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(Incorporating The Journal of Preventive Medicine and Sociology)

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Editorials

FIREPROOF DOORS AND WINDOWS FOR HOSPITALS

NOBODY, with any regard for the absolute safety of the patient, would think of building a hospital of more than one story in height, except of absolutely fireproof construction. The last link in rendering these

buildings fireproof is the fireproofing of doors and windows. Since the practice of fireproofing these openings is so general in commercial buildings, why use anything else in hospital work? There are many American concerns ready to make any required type of fireproof door or window at a cost attractive to commercial interests.

The use of metal frames about doors is common practice at present. The best type of metal door frame is probably one made in Germany, a solid steel rolled section with invisible hinges, throwing the door clear of the opening. Many good types of heavy sheet steel frames are now on the market. The use of metal frames for doors and windows gives a permanent and perfect joint with the wall finish, and, being non-shrinkable, no cracks develop. The absolute adjustment of moving parts possible, and the freedom from shrinking and swelling, render the operation independent of the seasons. Solid and perfectly plain doors can be obtained in metal. These can be decorated with enamel or grained to any wood as desired, giving a similar finish to that seen in Pullman coaches. The use of metal for window frames leaves a larger glass and air area in a given masonry opening than can be accomplished with the ordinary wood finish.

A later type of window is made in three sashes, with the lower stationary as a wind break, and the upper two sliding past each other and operated by a ratchet, which does away with the weights. The Austral type, which has the upper part of the lower sash

opening in, and the lower part of the upper sash opening out, simultaneously, is made in steel. Any type of casement is readily made in steel, and the perfection of the work allows the window to swing in and still make a weatherproof job. If these sash are glazed with polished wire glass, the window is practically fireproof, and is so accepted by the fire underwriters. Most of these types are very handy for cleaning, and can be screened perfectly.

A most satisfactory door is one of hollow steel, of which the centre is composed of an inner casing of steel filled with asbestos. As to windows, one of the best is made of iron or bronze, which has been found, when equipped with wire glass, to withstand tremendous heat.

It would seem that the commercial advantages of using metal-filled openings in a permanent building of the high character required for hospital uses, would more than balance the increase in cost.

Most of these arguments are in addition to the question of fireproofing, which is in itself sufficiently important to cause the subject to be considered with great care by the hospital constructor.

The relief to the hospital superintendent, the board of trustees, the patients, their friends, the nurses, resident doctors and employees, to know that they are housed in a building rendered as nearly completely fireproof as possible cannot be overestimated.

It is a crime to build a hospital to-day that is not fireproof; and a mistake if fireproof windows and fireproof doors are not installed.

THE TREND OF THINGS

It is unquestionable that there is a slow but very sure movement toward centralization of hospital work, in all communities.

In the cities, hospitals are co-ordinating for various purposes, administrative and medical. Some have a common purchasing agent, others, an interchange of nurses, internes or even medical staff; others are grouping under one governing board.

It is gradually becoming recognized that the individualistic method of hospital conduct in the instance of public or general hospitals is archaic. In cities where a number of such institutions exist, petty competition and economic waste is the result; while in towns and country places, mediocre conditions, both medical and administrative, arising from lack of stimulus, are inevitable.

Osler recognized this in connection with the rural hospitals of England. He pointed out the need of enlarging the teaching and stimulative power of these, and the possibility of making them, during some part of the year at least, teaching centres for the rural practitioner. Sir Henry Burdett, the recognized English hospital authority, and one of the strongest supporters of the voluntary hospital system, which makes largely for individualistic autonomy, at the last meeting of the British Hospital Association, stated that there should be one great system of co-operation and inter-communication as regarded the British Hospitals.

In a recent issue of the Journal of the American Medical Association, Dr. Warbasse writes ably and entertainingly of the socialization of medicine. He unconsciously emphasizes for the American field Osler's views, when he says:

"As I look into the future I see communities divided into districts, each with a sanitarian responsible for its health. Each district should have a sanitary centre. Here should be a laboratory for diagnosis, equipped with all the appliances and facilities of modern science, with trained experts in every department. In connection with it should be a central hospital. An out-patient and an in-patient department should supplement one another. This should be a community centre, in which the problems for the prevention of disease should be worked out."

Dr. Warbasse believes that specialists in all branches should be located in hospitals placed at convenient intervals, that there should be a hospital in every community, as well as town, and that the number of hospitals should be regulated by the population and geography. The latter idea is a happy one, since it would at least eliminate the condition, not unknown in our midst, when a group of disgruntled doctors say: "Go to; we also will build a hospital, and the citizens and the Government shall support it for our advancement."

Dr. Warbasse looks to the socialization of all agencies making for public health, and to the removal of the physician from the field of commercial enterterprise into that of the public servant. That the

general hospital should not be a commercial enterprise, he takes for granted. How largely it has unfortunately become so, he may not be aware.

But, until the ideal conditions to which our hospitals, in common with all the large medical and public health issues, are slowly evolving, are reached, we must work toward co-operation between local existing institutions, and the centralization and conservation of hospital forces. The hospital, however large and prosperous, that elects to stand alone, refusing co-operation or association with other local hospitals except on well-established ethical grounds—is out of harmony with the spirit of the age, and weak by the measure of its exclusiveness. There is no room for a spirit of jealousy or commercial rivalry in that hospital that measures up to the newer public standards.

THE PERSONAL FORCE

A MAN has only so much magnetizing force—or, if you prefer the phrase, personal influence—to give out. If stretched over too wide a territory it gets pretty thin.

It was a judge of the Juvenile court who made the remark in connection with the need of additional probation officers to effectually carry out the court parole and probation sentences among Detroit juvenile offenders.

The statement linked itself with one made to the writer by a staff physician, in discussing the social service department of a certain hospital. "If the

work is to be kept efficient, the personnel of the department must be changed frequently. No one becomes mechanical in service more quickly than the social service worker who is always on the job."

Reflection confirms the truth of the physician's statement. Service that has become a matter of mechanical routine ambushes all professional life; but there is no calling, except perhaps that of the professional evangelist, it is so quick to invade as that of the official social service worker.

The social service department of the hospital, when allied with the out-patient department, is looked upon as a valuable source of knowledge concerning local health and economic conditions, and in this connection routine is necessary. But for the achievement of its primary purpose, which we take to be the establishment of helpful friendly service from one individual to another, the official attitude, which seems a concomitant of all organized help, is most to be deplored. A few rare men there are in every community to whom it is given to bestow freely out of an apparently exhaustless personality whose source lies deep in the secret places of life. Yet even with these the drain eventually tells. There is a sudden failure of vitality—or, to change the symbolism—they burn out at high noon.

But the rank and file of us must subscribe to the dictum of the Detroit judge. If stretched over too wide a territory, our influence—which means our ability to help—becomes too diluted to be efficient. The fact is well established that human nature re-

sponds to the individual influence, and in degree according to the measure of strength with which it is exerted. The problem of life is the problem of intimate relationship, and the professional social service worker is weak by the degree of his or her professionalism. The truth is that the salaried office is an anomaly. The name belies its purpose. In essence it were as fitting to establish the office of paid professional friend.

Yet, in hospitals and other public places, some organized system of such work is essential. How shall this be kept free from the dry rot of a mechanical routine? Perhaps, as the physician suggests, by a frequent change of staff personnel. The average hospital social worker, who for three months, six months, a year, or more devotes herself daily to that outgiving of service and sympathy that the office implies, often finds at the end of one or other of these periods that her interest in the individual cases is waning, and her sympathy becoming forced or mechanical. She has less desire, and consequently less ability, to establish that intimate relationship between herself and the individual she would serve, that makes for success.

She, perhaps, finds herself content if her tabulated "results" for the monthly report which she is expected to make to the ladies' committee or the superintendent's office, shows a sufficient number of letters written for patients, young mothers married, employment found for men, and so forth.

A social service monthly report in connection with the out-patient department may be made statistically

valuable in many ways. Outside of that it is absurd. The best work—that of personality acting upon and influencing personality—can not be measured in words or expressed in figures.

When this force weakens, as it must if over-exercised, it is time for change of work or worker. Efficient social service needs spiritual powers, with the large view, the clear fresh atmosphere and the long patience that these provide. Only a few are fitted by nature for professional social service work, and these should frequently fall out and rest awhile. The remainder of us had better serve as we go.

Original Contributions

DOORS, WINDOWS AND FLOORS*

WILLIAM B. STRATTON.
Fellow American Institute of Architects.

Where so much attention is being given to the arrangement of hospitals, it seems a mistake to use any but the most efficient appliances and the best of materials. In selecting materials a statement of the conditions to be met at each point should be made and the materials available for obtaining the desired result should be used. I have found that local tradition in building matters and even hospital tradition in many cases, has kept the best solution from being reached.

I will give you a statement of what I consider the requirements as to desirable features in regard to doors, windows and floors. These are major details in the rooms used for the treatment of the sick. I will deal with the requirements of these details in wards and corridors and rooms directly adjacent.

Doors.—Doors should be of sufficient width for all possible traffic, should be easy to operate, perfectly plain, easily cleaned and hung in permanent frames that form the best joint with the adjoining materials. The frames should be of metal. A form of German manufacture is being much used in this country at present, consisting of a full rolled steel section with welded angles. There are also very good forms made of heavy sheet steel, rolled to the proper shapes. Both types are well anchored into the mason work of the wall and form a perfect joint with tile or plaster. Doors leading to work rooms through which there is much traffic, and in passing which the hands of the nurse are apt to be loaded with trays or utensils, should be double swing, with self-closing spring hinges. Many concerns are making very good plain, well veneered stock doors. These are preferable to those made by local contractors. They may be painted, enameled or left in the natural wood veneer. Metal

* Address (with discussion) delivered before the Canadian Hospital Association.

doors should be used in places where the temperature of the rooms on either side varies to any considerable degree. I prefer lever handles on the latches, as it is possible to open the door without actually grasping the handle. In rooms where infection is cared for, these handles can be lengthened so that they can be operated by the elbow.

Where screens are used on the hall side, I would recommend a short, light door, similar in all respects to the main door, but cut off at top and bottom to leave an air space.

Windows.—It is in the case of the window that tradition has held us most firmly to the old types.

The growing realization that fresh air bears such an important relation to successful treatment, leads us to prefer a type of window that gives the fullest opening possible, *i.e.*, one hundred per cent. of the window opening in place of the double hung sliding window now in such general use.

The problem of screening has much to do in deciding the type of window. The window should be easily reached for cleaning and easily operated and the glass should be in as large lights as possible. In our climate a large area of glass of single thickness produces an immense amount of cold radiation without in any way helping the ventilation of the room. This radiation may be overcome largely by having the lower sash made double, the inner sash hinged to the outer, with an air space between. The transom, which is much smaller in area, may be made of single glass. There are many points of advantage in a double system with a large air space between the sash, and there are many ingenious arrangements to allow ventilation without producing a direct draft. Two of these types are shown in the accompanying cuts.

Floors.—The floor should be selected with regard, first, to its imperviousness to moisture and germ life; second, its wearing qualities; third, ease of cleaning; fourth, its tendency to show dirt; fifth, color; sixth, warmth to touch and elasticity to tread.

Terrazzio is the most universally used and oldest material. It is made up of about equal areas of marble and cement, both of which are not impervious to moisture. Its color has pleasant possibilities and it is a pleasant floor to walk upon.

Tile combines most of the desirable features in a hospital floor. Its color, wearing and cleaning qualities are good. Criticisms are found in regard to its hardness and its inflexibility, but this can be overcome to a great extent by the wearing of rubber heels.

Battleship linoleum is quite extensively used and is pleasant in many regards, but retains the impression made by standing furniture and requires great care in the laying.

Wooden floors of teak, Georgia pine or oak may be used in many places to good advantage.

Cork tile has the advantage of being very pleasant to walk upon, and experiment has shown it to be impervious to germ life. Its color is against it and it shows tracking quite prominently.

A composition floor composed of sixty per cent. cork, called plastic linoleum, is being used to good advantage. It is warm to the touch, may be laid in various colors and is somewhat resilient. The possibility of covering the entire floor surface without a joint is generally considered as very desirable, and many materials now upon the market are being tried out.

The prospects are bright that some of these floors will stand the test of time and that the floor will be secured which will meet most of the requirements for hospital use.

I am aware that all will not reach the same conclusions, and that no material will be found which will be suitable under all conditions.

The constantly growing and changing conditions in hospital work quickly push into the background the decisions that we make to-day.

Mr. Stratton: Ladies and gentlemen, I am keenly alive to the contrast between my dry and specification-like talk and the warm and human element of the discussions which lent such charm and value to the morning session. Of course, this is a specification perhaps.

I have some diagrams of windows that I will show you. I drew these roughly, with a view of showing the different possibilities, that is different from our ordinary double hung sash, and we assure you that these windows work; sometimes our sliding windows do not. This is a curious contrivance I saw in

Berlin for operating a transom. This is about half size. It is a very cumbersome-looking thing.

(2) This is an arrangement showing a section or cut through a double window scheme. This is a small scale drawing looking at the full opening. The whole thing would be eight or ten feet high.

(3) This is a common germ tight with a transom and two tall casements. This casement opens in. The transom is hinged on the bottom, swings in, and the same arrangement here works a flexible rod in a tube and working a scissor arrangement. This one has the double sash; that is this is the sash, the main sash, and the inner sash is hinged directly on that. There are the two hinges that show the working of the window. That opens fully, the two sashes swing in from the sides.

(4) This is an arrangement showing the double window; this being the transom part and that the transom swinging in and the outside opposite transom swinging out. That allows the draft to go directly across, but it is a very good weather arrangement. It prevents the rain from beating in, even past the inside transom. I do not know the geography of this cut. I got it out of a Russian book and I could not read it.

(5) This is a type of window used in the Charing Cross Hospital in London in the Louise Ward. We were inquiring where this patent came from and found it was an American arrangement. Next I will show you the way it is given us in this country. There are any number of cross sides for transoms in line forming the whole window. They are all opened in as transoms in this manner, giving the full one hundred per cent. opening to the air the same as a casement window, and allowing full chance for screening. It is well arranged for painting.

(6) This is a banded window called the Austal window. You have probably seen examples of it. The window is pivoted, the lower sash is pivoted at the bottom, the upper side is pivoted at the top and slides down. When the window is shut you take hold of these handles, possibly about here, and pull in. That pulls on that arm, throws the top in and the bottom out. The bottom throws the top sash out and the top end throws the lower sash in. That can be screened, the upper sash being outside the screen and the lower sash inside. All of those types

that I have shown are perfectly good for screening. The sash that opens out is very hard to screen.

(7) This is the section of the steel door frame I have mentioned. Some patterns are even plainer than this. You will see by the age that it is a very stout roll section. These are welded together at the corners, forming complete three sides, and they have a cove at the base which follows all these sections here working in the tile or steel base or whatever you have. It is anchored very securely by straps out from this, and this particular model has a hinge, which allows the door to be thrown straight back in line with the door-jamb. Most hinges throw the door away out about two or three inches into the door opening and that little space there is a great saving.

(8) This is material called plastic linoleum. It is not so soft as linoleum, but in the three years they have used it they find very few faults. I do not know if they find any caused by the cracking movement below. Most of the cracks in tile and in marble come from breaking in the under surface, not in the material itself. Many materials have been condemned by the medical profession for faults that are not their own.

(9) Here is a tile that I saw used in Berlin in the operating room. I wish you would examine that. The foot gets a good grip. The ordinary tile gets pretty slippery. This may be harder to clean, but it can be cleaned, and the surgeons like it. (Applause.)

THE PRESIDENT: This paper is open for discussion.

DR. PARKE: Mr. Chairman, I think it is over four years ago since I asked a question of the American Hospital Association if anybody knew of a window that did not necessitate the removing of a double window in the spring and putting it up again in the fall, and which could be cleaned from the inside. There were no replies. I am glad to see somebody has been working since. Unfortunately in our institution these inventions had not been made, or we had not seen them, so we had to start to work and work out a little plan of our own. We have a window that we hope is going to work satisfactorily. It has the advantage of sliding up and down in the ordinary English style. It does not need taking out in the spring or putting back in the fall. It can be cleaned by the cleaner standing on the floor of the room

inside, all except a little transom at the top, that can be cleaned from the inside by getting on a ladder. He has not to get out on the sill or be held by a rope to clean the windows. We had a little trouble in arranging fly screens, but after about fourteen different screen men had worked on it we got screens that worked. I do not want to say too much about these windows. I know that in all these things it is the second or third year that is going to tell whether they are practical or not. In a large hospital like this the matter of putting up double windows and the matter of cleaning the windows on the outside is a very big expense. We have a rather large corridor, which we call "The Bridge of Sighs," and our man figured out that every time we cleaned the windows on that bridge it cost us ten dollars. You will find it is a pretty big bill. I see you have here a type of door that we have in one part of our hospital, and which we found with very little dampness on the floor, such as the spilling of a pail of water, by accident, of course, and not being quickly wiped up, in a very short time that commenced to split at the bottom. Second, who is handling that plastic flooring; where could it be got at?

Mr. Stratton: The name of the maker is on those blocks down there. I forget the address. In Chicago, in Marcus Risch's Hospital they are using casement windows single casement. That is a pretty severe climate there. They open out with a rather complicated fixing.

Dr. Parke: I should have said, of course, that our windows are double glass and slide up and down like an English window, and can be swung in and out. If you get an arrangement that is all complicated, by the time that the nurse has served her second or third year she knows how to work it. These windows are worked like the rest, so she knows what to do with them.

Dr. Donald Robertson: No reference was made to operating room windows, whether skylights are necessary or whether double windows are needed.

Mr. Stratton: I have seen a great many operating rooms, and some are single and some are double, and some have very elaborate heating arrangements next the glass, and some have none, and they are all very satisfactory, so far as I can find, to

those who are using them. That is one of my troubles, to find out what they want.

THE PRESIDENT: I remember seeing a window—I think it is in Longue Pointe Asylum—that swings on a hinge that opens in that way. I do not know whether it has any special advantages or not. Someone was speaking of a window that swung out. Now, in a case of that kind, what would you do in the matter of screening?

DR. PARKE: I said that was our only difficulty. The difficulty arose about the screen, but we overcame that difficulty. If anybody is interested in windows I will talk to them by the hour. At the Longue Pointe Asylum—I think I was with you—the trouble is if it is not weather-proof. It is all right as to being easily opened, easy to operate, but not as to being easily weather-proofed.

THE RELATION OF THE HOSPITAL FOR MENTAL DISEASES TO THE COMMUNITY*

BY E. H. YOUNG, M.B.,

Assistant Superintendent, Rockwood Hospital, Kingston, Ont., Professor of Psychiatry, Queen's University, Kingston, Ont.

The subject of Mental Disease has always been a source of anxious interest and curiosity to both the cultured and the general public. But if the interest and curiosity are great, the difficulty of obtaining a clear conception of the numerous perplexing problems to be solved, and the means by which this end may be accomplished is even greater; as a result this field of scientific enquiry is the one most dominated by unreasonable prejudices.

* Read before the meeting of the Kingston Medical and Surgical Society, at Rockwood Hospital.

It is useless to disguise the fact that, even to-day, psychiatry is, as a science and art of medicine, very young. The efficiency of its curative measures is in many ways behind that found in other branches of medicine. A great Italian scientist says that psychiatry is one of the noblest of sciences, but one of the humblest of arts. Our efforts towards eliminating the direct causes of insanity are very limited, because of insufficient knowledge of the mechanism of its pathogenesis, and only persistent, conscientious investigations in laboratory and clinic will overcome this deficiency; such knowledge as we have, for example, in mental disorders due to trauma, syphilis, exogenous intoxications and abnormalities of internal secretions is fully appreciated and applied in the various Hospitals for the Insane in this province.

Fortunately therapeutic agencies are not limited to those which cure by eliminating the cause of the disease. Many mental diseases are curable spontaneously through the adaptive properties of the body, provided the development of the curative process, and the patient's life are not endangered by the excessive action of certain collateral symptoms, such as exhausting motor restlessness, insomnia, abstinence from food, suicide, secondary infections, etc. In such cases the usual well-known remedies directed towards counteracting the symptoms, tide individuals through afflictions which are curable spontaneously, and thus render possible a return to normal mental life.

This summary will serve to show how limited is the work of the psychiatrist in connection with the morbid process and its consequences; the results obtained, however, are sufficient to disprove the pessimistic statement of some, that the application of therapeutic measures in mental disease is always a hopeless task. Moreover, it will be seen that the indirect service which this science can render in practice is much more extensive. To one engaged in practical efforts for human betterment it is instinctive that knowledge should be applied. If the causes of certain forms of insanity are now known, if certain forms of treatment can influence mental disease, it admits of

no argument that in so far as these are within human control, a serious effort should be made to make the fullest possible use of such knowledge.

From this point of view it is unfortunate that the transfer to a suitable hospital removes the sufferer afflicted with mental illness from the observation of the community. The lessons which would be learned by each community, if its insane were cared for in its own sight, so to speak, would be exceedingly valuable; it would learn, for instance, that a large percentage of such patients are practically harmless, that mental diseases differ much in degree and kind, that they can be influenced favorably by appropriate treatment, and there would be a readier and fuller appreciation of any new light thrown by science upon the origin, nature, curability and prevention of insanity.

The improved recovery rate has had the effect of increasing public confidence in the administration of these institutions, and there is evidence of a readier disposition on the part of the medical profession and the public, to turn to them for help and counsel in all matters pertaining to mental medicine. One of the strangest chapters amongst the stories and traditions which make up the gossip of every hamlet is that about the man who "went crazy and had to be taken to the asylum," and if such a one later is returned to his home and to industrial efficiency, the event is looked upon as little short of the miraculous. Such a patient is the best possible agent for dissipating the hostility and mistrust of his community towards asylums. The treatment of such cases in their own homes by nurses trained in these hospitals contributes to the same end. Public addresses, articles in the press by experienced alienists, and the readier accessibility of the hospitals to the patients' friends, are other factors tending to bring the public into closer contact with the problems of insanity.

There are mental diseases which would shortly disappear could the interest of society be sufficiently directed towards them, and timely measures adopted. General paresis is one of the most deadly diseases; it attacks adults in the full vigor of life, individuals strong in body and mind, and who as a rule have reached the highest point of their social activity. The

remote cause of progressive paralysis is syphilis, which is closely associated with prostitution, and therefore all remedies directed against the social evil also strike a blow against paresis. In this connection I cannot do better than quote Adami:—"With a fuller realization of the frequency of these congenital (venereal) diseases, of the havoc these are playing upon individual lives, the misery, ill-health and ruin that they inflict, with the surer recognition of the presence and after-effects of what euphemistically we speak of as the contagious diseases, brought about by more exact methods of diagnosis, such as the Wassermann reaction, and the actual recognition under the microscope of the gonococcus and the spirochaeta pallida, we have during the last decade more especially, come to a realization of the hideous frequency of these diseases, and their ill-effects upon the innocent of the second generation. When it is accepted that at least half of gynecological practice is due to gonorrhea and its results; that a large proportion of the cases of infantile blindness is of gonorrheal origin; that, as demonstrated by the Wassermann test, practically all these cases of locomotor ataxia, and nearly all cases of general paralysis of the insane are of syphilitic origin; when we know that most cases of multiple successive abortions are syphilitic, and recognize the puny miserable parodies of humanity doomed in most instances to an early death, that too often are the result of syphilitic disease in the parent; when we realize the preventable ills that follow in the train of these venereal diseases, I wholly agree that the time has come when we should no longer refer to these matters by circumlocution, when for the good of the coming generations we should openly wage war against gonorrhea and syphilis, and above all should, for the safety and welfare of our children, instruct them as to the dangers they must ward against, not merely on account of their own health and happiness, but for the sake of the generations yet unborn."

The group of psychoses collectively known as alcoholic insanities are directly traceable to alcoholism. In many others alcohol may be a contributing cause by diminishing the resistance of the brain to harmful external influences. There can be no doubt that all successful efforts to restrain the evil of intemperance, whether these take the form of improved social

conditions, legislative enactments or educational propaganda, will result in a corresponding lessening of the incidence of insanity. Many patients are annually brought to the doors of our asylums through the excessive use of morphine, cocaine and patent medicines containing habit-forming drugs. To prevent this exploitation of the weakness of human beings for profit, the most drastic prohibitions, and the most deterrent penalties can be justified on the ground of social defence and prevention.

The infantile cerebropathies are to a considerable extent the result of parental alcoholism and syphilis. But far more frequently the infections which arise in the first years of life, from filth, neglect and unsuitable alimentation, are the determining factors in producing the crowd of idiots, imbeciles and epileptics which encumber our public institutions and drain the resources of our public charities. Wherever measures favoring maternal feeding and providing the knowledge and means for carrying out scientific methods of artificial feeding have been adopted, there has been effected not only a notable reduction in the infantile mortality, but along with this, a diminution in the number of children physically and mentally deformed from the earliest infancy.

Another group of insanities, the acute confusional psychoses are traceable to infections, exhaustion, overwork, autointoxications, abnormal puerperal or lactational conditions, etc. It is obvious that vast numbers of these are due to preventable causes.

Certain other forms of insanity are supposed to owe their origin almost entirely to psychic causes. The opinion is held by eminent alienists that these causes can be counteracted by adopting methods of education suitable to the individual, and by the cultivation of correct habits of thought. Dementia precox is by far the most frequent of all mental diseases which afflict the young. It is the "White Plague" of psychiatry, once established it is incurable, and unless proper treatment is instituted in the earliest stages irreparable dementia results. Within the past few years authoritative articles have appeared describing the early symptoms of this scourge, the ominous symptoms of its approach and also the characteristic mental make-up of the child foredoomed to develop the disease. Com-

petent advice as to its prophylaxis has been given; heedless of these warnings parents, after transmitting to their children psychopathic taint, allow them to drift at haphazard into unsuitable vocations and educational courses with utter disregard of the nature of their psychical capital. Hence, instead of the satisfaction and mental enrichment which accrues when one is brought to the place where his best energies may be unfolded, they meet only the long-continued irritation of dissatisfaction, mental depression and discouragement which is the inevitable result of maladjustment of personality to vocation and environment, and which is one of the most potent factors in the production of the mental sclerosis of dementia precox. No system of medical inspection of schools in any large municipality is complete without the services of an expert psychiatrist, to whom the neurotic child can be referred for educational and vocational guidance, based on an analysis of his inner attitudes and proclivities—his psychical make-up.

The spectre of morbid heredity plays an important but secondary role as a cause of mental disorder, and its range is much more restricted than is usually supposed. In the vast majority of cases one does not inherit insanity, but merely mental instability—a tendency towards insanity, which may lie dormant so long as the individual conserves his bodily health, indulges in healthful and temperate habits, and avoids unnecessary emotional strain. It is for the psychiatrist to anticipate the effects of evil heredity by advice as to the management of neurotic children, their education, their amusements and pursuits; thus much can be done to save them from the effects of the inherited weakness.

Generally speaking it may be said that every effort for improvement in the general public health, the control of infectious diseases, the securing of healthful conditions in home and school, in street and factory, all reforms in educational methods, every principle which tends to regulate social conditions and render them less harsh—in short all progress in civilization is a means of preventing insanity.

These being some of the causes of insanity, by what means shall this knowledge find its fullest possible application? There is a striking similarity between the position of tuber-

culosis of a few years ago, and that of mental diseases at the present time. A movement for the prevention of any disease should be similar to that which has been so successful in the prevention of tuberculosis. Two distinct lines of action must be instituted; one, the education of the physician in methods of early recognition and treatment; the other, the education of the public as to the origin and modes of prevention of the disease.

Special hospitals separate from our large provincial hospitals to which any person can be taken unobtrusively for advice as to peculiarities of mental habits and other ominous symptoms of incipient mental disorder, undoubtedly constitute the best specific agency for the early detection and treatment of such diseases. At present these medical outposts do not exist in Ontario, and therefore their function must be performed by the existing institutions. Each of the three medical schools in Ontario is affiliated, for purposes of clinical and didactic instruction in psychiatry, with one of the hospitals for mental diseases, the course is now obligatory, and is sufficiently extensive to insure a fair knowledge of the subject on the part of all graduates. Provision is being made for the admission of voluntary patients, and "out-patients" are encouraged to come to the hospital to receive advice free of charge. At Rockwood Hospital it has been the practice to invite the examining physicians to attend the staff conferences at which their cases are presented, but interest is hard to arouse, and in only a few instances has the invitation been accepted. It has, therefore, been arranged that one of the hospital staff give an address on the work of the institution at each medical centre in the district. Although we have covered only half our territory already beneficial results are seen in increased interest in the hospital by the medical men, and by many new applications for entrance to our Nurses' Training School.

The movement for popular education as to the causes and modes of prevention of insanity proceeds upon the perfectly safe assumption that the public is unreasonable only when it is uninformed—that if people generally understand the facts, they will, to a considerable extent, adjust their lives accordingly. As one factor in this educational campaign the Com-

mittee on Mental Hygiene of the New York State Charities Aid Association has prepared suitable pamphlets which are being distributed through every form of organization willing to assist. The newspapers are being supplied from time to time with material stating and restating the essential facts, and the medical officers of the various State hospitals are co-operating with the Society in arranging public meetings at which appropriate subjects are discussed. I believe that the time is ripe when a similar campaign should be inaugurated in Canada; if psychiatry is to take its proper place as a part of preventive medicine, this matter should not be left to the sporadic efforts of individual hospitals, but should be systematically organized and directed by a strong central committee. It appears to me that the Canadian Public Health Association might widen its range of usefulness by including mental hygiene amongst the branches of public health which it is promoting.

An important link between the hospital for mental diseases and the community remains to be described. Every alienist deplores the high percentage of cases which suffer from a recurrence of their malady soon after they are discharged apparently convalescent; after wasting the physicians' time and skill and the hospital's expense for months many patients return as ill as before. A well-known alienist disputes our record showing an annually increasing number of recoveries, claiming that our institutions are being filled with their own discharges. The fact is that in these cases the mental breakdown is but a symptom of certain conditions in the patient's environment, which the physician has failed to take into account, and which baffle his science and nullify his best efforts. Dr. Richard Cabot says that the average physician is used to seeing his patients flash by him like shooting stars, out of darkness into darkness. Maladjustment to home conditions, monotony, isolation, worry, overwork or lack of work, poverty, insufficient food, cheerless or insanitary surroundings, unhygienic habits—these are some of the problems which must be uncovered and solved; our patients must receive social, as well as therapeutic remedies, if the hospital's work is to be carried to effective completeness. The General Hospitals inaugurated a social service department to meet this problem; begun in 1905, in connection with the

Massachusetts General Hospital, the movement has already spread to all large general hospitals on this continent. Several of the State hospitals in the United States have also established similar departments, but only in connection with their out-door department.

Believing that an organized system of social service would materially increase its usefulness, the staff of Rockwood Hospital determined to adopt the general hospital scheme in its entirety. Since the beginning of this year one of our head nurses has been acting as field worker, visiting the homes of newly-admitted and recently-discharged patients in the vicinity of the institution; she examines and reports as to the condition under which the patient has been or is living, and, where necessary, assists the patient to remedy any conditions which predispose to illness. In order to accomplish this it is necessary to make the fullest use of the various social and economic resources of the community. It is too soon yet to consult our records for definite results of this scheme, but it appears so promising that we believe its introduction marks an important epoch in the evolution of this institution. The visits of the nurse are an important factor in removing the dread of the public towards "asylums." On account of the extra supervision, the necessary period of residence in the hospital can be curtailed, and the patient leaves the hospital with greater confidence when told that the nurse will visit him. It also enables us to continue treatment in the home of the patient, and our knowledge of the cause of the illness and the results of the treatment will be much more reliable and definite than ever before, and we believe that by this means the number of readmissions will be greatly diminished.

From the foregoing general outline I trust that it has been made sufficiently clear that psychiatry in practice cannot be reduced to the simple study of the insane, and the manifestations of insanity; such a study is necessary, but by itself ineffectual and sterile. There is no doubt that all sciences have a reciprocal connection, and each advances by taking advantage of the progress made by others. Psychiatry, more than any other science, presents numerous faces at which it comes into intimate contact with other physical, social and moral sciences;

on all of these it imposes its special problems, from all it requests its special data. Therefore the alienist must, as much as his individual capacity permits, take an active part in the cultivation of neighboring fields of work in order to further the progress of his own. Until the psychiatrist awakes to the need of a close co-operation with those other agencies whose specific work it is to achieve the physical, social and moral betterment of mankind, his own efforts to stem the tide of mental diseases will be of little avail.

Some years of cordial co-operation with men and women who are striving to improve our public institutions for the care of the sick and dependent have given me a deep reverence for their nobility of spirit and the excellence of their achievement in ameliorating the distress of sickness, poverty and social maladjustment. Yet my experience compels the conclusion that, until they evolve some means of uncovering and modifying the social background of disease, until they devise a method of reaching the sick before their condition becomes hopeless, and until they adopt measures for carrying their educative influence beyond the narrow institutional walls into the homes of the people, our hospitals must stand as an expression of our good intention rather than of our business foresight or scientific acumen.

THE PREVENTION OF NOISE IN HOSPITALS FOR THE INSANE

By Elizabeth Mills.
Head Nurse, Rockwood Hospital, Kingston.

The diminution of noise in hospitals for the insane is a very important and practical problem, which goes to the root of many of the difficulties encountered in the management of the insane. It is universally accepted that, in institutions for the sick, the amount of noise should be reduced to a minimum, and the extent to which this has been accomplished may be taken as an index of the good management of the hospital. The difference between the state of the mad-houses of the past and

of the mental hospitals of the present day is largely the result of better methods for securing that quietness which is indispensable for the successful treatment of patients.

Since a consideration of prevention is inseparable from that of causation, our starting point is clearly indicated. Conditions vary greatly in different institutions, but there are several general principles applicable to all hospitals for the insane, and we shall refer to several specific factors to the breaking of that peace which should be characteristic of the institutions under our charge.

Much of the quiet of an institution depends on its site, construction and equipment. Fortunately the Hospitals for the Insane in this Province are located at a sufficient distance from the roar of traffic and factory to avoid disturbance from that source. On the other hand many of the hospitals were built long before hospital architecture had reached its present development as a science and an art and consequently necessarily lack some of the recent improvements which are found in the newest General Hospitals. Floors can now be laid so as to be non-conductive of sound, doors hung with noiseless automatic checks and springs, windows are made to glide smoothly on ball bearing pulleys, and walls are constructed to confine sound to their own enclosures, dining-rooms and pantries are sufficiently distant from the main ward to render the rattling of dishes inaudible, the constant and irritating patter of many feet on hardwood floors is abolished by runners of battleship linoleum. An annoyance of which nervous patients complain is the constant ringing of bells connected with the telephone and food hoist and the ward door; these should be replaced, as has been done in General Hospitals, by the silent electric light signal system; the use of bells and steam whistles being restricted to emergency alarms. Even in an old building much can be accomplished by rearrangement of its services and careful training of the staff.

Of all individuals connected with the hospital none can do more to disturb its peace than the nurses, therefore it is of the utmost importance that only capable, conscientious women should be chosen to fill the ranks of the nursing staff. In hospitals for the insane, patients have to depend chiefly on

the nurses for sane companionship, and therefore the general intelligence and natural disposition of the latter, supplemented by their conception of duty and knowledge of nursing, determine in large measure the curative atmosphere by which the patients are surrounded during the whole of their hospital residence. Superintendents should weed out all those who show a lack of sound, sensible, dependable qualities during their probationary days, and those who persist in disturbing the wards by foolish talking and frivolous conduct show a glaring want of consideration for their patients, and the sooner the hospital is rid of them the better for all concerned.

The whole secret of the success of non-restraint methods in the management of the class with which we are dealing consists in preventing or avoiding situations where restraint may be necessary. Those who fear that the insane will take advantage of the milder methods of treatment little appreciate the power, well poised, properly taught, expert nurses can exercise by mental suggestion, calm persuasion and innocent artifice. Ward disorders can be more easily prevented by the judicious words of a quiet, self-possessed, gentle-toned nurse than by the threats and stormy commands of a ferocious keeper. It is because women nurses know that they cannot command effectual physical means to control their patients that they exhibit less show of force and avoid threats, and it is on this account also that they manage patients of the male wards with less irritation and fewer outbreaks than occur when male attendants are in charge.

It cannot be too deeply impressed on our nurses that noisiness in an institution for the insane is as infectious as measles; they should be taught to handle keys, dishes, doors and furniture gently and quietly; they should wear rubber heels and cultivate a noiseless tread; they should understand the necessity of promptly answering the telephone, door and waiter bells. Scolding or threatening defeats its own purpose and shouting commands to patients or fellow-nurses is inexcusable; therefore nurses should early form the habit of speaking lowly and distinctly. Example is more important than precept, so if the head nurse is negligent she need not wonder if her pupil nurses regard this form of "voice culture" lightly.

One of the chief causes of disturbance in a hospital is mental excitement of the patients. This excitement may be either of two kinds; there is, on the one hand, the mental excitement due directly to disease as of the person suffering from the delirium of an acute toxic psychosis; this is an *essential* excitement due to some abnormal stimulus arising within the patient's body; in many cases no stimuli from without reach the patient's consciousness; it is therefore amenable only to treatment which has an effect on the disease itself. Obviously the control of such forms of excitement must be left to the medical officers, the nurse's only duty being to report its occurrence immediately, and execute the physician's orders. Such cases are comparatively rare; in fact in an institution of the size of Rockwood Hospital not more than six cases coming within this category can be found on our wards at any one time.

There is, on the other hand, the mental excitement which is a reaction to some irritation in the environment acting on excitable patients; this may be called *non-essential* excitement; it is temporary and paroxysmal in character and naturally subsides with the removal of the irritation. It is this preventable excitement which causes by far the greater portion of the disturbance in our wards and its prevention and control devolve, chiefly, not on the medical officers, but on the nursing staff. Obviously the only means of controlling this kind of excitement is the discovery and removal of the source of the irritation. If a well-directed attempt be made to grapple with this problem it will test to the utmost the originality, resource and powers of observation of the mental nurse; however, the reward is great and the benefits follow so speedily that the relationship between cause and effect are obvious to all.

The sources of avoidable irritation to patients are innumerable, but these may be markedly lessened by applying the methods outlined above. Patients in advanced dementia, like infants, when restless and troublesome are usually suffering from some bodily discomfort; we have known such patients become quiet after the relief of distended bladder or rectum, the extraction of decayed stumps of teeth, the removal of an

in-grown toe-nail, or surgical attention to a suppurating ear. Night nurses have maintained quietness by giving a drink of warm milk, a soda biscuit, a little tobacco or even a rag doll to their charges. Numerous other ways of sparing the feelings of excitable patients, sheltering them from irritating stimuli, will occur to any thoughtful nurse who studies the habits and environment of her patients.

It must not be forgotten that sometimes the noise made by patients is simply pent up energy finding an outlet. All nurses notice how much more excitable patients are on Sundays, holidays and rainy days; this is because the usual amount of occupation cannot be arranged for at such times. Provision should be made for carefully graded amounts of bodily and mental exercise for every suitable patient; if possible this should be given out of doors, on verandahs, in sun-rooms, tents or under shady trees on the hospital lawns. Even in the case of the physically weak and infirm, whose bodies must remain inactive, it is well to furnish some diversion such as reading or narrating stories, making picture books, playing cards, or even doing kindergarten work. Much is lacking in the endeavors of any nurse if a number of listless and unemployed patients are a customary sight in her ward.

Every noisily excited patient should at once, without a moment's delay, be removed to a room where she cannot disturb her fellow-patients. In the construction of any institution for the mentally deranged architectural provision should be made upon every ward for a partially isolated room to which an excited patient can come, accompanied by one or more nurses who can administer suitable treatment until calmness returns and the danger of inflaming the excitability of others is past. However, this is not to be construed as a defence of the pernicious practice of "secluding" patients behind locked doors. At the first sign of disturbance a night nurse should take energetic steps to check it; if the noise is allowed to continue, the other patients will be aroused and soon not even the whole night staff is sufficient to give individual attention; then sleep—the best of all tonics for the mentally deranged—is needlessly lost.

Though cognizant of our inability to attain perfection, and to secure the entire abolition of noise in our hospitals, it is not unreasonable to think that we may approach closer and closer to that ideal. Experience has convinced me that by a thorough application of the means indicated above, by an unceasing vigilance in checking troublesome and disorderly tendencies before they have formed into habits, and by the persevering pursuit of the policy of re-educating our unrecovered patients in the ways of decency and good order, we shall be able to cut off disorder at the source of supply, and transform the atmosphere in our hospitals for the insane from one of ceaseless confusion and disorder to one of calmness and repose wherein even the most fastidious neurasthenic will be unable to find a source of irritation.

Society Proceedings

AMERICAN HOSPITAL ASSOCIATION

(Continued from December issue.)

CHAIRMAN: May I ask Mr. Davis to take the chair?

Mr. Davis in the chair.

DR. WARNER: That is a question I am greatly interested in, and I take the floor so that I will not abuse the privilege of the chair. As I first began my work in the dispensary, the question of dispensary abuse was vital in Cleveland. It had to be met, otherwise the hospital would be placed in a bad position before the community. We met it as best we could. We met it, first, as Dr. Babcock explained, by placing at the admitting desk an officer, a social worker to investigate the case, and one who could decide the question from the standpoint of the social condition of the patient. That was the question on admission: "Were the social conditions of the patients such that they needed help to furnish themselves all and the exact kind of medical attendance which they needed?" Not, "Could they pay the doctor for a little?" but, "Could they

pay the doctor for all that they required?" Often a case comes in for a simple cough, and the patient can pay for the treatment needed, but if the same man were to come in with a cough that had lasted six weeks, or come in showing evidence of tuberculous infection, that man cannot pay for the care and treatment that is required. We made a classification that we might take into the dispensary only cases requiring such treatment as the patients could not pay for, and keep out of the dispensary all treatment that the patients could pay for, and we have four classes: Class "A," which means that that patient's social condition is such that he cannot pay for any medical treatment and he is given any treatment indicated. Class "B," which means that that patient to-day is out of a job, he can pay for nothing, but he is a man who, when he has a position, can pay. He is treated, cured of the trouble for which he is admitted, then his card is no longer of any use to him. It is a temporary admission. We made Class "C" for those who can pay small doctor bills for themselves or family, but cannot pay for longer treatments, or for treatment for a serious condition requiring that they be long from their work. Those cases get card plainly marked Class "C." If Class "C" patient comes in because of minor ailments they are referred to an outside doctor. That same case may come in for something that they cannot pay for, as, for instance, eye troubles; and they are then treated. Then we run the other classification, "D," which is pure consultation, and the patient always referred back.

Now the principle on which all those classifications operate is, that we aim to give to people what they cannot pay for, and keep them out of the dispensary for what they can pay for. Your reply indicated that you thought it worked the other way. It does not. We classify them, and admit special cases for special reasons, so that we do not pauperize, and so that we do not take from any physician any work that he can do, and for which that patient can pay.

Dr. Babcock: I should like to ask Dr. Warner if he makes a special charge for the out-patient department for diagnostic work?

Dr. Warner: No, and yes. When an ordinary Class "A" case comes to the X-ray room, if they have ten cents, they pay it. A Class "B" case will come to the X-ray room, and if they can show up a quarter, or anything up to a quarter, they will pay it. But a Class "D" case, which is there for consultation, pays the cost of that case in full, pays one or two dollars. They cannot pay the ordinary fees for such work, but they pay what they can.

Mr. Bartine: I cannot understand where Class "D" will meet with the approval of the State Board. Where that patient can pay the doctor his regular fee, and can come to your hospital and pay you a fairly good-sized fee for an examination, why couldn't he go to another doctor and pay that doctor, instead of going to the dispensary? I cannot quite understand how the State laws would permit you to make charges when you speak of Class "D."

Dr. Warner: I do not know what State law you refer to, we have none on the subject in Ohio, but in answer to the question, we have no place in Ohio where a man can go and get an X-ray for one to two dollars. If he does not come to a dispensary, he has no alternatives other than go without the X-ray, or go to the commercial men, and there he will find the minimum charge to be ten dollars. There is no laboratory in Cleveland where a man can go and get a Wassermann test for less than ten dollars. There is no place where he can get a blood-count for less than five dollars. If he were to go to the commercial X-ray plant, and pay their fee, he would not have anything left to pay his family doctor for the next month; and we feel that it is the family doctor who needs protection, the man who has to get into his machine or buggy and actually go to the house; we feel that that man ought to be paid in preference to the specialist. The X-ray man is spending money in every case, and he ought to be paid, if he does the work and spends the money; but if the X-ray man is paid, the doctor cannot be paid. If the patient is able to pay both the X-ray man and his physician, he is refused admission to Class "D." Class "D" patients are investigated just as carefully for admission as Class "A."

Chairman: Are there any other dispensaries represented here, who have any similar classifications to admit patients on the basis Dr. Warner speaks of, for consultation only?

Dr. Wilson: I want to ask a question. I have not a dispensary. I want to ask Dr. Warner a question. Supposing a case comes in from a family physician where palpably the treatment he has been receiving is wrong, what happens?

Dr. Warner: In meeting a very vicious, vindictive and unreasonable "dispensary abuse," complaints and problems, I have found that that is the hardest situation to handle. I faced it squarely before the Cleveland Academy in this way. The Academy protested against our referring applicants found able to pay a doctor a fee to our staff members, minor or major, and suggested as a substitute that I hand out to that patient a printed list of the Academy members drawn up according to sections of the city. They said they would pay for the lists. I thanked them, and said that I would use every one that they made out. I was soon asked why I was willing to use it. Some got suspicious that there must be something behind this willingness. I told them that the lists would be useful, very useful indeed; that I was willing to refer those patients to lists of members of the Academy, but I would reserve the right to mark off from that list any man that I found incompetent or maltreating a poor person in the city of Cleveland. The lists have never come to me.

It is always a hard, hard problem, and I insist that every one of those cases come direct to me. The head of the social service department settles all cases of routine, admission. She is competent to judge the social condition of the patient, but if it is a question of taking the patient away from an incompetent or dishonest physician, it comes to me, and I have taken the position that it is my duty to see, as far as I am able, that the poor people of Cleveland get a square, proper deal, and I am doing that. It requires at times that I must take a patient from one physician and send him to another. But I make notes of the condition, and anybody that wants to stir up trouble over my doing so can get it, any day, anywhere.

The question Dr. Babcock brought up on the complaints, "dispensary abuse," I have handled in much the same way. I sent to the Academy of Medicine, with a caustic comment, one doctor's written complaint, that our maternity dispensary had taken two particular patients from him, giving names, dates

and addresses. I sent with this letter the names of all tenants at these addresses for five years back, and the names and addresses of the midwives who delivered the only two children born at these addresses in these five years. No one at these addresses had ever heard of the doctor making the complaint, and they have the evidence which I was able to produce in writing. The Academy had it published in the Cleveland *Medical Journal*, with all names included. That is the last complaint which I have received in writing against dispensary abuse that was not clearly an error on somebody's part, and it is the last complaint which has come to me in a complaining spirit from a practicing physician. In the last year and a half the attitude toward the dispensary has changed materially, and I can say that the physicians themselves are now coming to me and saying that the dispensary is now of some value to them. I mean the physicians practising among the poorer classes of people. It does not steal the work that they can do, and it helps them out in a hard case.

Mr. Shillady: I want to say that in my own experience, while in Buffalo, I thought it was necessary and advisable to organize a trust, a union of men, in an organization, in fact there were seventy-four unions, and I undertook to be the adviser of these organizations as to what was the best thing to do for their members individually; and after that, to do as public citizens to help us in the tuberculosis campaign, knowing that the physicians were glad to send them, or quite willing to send them to a physician to diagnose their case, and I took it upon myself. I thought, like Dr. Warner, that it was up to me to take action in many of those cases.

Now, in that experience, I met in many cases with men who had spent considerable sums of money, and many of them were being treated for everything under the sun except for tuberculosis, and some of them died. It suggests what one physician did, inadvertently. He sent a notice of death in to the Bureau of Vital Statistics, and when it came to the blank line, giving the cause of death, he put his own name down, and I have not the slightest doubt that that was the real cause of death.

I think that the question of amount of dispensary abuse is altogether exaggerated. That abuse is likely to be at the other

end, that the people who have a right to a proper diagnosis are not likely to abuse the privilege. It seems to me that if there is a considerable amount of dispensary abuse, it is quite likely due to the lack of dispensary organization through any individual dispensary or collection of dispensaries in the city.

As most of you know, in New York we have had for some time an association of tuberculosis organizations, and recently we formed an association of general out-patient clinics. We have a small number in New York, and a smaller number in Brooklyn, and these are working out the problems included in out-patient departments, private hospitals, and so on, and all those work in very cordial co-operation, I think with the minimum of jealousy, which is always to be found in organizations of this kind. I think that is very much minimized, owing very largely, in my judgment, to the fact that the public institutions co-operate fully and freely with the private institutions. They have districted the city, and when a patient moves from one district to another he gets an exchange card, and the records are kept in such a way that some particular person knows just what that patient's resources are, and the social service investigations, of course, are made, as Dr. Babcock says they are made in Detroit. It seems to me that it is quite a simple thing, that these investigations ought to be made, not from the point of view of preventing an abuse, though they incidentally have that effect, but they have the far greater effect of probably resulting in adequate treatment.

Then, I think, more fundamental than all in this whole question is, that we are coming to the time, whether the medical profession sees it or not, when the private practitioner is going to be less and less a factor in the treatment of people suffering from disease and requiring different kinds of tests. All business is being organized; it seems to me we are going to provide in the out-patient department and dispensaries the facilities which the poor will need, in co-operation with their physicians, which they will have to have if they are going to treat disease. The private physician, regardless of ability, has not within himself the resource to meet the different conditions that confront him in the different individuals. Though he has the diagnostic skill, he himself cannot be familiar with, or may not

be sufficiently familiar with, all the resources, both medical and physical, which are at the command of the dispensaries or hospitals. That is why to-day only two classes of people can get good treatment, the very rich and the very poor; and between them are the so-called self-respecting working men. The working man, who, if he remains a self-respecting working man, is quite unlikely to receive adequate medical treatment. The very rich can get medical treatment, because their means enable them to have at their command all the resources that all the specialists can provide. The very poor can get good medical treatment, because it is provided for by the charitable institutions, and the problem to meet is to so organize as to work all the way through. I think that is more important than the small amount of dispensary abuse.

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The Northern Electric Company, Limited, with branches in all the principal cities in Canada, is largely responsible for the high state of efficiency to which both these systems have been brought in this country.

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Geo. W. Brady and Co., of Chicago, U.S.A., announce a new Paragon X-Ray Plate, for screen work, which is meeting with instantaneous approval. It seems to be a real advance along this line, being practically free from the faults heretofore met with in screen plates, such as fogging, hazing, etc. It is extremely fast, and so is particularly adapted to work on moving tissues. Like their regular plate, it permits the use of soft rays, at the same time giving good, clear, clean results, and showing all variations of density. That its list price is lower and discounts larger, is an item of interest to all, especially at this time.

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Owing to the increased cost and the scarcity of supply of raw material, the EDDY COMPANY have had to slightly advance the price of matches and some other lines.

The EDDY COMPANY believe the public will appreciate this when they realize it is done so that the high standard of quality for which the Eddy goods are famed may be maintained.

Burdick Cabinets

Our readers are referred to this issue of The Hospital World, where they will notice on page iv the advertisement of The Burdick Cabinet Co., Milton, Wisconsin. This firm manufactures an all-steel cabinet (affording entire protection against fire) furnished in either a most beautiful natural mahogany color or white baked enamel. A recent purchaser said regarding his cabinet: "They are the most beautiful pieces of medical equipment ever placed in a doctor's office." We would like to say more, but our space this month is very limited. Anyone interested should send for the new literature, just being published, and which will give full information.

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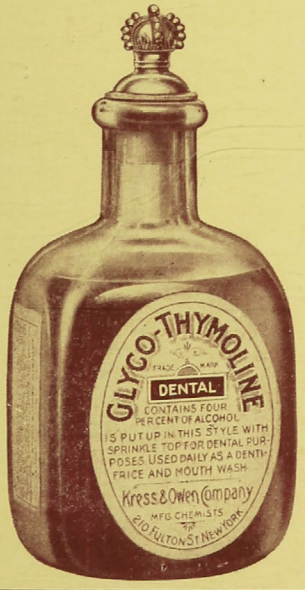

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