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THE HOSPITAL WORLD

(Incorporating The Journal of Preventive Medicine and Sociology)

THE OFFICIAL ORGAN
OF
THE CANADIAN HOSPITAL ASSOCIATION

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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

BUFFALO U.S.A. **TORONTO, CANADA** LONDON, ENGLAND

An International Journal published in the interests of Hospitals, Sanatoria, Asylums, and Public Charitable Institutions throughout America, Great Britain and her Colonies.

Vol. VI. TORONTO, NOVEMBER, 1914 No. 5

Editorials

TO MEET THE NEED

THE Detroit Home Nursing Association was organized six months ago under the auspices of the Bureau for Organizing Home Care for the Sick, the general office of which is in Boston. The Detroit Association

is one of several centres that have been established, notably one in Buffalo whose motto "Organized Neighborliness" expresses in epigram the concept of the bureau, "Organized to furnish at cost whatever nursing or domestic services may be needed in homes where sickness or other allied emergencies exist."

With the growing tendency to fix hard and fast fees for all graduate nurses' services, and the adoption of rigorous rules of nursing exclusion, it has become evident that a very large class of self-supporting citizens, because of inability to meet the graduate nurses' requirements, are deprived of nursing service.

After much thoughtful consideration, and by the generosity of one man, the establishment of these various nursing centres has been made possible. Once established they speedily become self-supporting.

The Detroit association is neither for the very rich home nor the very poor one. These are both supplied, the one by the $25.00 per week graduate nurse, who confines her work in the home entirely to attendance upon the patient; the other by the district nurse who makes her brief daily call, and enlists in neighborly service for the remainder of the home needs. The Detroit Association is a nursing centre responsive to the call of citizens who can pay from $9 to $16 per week—a sliding scale fixed according to their ability to pay.

Each call is answered first by the superintendent or one of her supervisors, all of whom are graduate nurses. The supervisor remains as long as the attend-

ing physician thinks the case requires expert nursing. Later, a "household" or experienced nurse takes charge under the close supervision of the graduate nurse. A number of these household nurses reside with the superintendent at the Centre headquarters, where they are under training by the graduate nurses. Others live outside, but subject to call. They are expected, in addition to nursing, to be willing and able to perform certain simple household service for the home which they enter. The superintendent also endeavors to keep a list of suitable attendants—women who are willing to go into the sick home for daily household service at so much per hour or half day.

The Detroit Association was formed at the first of the present year. It started in two rooms with the superintendent and one household nurse. The demand for nursing service came immediately, and in a short time it became necessary to secure larger quarters. A suitable residence of twenty rooms was rented at $100 per month. The staff now consists of the superintendent, and one supervisor—both graduate nurses, and thirteen household nurses—five in residence and eight outside, but on call. These nurses have been carefully selected out of many applicants. There is also a large selected waiting list, who will doubtless be called upon as the work grows. Thus far the Centre has looked after about 200 patients in some 180 families. It is preparing for extensive demands upon its service during the coming winter.

Special attention is given to maternity cases, as these are recognized as a special problem in the average citizen's home. The supervisor makes pre-natal visits, attends during the confinement, and later provides a household nurse who, in addition to caring for the convalescent mother, will, if needed, render certain household service such as taking oversight care of older children or preparing a meal.

The association collects the charges and pays its nurses regularly, retaining a percentage of collection to meet overhead costs. The graduate nurses on the staff receive the usual fee. The association is governed by a Board composed of well-known Detroit citizens. Its progress will be watched with much interest by the many who feel that the establishment of the Centre is an effort to meet a very large need.

AN OUTGROWN SYSTEM

Dr. Hume's paper on the voluntary hospital system, presented at the meeting of the British Hospitals' Association in June last, together with the spirited discussion it evoked, conveyed at least one impression, that the purely voluntary method of hospital support is no longer satisfactory, that it is on the decline, and that it is becoming recognized that a measure of state aid is not only advisable, but necessary.

Dr. Hume made an excellent survey of the hospital field under the voluntary system past and present. In his review of the history of the Newcastle Royal Infirmary, of which he is vice-president, he showed

how the voluntary method has always been subject to waves of ebb and flow. Periods of public interest and large donations consequent upon the enthusiasm attaching to some public movement have been followed by corresponding periods of public indifference. Voluntary giving, he thinks, is too largely dependent upon emotion, shifting circumstances, and other influences, to have been, or to be a reliable support for hospitals.

While admitting the magnitude of the work that has been done for years in English cities under the voluntary system, Dr. Hume thinks that advocates of the continuance of the system lose, in retrospect, the labor it has cost; the often unfruitful effort and the great inadequacy to the total needs. They fail to see that changing economic conditions and developments in social life are re-adjusting values.

"It is of more than passing interest," he writes, "to note how closely the progress of education and of the hospital movement down to a certain point followed similar lines. Begun, for the most part, by individual effort, and maintained largely from religious and philanthropic motive, both were left to their own development. Then it was realized that education was too important and too grave an interest to be left to unorganized effort; and the Education Acts followed, as the expression of a conviction that organized methods and reliable support were indispensable. One of the leading features of our time is an awakened care for health, not so much as an individual concern, but as a social duty. Repeating what occurred with re-

gard to education, and has also already occurred in several departments of public health, there is a growing conviction that our hospital system is in need of the same conditions of successful working—namely, organized methods and reliable support."

A careful reading of the discussion following the paper warrants the conclusion that some of the speakers were inclined to confuse the point at issue, and to assume that in disparaging the purely voluntary system the speaker necessarily advocated full state support and control. Dr. Hume does not advocate the purely state hospital, but believes that the hospitals should have a subvention from public funds from the state or municipality, which, while largely limiting, would not necessarily destroy their voluntary character. Believing that the current is set in this direction, he outlines a possible personnel of local government which is practically similar to that evolved for the management of some of the large hospitals in this country.

Sir Henry Burdett, one of the strongest supporters of the voluntary hospital system, while vehemently declaring against state control or state aid, yet deplores the fact that the Chancellor of the Exchequer has not seen fit to provide money to meet the heavy additional expense entailed upon the English hospitals by the Insurance Act. It is difficult to reconcile these two attitudes.

"Not state aid," protests Sir Henry, "but cordial co-operation and conference between municipal, local and voluntary hospital authorities, is the way out,"

and in this assertion this great hospital authority practically endorses Dr. Hume's contention. For whether the aid be from the state direct or the municipality, the principle is the same. It is money given from a public fund for the support or assistance of a public utility and benefaction.

It must be conceded by all readers of Dr. Hume's admirable paper and the debate following, that the speaker justified his position and was strengthened in the same by those who presumably differed from him.

Original Contributions

THE HOSPITAL FOR SICK CHILDREN, 67 COLLEGE STREET, TORONTO

(Concluded from October Issue.)

The New Laundry.

The laundry is situated on the upper floor of the new power-house. The main room is 80 feet long by 30 feet wide, and in connection with it is the sorting room. It is fully equipped with all the most modern machinery, including washing machines, ironing boards, body and collar ironers, rotary extractors, mangles and drying cabinets. The machinery throughout is run on panel board control, the power for which is derived from the new power plant, and the building is fire-proof.

About 27,000 to 28,000 pieces per week are washed in the laundry. Last week's record shows the following:—For patients, 24,000 pieces; staff and nurses, 2,307; domestic employees, 300; and Hospital linen, 1,100.

The Pasteurization Department.

Five years have passed since the first pasteurizing plant was installed in connection with the Hospital, and the department has been twice removed to different buildings.

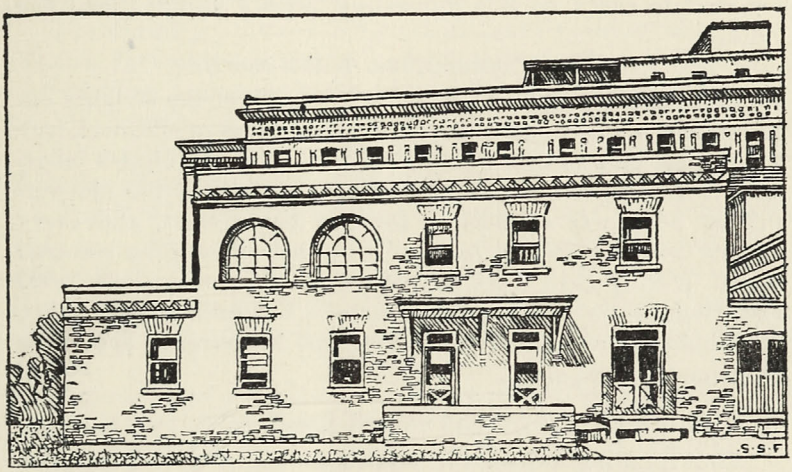
In 1909, No. 253 Elizabeth Street, an unpretentious, two-story house, was renovated and equipped with a pasteurizing plant. The work progressed very satisfactorily until 1912, when the land on Elizabeth Street was required for the new wing of the Hospital, and the removal was made to 54 Laplante Avenue, in the rear of the mother Hospital. Here the work was carried on under difficulties, awaiting the completion of the present building, which was erected with the advice of well-known architects and scientists, and was fully equipped and ready for occupation on the 1st of January, 1914.

The building has a frontage of 67 feet and a depth of 32 feet. It is built of red brick and is two storys in height. The exterior

presents a substantial and unique appearance, and the building is commodious and ample for all its requirements.

To meet the growing demand for certified and pasteurized milk, an elaborate and modern equipment has been installed, including bottle-washing machine, bottle fillers, separators, pasteurizers, steam kettles, refrigerators, etc., and serviceable quarters have been assigned for the distribution to the public, who have access from Laplante Avenue.

The pasteurizing plant is one of the most complete on the continent. It is the same in equipment as that established by



Pasteurization Plant on the Hospital grounds, where 150 gallons of milk per day are pasteurized and 500 modified mixtures for infants prepared.

Mr. Nathan Strauss, of New York. Mr. Robertson and a group of Toronto medical representatives from the Academy of Medicine, Toronto, with Dr. Hodgetts, the then Chief Health Officer of the Province of Ontario, and Dr. J. A. Amyot, Director of the Provincial Laboratory, and Dr. C. J. Hastings, the Health Officer of Toronto, spent a week in New York examining milk conditions, pasteurizing and distribution. The result was so satisfactory that Mr. Robertson installed a small pasteurizing plant, and last year erected a special building with all new, modern pasteurizing plant, at a cost of $20,000, and presented it to the

Trustees of the Hospital. 150 gallons of milk are pasteurized daily, 1,700 bottles of milk distributed, and 755 bottles of baby feedings prepared for outside babies daily, a daily average of 100 babies. Outside doctors' special prescriptions and formulas average 25 daily.

The Dental Department.

The Dental Clinic organized in 1912 is doing excellent work. Figures for 1913 show:—150 examinations, 210 fillings and 110 treatments. With the increased accommodation in the new operating room, greater opportunities will be given to the dentist and his staff to carry on this interesting feature of the Hospital's work.

The Pathological Laboratory.

It is hardly possible to estimate the value of the striking opportunities which present themselves along lines of chemical, bacteriological and microscopical research in a well-equipped laboratory. In the recent alterations to the building, the old out-patient wing was remodelled for this department, and every facility will be afforded for this constantly increasing research work. During 1913 there were 1,900 blood examinations, 3,000 bacteriologic diagnosis, 2,800 urinalyses, 925 milk examinations, 150 lumbar punctures, 81 autopsies, and 100 surgical specimens examined and reported.

The Training School for Nurses.

The Training School for Nurses at the Hospital for Sick Children was established in 1886. Up to 1896, however, the work was very limited, for up to that date less than 12 nurses were employed. The School really entered the field as a great training school in 1896.

Since 1886, two hundred and ninety-one nurses have graduated, and are scattered in various parts of the world, many of them holding high positions in the nursing profession.

The School has at present the following organization:—Superintendent, Assistant Superintendent; Teacher of Preliminary Course, Night Supervisor, Supervisor of Operating Room, Supervisor of Out-Patient Department, Supervisor of Residence, Instructor in Massage, Instructor in Dietetics, Instructor in Phar-

macy, Pupils 73, Senior Nurses 20, Intermediate Nurses 15, Junior Nurses 22, Probationers 16.

It was with deep regret last year that the Trustees received the resignation of Miss Brent, who for 16 years had held the office of Superintendent. In these days of many changes, it is most unusual to have an official continue so successfully for such a length of time, and it is impossible to estimate the influence she contributed to the success of the Hospital and Training School. Miss Brent is now Mrs. W. U. Goodson, and Miss Florence J. Potts, who for many years had been Mrs. Goodson's assistant, was appointed to succeed her.

The Training School is being conducted in a manner that calls for most favorable references—and the high standard of efficiency and training hitherto achieved is being maintained under the excellent direction of Miss Potts.

Some of the special and recent features in connection with the Training School which we would like to briefly refer to are:—

Dietetics.—During the past year special care and attention have been given to the question of well-prepared and properly-served food. We have on our staff a resident, trained dietitian. Besides giving the six weeks' course to the probationary class, she superintends the culinary department, and all diets, general and special.

Supervisor of Nurses.—A new position was created last year —that of Supervisor of the Nurses' Residence or House Mother. Her duties—the supervision of the pupil nurse in the Residence, from the time she enters the school as a probationer until she is graduated. She oversees all the linen, the making of nurses' uniforms, and the School has thus more direct oversight of all the nurses in training than was possible under the old system. Especially has it proved valuable in regard to our sick nurses. The supervision of the libraries is under the House Mother.

Nursery Maids.—The reason for the establishment of this branch of work in connection with the Training School was due to the many applications received from citizens for trained nursery maids. The school is now open for applicants, and the length of the course is six months.

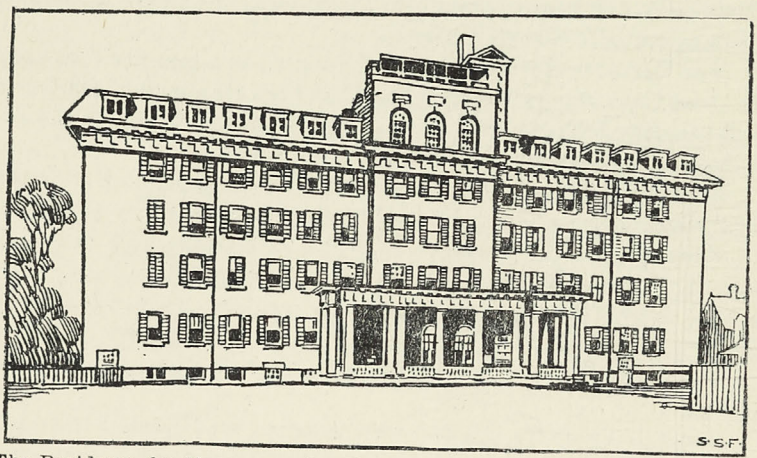
The Visiting Nurse.—There is perhaps no branch of the profession which so universally commends itself to public favor as that of district nursing.

The care of the sick poor in their own homes appeals on the broad ground of common humanity.

The visiting nurse follows up cases discharged from the Hospital and also the patients who come to the Out-Patient Department.

She attends the clinics every morning, and the doctors give her lists of the children who need her attention.

Last year 7,800 visits were made, or an average of 150 per week; number of patients visited being 900.



The Residence for Nurses, on the Hospital grounds, contains 100 separate rooms for the Nurses who work in the Hospital.

The Maria Louisa Robertson Residence for Nurses.—The nurses of the Hospital for Sick Children have had a great and kind friend in Mr. J. Ross Robertson, the Chairman of the Board.

At the ceremonial of the opening on the afternoon of February 5th, 1907, when the munificent gift of the Residence for Nurses, which was erected, furnished and equipped by Mr. Robertson, was presented to the Hospital for Sick Children, Mr. Robertson said:—"The authorities of the Hospital had for years yearned for a residence for the nurses, for since 1892 these good women have been lodged in the upper rooms of the Hospital, and in tenement houses that are adjacent on the Hospital property.

"To build was impossible. The Hospital had no funds for such a purpose. The people of this city and province, who every

year answer our calls for help on maintenance account, could not fairly be asked to erect a building as a residence for nurses.

"So, turning the matter over in my mind, I decided that the best way out of the difficulty was to offer this building as a free gift, and as a memorial of her who was with me in the beginning of my Hospital work, nearly thirty years ago.

"Let me say that if ever there was a long-felt want it has been a residence of this kind. The nurses in their long days and longer nights of duty, in their hours of study and attendance at bedrooms, follow the simple life—the simple life of hard work and duty that leads along the path of help and mercy.

"The demands upon these young women in their work are inflexible, and, like the laws of the Medes and Persians, are not to be changed.

"We can do nothing to shorten the daily round or lighten the task of these young women, but this building represents an effort to do something to increase their comforts.

"I know that the Hospital will get its reward for what has been done under this roof, to surround the students of our School of Nursing with healthful and sanitary conditions of life, that will build up strength and send them away from the Hospital in health as good, or even better, than the health which was one of their qualifications when they entered our service."

The Residence for Nurses is situated at the south side of the Hospital proper, about 300 feet south of the main building and connected to it by a covered runway on the east side of the new wing. The building extends across the ground between Laplante Avenue on the east and Elizabeth Street on the west.

It is built of red brick, in the colonial style of architecture, and is 5 storys in height, exclusive of the basement. The exterior presents a handsome appearance with its main entrance at the west end of a broad portico. Also three large French casement windows open out to the portico from the reception room.

The Basement, which runs from east to west the entire length of the building, has some specially interesting features. The trunk rooms are quite unique, the trunks are placed on shelves, each trunk having on its front the name of the owner in large printed letters; cold storage plant, sections of the refrigerators being fitted with ice chutes from the outside on Laplante

Avenue; the demonstration room, where probationers are instructed in their duties before they enter the wards—two beds and every article required in a ward are in this room; the swimming pool or plunge bath—the pool is 30 ft. x 13 ft., with a 16 ft. ceiling, and when ready for use holds 14,500 gallons of water. The nurses are taught to swim by an expert gymnastic instructress; the sewing room—which all the nurses may use—has two sewing machines run by electricity.

The Ground Floor.—On this floor, from the eastern entrance, are the kitchen, pantries, serving pantries, the Superintendent's dining-room, where the Superintendent and her staff have all their meals. The nurses' dining-room, having table accommodation for 60 nurses, a charming room. Passing to the west end of the building, you enter the large reception or assembly hall. This room is 25 ft. x 41 ft., with a ceiling 15 feet high, a spacious and most artistic room. Leaving the hall, we are in the main or west corridor, and there are four palatial rooms on the south side, the parlor, music room and writing room; and also a library of general literature. This is a circulating library for the staff and nurses, and contains over 800 volumes. Mr. J. Ross Robertson, the Chairman of the Hospital Board, presented the library to the Training School in 1907, and many off-duty hours have been spent in the pleasant recreation of reading.

On the west and north sides of this floor there are: lecture room, waiting room and electric elevator.

The collection of books contained in the library includes all the volumes of "Everyman's" well-known library published up to the present date—and there are books for every reader—biography, essays, fiction, history, poetry, travel, etc.

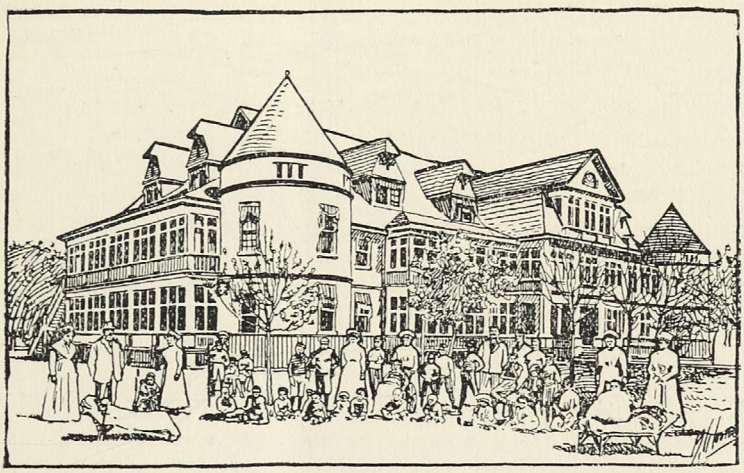
A valuable catalogue has just been issued, and its arrangement will render it most serviceable to those using this circulating library. It is arranged in four forms—first, according to catalogue number, as in the book shelves; second, alphabetically, according to the title of the book; third, according to the author; and fourth, according to the subject.

The First Floor.—There are 21 bedrooms on this floor, each room has a clothes' closet; there are two large bathrooms, one at the east and one at the west end. There is also a nurses' parlor on the south side, a room 25 x 17 feet. On this floor is the Su-

perintendent's suite—a parlor, bedroom, bathroom and clothes closet.

The Second Floor.—This floor has 22 bedrooms, bathrooms and parlor, similar to the first floor. There is also on this floor the nurses' Medical Library, containing over 500 volumes—almost every book in the English language on the subject of nursing. The bedrooms and sitting-rooms of the Assistant Superintendent, Supervisor of Probationers, and Supervisor of Nurses are also on this floor.

The Third Floor.—This floor is similar to the first and second and has 24 bedrooms, also bathrooms and parlor.



The Lakeside Home for Little Children, at Lighthouse Point, Toronto Island, where 350 convalescent children spend the summer months.

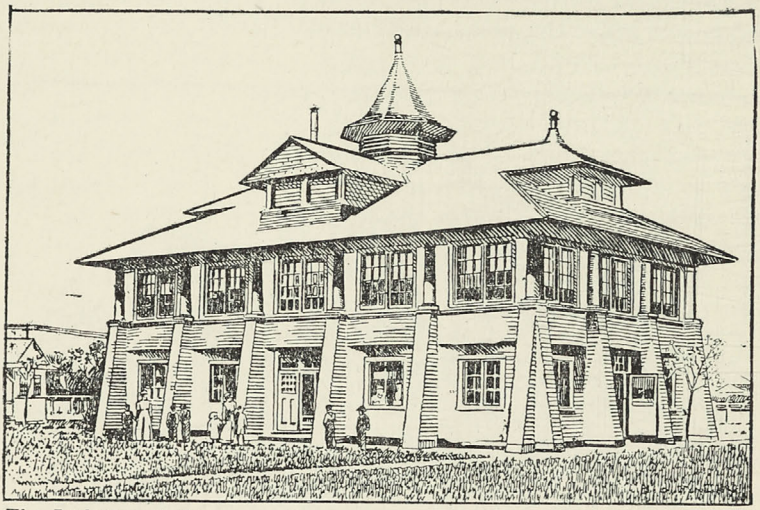
The Fourth Floor.—This floor has 21 bedrooms, and also the gymnasium is on this flat, a room 25 x 41 feet and 14 feet high, having complete equipment for every requisite for the work of gymnasium instruction for nurses.

The Roof Garden.—A narrow staircase runs from the gymnasium to this space, which is covered with awnings, and where the nurses may sit when off duty and rest in the easy chairs and hammock swings.

THE LAKESIDE HOME FOR LITTLE CHILDREN.

This institution, the first of its kind in the Dominion of Canada, was erected and presented to the Trustees by Mr. J. Ross Robertson in 1882, thirty two years ago.

For many of the little invalids, the doctors recommended plenty of fresh air as their best tonic. The crowded quarter in which the City Hospital then stood, made removal to the Island the only plan of giving that aid to health and life that the sunshine and fresh free air of the summer afford, and the 5th of



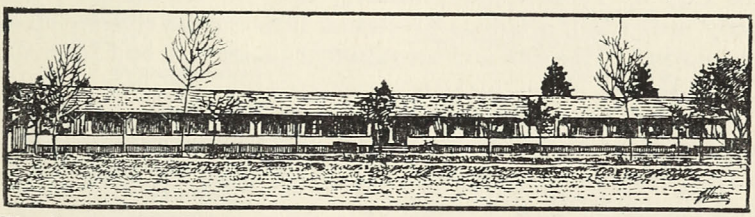
The Isolation Building on the Lakeside grounds, Toronto Island, which holds 40 beds.

July, 1883, was the happy day for the *first* flitting to the *first* building erected for the Convalescent Home.

The wonderful improvement to health that these outings to the Lakeside, during the hot summer months of 1883 and 1884, proved to so many poor children, made the extension of the building necessary, and in 1885 a new north wing was added, and on the 15th of July of that year the entire building was occupied.

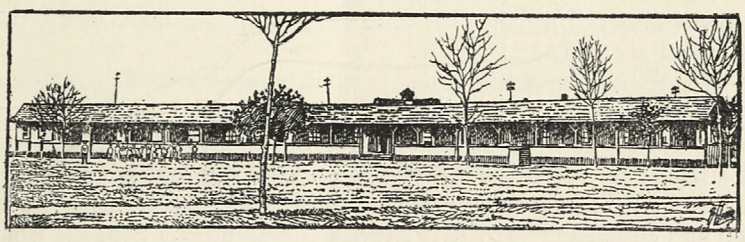
The years of successful work went on, and while the enlargement in 1886 had made a splendid building, it was far below the standard that the donor had set for a complete children's sani-

tarium, and in 1891 the announcement was made to the management that the founder would re-model the entire edifice, add another story, add new wings, make the new building not only 6 times the size of the old one, but so construct it that it would puzzle a close observer to find out what part of the old erection



The Surgical Pavilion at the Lakeside Home, Toronto Island, where fifty children per day are treated during the summer months.

was left and where the new structure commenced. So to all intents and purposes the Lakeside Home of the past had disappeared, and a picturesque, commodious and attractive building, in not only its external but internal appearance, had taken its place, and to-day the Lakeside Home of 1891, with its additions of tubercular and surgical pavilions, stands as one of the finest sanitariums for children in the world.



The Heather Club Pavilion on the Lakeside Home grounds, Toronto Island, where fifty children from May to October are treated daily.

Since 1882, when the Lakeside Home was built, 6,031 little patients have been received in its hospitable wards.

The Boys' Surgical Pavilion, erected on the grounds in 1912, has 50 beds, and the patients live and sleep in the pavilion from June to October.

The Preventorium or Tubercular Pavilion is also on the grounds of the Lakeside Home. It has 50 beds, and last summer 120 patients were nursed and cared for. Since the opening of the pavilion in 1910, 298 patients have been admitted.

The Journey to and From the Lakeside Home.—Since 1882, the City of Toronto has witnessed, early in the summer, and early in the fall, a unique procession through the city streets—the moving of the sick and convalescent patients to and from the Island Home.

Through the kindness of the Toronto Ferry Company, their steamers land the patients at the Lakeside dock at Lighthouse Point, after a lovely trip across the bay, along the scenic route past Hanlan's Point.

Navigation through the lagoons formerly presented difficulties to the ferry company, but for the past few years this picturesque route has become a popular highway to the Lakeside Home for Little Children, for parents, citizens and special visitors from all over the world.

The beautiful location of the Lakeside, its nine acres of lawn, its broad verandahs, balconies and shelters, its pavilions, all tend to make it an ideal convalescent home and an alluring summer play-ground.

As the children are convalescing, how they enjoy the fresh breezes and the pure ozone that sweeps up the lake, down the lake and across Lake Ontario.

The Home is so situated that it catches every breeze that blows, north, east, south, west—and all the wind that blows from any point finds the little ones on the verandahs and on the sands at the Lakeside. If you visit the Home when the lawns are green, when the flowers are blooming, and the children resting or playing and enjoying their newly given health, you can then see what summer skies and fresh air do for the ailing youngsters.

PRESENT FACULTY AND STAFF.

1914.

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Evolution of a Great Charity.

It is always a matter of interest to study the evolution of a great work, to trace in gradual development the idea which dominated the minds of its founders, and which has been wrought out, despite obstacles and discouragements, to a high standard of efficiency. The changes and improvements and almost perfect equipment mean a great deal to those who saw the first visible outcome of the idea.

We have endeavored as briefly as possible to tell the story of the Hosp ital, from its small beginning, to give a few impressions of the very first things—its experiments; to show its rapid progress, its growing necessities, and its present day standing as an ideal Children's Hospital, not only in comparison with hospitals on this continent, but of the world.

In the special work of a Children's Hospital, we have the hopefulness that the child has the prospect of many future years of happiness and contentment before it; and there is no doubt there are thousands of lives of happiness and usefulness being lived to-day which are in a large measure due to the restoration to health brought about in this hospital.

THE HOSPITAL PHARMACY

By Thomas Comport, Esq., Western Hospital, Toronto.

First, a few words about the Hospital Pharmacist himself, or, it may be, herself; for though it is said that some of the police-women of Chicago are asking for escort to their homes after dark, at the end of their daily duties, in justice to the hospital pharmacist of the weaker sex it can be said that in several cases she seems to fill the position satisfactorily, though when it comes to lifting a five-gallon demijohn she will probably always have to give place to the stronger and more brutal sex. An ideal hospital pharmacist should have a wide and thorough knowledge of his profession, as he dwells in the midst of alarms and sudden demands for anything and everything which comes under the head of materia medica. He should be able to command, in the interests of economy and convenience, by the aid of a good memory and an active interest in his work, all the practical knowledge which goes to make up the complete pharmacist; he should be active, willing, prompt, cheerful, humanitarian, tactful, honest. This is a position of trust, as he is the custodian of the stock; his care or the lack of it will in the course of months make considerable difference to the amount of the drug bills. He should cultivate a frame of mind in which he finds service and self-immolation the chief joys of a strenuous life. In fact, all the finest virtues should be found in the hospital pharmacist. It has been said, "When feeling blue, do something for somebody quick." The hospital pharmacist need never feel blue. If the superintendent can find one, a retired druggist, who loves his business and is still active and energetic, should make a good hospital pharmacist, able alone to cope with the requirements of a hospital of 150 to 200 beds, with a little occasional assistance in distributing ward supplies, bottle washing, etc., etc.

The Ontario law making it imperative for hospitals to employ a graduate of the Ontario College of Pharmacy, where a dispensing department is maintained, must certainly be in the best interests of all concerned. In the case of small hospitals

a satisfactory arrangement could easily be made with the nearest druggist to put up prescriptions.

Dispensers are not diagnosticians, and diagnosticians are seldom good dispensers; it takes patient, persistent performance to turn out, say, a good suppository. There is no foundation for the current impression that the title M.D. just naturally includes the acquirements it takes a graduate of the Ontario College of Pharmacy four years to claim as his own. There has been a case of a doctor who after practising in a small town for a number of years assisting in a hospital dispensary for the purpose of increasing his knowledge in the sphere of practical dispensing and materia medica; also another case of a young, bright doctor relieving the regular dispenser for a month in a large hospital while the latter sought the rest and recreation he no doubt stood in need of. House doctors have not the time, and possibly in a good many cases the inclination, to spend as much time on materia medica and dispensing which might be expected. A dispenser took down a bottle of powdered asafetida and asked a fourth-year man to name it, which, after smelling it, he was unable to do.

The hospital pharmacist's usefulness can be extended, and has been at times, where there is a training school for nurses, by lectures on the subjects he should be well posted in, and which, like mercy, should be a blessing to him that gives and to her who receives, in that it causes the pharmacist to find out how little he knows, and enables the nurses to gather up some crumbs of information which may be of use to them. The writer gave ten lectures last winter: Weights and Measures, Solubility, Cardiac Tonics, Opium, Ether, Alcohol, Thermometers, Sulphuric, Muriatic and Nitric Acids, Carbolic Acid, Prescriptions. Generally began with a little of the history of the subject, how produced, the official preparations, with doses, action, and, where the article is poisonous, the antidotes. It is impossible to so condense materia medica as to give it to the nurses in tabloid form and give only and exactly what they can use. The hope of a lecturer to nurses must be that interest may be excited and that some will be led to study it for themselves. What interest can a nurse take in materia medica who in copying a prescription of a doctor from the ward book writes

Tr. *Vegetables,* leaving it to the acumen and logical deduction of the dispenser to interpret it as Tr. Digitalis? The doctor was, of course, troubled with complicated chirography, incurably.

THE OUTDOOR DEPARTMENT.

This useful, considerate, fraternal, kind and charitable institution is sometimes used by those able to pay a doctor in the regular way, but it serves a great need and supplies the medical and surgical wants of that large class which on the best authority we shall always have with us.

Oh, for a hospital Carnegie! It seems difficult to settle on a regular, fair, just, manner of treating the patrons of this department. Those able sometimes to pay the cost of medicine have left their purse on the piano, and on one occasion a poor old woman said, "If I give you this ten cents I shall have a long walk home." Shall the outdoor department admit and treat everybody applying without money and without price? Shall ten cents be charged for a card admitting the patient to consultation with a doctor? Shall the patient's word always be taken that he cannot pay, notwithstanding a good suit of clothes or a fine set of furs? It may be inferred that if medicine is paid for it will do the patient more good than if he gets it for nothing. How can the wants of those poor sick, not able to come to the outdoor, best be met?

ALCOHOL.

This high-priced, important, useful indispensable article deserves some mention here in relation to economy. At a meeting of the Medical Association in North Carolina, however, it was agreed that alcohol as a drug could be eliminated from the doctor's armamentarium without in any way impairing its efficiency, but how about its use for rubbing purposes, preserving, antiseptic, dissolving purposes? Forty or fifty gallons of 90 per cent. ethyl alcohol is used at some hospitals monthly. The excise duty in Canada is something like $3.13 per gallon, which the hospitals now have to pay. The Federal Government was willing, and no doubt would be now, to make arrangements to extend to hospitals the privilege already enjoyed by universities of tax-free alcohol. Why do not the superintendents of several of the large hospitals in Canada get

together and induce a prominent member of Parliament to take an active interest in the matter and work out a plan which would safeguard the revenue and reduce the cost to a very large extent to hospitals of this item? That this would only be a reasonable concession is evidenced by the fact that in the United States universities, colleges and hospitals have the advantage of tax-free alcohol. It might be said, Why not use methylated spirits? It is largely used, and in Canada is about one-fifth the price of pure ethyl alcohol, but it will not entirely take its place and cannot be used for a large number of purposes for which the latter is adapted. Methylated spirits, wood alcohol and Columbian spirits affect the sight when taken internally, and in large enough doses will cause death, as may be frequently noticed by accounts of cases in the press, but they serve well for rubbing purposes and are used for economical reasons.

ECONOMY AGAIN.

As in the commercial wholesale world the largest quantity commands the lowest price, what is to prevent several superintendents of hospitals agreeing on the respective amounts of largely used things and getting a quotation for a year's supply to be delivered at the order of the respective hospitals in quantities as desired?

HIGH-PRICED PROPRIETARY REMEDIES.

A dispenser said to a superintendent of a large hospital, "Doctor, I think I can make up for ten cents an ounce a remedy for which the wholesale price is $1.50 an ounce, on account of the Food and Drugs Act, over half the weight of the proprietary remedy is made up of drugs the names of which have to appear on the label; one constituent is ammonia by the odor, and certain considerations point to the strong probability of the presence of others." The difficulty here is the word substitution, which the owners and proprietors of such remedies write in large letters, and the desire—the natural desire—on the part of doctors to have prescriptions filled exactly as ordered. The policy in some hospitals is for the dispenser to order anything prescribed in the nature of patent medicine as required, charging it to the patient, but not to load up with a stock of any one, which is a satisfactory way as far

as pay patients go, but how about the city-order patient, who likes the idea of getting well but who cannot afford to indulge in half a dozen packages of Rheumatism Phylacogen at $3.00 or $4.00 a package. This is where a hospital Carnegie would come in.

ON REPEATING PRESCRIPTIONS.

This is a delicate subject as between doctors and patients and between customers and druggists. If the prescription is the property of the patient for whom it is written, and it is generally conceded that it is, it would seem to be the undoubted right of the owner to get it repeated as often as desired without again consulting the doctor, though this procedure might not be for the best good of the patient, as it might contain habit-forming drugs or not be suitable for him in a changed state of health. In a hospital there is no difficulty in this respect. If a patient, on leaving, requested a copy of a prescription, he would no doubt get it in most hospitals. In a hospital a doctor has more control of a patient than in the home; very likely the patient does not see the prescription, it being written in the ward book, and the patient leaves the hospital without any prescriptions in his possession.

The pharmacy itself of a hospital is generally of the simplest character. It should be well lighted both day and night. a room 12 x 24, with a desk, a good, deep sink with a draining table, hot and cold water coming from high goose-neck taps, plenty of shelves and cupboards, a plate-glass-topped counter, the usual shelf bottles and ointment pots, mortars, graduates and spatulas, not forgetting a fairly easy chair, for visitors. A storage room about the same size near by would be required for storage, with shelves. A large dispensary with only one set of equipment means unnecessary running about and consequent waste of time. Of course, the size of the hospital might be considered in this matter, but even with a very large one it would only be a case of providing working room for an extra dispenser. A strict replacing of every bottle, box or pot in its place immediately after use is imperative for smooth working. One factor in the prevention of mistakes is to always look at a label before taking a bottle down, and again looking at it on replacing. It would seem difficult to improve on the usual

method of each ward having a drug supply book, in which the head nurse of each ward writes daily her requirements, which, after being supervised and signed by the superintendent or her assistant, is filled by the dispenser. Each ward is supplied with a small box suitable for the purpose.

It seems impossible to make hard and fast rules; the laws of the Medes and Persians, which altereth not, have no place in a hospital. What and which articles should or should not be charged to a pay patient? In the case of wines and liquors these are charged for, but how about extract of meat for a patient with very little appetite and who can consume little else? The fact that most hospitals are partly charitable eliminates the possibility of conducting them on strictly business principles in every instance. The best way, it would appear, is for the superintendent to have a pharmacist in whom he can trust, and then keep a sharp eye on him. Speaking of wines and liquors, these are best in a separate place, under the charge of a special individual, not the pharmacist.

A HINT ON HYPODERMIC TABLETS.

In the case at least of strychnine and morphine, why not use the strychnine or morphine salts as required. Where a pharmacist is expected to make up the hypodermic solutions for the wards, what possible objection is there to using, say, 12 grains of Morph. Sulph. in one ounce of distilled water, if one-quarter grain is desired in each ten minims, or 6½ grains in four ounces of distilled water of Strychnia. Hydrochlor. if 1-30 grain Strych. is required in each 10 minims? The excipient, sometimes inclined to be insoluble, in the tablet, and of no therapeutic value, is eliminated, a clear solution is formed which keeps longer than if tablets are used, and it is much more economical. It is, of course, convenient to keep a stock of tablets of other less used hypodermics, but can any reasonable objection be advanced against supplying the solutions for hypodermic use in the manner indicated? Solutions have been supplied in this manner in the hospital in which I am engaged, and no objection of any kind has been raised. If a good example of economy is in paring potatoes thin, the above may serve for another illustration.

THE NURSING OF COMMUNICABLE DISEASES

By Miss K. Mathieson, Supt. of Nurses, Riverdale Hospital, Toronto.

When your President, Miss Kirke, asked me some months ago to prepare a paper for this meeting on "The Nursing of Communicable Diseases," my first feeling was one of reluctance at the thought of occupying your time in dealing with a subject which, after all, might be of little interest to this Society. Within the past few years more modern methods have been adopted in the management of Communicable Diseases, and with most gratifying results.

In this paper I will endeavor to show some concrete example of the work done in the Toronto Hospital which I represent.

In treating diphtheria at the present time, the physician has come to realize more and more that the cause of death in such cases is the degenerated heart and nervous system resulting from the action of the freely circulating diphtheritic toxin. He therefore directs his treatment toward meeting this toxin and neutralizing it by the use of antitoxin in sufficient quantity. This is determined in an approximate way by the degree of toxemia shown by the patient and the length of time which has elapsed before coming under treatment. He should give sufficient serum to cause clearing of the throat and abatement of the toxemia by the morning of the fourth day of treatment in the worst cases. In milder cases this result should be accomplished earlier and with less serum.

Results only can justify the amount of serum used. In Boston, for example, 600,000 units are sometimes given. In Toronto a dosage of 390,000 units is the most that has been given to one patient. The mortality rates at the South Department of the Boston City Hospital and the Toronto Isolation Hospital are very similar, being between 6 and 7 per cent. Previous to the adoption of this large dosage treatment, our mortality ranged from 10 to 15 per cent. That this reduction in mortality rate in Toronto has not been due to the presence of a less virulent

form of diphtheria is proven by the fact that the mortality amongst patients treated in their own homes during 1912 and 1913 was 16 per cent., the practising physician not being able to use serum in sufficient amounts because of the expense.

We know that it takes some time for serum to be absorbed when given subcutaneously. For this reason we prefer to give the initial dose intravenously. From 10,000 to 50,000 units of a reputable serum may be safely given in this manner. Then to provide a continuous supply to the circulation, the remaining amounts are given subcutaneously. It is our custom in Toronto to give this in the abdomen, for several reasons. The main argument in its favor is that the lumbar lymphatic glands, which drain this reason, more directly communicate with the general lymphatic system than do those from the lower limbs or the back. This favors more rapid absorption. Other minor reasons are that a child may be conveniently held in this position, the injection is not painful, and the patient does not lie upon the site of inoculation.

In addition to antitoxin, the only other therapeutic agent necessary in the treatment of diphtheria is rest,—and by rest is meant absolute quiet in the perfectly horizontal position. Every case of diphtheria is treated in this way expectantly as a heart case until proven otherwise. The mildest cases are kept in bed for at least two weeks, cases of moderate severity for three or four weeks, and in severe types for at least six or eight weeks, because it is in these cases that a relapse commonly occurs in the sixth week with death due chiefly to paralysis of the vagus nerve. Exercise and excitement are contra-indicated both for myocarditis and paralysis, and it is the nurse's duty to carefully watch convalescence in this regard. The diet should not be pushed, but should be given in small quantities and in an easily digestible form. Overfeeding, with the false idea of helping the patient to more rapidly gain in strength, will do more harm than good. The patient is not stimulated unless there are serious signs of failure of the heart—air hunger, pallor, cyanosis of the lips, restlessness, and rapid, weak, irregular pulse. You are dealing with a heart whose muscle has become fatty, and it should be allowed to do as little work as possible consistent with life. Many a patient has been pushed over the precipice with stimulation. A heart which will not recover

with rest and careful dieting, will certainly not recover with stimulation.

When one compares this method of treatment with that in vogue a few years ago, the reduction in mortality rate is not surprising. We have only to remember the struggle to carry out local treatment to the throat, so exhausting to young patients, to realize how much more rational is the treatment by antitoxin and rest. No disinfectant can be applied to the throat strong enough to destroy all the diphtheria bacilli without lowering the resistance of and destroying the patient's own mucous membranes, with the result that those germs remaining flourish more profusely than ever; whereas if the freely circulating toxin be taken care of by an equal amount of antitoxin, the patient himself will be able to react against the infection and limit the course of the disease. Spraying or irrigation of the throat with a saline solution is indicated from the standpoint of oral cleanliness. In the treatment of the associated adenitis in marked cases, the linseed poultice, camphorated oil, etc., have given place to the application of ice. This change is justified by the fact that the reduction in the number of cases of suppurative adenitis has been striking. The adenitis is primarily a simple edema which responds at this stage to cold applications.

The treatment of laryngeal diphtheria has undergone considerable change. Of course the closed-in steam tent and calomel fumes are a matter of ancient history. Steam with plenty of fresh air, and prompt dosage with antitoxin, are indicated in the initial stage, and tend to prevent the onset of the stage of permanent dyspnea. Should this stage supervene as evidenced by cyanosis, dyspnea, anxious expression and pulling in of the soft parts of the chest, intubation is necessary. It is our custom in Toronto to intubate the patient in the horizontal position. It is against our principles to allow a diphtheria patient to sit up. He should be securely wrapped in a sheet, and placed on his back on the operating table with the shoulders slightly elevated and the head firmly held. This position has the following advantages: there is less danger of syncope in the horizontal position, it takes fewer assistants to control the patient, and should artificial respiration be necessary, the patient is in a more convenient position for its immediate performance. It is our custom to leave the silk thread attached to the tube in

place during the acute stage of the disease, and should the patient show dangerous signs of asphyxia due to the blocking of the tube with membrane or mucus, the nurse is instructed to herself pull out the tube, at the same time sending for medical assistance.

The treatment of scarlet fever has not changed materially in many years, with possibly the exception of more rational measures adopted to prevent the occurrence of complications. We are still in the dark as to the specific cause of the disease, and consequently have no specific treatment. There is, however, more scope for the nurse in the treatment of scarlet fever than in the treatment of diphtheria. There is the frequent administration of fluids, frequent sponging and occasional hot packs to promote excretion, and the care necessary to insure cleanliness and a healthy condition of the mouth, throat and teeth.

The frequency of suppurative adenitis has been lessened, as in diphtheria, by the use of ice. Nephritis has become less common by treating each individual case of scarlet fever as a prospective case of nephritis, just as each case of diphtheria is treated as a prospective heart case. All patients are kept in bed for at least three weeks, during which time fluids only are pushed for the first two weeks, and light farinaceous food is added during the third week. The diet is then gradually increased and the patient allowed up, but cautioned against strenuous exercise and over-eating. The incidence of nephritis has fallen in our experience from 5 and 6 per cent to 2½ per cent., due, we believe, to strict avoidance of draughts, rest in bed, and limited diet with fluids *ad libitum*.

From the standpoint of cross-infection the nursing of contagious diseases has been placed upon a scientific and thoroughly modern basis by the work done at the Pasteur Institute, Paris, and the Providence City Hospital. Aseptic nursing is best understood and carried out by nurses who have had an operating-room training. They instinctively know what is clean and what is not clean, and that is the essential; the principles of asepsis are the same whether applied to surgery or medicine. The nurse who cannot appreciate this fundamental is hopeless as far as aseptic nursing is concerned.

In Toronto, we are fortunate in having two separate nurses' homes and two separate maids' quarters for those caring for

diphtheria and scarlet fever respectively. All cases are carefully diagnosed before leaving the admitting room, and any suspiciously mixed cases are placed in glass cubicles and isolated according to the principles of contact infection and aseptic nursing. Over 1,300 cases of diphtheria have been handled in this way during the past two years. Of this number, three contracted scarlet fever after admission to the hospital, but none of these have occurred during the past sixteen months. Bacteriological diphtheria has twice occurred sporadically amongst approximately 1,200 cases of scarlet fever convalescents.

No matter how well equipped, or how carefully managed, a hospital for communicable diseases will still have instances of cross-infection. But the number should be relatively small, and with any kind of good fortune, the better the hospital equipment and accommodation, and the more conscientious the work of the staff, the fewer will be the number of cases. In many instances, infection would be a better term than cross-infection, because it cannot always be proven that the disease was contracted from another in the hospital. Of course, the hospital is invariably censured, but not always rightly so. Seldom will parents be found ready to assume responsibility for the disease which the child contracted at home and for which he was sent to the hospital.

The public, however, appreciate the fact that the most effectual means of caring for communicable diseases is by removal to the hospital. It requires a great deal of confidence on the part of the mother to give up her sick child and leave him entirely in the care of strangers, without even the privilege of a daily visit. Realizing all this, we try to remove the Institutional atmosphere as far as practicable in order to compensate for the rigid isolation which is necessary to carry on our work. Our patients on the whole are happy and contented. Occasionally we have difficulties, chiefly with men patients, who have had a slight illness and must remain in the hospital until free from infection, which is often some weeks after they are to all appearances quite well. They realize that during their illness their source of revenue is gone, and this naturally gives rise to worry and discontent. We find that our purpose can be accomplished by tact and sympathy, pointing out to them the danger to others, rather than by making compulsory regulations and thereby creating a feeling of antagonism.

Society Proceedings

THE AMERICAN HOSPITAL ASSOCIATION MEETING AT ST. PAUL

(Continued from our October issue.)

"The Experiment of a General Hospital without a Staff." This was the title of a paper by Rev. I. B. Johnson, D.D., Trustee of St. Barnabas Hospital, Minneapolis. For the past year and a half the St. Barnabas, a 175-bed hospital, has been an "open" one. Dr. Johnson claims the experiment has been successful. The board would not go back to the old plan. The Asbury Hospital has "followed suit," and dismissed their staff.

The small hospital section drew the greater crowds.

The out-patient section, the first occasion in which a separate session was devoted to this department of hospital work, was a great success. It was presided over by Dr. Warner. It was not largely attended but was instructive. The section emphasized the importance of every hospital endeavoring to establish and maintain a dispensary for preventive work. This department should endeavor to get in touch with the patient and prevent his taking to bed. Conditions should be studied by the members of this department and an attempt made to find out the cause of disease, as a beginning for larger work.

The non-commercial exhibit, now three years old, was a fine feature of the convention.

Evidence of what Minnesota is doing in her campaign against the white plague has been prepared by the authorities of the state sanatorium, who have a display in the university room at The Saint Paul. Photographs of the Walker institution, of the Cuenca sanatorium and the tuberculosis pavilion at the city hospital, together with scenes from the various private sanatoriums, were conspicuous in the exhibit, together with the placarded announcement, "Minnesota now is spending $1,000,000 for new sanatoria."

The local committee, under the chairmanship of Dr. A. B. Aucker, were most assiduous in their attention to the delegates.

The automobile rides, the luncheons, private entertainment, the visitation to the local hospitals, will long be remembered. The South is not in whole possession of American hospitality.

The provision of an information bureau was an excellent idea.

The employment of two stenographers, so that the copy could be kept within twenty-four hours of the programme, affording the extemporaneous speakers time to delete, correct and revise their remarks before the close of the convention, was another excellent new feature. This ensures an early issuance of the transactions.

The Wednesday evening session of the American Hospital Association, according to one of the local papers, almost resolved itself into a row between physicians and several of the country's leading architects. Had it not been for the presence of two hundred or more cool-headed, calm-faced trained nurses who can smile in the face of a doctor's rage the meeting would have grown quite impolite. As it was, the mercury of ill-temper had climbed high when an abrupt adjournment was taken, and the women breathed easier, but felt sorry for the architects, who had been squelched enthusiastically.

Urges Elaborate Hospitals.

The storm broke when Edward F. Stevens, of Boston, who had been invited to address the convention on "The Need of Better Hospital Equipment for the Medical Man," suggested that American hospitals ought to be more elaborate and fashioned on the style and extensiveness of large European institutions. He was supported from the floor by two other architects, Richard E. Schmidt, of Chicago, and Meyer J. Sturm, of New York.

Would Cut Expenses.

Dr. J. A. Hornsby, of Chicago, editor of *The Modern Hospital,* and chairman of two important Association committees, was the first to take up the cudgel against the outsiders. He said that American practitioners do not want the costly "mud bath, sand bath, sulphur bath, dark and light, and every other kind of bath hospitals" of Germany and other foreign countries, but that on the contrary they are looking for means of cutting down

every expense and to provide for the needs of more people. He politely scolded Mr. Stevens for his layman's effrontery and loudly was applauded.

Rakes Architects.

Dr. William H. Walsh, Superintendent of the Philadelphia Children's Hospital, took the floor and raked the architectural profession generally with a broadside and then directed his guns at the Association's guests particularly.

"We probably are wrong in accepting the judgment of the medical profession on hospital construction, but we do, and we consider it presumptuous for architects to come and try and tell us what to do with our equipment," he concluded, and again the tide of applause scored a count for the doctors.

Hospitals ought to think less about quail and crabs for millionaire patients and more about the food for their own employees, according to Miss Emma F. Holloway, of the Pratt Institute, Brooklyn, N.Y. In a paper on "Hospital Housekeeping," read at the afternoon session, she said great reform is needed in this direction.

"The complaint comes from the north, south, east and west that our nurses are not well fed, and they need much more nourishment to keep their health, cheerfulness and good temper," she declared.

Dr. Mason R. Pratt, of Syracuse, N.Y., scored reciprocity agreements made between some hospitals and undertakers who supply ambulance service with the understanding that if the ambulance brings patients to the hospital the institution is to send funerals to the undertaker. "It may often smack of graft," he said.

Reading the report of a committee appointed to study direct and indirect work of hospitals in preventing disease, Dr. W. L. Babcock, of Detroit, Mich., recommended that each hospital should have an out-patient or dispensary department, a social service department and a convalescent home. Through these agencies it could co-operate in the public medical inspection of school children, dental clinics, and in optical, orthopedic, infant feeding and general welfare service, he said.

Michael M. Davis, director of the Boston dispensary, said that "the out-patient service is altogether too important to

remain longer merely a poor relation of the hospital," in the report of a special committee appointed to study this phase of present-day practice.

"The Presentation of Theoretical Work to Student Nurses." This was the subject of a paper by Mary C. Wheeler, R.N.

During the first six weeks the nurse should be taught her ethical relation to the various people associated in any way with the hospital, familiarized with the rules of the institution and given the technique of elementary nursing. In the second six weeks such other nursing procedures may be presented as will begin to fit her for night duty in her sixth month.

Following the preliminary three months, the lesson should be assigned by topic, an outline of it should be given as a framework, and her reading material selected. All materials possible to demonstrate any part of the lesson should be used. Following theory and demonstration, the pupil-nurse should report her observations in the ward.

The nurse should receive credit for work during the term and excused from final examination if she makes 85 per cent. during the term. She is not allowed to take examination unless she makes at least a 70 per cent. grade.

One person should be in charge of all the theoretical work, but should not attempt to cover all the topics in the curriculum.

Others who can give instruction in special work should be secured.

Lecturers to nurses should be good teachers with good personality and a thorough knowledge of their subject.

Follow-up work in the wards is of much importance in order to correct any faults in technique.

With such teaching the patients show that they are well taken care of, there is an atmosphere of comfort among them, while the surroundings show thrift in time, effort and materials. The nurse has developed poise, consideration for others and ability to meet emergencies successfully.

"Artificial Illumination in Hospitals." This topic was dealt with by Meyer J. Sturm, of Chicago.

Formerly we knew only the terms of illumination in candle-power. Now we study illumination not only from the standpoint of intensity but from the physiological as well as the psychological effects.

Light is not a physical quantity, but is the physiological effect produced in the cerebral centres by a nerve stimulus. It is the illuminating engineer's business to produce in the field of vision a distribution of brightness possessing certain desirable characteristics. The mere attainment of a certain illumination does not indicate that one has a distribution of desirable brightness. No installation can be described in terms of illumination. Brightness, unlike illumination, does not change with the distance between the bright surface and the observer. While an ordinary photometer placed in the centre of a room can measure only the illumination at that point, a brightness-measuring instrument can, from that location, survey the whole visible room, walls, floors, etc.

The picture seen in a photographer's lens reveals the brightness, but if covered by an opal glass the illumination measurement may be noted. Illumination is the method of producing brightness distribution. It is the business of the illuminating engineer to secure such arrangement of brightness in the visual field as is pleasant and safe.

Mr. Sturm holds the bright ceiling used with an indirect fixture is the true light source, inasmuch as by no entirely photometric device or measurement can any distinction be made between a diffusely reflecting ceiling, a diffusely transmitting ceiling, or an incandescent glowing ceiling—surface brightness, directional value, shadows, everything is the same. Sharp shadows are eliminated and glare is reduced.

Miss Nina Dale, R.N., Superintendent of the German Hospital, Chicago, read a paper on "The Hospital Family—Co-operation in Domestic Management."

The father of the hospital family is the board of trustees; the mother, the superintendent of the hospital. The former supports the family; the latter is responsible for the orderly and efficient conduct of the family—the provisioning with wholesome food, the proper preparation of the same, its attractive serving to patients and nurses; the adjustment of complaints, the rectifying of misunderstandings, etc.

The patients are the children of the family, and it is for their comfort all are striving. They are the most important part of the family.

The ideal family is one wherein harmony, mutual interest, sympathy and loyalty prevail. To bring about this condition the maximum of authority and responsibility must be vested in the superintendent of the hospital. The superintendent must choose the subordinate officers. The greatest factor in creating and maintaining harmony lies in the choice of such assistants.

The medical staff must also be included in the hospital family. These mollify patients' petty complaints, evoke courtesy by example, are the staunch friends of the nurses without overstepping the bounds of propriety, teach and admonish the internes, and who give their best attention to the patients without thought of remuneration.

What an unnerving experience can be inflicted by a meddlesome, irritable, insatiable practitioner!

The interne should be courteous, gentle and sympathetic to his patients, yet reserved, dignified and attentive. If he disagree with his superior he should be careful to conceal his opinion.

The ability and shrewdness of the superintendent are reflected in the assistants appointed.

The character and reputation of the hospital in the final analysis is determined by the character and efficiency of the pupil nurses. Pupil nurses often come far short of perfection. Had their earlier home life been such as to cultivate habits of economy, respectfulness, kindness, consideration, a thoughtfulness of others, a forgetfulness of self, a great deal more time could be spent in teaching them the actual theory and practice of nursing, rather than trying to eradicate the shortcomings of twenty years' formation. A nurse with a good home training early secures the confidence of her superintendent, and is entrusted with responsibilities and is sought for at the end of her training to enter the organization.

The men and maids of all work are also components of the hospital family and should be honest, loyal, unselfish and courteous. These are co-workers with the higher hospital officials not their slaves. Many of them have fallen from the heights and need counsel, support, guidance, a cheery word, and, sometimes, reproof.

J. W. Fowler, A.M., M.D., Ph.D., Superintendent of the Louisville City Hospital, read a paper on "Scientific, Economic

and Humane Conduct of Municipal General Hospitals in the Southern States."

In the Southern hospital, when there is a white ward there must be a corresponding negro ward, so larger buildings are required and a greater expenditure for equipment and maintenance.

An exactly opposite condition obtains just across the Mason and Dixie line—negro and white man occupy the same ward.

Nurses, when told if they enter the hospital they must nurse negroes, often decide on remaining out of the school, though most nurses declare negroes are more grateful than the whites.

Contrary to the prevalent opinion in the North, the negro is well treated in the schools and hospitals of the South.

The hospitals of the south are much the same in character and use as those of the North—private, municipal, contagious, special, teaching, etc. Many of the hospitals are "open" hospitals, especially in the smaller cities. Some hospitals have the school men do the winter work (when the medical college is in session) and non-school men in summer.

The hospital architecture varies. The more modern hospitals are built on the pavilion plan, such as the Louisville City Hospital and the Johns Hopkins.

The nurses' homes are quite up-to-date in the newer hospitals. Homes for employees have also been built, which makes for efficiency.

Hospitals in the South are not measured by dollars and cents.

In the Louisville City Hospital especial attention has been given to the matter of records and rules.

There are one million people sick all the time in the South. With the advent of hospitals the expectation of life during the past fifty years has gone from thirty-three to forty-five years.

The next place of meeting will be San Francisco, Cal. There were twelve cities after the convention, the strongest claimants after San Francisco being Philadelphia and Baltimore. Dr. Louis B. Baldwin, Dr. J. W. Sluss, and Dr. C. H. Drew were the committee on place.

Twenty men and women delegates from Ohio institutions met at The Saint Paul at the close of the afternoon session yes-

terday to discuss the advisability of a local state hospital association in that commonwealth.

Dr. William O. Mann, of Boston, Superintendent of the Massachusetts Homeopathic Hospital, is the new President of the American Hospital Association. This choice was unanimous at the closing session, when O. H. Bartine, of New York, announced that Dr. Mann was the candidate of the nominating committee.

Dr. A. B. Ancker, Superintendent of the St. Paul City Hospital, was honored with the first vice-presidency.

The other vice-presidents are: W. W. Kenny, Superintendent of the Victoria General Hospital, Halifax, Nova Scotia; Miss Ida M. Barrett, Superintendent of the Grand Rapids Hospital, Grand Rapids, Mich.; Dr. H. A. Boyce, Superintendent of the Kingston General Hospital, Kingston, Ont., was re-elected secretary, and Asa Bacon, Superintendent of the Presbyterian Hospital, Chicago, was re-elected treasurer.

A partial report of the committee on legislation, read by Mr. Bacon, commended the militant methods of the trained nurses in Oklahoma in attaining registration laws; declared that Iowa has the best state laws governing hospitals and nurses; that Chicago leads municipalities in this direction, and scored the California eight-hour-day law, which, in the opinion of the committee, is playing havoc with hospital routine and efficiency in that state.

Miss Mabel McCalmont, of New York, told the hospital officials that the national hospital bureau will open May 4, 1915. The institution, among other activities, will make emergency purchases of supplies in Gotham for small hospitals which do not have ready access to large markets.

Several parties were made up for vacations on the coast or in the national parks, but the majority of the members returned at once to their charges.

The "hospital special" over the Burlington route left St. Paul on Friday evening for Chicago with most of the Eastern delegates aboard.

EASTERN HOSPITAL NURSES GRADUATE

The annual graduation exercises at the Eastern Hospital, Brockville, were an exceedingly pleasant function. It had been intended to hold the exercises on the lawn, but because of the portending rain the spacious assembly hall was used, and it was filled to capacity with friends and visitors. His Honor Judge McDonald presided, and on the platform with him were the several gentlemen who delivered addresses to the graduating class—Rev. Mr. Woodcock, Rev. Mr. Runnells, Rev. Mr. Scanlon, Drs. Vrooman and McLean, of the hospital staff; and others among the citizens in attendance were Messrs. W. H. Osborne, Wm. Shearer, C. W. Yarker, A. J. Page, D. D. Donovan, C. R. Deacon, Dr. Bogart, of Kingston, and a large number of ladies.

After a short and appropriate address by His Honor Judge McDonald, the chairman, W. W. Dunlop, of Toronto, Inspector of Public Charities for Ontario, addressed the graduation class and administered the Florence Nightingale Pledge to the nurses. This was an impressive ceremony, and was the first occasion of its administration in Brockville.

The graduating class were Misses Jean Gibson, Hamilton; Nellie McCaffery, Brockville; Annie Rand, Scotland; Myrtle Wiltse, Lyndhurst, and Irene Race, Brockville. Mr. Dunlop made the presentation of diplomas, and Mrs Dunlop presented the class pins to the graduates.

Dr. J. M. Foster then addressed the gathering and in his remarks complimented the graduating class upon the high standing they had taken in the provincial examinations, the classes from the Eastern Hospital, senior, intermediate, and junior, having taken the foremost positions, while Miss Gibson led the Province and made perfect marks in several subjects.

Brief and timely addresses were delivered by A. E. Donovan, M.P.P., John Webster, M.P., W. T. Rogers, Judge Reynolds, and Dr. Bowie and R. Craig, who spoke on behalf of the Brockville General Hospital.

During the afternoon vocal solos were most acceptably rendered by Miss Kathleen Craig, Mrs. C. Lyman, and Miss Ogilvie, and following the programme ice-cream and strawberries were served and a pleasant half-hour thus enjoyed, Dr. and Mrs. Mitchell proving the happy hosts and delightful entertainers they always are.—*Brockville Times.*

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

Keith Fans

In a statement just issued by the James Keith & Blackman Co., Ltd., of London, England, the large increase in their output of "Keith" fans is really remarkable. Their increase for their fiscal year, which has just been completed, was practically 100 per cent.

The "Keith" fan is at present taking the lead in the world's fan trade, having been adopted for the latest torpedo boat destroyers in the United States Navy, and has been similarly adopted by Messrs. Yarrow on the Clyde for use in the latest Torpedo destroyers, contracts for which they have in hand for the British Admiralty. Orders on hand in the Keith works cover some twenty-four (24) fans for the British Navy.

As applied to passenger boat service the "Keith" fan is now in use in the "Lusitania," "Mauretania," "Andania," and "Alaunia." The last two named boats are just reaching completion at Greenock and will be employed in the Canadian trade. As well as the foregoing ships being equipped with "Keith" fans, the new Cunard liner "Aquitania," just launched on the Clyde, was equipped throughout with "Keith" fans.

Messrs. Sheldons Limited, who control the Canadian patent on "Keith" fans, report also a very extensive demand for them. Among the recent orders which they have received for which "Keith" fans will be used, are the Weyburn Hospital, Weyburn, Sask., and the Bank of British North America, Montreal, and many others which space will not permit us to enumerate.

"Lister-Bruston" Automatic Lighting Plants

The following voluntary testimonials regarding the satisfactory "Lister-Bruston" Lighting Plant will interest superintendents of hospitals in smaller towns:

Robert Readhead, Esq., Junr., writes:

In reply to your enquiry, I consider the "Lister-Bruston" Plant a very simple and compact one and quite suitable for country house lighting. In spite of one or two hitches during the 12 months since the Plant was supplied, it has on the whole given me satisfaction.

I should choose it again in preference to any other.

C. F. Larmour, Esq., writes:

I have much pleasure in stating that the "Lister-Bruston" Automatic Electric Lighting Plant which you have installed for me continues to give me complete satisfaction. Without disparaging the merits of any other system of country house light-

* Publisher's Department.

ing, especially as I do not pretend to have made any comparisons, I think I may safely say that the "Lister-Bruston" system would be difficult to beat either in efficiency or suitability. I shall always have pleasure in recommending it to others who may be contemplating Electric light for their houses, and you are quite welcome to bring enquirers to inspect the Plant you have installed for me.

Herbert Okeden, Esq., writes:

I am much pleased with the "Lister-Bruston" installation of Electric Light at Stutton House, Suffolk, and find the light very good and steady. I shall be very pleased to show the Plant and its working to anyone in the neighborhood if they will write to me to make an appointment.

The "Lister-Bruston" System can be procured through R. A. Lister & Co., Limited, Toronto.

An Effective Cleanser

By referring to our advertising pages, our readers will notice the advertisement of The Owen Sound Sales Co., whose Toronto offices are in Room 215, St. James Chambers, 79 Adelaide St. East. This firm manufacture a preparation known as "Clenum," one that will be found to be just as represented. It is an article that will polish brass, nickel, silverware, windows, glassware, pots, pans, and bell fixtures. It is guaranteed not to affect the plating in any way and is also perfectly harmless and non-poisonous, containing no acid. It is adaptable for use in the hospital, household or garage, and is procurable from all stores. Try it!

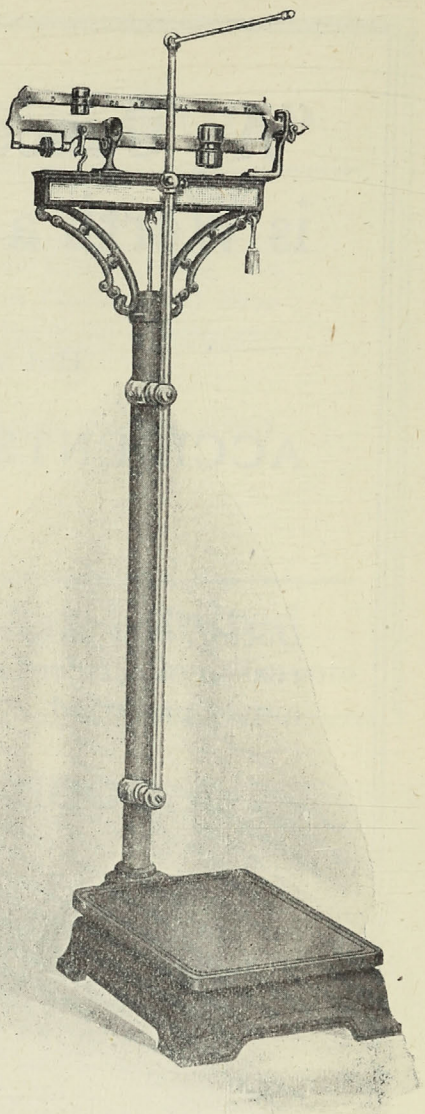
Canada Floors

No industry has attained the same degree of perfection as the construction of modern fireproof buildings.

To meet the requirements for floors of this class of construction, it has remained for The Canada Floors, Limited, Montreal, to produce a ideal floor.

These floors are composed of nature's highest refractory elements, such as pure asbestos and magnesite, with inorganic coloring materials added, to give pleasing color effects. For floors, stair treads and risers, wainscoting, dados, and countless other useful commodities, no better material is manufactured to-day.

Testimonials from leading architects, building inspectors and contractors speak in highest terms of *Canada Floors*.



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