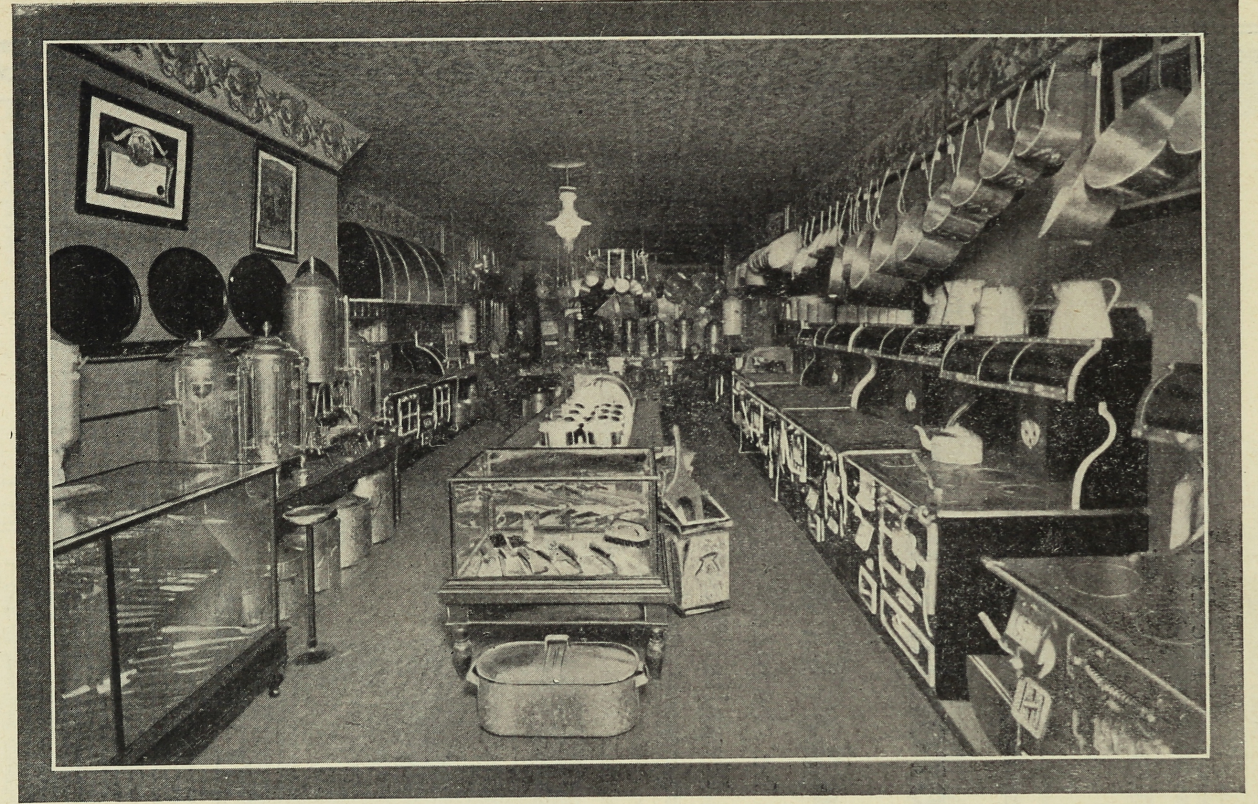

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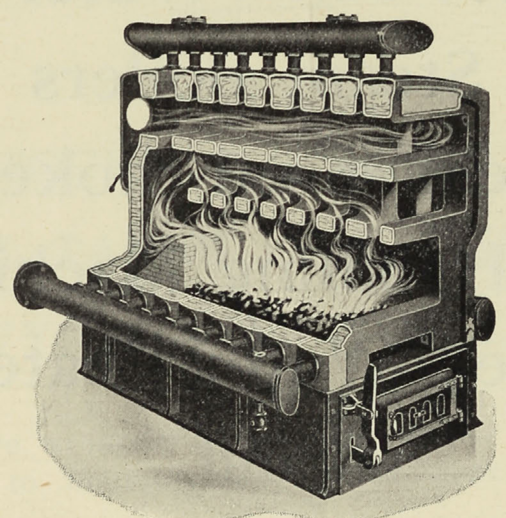

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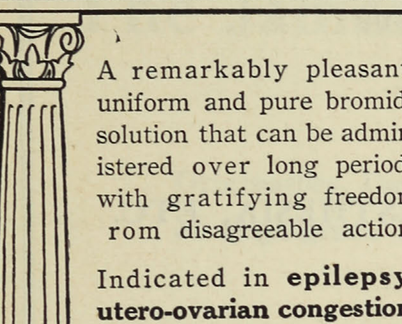

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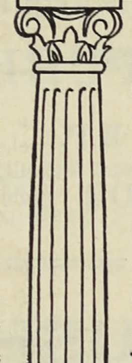

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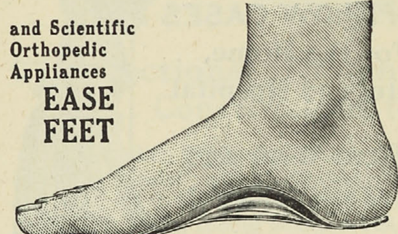

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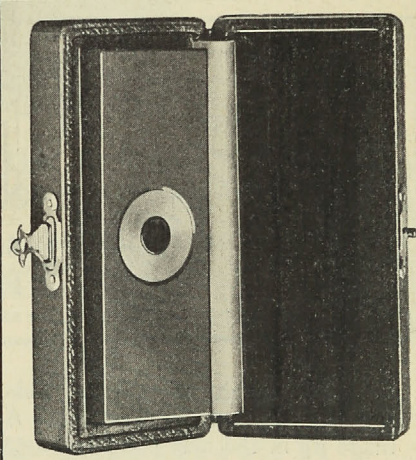

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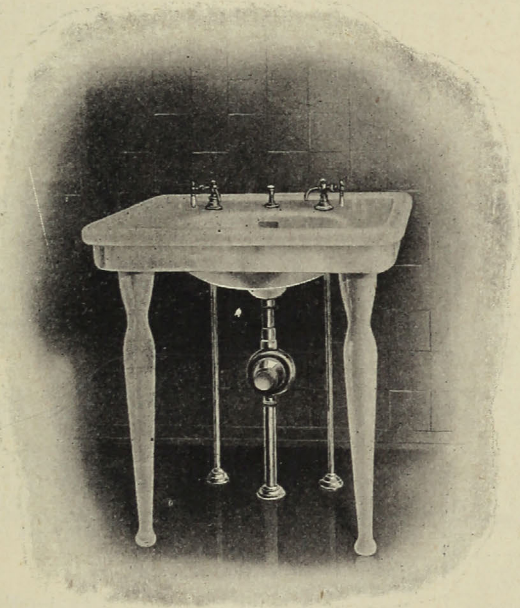

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