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THE HOSPITAL WORLD

THE OFFICIAL ORGAN OF
The Canadian Hospital Association

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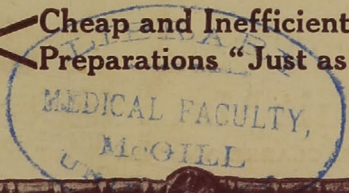
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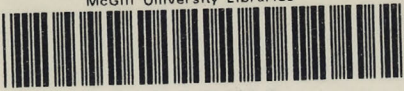
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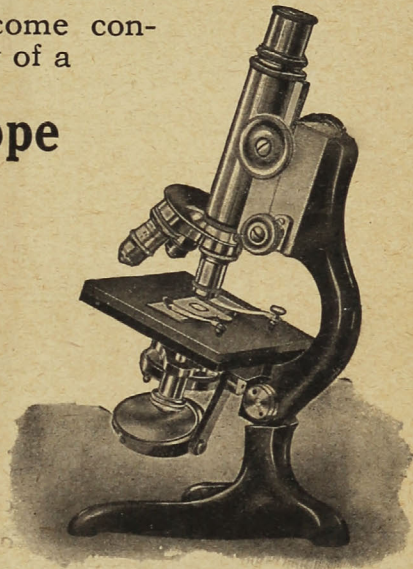
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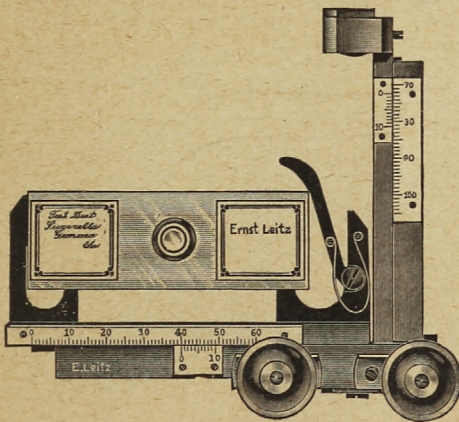


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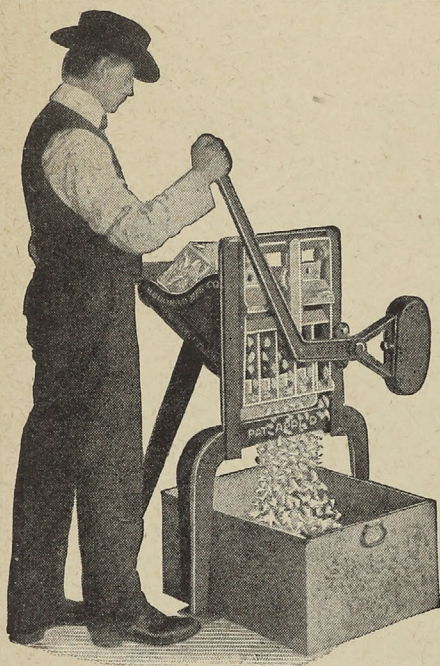
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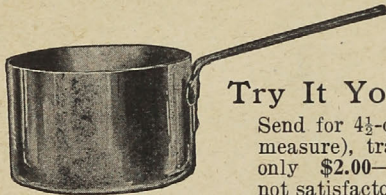
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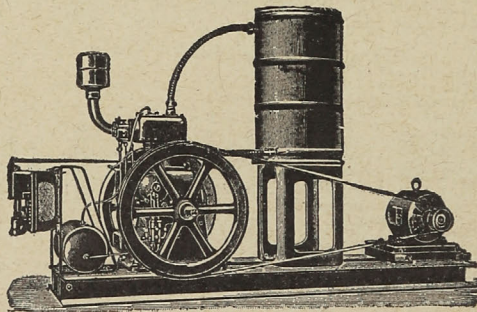
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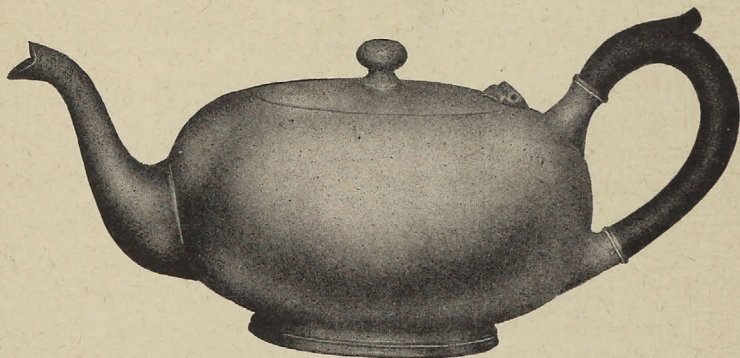
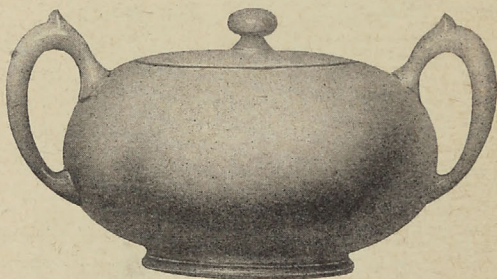
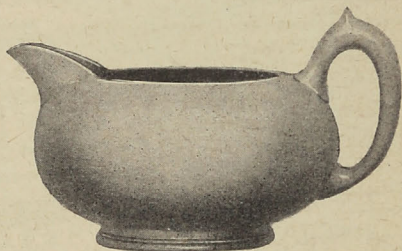
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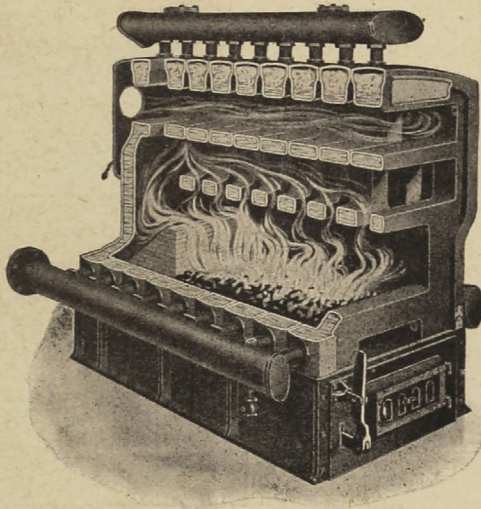
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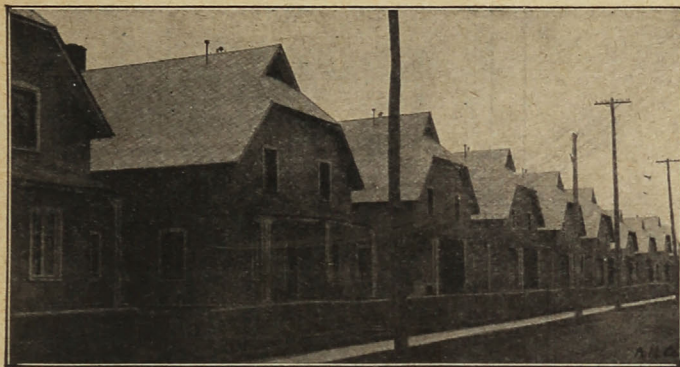
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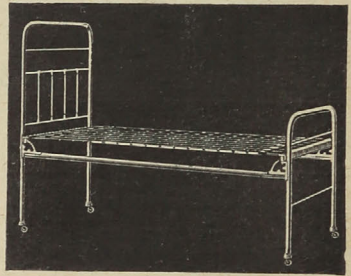


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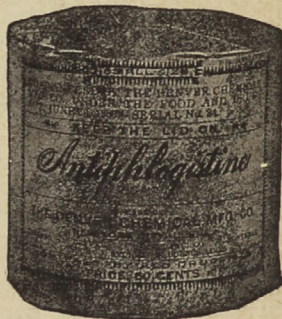
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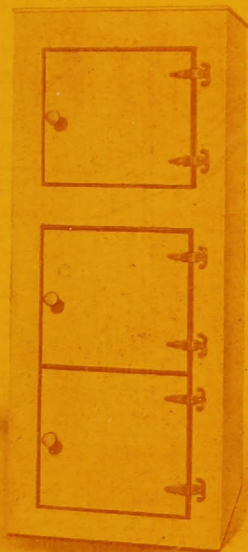
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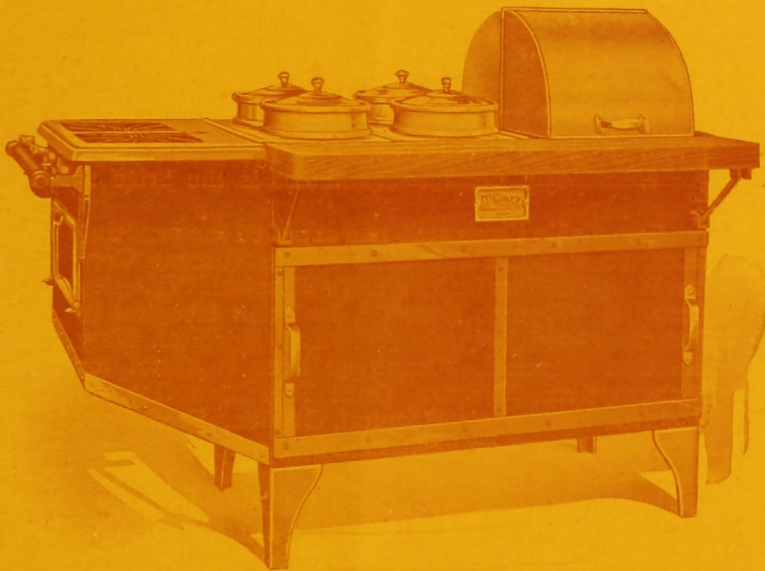
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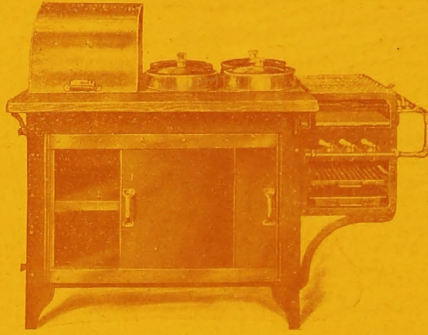
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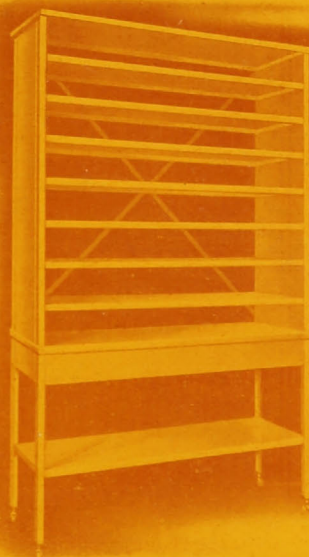
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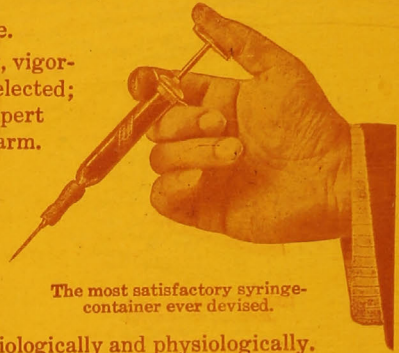
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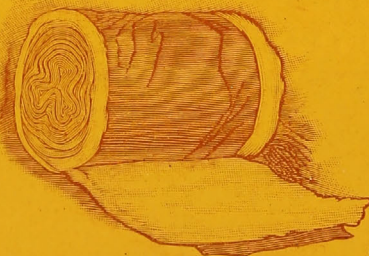
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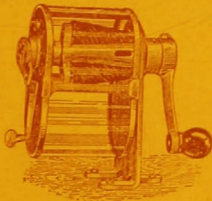
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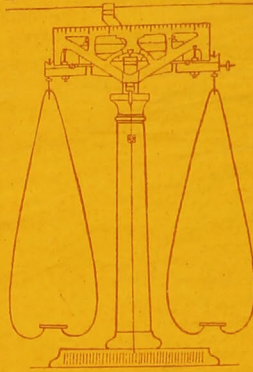
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No. 2

Editorials

THE MALE NURSE

THE male nurse is needed. The male nurse is desired. What are the difficulties in the way of employing him? Not the expense, for in private nursing this would be little more than that incurred with a female nurse. Certainly not lack of demand for his services, since every physician has upon his books cases where

a trained male nurse would fill a great need. The chief difficulty lies in the lack of training facilities for the male nurse.

Custom, or a tacit acceptance of conditions, has led to an interpretation of the word "nurse" as one of feminine gender. It is time that hospital heads turn their attention to the possibility of establishing some system which will provide male nurses as efficiently trained as are their female confreres, since there is undoubtedly room for the services of the male nurse both in hospital and in outside practice.

While the female nurse is suitable and successful in much of the nursing service required by male patients, there are unquestionably certain phases of the work that are both most fittingly and best performed by the man nurse. This statement will be accepted without question by physicians and hospital authorities. In the instance of one group of diseases as well as for certain services in ordinary treatment the male nurse is desirable.

Under the present conditions of male nurses being practically unavailable, the nursing of male patients in hospitals has been, in the matter of general service, undertaken by female nurses, with ward orderlies to attend to specific treatment and duties.

Now the ward orderly is altogether or largely untrained. The merest rudiments of nursing lore, gained often through the ups and downs of a wandering life, are sufficient to ensure his engagement by hospital heads—for the supply is always inadequate. But the chasm between his quality of nursing ser-

vice and that of the trained female nurse is wide and deep.

It is rather an unusual situation, that the modern hospital, with its insistent demand that qualified officers in every department that relates to the patient—superintendent, internes, visiting staff, nurses—should be the products of long and especial training, yet permits the orderly, to whom is relegated service to patients often involving technical skill, not only to lack such training, but to be frequently of low grade mentality.

There are many invalided men, and many families who carry the responsibility of adequately caring for aged relatives, who would welcome the advent of the trained male nurse. In the hospital such a one would receive full recognition, and become a valuable factor in the work of the institution.

To establish a hospital training school inclusive of both sexes should not present insuperable difficulties to the hospital authorities, and should considerably facilitate the work of the institution.

A WISE PRECAUTION

THERE are enough and to spare of ably written medical books and ably conducted medical journals on both sides of the ocean. There is no excuse for “brain-rusting”—to employ an Oslerism—even for the man far from medical centres, with so many professional journals within reach. But these are writ-

ten in technical language, intelligible to the trained medical mind only. They are distinctly not intended as vehicles of communication with the public.

Perhaps one of the problems worth serious consideration by the profession is to discover the wisest method of communicating medical knowledge to the public, in such manner that it is both reliable and accurate.

The amount of quasi-medical lore that is thrust before the public, at the present day, through books, magazines and newspapers is appalling. That excellent modern slogan—education in preventive medicine—is partly responsible for this vast output. It has become fashionable, and incidentally profitable, to writers and publishers, to “popularize” medical knowledge, and an enterprising public press is not slow to take advantage of the fact, with results not always conducive to professional standing or to the public welfare.

The profession in Baltimore—that stronghold of medical research—has evidently suffered in this respect, and has recently made a most tactful and judicious effort to improve matters, one that is worthy of being passed on to other cities. The Medical Society of that city has entered into an agreement with the city daily press providing that the various medical organizations co-operate with the newspapers in communicating to the latter accurate medical news.

“The Society urges that wherever possible the physicians give reliable information concerning important discoveries, the condition of patients of

prominence, and on other medical subjects in which the public is interested and which will tend to public welfare.”

The agreement also provides that the names of no medical men are to be used by the newspapers unless written permission is given by the men who are concerned, and, of course, nothing is to be published that will be prejudicial to the interests of the patient, where a patient is the subject matter of the news item.

In return, the newspaper men have agreed to seek their information from the proper sources so that the copy they secure may be accurate.

Committees have been appointed by the various medical organizations that flourish in Baltimore, from which the pressmen may obtain, or at least seek, information.

The Baltimore medical men recognize the fact that the public press is entitled to such information, and have, in this arrangement, very wisely endeavored to safeguard the quality and reliability of the same.

FIXING THE RESPONSIBILITY

A THREATENED law-suit by an aggrieved patient may or may not advance beyond initiatory stages; but the possibility the threat contains has power to increase in marked degree the current burden of care carried by the hospital administrator. For whether the would-be plaintiff has cause sufficient or not—whether the

injury be real or imagined—the suit, if once brought into court, makes for the hospital an unpleasant publicity, and usually an unjust implication that is damaging to the interests of the institution.

Every hospital head has interval-recurring experiences of this nature; an eager interne undertakes a post-mortem by stealth; a physician fails to obtain the consent of the patient or his friends before operating; a nurse exposes a patient to a draught, gives the wrong medicine or otherwise injures him; an abusive patient is roughly handled by an orderly; a patient contracts an infectious disease while in the hospital—these are a few of the causes for threatened proceedings. By the exercise of tact and diplomacy, frankly expressed regret or explanation, the superintendent—unless the offence is an aggravated one—is usually able to pacify the aggrieved parties and keep the matter out of Court.

But in the event of the suit being pushed against the institution, it is worth noting a recent decision of the New York Court of Appeal, in the case of an operation performed in the New York Hospital, against which institution the patient brought suit, averring that she having agreed to an examination only under ether, was operated on while still under the influence of the drug, against her intention and will. The Court

dismissed the case, stating that the wrong was not that of the hospital, but that of the surgeon operating, and who was not to be considered a servant of the hospital.

The Court, however, made a new departure in applying the same principle to a second claim made by the same plaintiff involving her nurse, whom she alleged she had informed that she did not consent to an operation. The Court stated that nurses, as well as physicians, in treating a hospital patient, were not acting as servants of the hospital. "The superintendent is a servant of the hospital, the assistant superintendent and other members of the administrative staff are servants of the hospital; but nurses are employed to carry out the orders of the physicians. The hospital undertakes to procure for the patient the services of a nurse. It does not undertake through the agency of the nurses to render those services itself."

There is no doubt that such decisions as the one above made by the New York Court of Appeal are a great relief to the hospital administrators. But it is doubtful whether such decision will commend itself to the public mind as bearing the white light of common sense.

When a patient trusts himself to a hospital for treatment he and his friends assume—and it is a nat-

ural assumption—that the institution becomes responsible for his welfare, takes no advantage of his helplessness, and governs the relationship between them according to the well understood principles of hospital ethics. Any other assumption would be intolerable. And while the degree of a hospital's liability in such and kindred instances should be limited, hospital physicians in a degree, and hospital nurses in entirety, must be viewed as integral parts of the hospital organization, for whose good conduct the institution is both morally and legally responsible.

In contradistinction to the above case is a recent decision of the Court of Appeal of Maryland in a suit instituted against a surgeon for negligence after operation at a hospital.

The original judgment was given for the plaintiff-patient, who alleged that tuberculosis resulted from gauze and rubberized silk left in the wound.

The Court concluded that the operating surgeon could not be held responsible for the negligence, if proven, of hospital internes and nurses, in dressing the wound after operation, if he did not know of such negligence and it was not discoverable by him in the exercise of ordinary care.

A second trial has been granted the defendant, and it will be of interest to know where the liability is finally placed—with the surgeon or the hospital.

THE NEW ADMINISTRATOR

A NEWLY appointed hospital superintendent steps into a hard place when he assumes office.

This is the case where the institution is new, and the staff, gathered from various sources, has not yet learned to swing together or been moulded into a whole. It is even more true where the institution is an old established one, with a staff which has learned the idiosyncrasies, the strong and weak points, of the former superintendent, and has accommodated itself to them. If the latter was an excellent administrator, then the newly-appointed man suffers by the constant comparison, silent or spoken, of the staff, the patients and the public. He feels continually the necessity to "make good" and to justify his appointment as a worthy successor. This often leads to stultification of his own beliefs and originality of methods.

But if the ex-superintendent has been more or less unequal to his task; if discipline is lax, methods poor, and a general "pulling up" process is required, the new superintendent feels that the opportunity to make good, if easier in one respect, is more difficult in another. No superintendent in such an instance can avoid making radical changes; and the entire working staff are on the alert to resent the same. The heads of departments are, perhaps, appointees of some years' standing, and the effort to bring their various departments up to date, or at least in harmony with the new man's ideas, causes resentment, if not open rebellion.

This condition is not unusual in all institutions where a large staff is employed. In business places it results usually in dropping the objecting sub-head. In the hospital, however, the situation is complicated by a board, who too often listen to complaints and criticisms of the new chief from the medical, the nursing, or the serving staff. The doctors have their favorite nurses—often relatives; the trustees have their favorite doctors—often family physicians; and the criticisms or grievances of any one of these is allowed to carry undue weight—too often an interference that, if it does not veto the superintendent's changes, at least makes the strain of his position doubly hard.

It would be well if all members of hospital boards would take the attitude of one president when, a month after the appointment of a new superintendent, he was informed that the internes had mutinied and the superintendent of nurses resigned. "Good," he said, "it shows there is something doing."

The new superintendent should be supported by the board and medical staff, and given a chance to make good for a year at least—unless he prove utterly incompetent, which, if the appointment has been carefully made, is not likely.

As to the new executive himself, it would be well if he were to practise a little indifference to praise or blame; be as silent, as inconspicuous, and as tactful as possible in the institution of reform, and let the results of these reforms bespeak their own commendation.

A hospital administration is under fire at any time, but its achievements are not the less appreciated in the end.

THE POINT AT ISSUE

THE many serious abuses revealed by the recent official inquiry into the conduct of Bellevue and allied hospitals, as published in the reports of both the Committee of Inquiry, and the more recent report of the new Commissioner of Charities, has aroused a justifiable and indignant protest from the New York press and public. Graft, inefficiency, overcrowding, neglect, are some of the factors that enter into what Commissioner Kingsbury terms "the appalling treatment" suffered by the patients in these institutions.

The hospitals in question are city hospitals, under the control of the Department of Charities. This means, unfortunately, that municipal politics has entered into the conduct of them. "A very low grade of minor employees," says the report—probably ward-healers or their friends. "Rotten food"—likely supplied by rake-off firms attached to the City Hall. "Very lax administration, grafting, and gross inefficiency." Numerous "unpaid helpers" placed in one institution by Tammany leaders, whom the night superintendent stated did practically no work.

It does not make pleasant reading, but under such method of control, is it much wonder that the above conditions exist and flourish? What can the ablest

and purest administrator do in any hospital or group of hospitals where ward politicians have influence that controls purchase of supplies and appointment of employees.

The absence of full internal control by the superintendent is evidenced in the report of the Committee of Inquiry, section IX, in connection with Bellevue hospital.

“The nursing in Bellevue is conducted and supervised by the Training School for Nurses, an independent organization, with which the Trustees contract for the service rendered. It is not responsible to the Superintendent of the hospital, and makes no reports to him. . . . The social service work of the hospital is conducted by a voluntary committee, in whose service there are officers who are paid by the hospital. These officers, or the Committee, make no periodic reports to the Superintendent about the work performed, and are practically as independent of his supervision as is the Training School for Nurses. . . . At the present time no periodic report is made by the Supervising Engineer to the Superintendent of the institution.”

The report goes on to state various other departments of the hospital service that are not reporting to the superintendent. It says that Bellevue was selected to make an examination of the various internal activities, not because it was assumed to be less efficient than the other institutions, “in fact, it seems to be operated with as great efficiency as any of the city’s institutions, and much more ably than some of

them," which, under such handicaps as the above, coupled with an admittedly undermanned administration staff, means much.

"It is impossible for the superintendent of an institution the size of Bellevue to personally supervise daily all the activities of the institution," continues the report. And this applies to all large hospitals. "Their direction must be left to subordinate heads, and of these heads there are so many that if the superintendent should endeavor to confer with each at frequent intervals, his time would be almost entirely occupied by conferences. For the proper conduct of the institution it is necessary to have reports come to his desk setting forth what each activity has accomplished within a stated period, and setting it forth in such a manner that the report will clearly show whether it is being properly conducted. Even with the best of control reports in operation it would be necessary for the directing head to have periodic conferences with the heads of the various departments for the purpose of keeping more closely in touch with the work, and also for the purpose of giving directions."

The Commission of Inquiry publishes many excellent report forms, for use in the various departments, and hopes they will serve as a basis for all the city hospitals. But the crux of the lamentable situation lies not in the lack of adequate forms, but in the measure of control that can enforce their use and be able to take action upon the information they afford. But if, as in Bellevue, there exists an independent nursing

staff, an independent social service bureau, and various other independent agents—to the extent of “unpaid helpers” appointed by outside influence—what possible control can the chief superintendent have, and what measure of discipline, efficiency and purity of service is to be expected?

THE CANADIAN HOSPITAL ASSOCIATION

THE next annual meeting of the Canadian Hospital Association will be held in the King Edward Hotel, Toronto, on October 20th, 21st and 22nd next. The management of the hotel have assured the officers that everything possible will be done for the convenience and comfort of the members during the meeting. Through the kindly interest of the Hon. W. J. Hanna, the Provincial Secretary, a generous grant has been placed in the estimates for the benefit of the Association, and it is anticipated that the attendance at the meeting will be the largest in its history. Arrangements are now being made for a programme covering a wide range of subjects relating to hospital administration, a definite announcement of which will be made later. It is expected that a large number of new members from the extreme western and eastern Provinces will attend the convention.

Original Contributions

LIVING OUT OF DOORS

BY W. B. KENDALL, M.D., PHYSICIAN IN CHARGE INSTITUTIONS
OF NATIONAL SANATORIUM ASSOCIATION.

LIVING out of doors is an experience which some people follow of necessity, while many others, and their number is steadily increasing, do so out of choice. The genuine pleasure and healthfulness experienced from outdoor living cannot be appreciated until one indulges in it to the full extent, and endeavors to work, rest and play out of doors.

For the past eight years I have been interested in the former class, for whom necessity makes the choice. I refer to patients suffering from pulmonary tuberculosis, who are making a sojourn in a sanatorium. The measure of greatest importance in the so-called hygienic-dietetic treatment of pulmonary tuberculosis is that of education. The teaching of patients how to live in the open air is but one of the lessons taught in such institutions. A sanatorium is not merely a building or collection of structures in which to accommodate patients, but rather an institution combining all the essential features whereby a patient may be taught how to live hygienically under medical supervision, and schooled in such a way that he may be able to continue such type of living outside of an institution without supervision. Patients suffering from consumption are, unfortunately, too numerous, and sanatoria too few, to enable but a limited number to avail themselves of such training. We find that the average stay of patients in most sanatoria is but three months, a period much too limited to give marked practical results from treatment *per se*. This period, however, should be sufficient to enable patients to become thoroughly familiar with the disease they are suffering from, of the gravity of their plight, of the hopefulness in reference to results of treatment if persisted in, as well as some idea as to what measures must be

followed in order that treatment may be continued along sanatorium lines after a patient has returned to the home.

Time and space will allow me to but briefly consider some points in reference to two types of building, among others, at present in use for outdoor living in Muskoka.

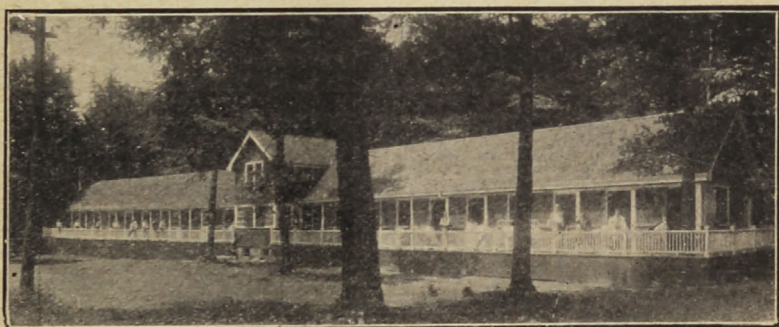
Illustrations Nos. 1 and 2 picture a type of pavilion as adopted four years ago for use in the Muskoka Free Hospital for Consumptives. This building is 113 feet 6 inches long by 14 feet wide, and constructed so as to accommodate twenty beds. In the centre is a heated dressing room, in which are built twenty clothes lockers, on the door of each being a toilet set, including mirror and drawer for toilet articles. In this room will be found basins with hot and cold running water, water being heated in a coil in the heating stove. A porcelain waste basin is also provided for use in brushing the teeth and washing sputum flasks with an antiseptic after the contents of the flask have been placed in a refill and properly wrapped ready for burning. A shower bath, together with lavatory accommodation, complete the equipment of this dressing room. In either wing are accommodated ten patients. The front of the building is made entirely of glass above a 2 feet 6 inches base. The glass is set in sash which are hung from the top, swinging in. Each window is kept open by means of rope and pulley, the former being fastened to a cleat near the head of the patient's bed. The windows are closed only on the order of a physician. This type of building, of which we now have five in number, four for men and one for women, is used for ambulatory cases only. The windows in these pavilions were closed but four times last year, on stormy days only, although we experienced weather last winter when the thermometer registered 45 degrees below zero. Cost per bed complete, including furnishings, \$108.71.

Photographs Nos. 3, 4 and 5 give views of another class of pavilion in which each patient has separate accommodation, one of these buildings being at present in use at the Muskoka Cottage Sanatorium. This structure is 182 feet 6 inches long by 26 feet 6 inches wide, including a spacious verandah. The centre portion is of two storeys, the upstairs consisting of two bedrooms, a sitting room and lavatory. Below this on the ground

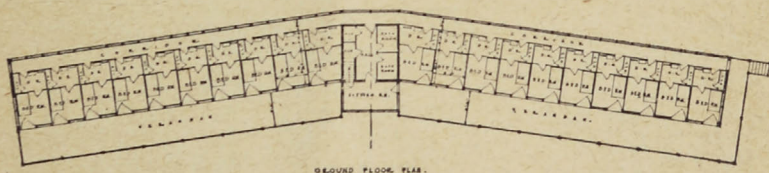
floor is included a solarium, bathrooms, lavatories, etc. In the sectional cut is shown a corridor running the entire length of the building, the outside exposure being of glass. From this



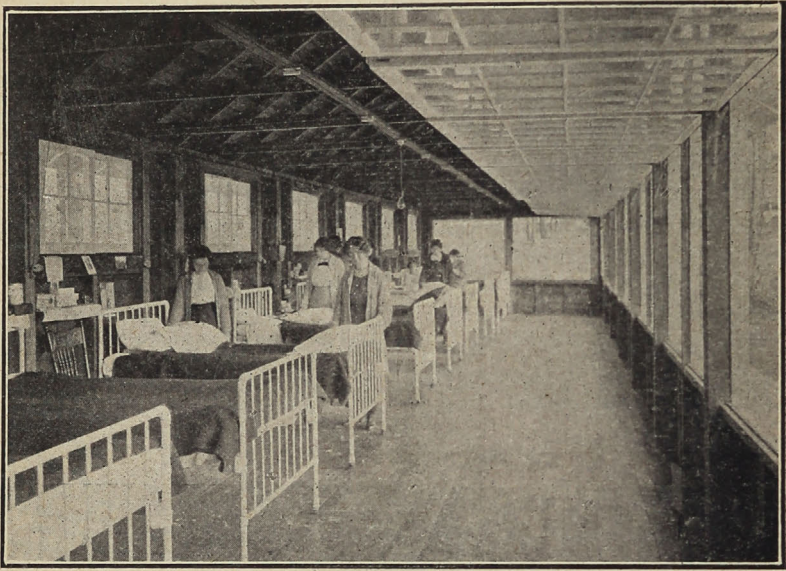
Open Pavilion.



Kendall Pavilion.



corridor entrance is made to the twenty dressing rooms, while in front of the latter are the open-air sleeping quarters. The dressing rooms are 4 feet 9 inches x 8 feet, furnished with a built-in wardrobe, a cheffonier and chair, while in each is in-



Interior Open Pavilion.



Bird's Eye View, Kendall Pavilion.

stalled a vitrified basin with hot and cold water. The sleeping room is 8 feet x 9 feet, with glass front made of two sash above a 3 feet 2 inches base. The windows are hinged at the top and swing in on pulleys. Below one of these windows is a swinging half door, the opening of which allows the bed to be run out on to the verandah. Screens cover all openings. The building is heated by low pressure steam, with the exception of the sleeping rooms. All rooms are lighted with electricity, including reading lamps at the head of each bed. The building faces the south and is built in the shape of a wide V, in order that protection may be had from the north, northeast and northwest winds. Cost per bed complete, including latest hospital equipment, \$397.35.

In considering the planning of buildings to be used for outdoor living we are anxious to include certain features and to avoid others. Efficiency, with comfort, must be the main object. The first point of importance is that a building be so planned that a patient may be able to spend as much of the twenty-four hours each day in the open air as possible, and be able to rest—and that in comfort. The rooms must be well lighted, ventilated, open to all the sun available, and easily kept clean. Bathing and lavatory accommodation must be ample and convenient. With separate rooms privacy and quietude are, of course, more possible, while this class of accommodation could be used for patients confined to bed.

From an economical point of view we must first consider the cost of original construction, and then give thought to heating, lighting, ventilation and cost of upkeep. This type of building is somewhat elastic, could be modified, made smaller along similar lines or added to. The single roomed pavilion could be used for advanced cases, while with slight changes one wing could be made available for women, the other for men. The second storey would make comfortable quarters for nurses, if necessary. I have often felt that a structure of this type could be built on the grounds of our county hospitals and be used for the care of advanced cases. The administration staff and buildings are at hand with nurses available. By such measures probable incurable tuberculous cases, I feel, could be made comfortable, and much-needed training for nurses as to pulmonary tuberculosis and its treatment made possible.

June 1st, 1914.

Society Proceedings

SEVENTH ANNUAL CONFERENCE OF THE CANADIAN HOSPITAL ASSOCIATION

(Continued.)

I have very great pleasure in seconding this vote of thanks, especially as I have watched the progress that has gone on in this nursing question. I would also say that I sat almost in amazement, but with great pleasure, yesterday, when I heard woman after woman get up here and express the human side of hospital and nursing work, which I think would delight the heart of Dr. Kavanagh.

THE PRESIDENT: Moved by Mr. Webster of the Royal Victoria Hospital, seconded by Mr. Parke of the Montreal General, that a hearty vote of thanks be tendered to Dr. Hornsby of the Modern Hospital for his excellent paper on "Team Work in the Hospital."

(Carried unanimously.)

The next item of business is the report of the different committees.

We overlooked a paper. I see that Mr. Nicholson is now here. I am only sorry that we went away this morning without hearing Mr. Nicholson's paper on "Hospital Returns—A Few Errors which might be Avoided." Mr. Nicholson, we will be very glad to hear that paper.

MR. NICHOLSON: Mr. President, I regret that I have not prepared a paper, but I have embodied the points that I wish to impress upon those who are responsible for the monthly returns, which I, as connected with the Hospital Department of the Government, have to check over and see that their grants are properly made out, and I think that by distributing these they will be read by the members and impress upon them all that I have to say. I will just read over what I put in.

(Reads pamphlet entitled "Provincial Aid to Hospitals.")

We often have a great deal of difficulty. I have a sample

here. A return made by the Toronto General Hospital. My assistant in the office says that it is a waste of time to check it over. (Applause.)

THE PRESIDENT: There is one thing I should like to ask. I thought the last Hospital Bill gave us an unlimited days' stay to a patient. I did not think it was limited to 120 days.

MR. NICHOLSON: That still stands.

A MEMBER: Why is it no allowance is made for infants under one year?

MR. NICHOLSON: That has been the rule ever since the department was organized. It is a time honored rule now. Of course it is not too late. I suppose it can be changed if the Government are appealed to.

A MEMBER: It has been brought to their attention more than once, has it not?

MR. NICHOLSON: Not that I am aware of.

DR. HAYWOOD: I would like to know in reference to No. 5 how you are going to arrange about the children if you are not going to keep them the intervening twelve months.

MR. NICHOLSON: You have to keep them a year before they are eligible.

THE PRESIDENT: I am sure we are very thankful to Mr. Nicholson for making the work so explicit, because it has been a puzzle to some of our executors and secretaries, and I think this will elucidate the matter very much.

Now if there is no other business, no other discussion on this paper, we shall proceed with the reports of the different committees. We will take up first the committee on the time and place of the next meeting.

MR. JOHN ROSS ROBERTSON: Relative to this paper in connection with Provincial Aid to Hospitals. I am rather surprised to see at Clause 5 where no allowance is made for infants under one year of age. I confess I thought I knew everything, but that is something new to me. All I can say is it is an outrage that the Provincial Government should have such a tremendous surplus and who give a per capita for infants over a year, should not allow for infants under one year. I think this must be enquired into and find out exactly where we stand, because it is a serious matter in connection with the Hospital for Sick

Children. No allowance made for infants under one year of age! (Laughter). I think I will use some of the little energy which is left in me to see if I cannot have that matter changed. (Hear, hear.) While I am on this subject; I have just left a case now. (Laughter.) I was called over to the Hospital for Sick Children on a matter of business. But I want to say this to the Hospital Superintendents, I want to point out this, that the hospitals should receive an allowance from the Government for the outdoor departments. It is all very well to say as the—I am talking now of municipalities—the outdoor department is a very heavy expenditure on the part of the hospital. We handled last year 25,000 cases, and if I mistake not the cost of that to the hospital was in the neighborhood of \$7,000. Now of course the Toronto General handles a large number—I do not know the number—a large number of outdoor cases. Why should they not receive from the city in addition to the \$1.00 per head per day—why should they not receive extra pay for the outdoor departments? “Patients admitted and discharged on the same day are not allowed for.” The gentleman who drafted these regulations was of an economical frame of mind. (Laughter.) But seriously it is an important matter to you ladies and gentlemen here—not only in Toronto and London, but in other places—why should there not be payment for the outdoor work? We spent last year, if I mistake not, about \$12,000 in drugs and dressings over in the Hospital for Sick Children, and certainly a very large percentage of this was money expended for the benefit of the outdoor department. The year before last we handled about 18,400; last year it shows over 25,000, and I fancy at the rate Toronto is increasing, at the end of next year it will be 30,000, and I think it most unfair that the hospital should not be paid for the expense of the outdoor department. The Hospital for Sick Children is not an endowed hospital; it has not got the money at its disposal that the Toronto General has, not that they have any too much, but as I say it seems to me unfair. The cost last year at the Hospital for Sick Children was about \$1.90. We cannot reduce it. The Hospital is run as economically as a hospital can be run, and we cannot reduce it and I think it is the same in the Toronto General Hospital. I am sorry that Dr. Bruce Smith is not here, but I do think that a committee should be appointed.

THE PRESIDENT: We have a committee, and I think you are on it.

MR. JOHN ROSS ROBERTSON: Well, I will serve on it.

THE PRESIDENT: Any further discussion on this subject?

MR. JOHN ROSS ROBERTSON: Perhaps Dr. MacMurchy will tell us how she feels on this subject of aid for infants under a year.

DR. HELEN MACMURCHY: I feel very strongly on the subject, indeed, Mr. President, and I am sure that if Mr. Robertson and other ladies and gentlemen present would take it up the matter would be attended to.

MR. JOHN ROSS ROBERTSON: What do you think about the expenditure?

DR. HELEN MACMURCHY: I think it is a point that should be brought to the attention of the Government, and I think the Government would be very glad to listen to any representation.

There was a point brought up yesterday by Mr. John Ross Robertson in which we were all very much interested. Mr. Robertson raised the question as to whether it was not so that some correspondence school of nursing had received a license by the Government. I enquired at once, and it is not so. They applied for a license and it was refused them.

MR. JOHN ROSS ROBERTSON: All I can say is that I stand by what I said yesterday. There is a school in Toronto, and it is a correspondence school, and they have a charter from the Provincial Government. I will not mention the name, but I am perfectly satisfied. I know that the Government have refused charters, and I know this too, that I was in a Government building when a medical man of the city of Toronto—one of some repute too—wanted to establish a nursing home or a private hospital with a correspondence school nurse as Superintendent. I was present and I heard Dr. Bruce Smith most positively decline to give any such permission, but I am perfectly satisfied, and I will communicate with Dr. MacMurchy on the quiet as to this. I have had some interviews with two or three of the nurses, and there is, as I say, one school in Toronto, one correspondence school, that has authority from the Government.

DR. HELEN MACMURCHY: I will take every advantage of Mr. Robertson's kind offer, and with your permission I would like to say that Dr. Bruce Smith and others responsible under

instructions from the Government would like to have information as to every private hospital and nursing home in the Province. We are most anxious to do everything that can be done at once. We will welcome communications from anyone that will assist us in doing that. Perhaps you have already explained Dr. Bruce Smith's absence; this is the only hospital meeting that he has missed.

THE PRESIDENT: He was called, I think, out of town on some trial case, where he had to give evidence. Therefore, he is unavoidably absent.

MR. JOHN ROSS ROBERTSON: In my opinion Clause 6 refers, of course, to the outdoor department, and it would be covered by the payment of whatever the municipality would pay towards the expense of the outdoor department.

DR. CLARKE: I think I might give Mr. John Ross Robertson a point as to that. Our custom as to many of these children that come in, where we have to look after adenoids and tonsils, is to keep them for twenty-five hours only. (Laughter.) Now I expect that Clause No. 5 really affects us more than the Hospital for Sick Children. He will never take into account those children as part of our population, so no account is taken of them at all, but it seems an outrageous thing that we do not have some allowance made for them, because they take a good deal to maintain.

MR. JOHN ROSS ROBERTSON: I want to say in regard to the overflow from the Hospital for Sick Children, Dr. Clarke, that in these adenoid cases we speak of an immediate operation is not necessary. I know what is being done in the Hospital for Sick Children perhaps on that very subject, and perhaps it is your anxiety to get the work. (Laughter.) I made enquiries some time ago when I heard that you were doing the adenoid business, and that is the information I have from my superintendent.

DR. CLARKE: They always send them from your place to ours.

MR. JOHN ROSS ROBERTSON: No, they never send any from our place. However, it is all right, and we are on very good terms.

MISS MILLER (Lindsay): No. 3. Unless some arrangement is made for our incurable cases—and we are obliged to keep

them sometimes six months and a year—why should we not receive a Government grant of twenty cents a day while we are maintaining them? There is no other place for them.

MR. JOHN ROSS ROBERTSON: We do not take incurables. We send them to the Home for Incurables.

MISS MILLER: They have not room for them.

MR. JOHN ROSS ROBERTSON: We do not take them in.

MISS GREEN: In our report yesterday I told you that we had fourteen cases of death from cancer. All those cases had been treated in the General Hospital. They were all advanced cases; it cost more to care for them on the day of their death than on the day of admission to the hospital. We had seventeen deaths after admittance of three months. Those were all progressive cases, all increasing in cost daily. Why should we not be treated the same as the hospital?

THE PRESIDENT: It seems to me, ladies and gentlemen, that in many of the country districts we cannot put them out in the street. We have to keep them, and why the limit should be one hundred and twenty days I cannot understand. I think this is one of the questions that should be taken up, and I think the Government would be only too glad to do anything.

THE PRESIDENT: The report of the committee on time and place.

DR. YOUNG: Mr. President, the programme being so full and the session last night so long, I regret to say the committee has not had an opportunity to meet. I thought perhaps we could get together this afternoon, and when I came in Dr. Kavanagh was reading his paper. So I suggest that you allow your committee to continue and to report to the Executive Committee. I think the committee, though, would like to know the feeling of the meeting, whether we should meet in Toronto again, or whether it would be better to change. Personally, while I am very grateful for the invitation to London, I think, if it is to be in Ontario at all, the meeting in Toronto is the best thing, but I feel that if we keep it here all the time we shall have the same people coming to every meeting and the rest of the country will remain out of it. Whereas, if we switch it around a little, no doubt some of us here would not be able to attend, but we could remain loyal to the Association and we

could keep in touch and at the same time be gaining in numbers and strength that way. I would like to have an idea of the feeling of the meeting.

MR. WEBSTER: Mr. President, ladies and gentlemen, I am very strongly opposed to coming to Toronto next year again, because, just as the last speaker says, if you do not switch around you won't get additional members. Now we would be very glad to have you in Montreal next year. The first meeting of this Association was called in Toronto, and I received a long-distance message from Dr. Brown, and I was the only outsider that came here. If we do not get down to Montreal or to the different cities, we won't get members. We are all very grateful to Dr. Clarke for doing so nobly by us, but we must get around, and we want to get more members by going to some other place. I do not want to hurt anybody's feelings by saying "Go to Montreal." We can go to Quebec, if you like. I think we should go to one city and another. The time is coming when we will have to go to Winnipeg, as soon as we can afford it.

DR. HAYWOOD: I think if lack of attendance from the West is any indication that we are holding the meeting far enough east, I do not think we should go any further, and if Montreal is so enthusiastic about this Association, why have they only two representatives here? I will admit though the two they did send are very able representatives, but they surely could have done better than this by the Association. It strikes me that the Canadian Hospital Association is no child's play now. It means that we have sooner or later to take our stand in regard to hospitals. This is my first meeting. I do not know—the enthusiasm has been pretty fair here—but it seems to me we could have got a little more fire and energy into the whole thing. We have got to get the members here in the first place, and then we can find out where the meetings are to be held.

A MEMBER: The hotel accommodation in London is disgraceful. There is not a decent hotel in London, and I think we should stay away from there. As far as I am concerned, I should like to see it here in Toronto.

MR. NICHOLSON: In the Conference of Charities and Correction we went out of the Province a year ago to Montreal, and this year to Winnipeg, and we had the most enthusiastic and best attended meeting we had anywhere, and as you say, to call an institution Canadian it ought to be Canadian more than in name. We had a very strong invitation to go to Calgary, but we out-voted them and brought them back to Toronto.

MR. JOHN ROSS ROBERTSON: What proportion had you from the east?

MR. NICHOLSON: We had a very good attendance.

MR. JOHN ROSS ROBERTSON: How many?

MR. NICHOLSON: About thirty.

MR. JOHN ROSS ROBERTSON: When we were at Montreal what representation had you?

MR. NICHOLSON: I think our representation from Ontario was the largest of any, but we were overshadowed by that other welfare convention down there, so we did not succeed so well as we ought to have done.

THE PRESIDENT: If I may be permitted to say a word, ladies and gentlemen, while I feel that we should go to the different places, London, if you please, Montreal, Winnipeg, Toronto, or whatever place, it seems to me that until our Association is settled and until we have created sufficient enthusiasm to get the people out, I do not think that any amount of going to Vancouver or any other place will get the people out; I think that each and every one of us must feel responsible in bringing somebody with us, in circularizing it and putting before them the merits of the Association and so forth. We are only a few hospitals anyway, seventy-nine if I remember rightly in Ontario, and in Quebec you have a number of them, and in the West you have a number, but still the representation has been fairly good. We cannot expect to do much better with even the full attendance of all the superintendents in Canada. However, I am willing to do whatever the others do. But I think, personally, that we should remain in Toronto another year. I am sure that we receive splendid treatment from the Toronto General and from all our associates in Toronto, and we can but circulate these things to the other hospitals. It is a central place, it is half way in a sense between the Atlantic and par-

ticularly a certain part of the West, and I do not see any reason for changing just at present. Now we have changed once or twice, and while the meeting at Montreal was a success, I think at other places it was not just the success that we had anticipated, and I think that we should be very careful about moving just at present to a different place.

DR. DOBBIE: Perhaps some information as to the number of hospitals in the different provinces would help us. In British Columbia, 15; in Manitoba, 14; in Alberta there are 13, and in Saskatchewan, 8. That gives you an idea of the number of representatives you can get from the West. I have not the figures for the other provinces.

MR. JOHN ROSS ROBERTSON: The Association is a sort of dead wire for three parts of the year, and it is a live wire for the remaining three months of the year. No exertion was made until a few weeks ago to get it into operation and the papers prepared. The American Association is kept alive all the year round. We could not get men like Dr. Clarke and Dr. Kavanagh to travel to Winnipeg or to Calgary. This Association should be kept alive all the year round. It is a pity that there is not a paid official, a secretary or somebody, to keep it alive all the year round. Now the people only know about three weeks before a meeting is held.

DR. PARKE: I believe the percentage of representatives at this meeting is as good or better than the percentage at the American Hospital Association.

DR. KAVANAGH: What did you say?

DR. PARKE: I believe that the hospitals of Canada are as well or better represented in this Association than the hospitals are represented in the International Association. I was not at the last meeting that was held, but at the one before that I was present. We counted noses there and we had a greater percentage of representatives from Canada attending the International meeting than they had over there, right on their own ground. You remember that, Miss Aikens, we went around and found out everybody that waved the Union Jack.

MR. WEBSTER: If Dr. Boyce thinks it is best to have it in Toronto next year, I am perfectly willing. I personally will withdraw mine.

THE PRESIDENT: It is only a suggestion on my part.

DR. DOBBIE: We had considerable difficulty this year to decide the best time to meet, and when we did decide on Thanksgiving Day we had considerable difficulty to find out when Thanksgiving was to be. If they think another season of the year, the spring of the year, would be better, let it be understood, and then we will have something definite to go on.

MR. JOHN ROSS ROBERTSON: I think September would be a good month.

THE PRESIDENT: The American Hospital Association—perhaps I am giving out information I should not—meets next year in the last of August, and it seems to me that many of us like to go to the American Hospital Association, and it would come immediately before the Canadian, and you know the Boards of Trustees do not like their superintendents to be away two succeeding months.

MR. JOHN ROBERTSON: Why not in May?

THE PRESIDENT: We had it at Easter time once or twice. It seems to me this is the best time in the year if we knew when Thanksgiving was to be.

MR. JOHN ROSS ROBERTSON: What has Thanksgiving got to do with it?

THE PRESIDENT: Cheap rates. I think if we do not have it on Thanksgiving, we would have the best attendance at Easter time. The Nurses' Association met in May this year, and of course that prevented us holding this Association on May 24th. They meet every year, as I understand it, in May, so it does not do to clash with the Nurses' Association. I think the best time would be Easter.

MR. JOHN ROSS ROBERTSON: Why not hold them both at the same time; they won't mix? (Laughter.)

THE PRESIDENT: It seems to me the best time is perhaps Easter. We know, then, it is practically settled. I asked the member when Thanksgiving was to come, and he did not know, and we could not tell. We knew this about a month beforehand, so I think in that case Easter time would be the best.

DR. YOUNG: Here you have lots of people who come from a distance, that do not come to Toronto for the meeting only, and here we have been busy ever since Monday and right up

until to-night, and everybody who wants to have a little time to look around the city will have to get their ticket extended and pay the other third anyway. I think I would disregard the cheap rates altogether.

THE PRESIDENT: That is to leave it with the Executive to decide the time?

DR. YOUNG: Yes, to leave it with the Executive.

THE PRESIDENT: Why not have a motion as to the best time? I think there are sufficient here. It is better for a dozen to decide than for two or three.

DR. PARKE: I did not rise when Montreal was mentioned, and I do not want to say that you won't be welcome to Montreal and to the "greatest hospital in the world," but it must be remembered that all the members and superintendents of the Montreal General Hospital are members of this Association; all the members, all the superintendents, that is of the Protestant hospitals. Now I am perfectly satisfied that you are going to gain membership by moving round, and that is one of the ways the American Hospital Association has increased. We have not as many great centres, or as well arranged hospitals. Therefore, I move that the meeting be held about Easter time of next year in Toronto, and that your scheme of circularizing be carried out to see what effect it has next year.

MR. JOHN ROSS ROBERTSON: When does Easter fall next year?

THE PRESIDENT: I think it is in April.

MR. NICHOLSON: I think the Eastern Passenger Association have enjoyed cheap fare rates—to Winnipeg, single fare for the round trip.

MR. JOHN ROSS ROBERTSON: I think there is a new rule in operation. I was told the other day that there was. I second that motion.

THE PRESIDENT: Moved by Dr. Parke and seconded by Mr. Robertson, that the next meeting of this Association be held in Toronto about Easter time next year.

(Carried unanimously.)

Next, the auditors' report. It seems that some of the members of this committee were not present, or at least they had gone away at the time.

(Reads report.)

I move that it be adopted. Seconded by Dr. Young.
(Carried.)

The next report is that of the Nominating Committee.
(Reads report.)

Moved by Mr. Webster, seconded by Dr. Haywood, that these be the officers for the ensuing year.

(Carried.)

I have much pleasure in asking you, sir, to take the chair
(addressing Dr. Young).

(Applause.)

I am sure that we are delighted to have you take charge of the proceedings for next year.

DR. YOUNG: Ladies and gentlemen, I am so surprised that I really do not know what to say or how to thank you. When I started to take an interest in the American and Canadian Hospital Associations four or five years ago, I had no idea that I would ever be elected to an honor of this kind. It is particularly gratifying to me, and I am sure that it will be gratifying to my confreres in the Hospital for Insane to think that one of their number has been elected to the place of honor in an Association which is really a General Hospital Association, and I think that it will perhaps stimulate them, and I hope that some of them will soon be taking an interest along with myself in this Association, because there is no problem that you have to meet that they are not up against as well. If they could only attend the meetings I am sure that they would derive great assistance from the discussions and papers. I heartily thank you, I assure you, for the honor you have done me.

Before the meeting adjourns I think we should extend a vote of thanks to Dr. Boyce. (Applause.) Probably it is not known to more than one or two that this meeting came very near not taking place. The interest for some reason or other appeared to be lax, and one difficulty after another showed up, and Dr. Boyce, singlehanded almost, has pulled the thing

through, and I hope it is off for a fresh start. I am sure that we all appreciate what sacrifices Dr. Boyce has made for this Association, not only this year, but in previous years. (Applause.)

MR. WEBSTER: I hate to be getting up all the time, but I cannot allow this meeting to close without moving a resolution to Dr. Dobbie, who has done so much for this Association, and has taken it on again this year. I think it means a lot to this Association.

I would also like to couple with that a vote of thanks to be extended to the Toronto General Hospital for their kindness in giving us this room and all the privileges they have given us. I would like, with your permission, to add Miss Gunn and Dr. Clarke and the Trustees.

THE PRESIDENT-ELECT: It has been moved and seconded that a vote of thanks be extended Dr. Dobbie for the efficient way he has discharged the duties of secretary. I knew him a long time ago, and I know that he has peculiar qualities that make him a most energetic and efficient secretary, and he certainly does a good work in keeping the Association in shape. A vote of thanks has also been tendered to the Trustees of the General Hospital, Dr. Clarke and Miss Gunn for their kindness in giving us the use of this splendid room. (Applause.)

DR. DOBBIE: Mr. President, I just rise to say that it is really wonderful what little one can do and at the same time reap such a large share of credit which should be distributed to others more energetic and more worthy. I wish to take the opportunity in accepting the vote of thanks to set myself right by stating to you that the major part of the work that I should have done was done by your President, Dr. Boyce.

DR. CLARKE: On behalf of the Trustees, Miss Gunn and myself, I thank you. The pleasure has been altogether ours. It has been an advantage to have you here and profit by availing ourselves of the criticism that has been offered.

THE PRESIDENT-ELECT: If there is no further business the meeting is adjourned.

THE AMERICAN HOSPITAL ASSOCIATION

Readers of THE HOSPITAL WORLD will please note the following corrections in the preliminary program:

Page 3—10.00 a.m. change to 9.30 a.m. 10.30 a.m. change to 10 a.m.

Page 6—Dr. Wm. B. Walsh, Chief Resident Physician, Philadelphia General Hospital. Change to Dr. Wm. H. Walsh, Superintendent Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

Page 7—Mr. Frederic B. Morlock, Superintendent Flower Hospital, New York City. Change to Memorial Hospital Richmond, Va.

Page 8—10.30 a.m. Change to 10 a.m.

Page 10—Miss Mabel McCalmont's address should read 52 Wall Street, New York City.

Page 14—10.30. Change to 10 a.m.

Page 17—Dr. S. S. Coldwater should be Dr. S. S. Cold, Commissioner of Health, New York, N.Y.

Page 18—Dr. S. S. Coldwater should be Dr. S. S. Cold, Commissioner of Health, New York, N.Y.

4. Report of Committee to Consider the Grading and Classification of Nurses. Miss Charlotte A. Aikens, Chairman, Detroit, Mich.

General Discussion.

Page 15—

1. California and the Eight-Hour Law. Miss A. A. Williamson, Supt. California Hospital, Los Angeles, California.
2. Report of Committee to Memorialize Congress to Place Hospital Instruments on the Free List. Rev. Geo. F. Glover, D.D., Chairman, Supt. St. Luke's Hospital, New York City.
3. Report of Special Committee on Bureau of Hospital Information. Dr. W. H. Smith, Chairman, Supt. Johns Hopkins Hospital, Baltimore, Md.
4. Report of Committee on Legislation. Dr. Wayne Smith, Chairman, Supt. Harper Hospital, Detroit, Mich.
5. Other Committee Reports.
6. Report of Committee on Time and Place of 17th Annual Conference.
7. Report of Nominations Committee.

8. Election of Officers.
 9. Introduction of President-Elect.
- Adjournment.

THERE will be a non-commercial exhibit at the St. Paul meeting of the American Hospital Association. Articles invented, designed, improved or arranged by hospital workers—articles not ordinarily found in catalogues are solicited. There will be an exhibit from all classes of hospitals—children's, orthopedic, tuberculosis, eye and ear, infants'; also a training school exhibit. Hospitals having anything to send should forward the same to Miss Lydia H. Keller, Supt., Cobb Hospital, St. Paul, Minn.

The enthusiastic and friendly secretary has written as follows:

"FELLOW MEMBERS,—Now is the time to prepare for the great hospital convention at St. Paul, Aug. 25, 26, 27, 28.

"Mr. Bacon has made arrangements for the members who go by way of Chicago to spend a profitable day visiting the large institutions there.

"Over 400 have applied for conveyance on the Association's special trains leaving Chicago midnight August 23rd. This train will convey the members along the beautiful valley of the Mississippi.

"At the Boston conference the American Hospital Association passed a vote to make hospital physicians, surgeons, pathologists and superintendents of nurses eligible to membership in the Association.

"It was felt, as these people represent a most important side of the hospital's activities, they should be represented in the Association. There is no doubt, if they will attend the meetings and participate in the discussions, that it will greatly advance the interests of the Association and tend to the development of co-operation and harmony.

"As the St. Paul convention is nearing, I am naturally anxious to secure a large number of applications for membership, and I am writing this letter to ask your continued and valued assistance. I know that a word from you to the members of your attending staff and superintendent of nurses will carry more weight with them than a dozen letters from me. This is my excuse for troubling you instead of writing direct to them.

"The annual dues for associate members are \$2. I am taking the liberty of enclosing a few application blanks for your use."

Hospital Intelligence

CANADIAN

Certain additions to the Dorchester St. East Hospital, Montreal, are under consideration. Ed. & W. S. Maxwell, 6 Beaver Hall Sq., are the architects.

The new Summerland Hospital, B.C., is expected to be completed before August, tenders having now been issued.

A new hospital is proposed for Gananoque—the doctors, the King's Daughters and the fraternal societies are interested.

Work has recommenced on the Saskatchewan Sanitarium, at Fort Qu'Appelle. The site comprises 230 acres. A part of the first floor of the main building is completed. The Government has promised \$100,000, contingent on the Saskatchewan Anti-tuberculosis League raising a similar amount. In 17 Saskatchewan hospitals 260 tuberculosis cases were treated in 1913; and this represented only a portion of the sufferers. The new sanitarium will be fireproof. The architect is J. H. Puntin. It will cost \$225,000.

The Herbert Board of Trade (Sask.) have recommended a hospital for the municipalities in that vicinity. The Vermillion Hills municipality is willing to co-operate. Ten acres have been set aside in Herbert for the institution. The cost will be about \$25,000.

Chatham, Ontario, will have a new isolation hospital. Dr. W. R. Hall, M.O.H., has visited various isolation hospitals for pointers.

The Children's Hospital in Hamilton is completed. Its chief benefactor is Mrs. Jeanette Lewis.

Work on the new Provincial Jubilee Hospital has begun. Only Britishers are allowed to work on the job.

The St. John (N.B.) *Times* says that the accommodations for tuberculous patients in its environs are sadly lacking, and a "disgrace to any so-called Christian community." A tuberculosis hospital is badly needed. Eighty thousand dollars has been voted for such an institution, which will be erected on the east side of St. John. F. Neil Brodie is the architect.

The Royal Columbian Hospital, New Westminster, B.C., is completed.

A handsome new wing has been added to St. Luke's Hospital, Ottawa. This brings St. Luke's quite up to date, with its new operating rooms, new dispensary, new kitchen, indirect lighting, modern heating and ventilating. Dr. W. E. Caven is Superintendent.

The new wing of the Regina General Hospital is completed. Miss Turner, Superintendent, has taken on 30 new nurses. A pathologist and two internes have been appointed.

A new isolation hospital is to be built in Fredericton, N.B. J. F. McMurray is on the building committee.

A Catholic hospital is talked of for Brantford, Ont. Very Rev. Dean Brady is looking out for a site. It will be under the care of the Sisters of St. Joseph.

Sydney, N.S., is to have a fine new hospital. The old Brooklands Hospital there was recently destroyed by fire.

G. A. Henderson, Esq., has been elected again president of the Vernon Jubilee Hospital.

A new hospital has been opened in the Gulf Islands, B.C. It was opened in May by Hon. Dr Young. The Superintendent is

Miss Colquhoun, of London and Dublin. Corporal Newens., late R. A. M. C., has been appointed male attendant.

A site has been selected for a tuberculosis hospital at Calgary.

Tenders for the new hospital at Walkerville, Ont., were found to be too high. Contractors have been asked to revise their figures.

An \$80,000 hospital is to be built in North Winnipeg, for 50 patients.

St. Joseph Hospital, London, Ont., is making a \$100,000 addition.

Brantford is providing a smallpox hospital.

A new hospital is to be built at Kelowna, B.C. It will be ready this fall.

AMERICAN

A \$35,000 Italian hospital is to be built in Paterson, N.J.

Four additional buildings are being erected in connection with Mount Sinai Hospital, N.Y.

The Long Island State hospitals have been undergoing special inspection as a result of charges of bad conditions by the Federal inspectors.

A \$30,000 addition is being made to the Hospital for Women and Children, Newark, N.J.

The new tuberculosis ward building of the City and County Hospital, St. Paul, Minn., has been completed, costing \$125,000.

Dr. George Conderman, of Hornell, N.Y., has given a site for a hospital.

\$20,000 will be spent in improving the City Hospital, Binghamton, N.Y.

\$150,000 were raised for St. John's Long Island City Hospital in early June.

Central Islip Hospital was investigated on the charge of using ancient eggs and decomposed meat.

A tuberculosis hospital is to be built in Watertown, N.Y.

The corner stone of the new Emergency Hospital, Washington, D.C., was laid by Senator Gallinger.

A new \$250,000 hospital is to be built in Kalamazoo, Mich.

St. Anthony's Hospital, Woodhaven, N.Y., is to be used for the housing of tuberculosis patients.

The College of Physicians, Philadelphia, was addressed by Dr. Richard Cabot, on social service. Dr. David L. Edsall spoke in "The Relations of the Medical Staff to the Administration," and Dr. William S. Thayer discussed "The Responsibilities of the Medical Staff."

A new hospital is to be built at Sellwood, Ore., costing \$15,000.

Owing to disgraceful conditions discovered in Comberland Street Hospital, New York, the resignations of the Superintendent, the head of the training school, and the matron, have been called for. Men with fractured legs in casts were found lying on the floor on mattresses which had been condemned several years, and through which in numerous spots the floor could be sounded.

A new men's ward is to be erected at the State Hospital at Providence, R.I.

The New Lebanon Hospital in Philadelphia has been remodelled and equipped at a cost of \$25,000.

The German Hospital in Greenville, N.J., is completed.

The Sisters of Providence, at Holyoke, Mass., are building a new hospital.

A \$2,000,000 State hospital will be ready by January 1st next for Ohio. It is located near Lima, Ohio.

The New York Hospital and the Presbyterian came in for large shares of the estate of Miss Elizabeth Thompson. The deceased left \$3,000,000, all told.

A large county hospital is recommended for Milwaukee. Of 6,400 persons incapacitated through sickness or accident, 1,444 were financially unable to take care of themselves. There is one bed for every 347 inhabitants.

A \$250,000 addition is to be made to the Willard Parker Hospital, New York City.

A social service department has been added to the Boston City Hospital.

A new Catholic Hospital is planned for Mason City, Ia.

Two baby hospitals have been erected on street piers in Philadelphia.

The People's \$90,000 Hospital, Peru, Ill., is completed.

A new isolation hospital is proposed for La Salle, Ill.

The Robert W. Long \$250,000 Hospital, Minneapolis, is completed. It will be associated with the University of Indiana Medical School. It is the gift of Mrs. and Mr. Robert Long.

Dr. T. B. O'Keefe, Grand Rapids, Mich., is building a sanitarium, to cost \$20,000.

There is a new tuberculosis hospital at Ancora, N.J.

It is reported that the Beth Israel Association of New York City has purchased a site for a million dollar hospital.

Dr. S. S. Goldwater opposes the expansion of hospitals as health centres. He holds that this work belongs to the Department of Health. A large Board of Trustees, a smaller board, or a single commissioner might satisfactorily administer the city hospitals. The project to put all hospitals of the city under a new department of hospitals is being favorably considered by those who have recently made an investigation of the city hospital for the Mayor.

A sanitarium for tuberculosis is to be opened at Tahlegach, Okla.

The Sisters of Charity at McAlester, Okla., will build a hospital.

A new Indian hospital is to be built at Lawton, Okla., to cost \$40,000.

The operating room of the Homeopathic and Surgical Hospital at Reading, Pa., has had to be moved to another part of the building, as a result of a law suit brought by some of the nearby residents of the hospital.

A new city and county isolation hospital is to be built at Superior, Wis.

A new emergency hospital is asked for by the Medical Society of Milwaukee, for that city.

Montreal is to have a floating hospital for sick children.

The Foresters are establishing a sanitarium near San Fernando, Cal.

Millville, N.J., is to have a \$20,000 municipal hospital.

3,000 patients in the Hudson River State Hospital have been vaccinated.

A \$200,000 dispensary is being built in New York City.

Through the co-operation of the General Memorial Hospital and Cornell University Medical College, New York is to have the largest and best equipped cancer hospital in the world. More than \$1,000,000, exclusive of the value of the hospital buildings, is already at hand to form the basis of the institution, which will also have a large supply of radium at its command, and the results of years of research to draw on. Ninety beds will be devoted to cancer patients.

St. Anthony's Hospital, at Woodhaven, near Brooklyn, was blessed early in May. It will accommodate 700 patients.

The New York Saturday and Sunday Association recently apportioned \$110,000 among the forty-seven New York Hospitals.

An effort is being put forward to raise \$25,000 for an addition to St. Mary's Hospital, Jamaica, N.Y.

The new Utrecht Dispensary, New York, is to develop into a hospital. A lot on 36th St. has been purchased for the purpose.

It is proposed to enlarge the Macon City Hospital, Georgia, by expending \$100,000 on an addition. Rev. R. E. Douglas is President of the Board.

The Delaney investigators charge gross mismanagement of the State Hospitals of New York State. Of eight million dollars, one-half goes for wages—11,000 persons being employed to care for 30,000. Many patients admitted to increase institutions' population, on which salary additions are based, it is alleged.

A special campaign was conducted in May for Mercy Hospital, Baltimore. Some \$300,000 were raised.

The Jewish Maternity Hospital in Philadelphia is completed. Cost, \$75,000.

The Illinois Central Railroad has purchased a tract of land in Chicago for an employees' hospital. It will cost \$400,000.

\$100,000 have been recently raised for the Passaic General Hospital.

Miss M. M. Taylor has bought the Physicians' and Surgeons' Hospital, of San Antonio, Texas, for \$75,000. She has operated the hospital for three years.

A special campaign in aid of Alexandria Hospital, Alexandria, Va., has recently been carried on, some \$30,000 being realized.

Mr. James E. Deering has given the Wesley Hospital \$1,000,000 as an endowment fund. He stipulates that Wesley shall be a teaching hospital of high standard. A free dispensary is to be maintained, as well as a clinical laboratory.

It is proposed to erect a new quarantine hospital in Niagara Falls, N.Y., in a more central location.

A special campaign has been completed on behalf of the North Hudson Hospital, and \$60,000 realized.

George W. Elkins has erected the Abington Memorial Hospital in memory of his wife. It cost \$100,000, and was opened on May 15, 16 and 17.

UNITED HOSPITAL, PORT CHESTER, N.Y.

The United Hospital, at Port Chester, New York, completed a twelve-day campaign for endowment on June 17th. This hospital serves Port Chester, Rye and Harrison. The buildings are new and are free from debt. The object of the campaign was to secure an additional endowment fund. It was stated that \$10,000 of the amount raised would be used for current expenses. The objective of the campaign was \$100,000 or more. The sum subscribed slightly exceeded \$112,000. Mr. W. A. Bowen, of Waterville, Maine, was the leader of the campaign. Perhaps one very large gain to the hospital, as a result of this campaign consists in the large interest that was awakened throughout the entire community in the hospital, as a community institution. In the past there have been a limited number of contributors. Fully 3,000 people subscribed toward the campaign fund.

GRADUATION EXERCISES, TRAINING SCHOOL FOR NURSES, HOSPITAL FOR THE INSANE, HAMILTON

A BRILLIANT success was the fourth graduation exercises of the Training School for Nurses of the Hospital for the Insane, Hamilton, on June 17th. A large number of people turned out, gaily gowned, and almost every shade was seen against the fresh verdure of the trees and shrubs. Excellently well situated for such a function are the beautiful grounds, with their winding drives, shady trees and profusion of flowers.

On one of the east lawns an improvised platform was erected, beautifully decorated with palms and huge bowls of marguerites and roses. On the platform were His Lordship the Bishop of Niagara, Dr. English, Dr. McNaughton, and Mr. Rogers and Mr. W. W. Dunlop, inspectors of hospitals, from Toronto.

Miss O'Donnell and as many of her nurses as could be spared from the wards, with the graduating class, were seated, in their uniforms, in the front rows of chairs just below the platform.

Dr. English presided, and in his opening remarks gave a very warm welcome to all present, and said that after a period of three years' training and most thorough examinations, the nurses received their diplomas, and that the Government of the Province was determined to make these training schools the very best in the land.

Dr. McNaughton then administered the Florence Nightingale pledge to the graduation class.

Dr. English called upon His Lordship Bishop Clark to address the class and to present the diplomas to Misses Annie Wallace, Sarah T. Weir, Annie T. Mooney, Mabel Partridge, Florence Petten and Louise O'Keefe. Mrs. English presented the graduation pins. Mr. W. W. Dunlop, at the request of Dr. English, presented Miss Annie Wallace with a silver mounted thermometer for being first in the graduation class.

The hospital orchestra, under the leadership of John Glebe, furnished many excellent selections, and brought the exercises to a close by playing the National Anthem.

Refreshments were then served from a marquee centered in a circle of pine trees, beautifully decorated with ropes of daisies brought from the centre of the ceiling and down each post, with huge bowers of flowers in between. The long table was centered with a silk maltese cloth and prettily arranged with syringa and pink carnations in large flower bowls.

Mrs. McNaughton and Mrs. Webster poured tea and coffee; Mrs. Robertson, assisted by Miss O'Donnell, was in charge of the ice cream and strawberries.

The annual dance, which brought to a close the graduation exercises, was the most delightful ever held in the institution. The hall and platform were beautifully decorated with palms and quantities of flowers. The floor was in perfect condition for the dance, and every detail of the evening contributed to the comfort and enjoyment of the two hundred or more present. The orchestra of the institution supplied a programme of unusually delightful numbers. Much of the success of the evening was due to the energetic superintendent and Mrs. English and the staff of officers. A dainty buffet supper was served from prettily decorated tables. The bright faces and uniforms of the nurses and the gaily colored gowns of the guests made a scene not soon to be forgotten.

Book Reviews

Diseases of Women. By FLORENCE E. WILLEY, M.D., M.S., B.Sc., London. The Scientific Press, Limited, 28 and 29 Southampton St., Strand. (Two shillings net.)

In her preface the author, who is a physician for the diseases of women, a teacher and an examiner in obstetrics, states that her aim is to show a good reason to the nurse why she is asked to carry out certain methods. Much bad nursing, she contends, is the result of nurses working without understanding the reason why they are asked to carry out certain methods. They are working in the dark.

There are nineteen concisely written chapters in the little work, dealing with the anatomy of the female genitals, the examination of the patient, instruments and accessories, tamponage, use of the catheter and douches. Then follow chapters on menstruation and its disorders, inflammation, displacements of the uterus, diseases of the adnexae, and the nursing of venereal diseases. Chapters ensue on the preparation for the various gynecological operations, dilatation and curettement. The after-care of abdominal cases, complications following abdominal operations, and a chapter on gynecological emergencies complete the volume. We should like to see such a practical little volume widely read on this side of the water. Send fifty cents for it.

Hospitals Sisters and Their Duties. By EVA C. E. LUCKES, Matron of the London Hospital. The Scientific Press, Limited. (Two shillings and sixpence net.)

As the title indicates, this is a nursing manual dealing largely with the ethics of the profession in the relations of the head nurse, or sister, as she is termed in English hospitals, toward her staff nurses and probationers, and toward her patients, with chapters also on ward management. That the book is in its fourth edition is evidence of its popularity among the members of the profession across the water.

A Continental Holiday. By GRACE VALLOIS. The Scientific Press, London, Eng. Price, one shilling.

The author of this pleasant little volume writes, she avers, for nurses, and incidentally for "all fellow-travellers with slender purses," which ensures a wide circle of readers. Her informative talk takes London as the starting point, and from it she sends her slender-pursed travellers on one week, ten day, and fortnight holiday trips which, she states, can be made at the cost of from five to seven pounds. She devotes some first pages to useful hints concerning clothes, luggage and railway methods, and in succeeding chapters describes in chatty fashion little journeys to the Ardennes, St. Malo, Amsterdam, Bruges, at the above cost; while a fortnight at Lucerne and Florence are outlined at eleven and thirteen pounds respectively.

The book is readable and illuminative—valuable not alone to nurses, but to all women travellers who seek a charming yet inexpensive holiday.

Burdett's Hospitals and Charities, 1914. Being the Year Book of Philanthropy and the Hospital Annual; Containing a Review of the Position and Requirements, and Chapters on the Management, Revenue and Cost of the Charities. An Exhaustive Record of Hospital Work. It will be found to be the most useful and reliable guide to British, American and Colonial Hospitals and Asylums, Medical Schools and Colleges, Nursing and Convalescent Institutions, Consumption Sanitaria, Religious and Benevolent Institutions and Dispensaries. By HENRY BURDETT, K.C.B., K.C.V.O. Twenty-fifth year. London: The Scientific Press, Limited, 28 and 29 Southampton St., Strand, W.C.

We make no apology for quoting in full this quaint, pregnant title page, as it presents to our readers an epitome of the contents of the volume. With a degree of pardonable pride, the versatile, energetic and many-sided author, in his preface, calls especial attention to the immense amount of accurate and useful information contained in this number. He mentions with particular pleasure the splendid gift of Sir Julius Wernher, amounting to £500,000, to the King's Fund, which Fund Sir Henry had so much influence in inaugurating through his strong per-

sonal friendship with the late King Edward and with the other original contributors to the Fund. Canadians will remember that Lord Stratheona and Lord Mountstephen placed the Fund on its first firm basis by their magnificent gifts toward it.

The Annual is both a compendium of hospital information and a hospital directory. It would be as easy to review a dictionary as so extensive a work as this. It is the greatest and most collective volume of its kind in the world, and should be within reach of every hospital worker of whatever nationality and whatever phase of the work.

A Quiz Book of Nursing. By Amy Elizabeth Pope and Thirza A. Pope, together with chapters on visiting nursing by Margaret A. Bewley, R.N.; on hospital planning, construction and equipment, by Bertrand E. Taylor, A.A.I.A.; and on hospital bookkeeping and statistics, by Frederic B. Morlok. With diagrams. G. P. Putnam's Sons: New York and London. The Knickerbocker Press.

This is a quiz book containing 1,000 questions with answers. These questions relate to the care of the ward; routine care of patients; significance of the more common symptoms; methods of giving medicines; principles of surgical nursing, obstetrics, pediatrics, first aid; duties of a head nurse, of private nurses, and methods of teaching nursing. There are some 50 questions on hygiene, 50 on bacteriology, 350 on anatomy and physiology, 250 on dietetics, and 150 on materia medica.

It reads like a dictionary. For students before examinations it affords one method of review. Taylor's chapter on hospital construction is pithy and good and Morlok's chapter on hospital bookkeeping useful to those in charge of the larger hospitals.

Immunity. Methods of Diagnosis and Therapy and Their Practical Application. By DR. JULIUS CITRON. Translated from the German and edited by A. L. Garbat, M.D. Second Edition. Philadelphia: P. Blakiston's Son & Co. 1914.

This little book of Citron serves a certain purpose in presenting in concise form material otherwise only available in laboratories possessing the large systems dealing with the sub-

jects of bacteriology and immunity. So much work has been done, particularly in immunity, that even the more pretentious German "Handbuchs" on the subject are often remiss in their treatment of the most recent contributions. Some of these books however, especially those of German and French origin, have the more serious and annoying habit of quite ignoring the English and American literature. Citron has emulated some of his colleagues in this particular and an otherwise admirable book leaves itself open to strong criticism.

A concrete instance of the point complained of occurs in the section devoted to the work on chemotherapy, where Wolferstan Thomas's work with atoxyl is completely ignored. This is perhaps of less moment than a statement on page 71, which reads: "Koch's differentiation between bovine and human tuberculosis led to attempts," etc. This is a typical example of the methods of a certain type of German laboratory worker. Theobald Smith, who is absolutely entitled to the credit for this work, is not even mentioned, and Koch is given the credit.

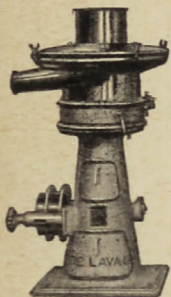
One cannot, therefore, fairly say that the book has any pretence to consideration other than that of a small laboratory guide in immunity, presenting many methods, some of them of value, others worthless (e.g., Much-Holzmann test), but all of them, according to the author, made in Germany and for German consumption. The English edition, one would expect, would supplement and include these omissions; this has not been done however.

It is the opinion of the writer that those who are guided by this book will have a very biased and one-sided knowledge of immunological methods and not one that will qualify them to do the best work in the field of immunity.

It is unfortunate, but it is true, that this manual cannot be recommended as a substitute for either Kolle and Wassermann or Kraus and Levaditi; and this seems to have been the author's aim in compiling the book.

J. G. F.

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* Publishers' Department.

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Private Ward Outfits for 4, 6, or 12 persons supplied with oak shelves, in stock in Montreal, or can be supplied from works in 90 days.

Haviland China.—Highest grade of Limoges China made. Special thickness for Hospital use. Special designs made to order. Badged in Gold or in same color and design can be supplied in 90 days.

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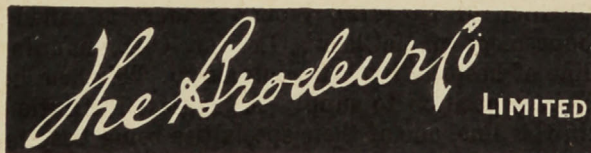
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Rosenthal Hotel China—Speciality, Underglaze Decorations.

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Safety First, Last and all the Time demands that you guard your health by using these towels. Eddy's towels are sold with neat, attractive fixture complete, all ready to affix to the walls.

Hospital Refrigeration

The attention of hospital superintendents is called to the announcement, appearing on page 51 of this issue, of Keiths', Limited, Toronto. This well-known firm, whose new address is 297 Campbell Avenue, makes a specialty of Mechanical Refrigeration and are experts in installing plants in Hospitals, Sanatoria and Asylums, large and small. Nothing can be more important, especially at this season of the year, than the preservation of foods, especially milk, for use by the sick, and the Firm named will at any time submit plans and prices for this kind of work and can be depended upon in every particular.

Purity in Food Supply A Sine Qua Non

Is there anything that can be of greater importance in hospital management than the subject of food supplies. Some people have been inclined to criticize institutions for an alleged lack of care in this respect, claiming that the quality of the foods is sometimes not what it should be. In this connection, the attention of hospital purchasing agents is called to one firm, who refuse to supply anything but the best in quality. The firm referred to is Wagstaffe, Limited, Hamilton, Ontario. They have the most up-to-date fruit preserving plant in Canada, make a selection of only the richest and most luscious fruit obtainable, and every jar and tin is absolutely guaranteed as to quality—Mr. Hospital Superintendent—nuf sed.

McClary's Hospital Kitchen Equipment

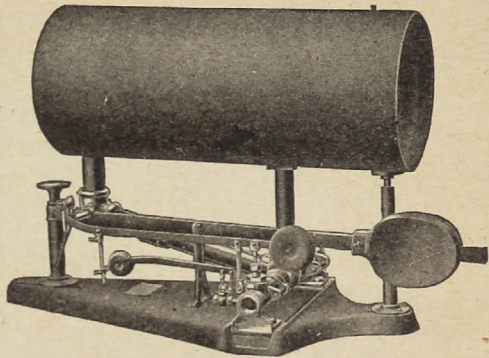
The attention of HOSPITAL WORLD readers is called to the page announcement of McClary's, London, Ont., manufacturers of a full line of hospital kitchen equipment. This firm have for years been in a position to supply the largest institutions with anything in this line, one of their specialties being hospital ward

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Back to Boiler
SYSTEM

Keeps the entire Steam System Active—
Returns the Condensation direct to Boilers

CONDENSATION is taken direct from the steam lines and returned to the boiler with practically no drop in temperature and without the use of Pump or Injector. You thus feed your Boilers with pure HOT water at 320° and above.



Every engineer and manager of a steam plant honestly desiring to improve the steam system under his care will profit by writing us for further information concerning the Morehead System. Information and helpful suggestions are cheerfully given without obligation on your part.

Canadian Morehead Manufacturing Co., Limited
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Canadian Representatives:—Geo. W. Cole, Woodstock, Ontario; Robert S. Bickle, Winnipeg, Manitoba; H. E. Kirkham, Montreal, Quebec; Robert Hamilton, Vancouver, B.C.

Iron Stairs, Fire Escapes
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And Specialties for Hospital Use



Manufactured by

The Geo. B. Meadows, Toronto

WIRE, IRON AND BRASS WORKS COMPANY, LIMITED

479 West Wellington Street

TORONTO, CANADA

diet tables. As their advertisement will show, this equipment has a service table with neat platter and roll covers, vegetable and soup crocks made of vitrified china, guaranteed to be non-crazing and non-porous. This diet table has also a plate warmer cabinet with sliding doors, a gas attachment on end with gas hot-plate and oven. Such an installation is ideal for hospital use and will meet with the approval of any hospital expert.

Should be Equipped to Every Hospital Door

Can anything be more annoying to a patient in bed than a noisy, creaking door? We venture to say that there are few things so detrimental to the convalescence of a naturally nervous patient as a door or doors in an institution that are constantly being opened or closed on a hinge that creaks. To avoid this hospital superintendents should look into the merits of the Soss Invisible Hinge as manufactured by The Otto Higel Co., Ltd., Toronto. It has merits peculiarly applicable to use in hospitals and sanatoria.

A Sick Room Beverage

When the Hospital House Physician is looking for an ideal sick-room beverage, let his mind turn to Baker's Cocoa. This product has but few equals. Why? Because of its high quality and absolute purity. These two points command for it a prominent place in the list of hospital niceties. Private ward patients will appreciate it. It is made of the best selected cocoa beans scientifically blended, and contains no foreign elements whatever. Hereafter you might specify Baker's Cocoa whenever a nutritious, slightly stimulating sick-room beverage is required.

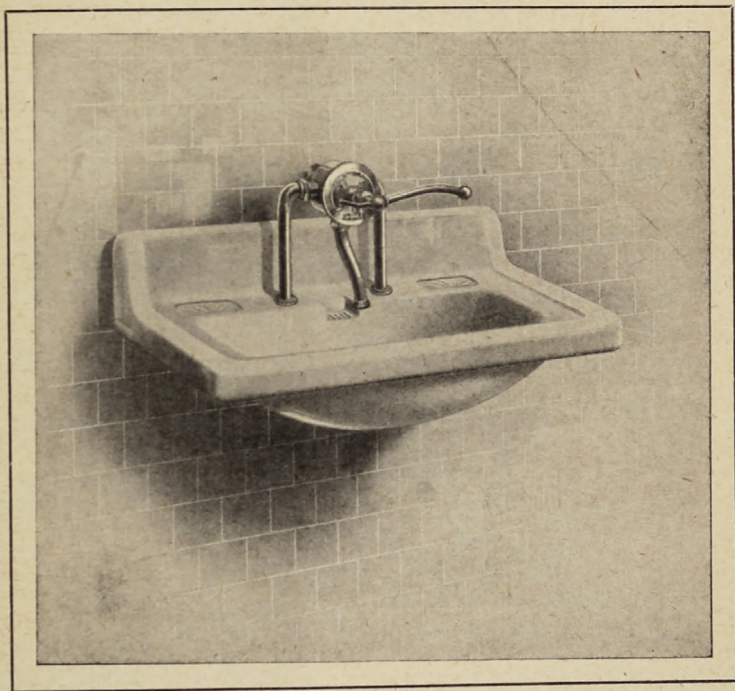
Cork Tiling for Hospital Floors

This Tiling is made of pure granulated cork and cork shavings. The cork is highly compressed in a steel mould and then enters an oven heated by electricity. This heating liberates a natural gum in the cork, which acts as a binder, thus doing away with the necessity of using a foreign substance for this purpose.

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PRICE, COMPLETE, AS SHOWN - \$40.00

When writing advertisers, please mention The Hospital World.

We have no hesitation in saying that cork tiling is an ideal floor for hospital work. Cork being a non-conductor, a floor of this kind maintains an equable temperature all the year round. It is quite odorless, and is not slippery. It is almost noiseless and, although extremely durable, is very easy on the feet, as the cork still retains a certain amount of resiliency. Above all, a floor of this kind is sanitary. The floor is laid in blocks of various sizes, the joints being made with a special waterproof cement under pressure. The surface of the floor is, therefore, absolutely smooth, and contains no crevices which might harbor dust, and the floor is easily washed with cold water. This flooring is obtainable from Robinson Bros. Cork Co., Limited, Lumsden Building, Toronto

The Simplex Method for Hospital Floors

An old floor is a hot-bed for disease-spreading germs.

In hospitals and sanatoria, where sanitation is one of the principal problems, every crack in a floor is a lair for a mass of death-dealing microbes, and the constant sweeping fills every crevice with an accumulation of dust, dirt and germs.

Such floors treated with the Simplex method become not only as good as new, but much better than they ever were. This process gives a soft wood floor a surface as smooth and hard as polished oak, fills every crack and crevice and leaves the floor impenetrable and perfectly sanitary. For particulars write the Simplex Floor Finishing Appliance Co., Limited, Montreal, Que

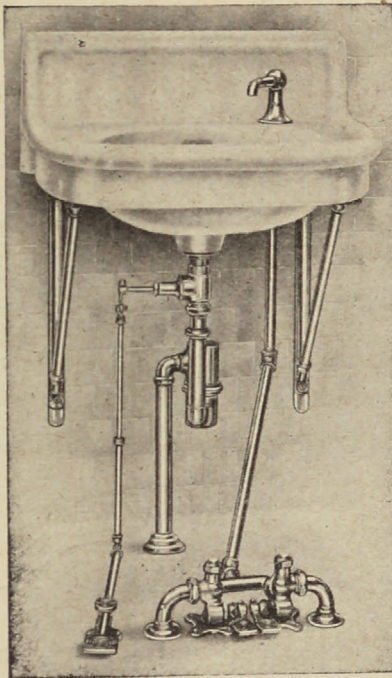
The Canadian Steam Boiler

The Canadian Steam Boiler is made of cast iron. It might be made of sheet metal, but then water has a chemical action on steel, causing it to corrode and building a heavy layer of shale upon it that will, in time, seriously diminish the heat-producing capacity of the sheet steel boiler.

The Canadian Steam Boiler is made up of a series of small boilers, joined at the top by a "header," which equalizes the pressure from each section. There is safety and economy in the design—and lasting satisfaction; because if, by any accident, a

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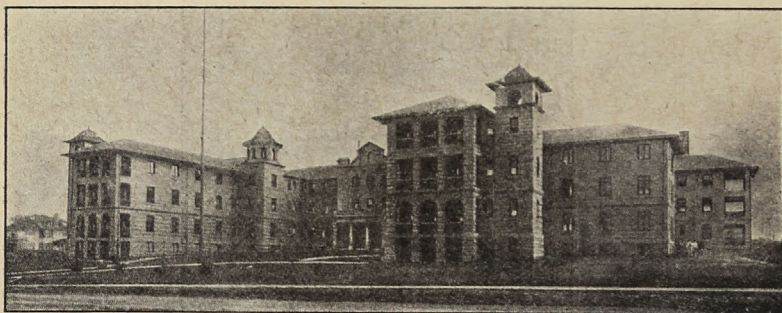
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Canadian Boiler should be injured in one of its sections, that section may be taken out and replaced without disturbing the boiler as a whole.

For many reasons the boiler is *eminently suited for installation in hospitals and large institutions*, and in these days, when so much money is being spent in hospital equipment, hospital superintendents should bear in mind *The Canadian Steam Boiler* as not only one of the most economical, but one that gives the best heating results.

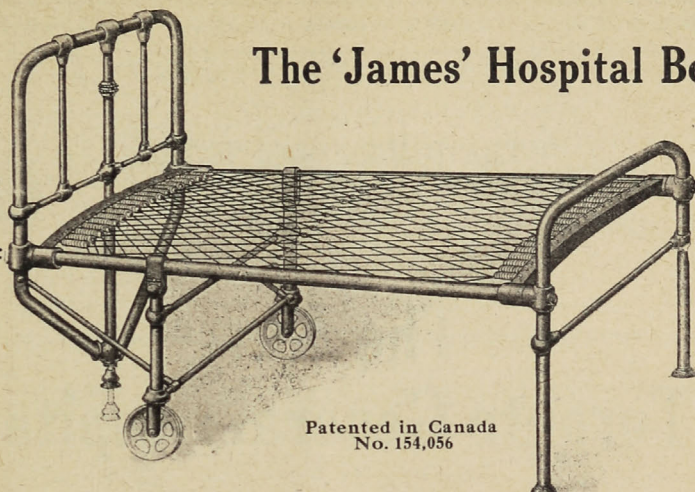
The Canadian Steam Boiler is made by Taylor-Forbes Company, Limited, Guelph.



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This mattress is particularly well adapted for use by the sick

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The KELLARIC Mattress is made up of clean, elastic sheets of cotton, built layer after layer to a height of TWO AND A HALF FEET, and afterwards compressed to a thickness of FIVE INCHES.

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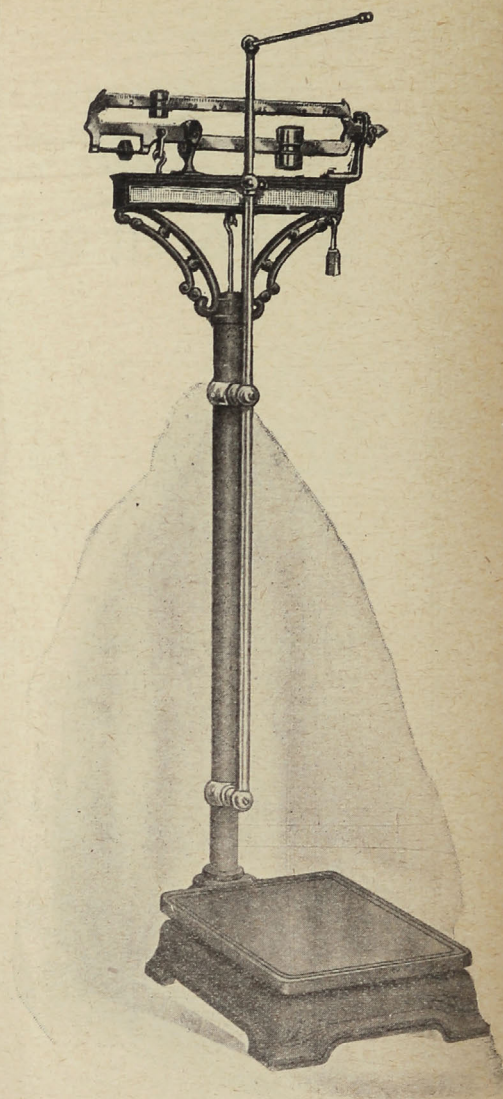
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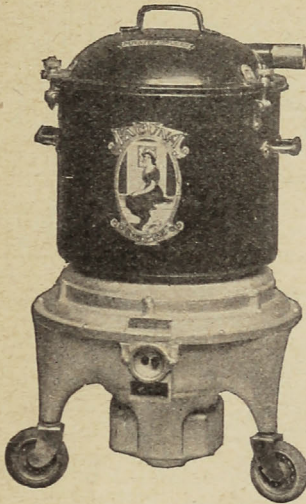


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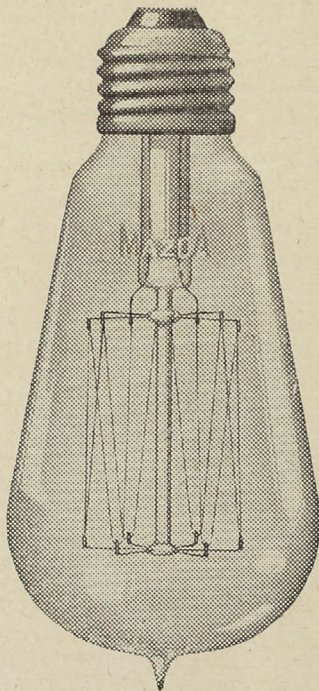
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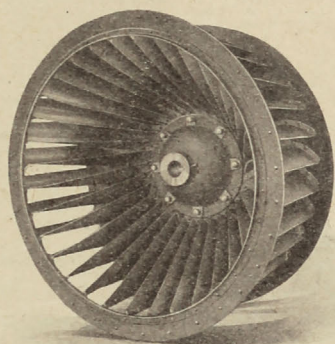
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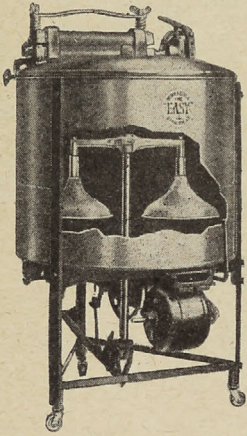
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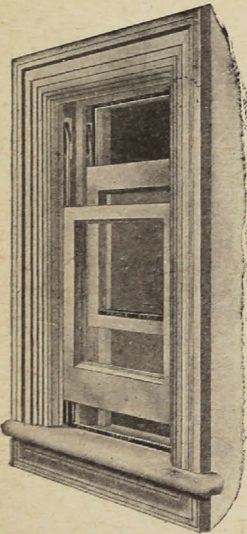
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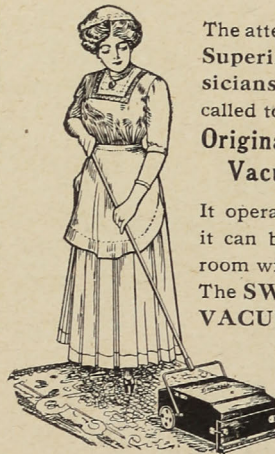
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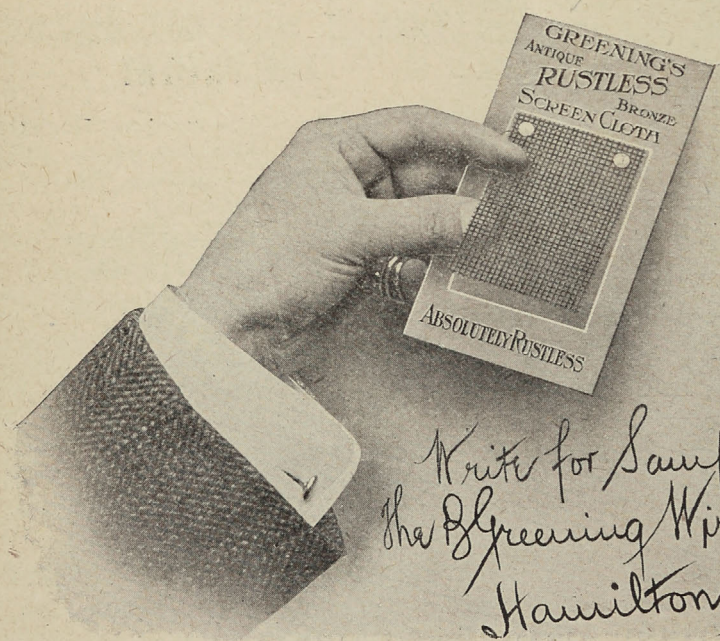
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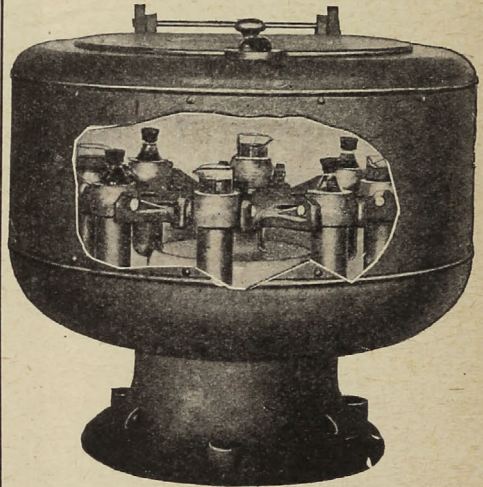
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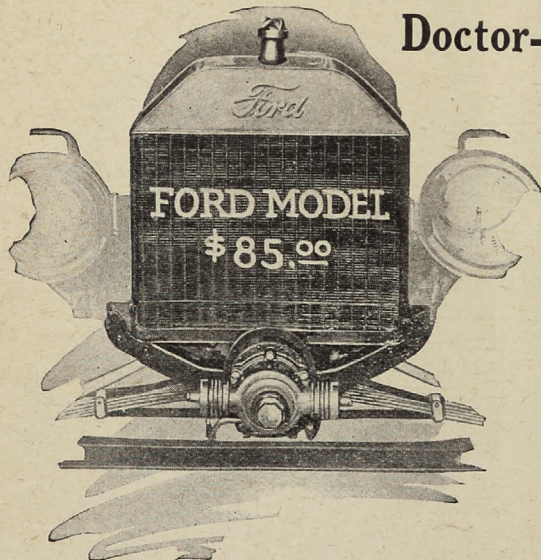
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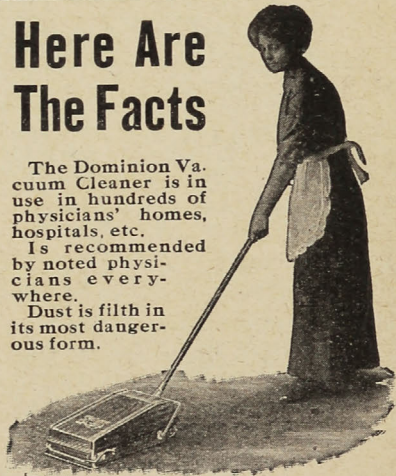
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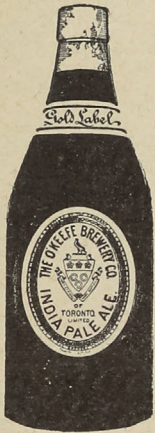
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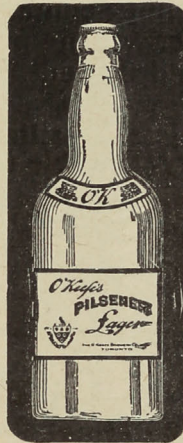
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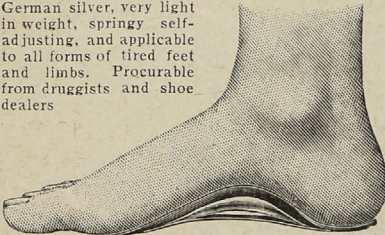
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You have frequently had patients consult you who complain of tired aching feet, with a tendency to their ankles turning under them. On examination, you find that common condition of flat foot, where the arch is breaking down or perhaps has already done so. In such cases, permit us to suggest that you prescribe the use of

SCHOLL'S FOOT-EASER

a scientific appliance that firmly supports the arch of the foot and at once removes all ligamentous strain by distributing the weight of the body equally.

Scholl's Foot-Easer is made of stout German silver, very light in weight, springy self-adjusting, and applicable to all forms of tired feet and limbs. Procurable from druggists and shoe dealers



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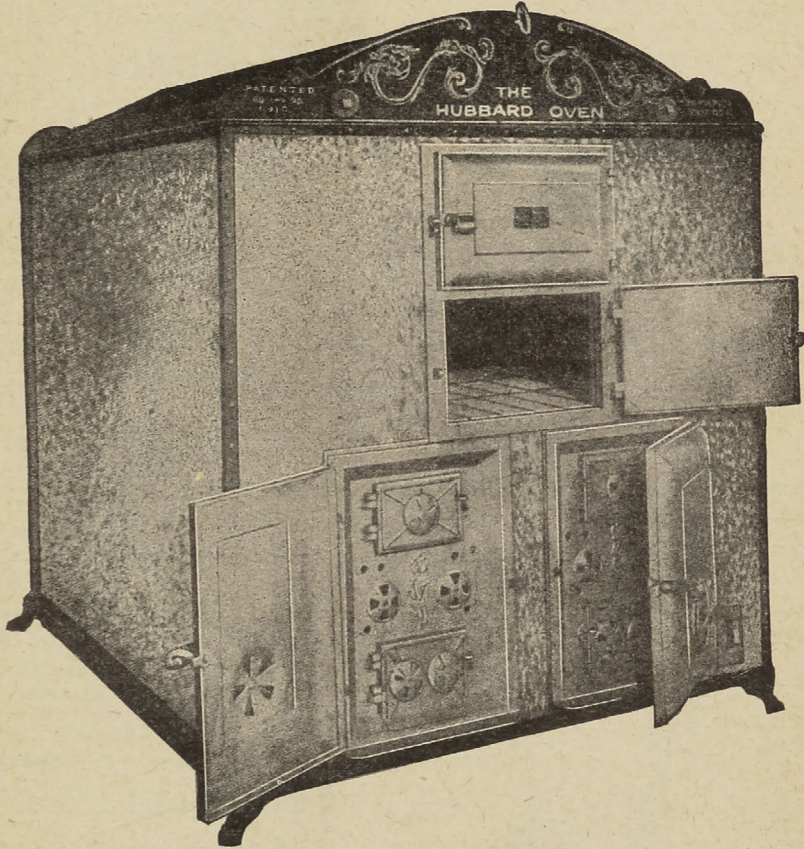
positively and permanently overcome. Our natural methods permanently restore natural speech. Successful pupils everywhere. Write for literature.

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Hubbard Portable Steel Baking Ovens

IMITATED, BUT UNEQUALLED

PATENTED 1888, 1892, 1910.



This oven has been manufactured in Canada for the last twenty-three years and has given the greatest satisfaction. It is constructed entirely of heavy Galvanized Iron and is most sanitary. It is already installed in many Public Institutions throughout Canada where it has proved its worth.

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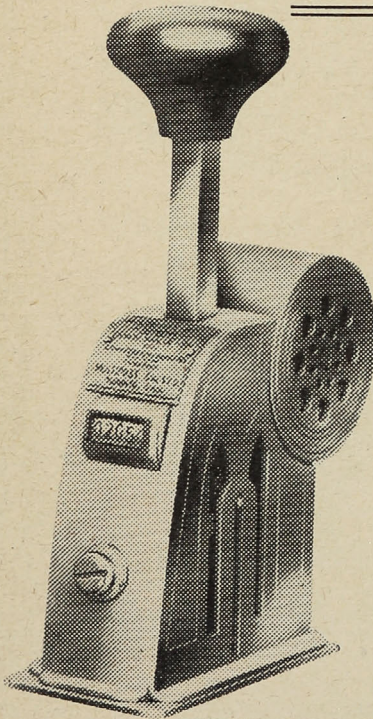
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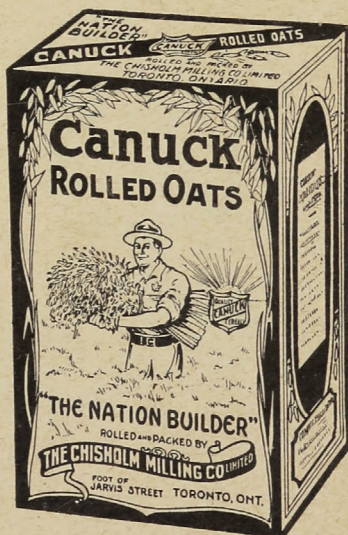
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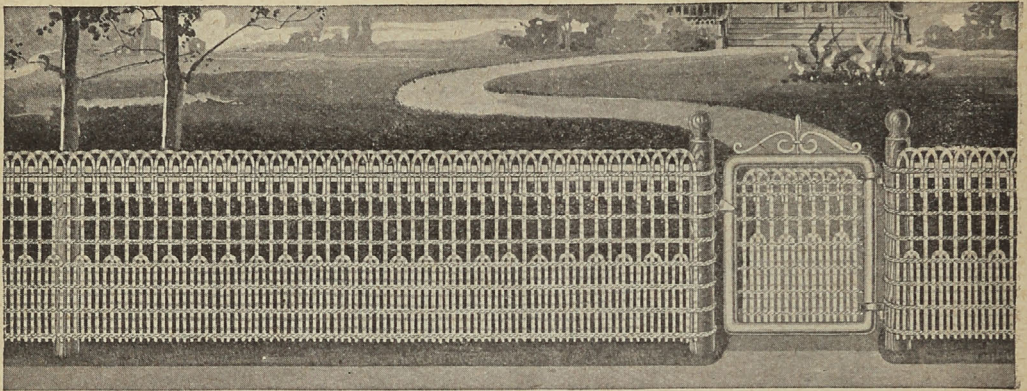
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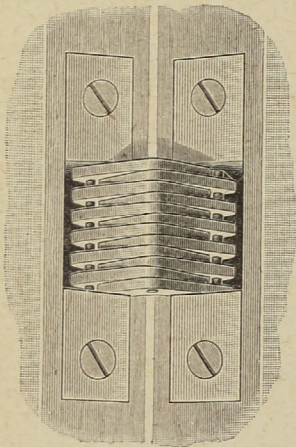
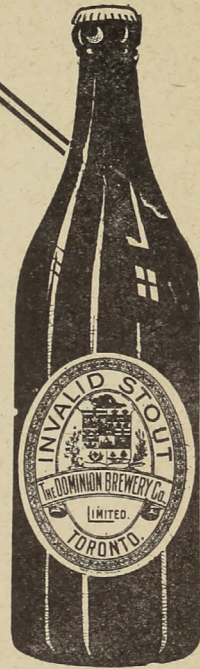
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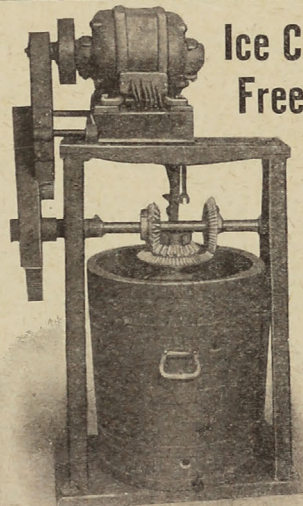
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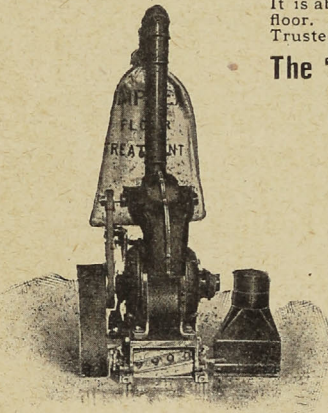


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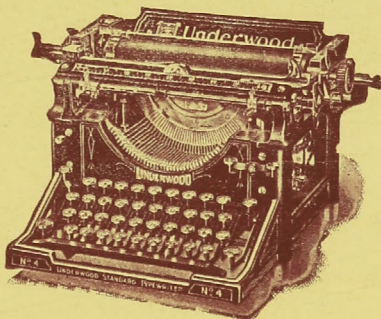
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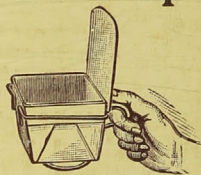
Meinecke

"Simplex Sanitary" Paper Sputum Cup and Holders



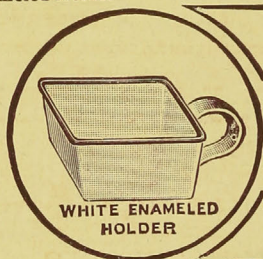
Cup with
Enameled Holder

Automatically Closing Cover
Wide Opening
No Unsanitary Flanges

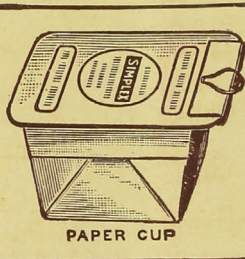


Cup with
Wire Holder

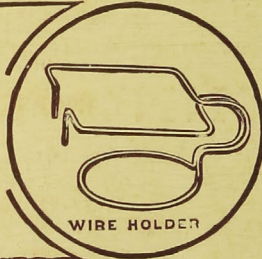
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PAPER CUP



WIRE HOLDER

The Most Practical Cup, either for Tuberculosis Sanatoriums
or General Hospital Use

Seven Reasons Why

- 1.—It is already folded into shape for immediate use.
- 2.—Each Cup has a cardboard Cover, attached with a paper hinge, and both Cup and Cover are burned after being in use a day.
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- 4.—The wide opening and absence of flanges allow free entrance of sputum.
- 5.—It is made of heavy manila, waterproof paper, which, being light in color, facilitates ready examination of the sputum.
- 6.—It can be used either with the Wire Holder or the White Enameled Holder. Both these Holders are neat, easily cleansed, and very practical. The White Enameled Holder, being much heavier, is particularly useful on the porches and verandas of Sanatoriums and Hospitals, as it cannot be blown over by the wind.
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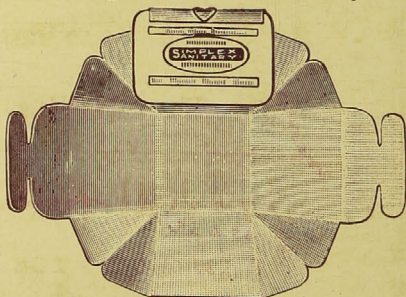


Illustration of Knocked-Down "Simplex Sanitary" Cup with Cover Attached

Free Samples Sent on Request to Sanatoriums and Hospitals