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(Incorporating The Journal of Preventive Medicine and Sociology)

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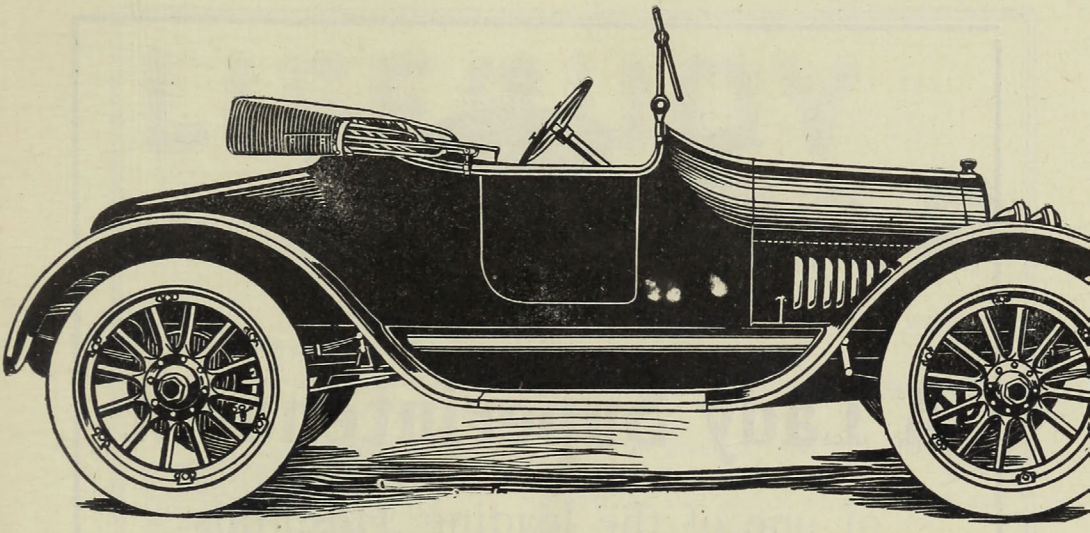
CONTENTS

INDEX TO ADVERTISERS, Page XVI.



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INDEX TO ADVERTISERS.

The Hospital World

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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.

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Editorials

THE HOSPITAL DIETARY

How many hospital superintendents and prescribing physicians know whether the patients under their care are being fed economically and efficiently? Very few. The American hospitals in which a rational

prescription for food is given may be counted—we believe—on the fingers of one hand.

How many superintendents O.K. all requisitions for food prescribed for patients or requested for employees? And how many of these know, when they O.K. the requisition, whether the amount asked for is too little or too much; of the most economical form or not?

How many authorities in hospitals who have to do with buying and distributing the various sorts of foods know how many calories a convalescent patient at rest in bed requires; or how much a male orderly or a kitchen maid need in order to efficiently perform their duties and not lose weight? And of these calories how many hospital administrators know what proportion should be supplied by the protein food, what proportion by the fat, and what proportion by the carbohydrate?

How many physicians know approximately the amount of the various calories needed by a patient suffering from typhoid fever during its various stages?

Such questions arise in the minds of those hospital workers who are in touch with the work and writings of Rubner, Voit, Lusk, Coleman, Benedict, Lee, Chittenden, Barker—to mention only a few of the men who are working on this most important problem.

Our readers who have tender consciences regarding this matter would do well to read Lusk's little work on the Fundamental Basis of Nutrition, published by the Yale University Press, and also the

papers presented on the subject at the last meeting of the American Medical Association, some of which appeared in the Journal of the American Medical Association, Sept. 5th and Sept. 12th.

HOSPITAL VENTILATION

In America, at the present time, no one is prepared to say that the question of the ventilation of hospitals is definitely settled. What one does learn from various sources is that artificial systems, as tried out in several of the larger hospitals—in New York, for example—have proven to be failures, have ceased being operated, natural ventilation by windows having been adopted in their places.

One of the most outspoken opponents of the artificial methods of ventilation, as seen in these New York institutions, is Prof. Gilman Thompson, who has made some interesting observations on patients in hospital with respect to the influence of the air breathed, on pulse rate, temperature, and blood pressure. What Prof. Thompson asks for for his patients is *fresh* air, something, he claims, which is not furnished after the outside atmosphere is passed through water sprays, drawn over steam coils and through long, dark and dusty ducts. Dr. Gilman's view is—we think—shared by most clinicians and hospital superintendents who have had experience with the fan system of ventilating wards.

The ventilating engineers say the fault is not theirs. If the clinicians will say what kind of air

they want to prescribe for their patients, that identical air can be supplied by mechanical means. Thus far the doctors have not specified the particular kind of air wanted, that is, the quantity, at what temperature, what degree of moisture, rate of movement, etc. The customary prescription "fresh air" is somewhat vague.

The physicians say that after outside air has passed through the ventilating mill the subtle quality of "freshness" has disappeared—to the disadvantage of the patient.

For some years now it has been proven, say the physiologists, that the lessened oxygen content of the respired air and the increased amount of carbon dioxide in it do not deleteriously affect those who live in more or less crowded rooms. The carbonic acid gas is not the inimical factor. The cause of the discomfort and malaise is rather caused by the increased bodily temperature plus the increased humidity in the air of the room, preventing, what may be termed, the respiration of the skin. It was a mistaken idea, it appears, to have held that some volatile organic poison, termed by some anthropotoxin, was expired or emitted from the human body, as indicated by more or less noxious odors and stuffiness, recognized by the olfactory nerves. Though this be true, the psychologic effect of this unpleasantness is unquestioned; and requires to be taken into account in any system of ventilation.

It is claimed, too, that the movement of the air is desirable: it lessens the balefulness of the aerial

aura which surrounds each person in a crowded room, which stagnant, warm, enveloping medium prevents evaporation from the skin and destroys the sense of *bien-être.*

But the question is not one for the physiologist alone. His studies must be supplemented by those of the clinician and his staff of house doctors and nurses, and by those of the ventilating engineer. The physiologist may study the effect of mal-ventilation on the organs and their functions in the lower animals and in man; while the clinician studies its effects on the patients in the wards. Not only must the studies be directed to the pulse, blood pressure, temperature; but also upon metabolism, *et al.*

The physiologists can do—are doing—certain experimental work, denied the physician, particularly in the study of comparative muscle fatiguability in animals subjected to life in poorly ventilated quarters as well as those living in properly ventilated cages.

It is evident that chemical investigation of the subject will play an important role in arriving at a rational decision.

At present we are seeing but through a glass darkly.

Certainly we do know that, wherever possible, we should eliminate dust and smoke from the atmosphere we breathe; that pure, fresh out-of-door air is of paramount importance in the maintenance and restoration of health; that it is a *sine qua non* in the successful treatment of pulmonary and other forms of tuberculosis; that it is equally important in the treat-

ment of lobar pneumonia; that patients suffering from anemia, primary or secondary, need it; that it is successfully prescribed in septicemia and in certain functional nervous diseases and in many mental troubles, with excellent results.

When we come to diabetes, nephritis, arteriosclerosis, certain skin affections, bronchitis and numerous other affections, air conditioning is necessary—a certain temperature, a certain humidity, and a modification and regulation of the air movement, depending upon the nature of the complaint.

Further, it is generally agreed that ward kitchens, sink rooms, linen rooms, bath rooms, toilet rooms and the like should be provided, at least, with exhaust pipes and fans, which will draw off all contaminated air. But as to general ward ventilation, we have much to learn.

A HOSPITAL WITHIN A HOSPITAL

One might prefix the adjective "mental" to the above title, since the unique and compelling undertaking referred to is located in the Manhattan Hospital for the Insane.

The work has only been in existence a few months, yet the results accomplished and the earnest it bears of greater things to come are an awe-compelling revelation of the possibilities in human nature.

Professor Karl Moench—a grave and lonely man, was himself, for a few months, a patient in the Insane

hospital. On recovering his normal powers, he voluntarily elected to remain in the institution and to see what he could do to help those who were about him. Professor Moench, who is a Doctor of Philosophy, has selected for his efforts inmates of the most unresponsive and hopeless class; and by his marvellous patience and enthusiasm has already succeeded in numerous instances in lighting the spark of intelligence that he believes must lurk somewhere behind the dull ferocity or fatuous grins of his pupil-patients.

Professor Moench works on the principle that in each witless subject there is some one chord of human interest to which, if sounded, he will respond, and results thus far obtained seem to justify his belief. One case of wilful dumbness was cured in an instant by the chapel organ whose tones aroused the obstinate patient to loud and continuous singing. Another —named the "Terror" because of his violence— learned the alphabet by clay modelling, and now proudly and with a mighty effort reads simple words; and with each little advance and pat of approval from his enthusiastic teacher, the patient grows more tractable.

Modelling in clay, making some bit of ornament, counting, singing, putting together simple picture puzzles—this patient, enthusiastic man tries these and a dozen other simple methods until he strikes some spark of intelligent interest in the most unresponsive and lowest mentality. He never gives up nor acknowledges defeat; and once touching the right chord

he is able to halt these minds in their downward course and slowly train them first to a measure of concentration, then to imitate, and finally to originate.

A slow, and almost hopeless task; yet it is the "almost" that grants the fraction of hope upon the strength of which the professor labors. Less than a year has this modest unheralded "treatment-class" been under way; and in that time three patients, from being apparently hopeless lunatics have been discharged as cured; others have become sufficiently controlled to be allowed out on parole; men from the most disturbed wards—men low in mentality, unkempt and violent, have begun to show signs of intelligence and have become tractable and decent.

Naturally, in so large an institution, only a few can come under the influence of this man of sacrifice. The treatment is entirely an individual one, without rule of thumb. To what degree Dr. Moench's personality—the whole spiritual and mental force of the man concentrated upon the numbed intelligence in a passion of enthusiasm, faith and patience—is responsible for awakening the answering note, is a question for psychologists. But as the investigator to whom we are indebted for a knowledge of this work says:

"If such results can be obtained by a lone and saddened man working against great odds in a wretched little building that used to be a morgue, with almost no equipment and with the expenditure of no money except the few pennies that can be squeezed from an infinitesimal salary—lower than the wage of an untutored attendant—what results might be attained

through the establishment of a well equipped building and the expenditure of a moderate amount of money."

Yet if this man's work proves anything it proves how much greater is the personal factor than the equipment. Money and building are easy to find, but where are the men of faith and patience and love to bring results?

Original Contributions

SHORT-TERM CAMPAIGNS FOR HOSPITALS

By Wilbor A. Bowen, Mount Vernon, N.Y.

The short-term campaign method of raising money had its origin in 1905 through Mr. C. S. Ward, Secretary of the International Committee of Young Men's Christian Associations. For nine years he has led many of these campaigns chiefly for Young Men's Christian Associations. The campaign securing the largest sum ever subscribed by this plan was led by Mr. Ward in New York City in December, 1913, for the Young Men's Christian Association and the Young Women's Christian Association, a joint campaign, securing over $4,000,000.

Beginning in 1911 Hospitals began asking for these short-term campaigns to secure sums adequate to put up new buildings and pay off debts. However, one such campaign had before this been successfully conducted by Mr. W. T. Perkins for the Hospital at Glens Falls, N.Y., and Mr. Ward had aided several hospitals in connection with Y.M.C.A. campaigns.

About seventy-five hospital campaigns have been conducted in 1911, 1912, 1913 and 1914, and the sums subscribed have reached around $7,000,000. From two or three leaders, the number has increased to fourteen.

The Young Men's Christian Associations have International and State organizations, which relate leaders to associations needing campaigns, but the hospitals are without such agencies. Because of this condition, hospital campaign leaders must effect their engagements direct. This works out unfortunately, as leaders are booked ahead at times for months, while again they are for weeks unemployed. Seemingly there ought to be some agency to which the hospitals generally can look which will be in touch with every leader and so secure continuous service by leaders with hospitals.

In the average city the leader and assistant should be on the ground about seven weeks, about five weeks being given to preparatory work, and the balance of the time to the campaign proper. During the preparatory period headquarters will be maintained, a clerical force employed, and frequent committee meetings held. The Directors will authorize the formation of a Campaign Executive Committee of perhaps one hundred men to have complete charge of the campaign. This committee will depend on several smaller committees to carry out all the arrangements.

During the preparatory period a Committee on Initial Subscriptions will undertake to secure several large pledges conditioned on the entire sum asked for being secured. Where some of these pledges can be secured in advance of the preparatory period it is better. Pledges are usually payable in four instalments, six months apart.

The names of people to be interviewed are placed on cards measuring three by five inches, and these are put in alphabetical order in card index boxes. These lists may include the names of ten to forty thousand people, depending on the size of the city. These cards during the campaign proper are taken by workers, and the name of the worker is recorded on a typewritten list prepared in advance, next to the name of the person whose card is taken for an interview. The principal rule of the campaign is that no worker is to call and solicit a subscription except the worker has an assignment card bearing the name of the person to be interviewed.

During the preparatory period the canvassing committees are formed, the committees usually being called teams, with a captain for each team of ten. The force may consist of twenty teams of men and twenty teams of women, or there may be forty or sixty teams of men and a like number of women in the larger places. Frequently also teams are formed in neighboring communities. The teams have no work till the campaign of ten or twelve days starts. These team workers are expected during the campaign to give portions of time each day to canvassing and to attend the daily meetings.

Pastors will usually preach a sermon on the hospital topic the Sunday before the campaign opens. An opening banquet

follows a day or two later with educational and inspirational after-dinner addresses. The large initial subscriptions are then announced.

The next day the team workers meet with dinner and after full explanations divide assignment cards, and with a supply of pledge cards start out after pledges toward the fund. These dinners are held daily, without charge to the workers, and the captains when called on rise and announce the sums raised by their several teams. Additional assignment cards are taken and the workers start out again to canvass, and as the interest grows they find time for a great deal of activity daily. At these daily meetings each team has a separate table of its own. In many campaigns the teams of women have met at 1 p.m. and the men at 6.15 p.m. In some instances all the workers, men and women, have met at the same hour, 12.30 p.m.

The newspaper will report the result of this team work, and large electrically lighted clocks on public buildings will register the progress of the campaign. About twenty-five per cent. of the cost of a campaign is often devoted to publicity. A series of questions and answers should be prepared for the guidance of workers, so that only correct statements will be given out by the large force of workers, to many of whom the hospital is largely a new topic.

The objective, that is, the sum aimed for, should be somewhat conservatively determined on. The amount of the initial subscriptions will help decide this, together with the results in other places. The organization should be given a task that will win. A generous over-subscription has been frequently possible. Experience shows that with careful management the shrinkage in collections should not be over three to six per cent. of the fund.

There is a lasting permanent value gained by the short-term campaign. The community is educated, many new workers found, and hundreds of new prospective givers for yearly expenses located. Usually in places of 25,000 to 100,000 from 4,000 to 9,000 pledges are secured.

Selected Articles

THE QUEEN'S CANADIAN MILITARY HOSPITAL

By Mary MacLeod Moore.

When Canadian hearts are touched by the thought of the unspeakable woe suffered by gallant little Belgium and her people it may ease them to know that, not only are Canadian provisions and Canadian money being sent from the Dominion for their relief, but Canadian doctors and Canadian nurses are actually alleviating the pain of wounded Belgians.

Within four miles of beautiful Folkestone, one of the most popular and healthy of the English South Coast resorts, and within half a mile of the great military camp at Shorncliffe, Kent, is the Queen's Canadian Military Hospital, which is being maintained by the Anglo-Canadian community for the benefit of the wounded men of His Majesty's army who need treatment and care. It is curiously appropriate that by request of the War Office the first patients in the hospital should be a number of Belgian soldiers who were badly wounded gallantly defending Antwerp against the Germans. Here, amid the most restful surroundings, tended by Canadians, lie some of our courageous allies, who are paying in blood and in anguish of mind for an honest desire to retain their country's honor and self-respect.

The Queen's Canadian Military Hospital, which is in full working order, is at Beachborough Park, the country seat of Sir Arthur Basil Markham, M.P., and Lady Markham, who very generously placed this beautiful house at the disposal of the Canadian War Contingent Association, of which the Hon. George H. Perley, M.P., Acting High Commissioner, is president. In addition, Sir Arthur Markham has presented a most up-to-date X-ray equipment to the hospital. Lady Markham, herself the daughter of a soldier, Captain A. B. Cunningham, late R.A., has taken charge of the domestic arrangements of the hospital, and is rendering invaluable services in connection

therewith. Lady Markham is also a member of the Ladies' Committee of the Canadian War Contingent Association.

The idea of establishing and maintaining in England, for the period of the war, a Canadian Military Hospital for the use of His Majesty's forces, was first suggested by the Canada Lodge of Freemasons of London. The members of the lodge took the matter in hand enthusiastically and with great energy. The idea was so warmly received by the authorities, and by Anglo-Canadians, that it was finally decided to make the hospital a gift from the Canadian War Contingent Association, as representing Anglo-Canadians, and the Canada Lodge of Freemasons, as representing the Masonic fraternity of the Dominion; with a joint committee called the hospital sub-committee.

The hospital was formally offered to the Army Council, through the Queen's Committee of the Order of St. John of Jerusalem (the senior Red Cross organization of the United Kingdom), of which H.R.H. the Duke of Connaught is Grand Prior. After its acceptance Her Majesty the Queen graciously granted special permission to use the title, "The Queen's Canadian Military Hospital." That Her Majesty's interest is very real is proved by the fact that she is desirous that the Canadian Branch of the Queen's Needlework Guild, now being organized by Miss Catherine Welland Merritt, should work for the hospital first, as well as for the soldiers in the Canadian contingents, before supplying any other needs.

The Anglo-Canadians have promised to provide and maintain fifty beds in the Q.C.M.H., with power to increase to one hundred beds. The medical and surgical arrangements are under the control of two eminent Canadians, whose names inspire confidence everywhere. They are Sir William Osler, F.R.S., F.R.C.P., Regius Professor of Medicine, Oxford, who is acting as Physician-in-Chief, and Mr. Donald Armour, F.R.C.S., who is acting as Surgeon-in-Chief.

Miss Amy McMahon, formerly of Toronto, is matron, and the entire medical and nursing staff is Canadian. Among those who offered their services were the following doctors and nurses, some of whom are now actively engaged at the hospital: Dr. Alan Currie, Halifax; Dr. Norman Wallace, Guelph, Ont.; Dr. W. A. Kennedy, Kingston, Ont.; and Dr. Harrison. Also

Miss Muriel Galt, who has now gone to the front; Miss Gertrude Squire, who attended the Duchess of Connaught; Miss L. R. Bryce, Miss Mitchell and Miss Pyke, all of Toronto; Miss Flora Wylie, Miss G. L. Baynes, both of Montreal, and Miss G. M. J. Wake, and Miss Beatrice Hassell, of Victoria, B.C.

Needless to say, it costs a great deal, both in money and in supplies of all kinds to maintain the hospital. The Ladies' Committee, of which Mrs. George H. Perley is president, and Mrs. George McLaren Brown hon. secretary, meets regularly to arrange for the clothing, etc., needed for patients in the hospital. Besides the more obvious requirements, crutches, bed-rests and special garments are needed, and from time to time the committee makes its special wants known. Money is obviously necessary to carry on this splendid work in England, and subscriptions are asked for, to be sent to the Hon. Treasurer, Mr. G. C. Cassels, Bank of Montreal, 47 Threadneedle Street, London, E.C.

In addition to the hospital there will be convalescent homes for the officers and men who are sufficiently recovered to be moved in order to make room for the wounded constantly coming to England. Several generous offers have been made of accommodation, and whole houses are lent for the purpose. Mr. and Mrs. Moat, of Johnson Hall, near Eccleshall, Sheffield, have lent their house to the Canadian War Contingent Association, for eight patients, and Mrs. Arnoldi lends her house in Kensington as a hospital for officers.

The generosity and eagerness of the Canadians, whether in the Dominion or in England, have won the undying appreciation of the people of the Motherland. Men, money, supplies and whole-hearted loyal support have been poured out ungrudgingly in the service of the Mother of Nations. And to many a poor wounded man, shattered not only by German shells, but by the memory of horrors unspeakable, the kindness of Canadian doctors and nurses in the hospital which bears testimony to Canadian sympathy seems a glimpse of heaven upon a much-tortured, sorrowing earth.—*Saturday Night, Nov. 14th*, 1914.

FLOORS *

EVERYONE knows the experience of Laveran. Laveran analyzed the air of a room of Val-de-Grace, and found 16,200 germs per cubic metre. Shortly afterward the floor was washed; a new analysis gave 37,200 germs.

Is it necessary to say more to prove that the floors of a hospital ought to be non-absorbent, continuous, and without cracks and interstices? Because, if amongst the germs found by Laveran there was a great majority of inoffensive microbes, it is certain that the dust of the rooms of the hospital contained also pathogenic organisms: the bacillus of Koch, of Loeffler, staphylococci, streptococci and pneumococci.

There is no doubt that the diseases so frequent not long ago—erysipelas, gangrene, septicemia, tetanus—perpetuated themselves by the favor of the porosities and cracks in the floors, where spores and microbes found a sure refuge.

Thus it is with reason that builders of hospitals attach extreme importance to the providing of rooms with floors, solid, impermeable, without cracks and crevices, as we have already said above.

In the old hospitals, the floor-fill of wards was re-covered by squares of baked earth, porous, or by a wooden floor of more or less mediocre quality.

At the hospital of St. John, Brussels, there are such wooden floors. It was noted one day that a general lavage of the floor was followed by an outbreak of erysipelas. It was then decided to wax the floors. The results obtained, however, were scarcely satisfactory.

One fact is certain: it is that all floors of wood, whether painted or waxed, finally become impregnated with impurities, and contract under the influence of repeated washings. Floors made of the driest wood, constructed by workmen the most efficient, after a certain time crack more or less deeply. Debris of all sorts penetrates into these crevices.

*Translated from Depage, Vandervelde and Cheval's recent book, "La Construction des Hospitaux," by Dr. John N. E. Brown, Supt. Detroit General Hospital.

One conclusion imposes itself then: reject definitely the old-fashioned floors.

It has been recommended to cram, with an impermeable and elastic mastic, the cracks in the wooden floors, then to impregnate the wood with linseed oil. After drying, the floors are submitted to a coating of wax.

This process has been employed in the old laboratory of anatomy and pathology in the University of Brussels. The coating lasted several weeks—not longer.

In considering floors of wood, one comes naturally to parquetry.

In England, they use parquetry of oak, teak or maple, fixed by clasps of iron. The parquetry is oiled, then dried, waxed, and finally polished. This gives a layer absolutely refractory to humidity.

The English generally prefer teak to oak, because the former offers a fibre more compact and more resistant. They strongly unite the pieces with the iron clasps, and, if in spite of these precautions they see the least fissure, they pack it hermetically with wax or with paraffine.

In England they construct the parquetry of wood soaked in oil, and afterward they submit it to an application of wax or of varnish. Every morning the floor is brushed over with a moist cloth, then with a dry rag. This sort of parquetry is without doubt costly. It has the drawback of not being very durable.

In France and in Belgium, they use divers sorts of parquetry:

1. The parquetry is glued upon the foundation. This is costly. They use it in houses. It is not suitable for hospitals, because it will not stand the free application of water.

2. Parquetry upon bitumen. This parquetry can only be laid upon a resisting base. This will stand washing and costs less than the preceding type.

3. Parquetry nailed upon the base. This is an economical form. Unfortunately the rejointing is very difficult.

4. Laying the parquetry in lithoxyle, which is not recommended.

To sum up: a parquetry constructed with first-class wood, by a capable workman, can be made to suit floors of rooms for the sick. It has, however, three objections:

1. It is too dear.

2. It presents, nearly always, crevices, especially if it is not of the best quality.

3. It tolerates badly daily washings with much water.

4. The junction with the wall makes a right angle. One can correct this by placing down a plinth. But the plinth, itself, is a source of cracks and fissures.

At the Johns Hopkins Hospital, Baltimore, they use in the angle a piece of rounded wood, thus doing away with the square corner.

A floor of cement is used at the Moabit Hospital. They are not very well satisfied with it, and purpose replacing it with mosaic.

The granite terrazzo has been used in certain German hospitals. This material answers better for the terraces than for the sick rooms. It stains with grease and gives a disagreeable sensation of cold to the touch. It will crack at the end of a certain time.

Mosaic offers two distinct varieties: placed in regular order and sprinkled irregularly. The former is relatively expensive. It is favored in operation rooms, vestibules, occasionally in wards.

As to the second, it offers many advantages, provided that it is prepared with a cement of a good quality (Portland cement); placed with live chalk, it loses its qualities, because the chalk disintegrates and pulverizes too rapidly. The sown mosaic constitutes a veritable impregnable surface; one can give it the form that one desires, rounding the angles and corners. The appearance of this mosaic, which one can see at Dr. Depage's Institute, appears satisfactory; sometimes it is criticized because it glistens after washing. At Eppendorf, Urban, Moabit, it has become cracked.

To avoid the cracks one prepares at the shop large plaques of mosaic, one and a half metres square; these squares are surrounded by metallic bands, which are flayed ulteriorly. The joints are packed with a mortar of mosaic.

They have adopted the plaques of mosaic, as described above, for the operation rooms at the Eppendorf, where they give complete satisfaction.

The use of tile gives cause for the same consideration as the use of mosaic. It offers the advantages of being more resistant, and not so splintering, but it is colder than mosaic; its surface is less united and presents interstices between the squares.

In Germany they make the pavements of tile of a very good quality (Mettlas, Merzig). One can fill the interstices with cement, with "Parcelankitt." There exist some pavements of this sort at the clinics of Halle and of Nuremburg.

One finds in Belgium a number of fabricated tiles. We do not know if the quality of their products is equal to that of Germany.

The junction of the tile floor with the walls should be made by means of curved or rounded pieces.

Metallic floors have not been found to be satisfactory for hospitals.

In many hospitals, notably at Urban, they have covered the mosaic with linoleum, with the object of deadening the noises. In other places they placed linoleum over wood.

Linoleum often becomes unglued; it wears quickly, and soon takes on a poor appearance. Everywhere it has been used they have been obliged to renew it after a little time. Its use does not offer any serious advantage.

Torgament is a composition flooring, formed of a mixture of one of salts of magnesium, of saw-dust, of resin and of cement, in given proportions. They manufacture Torgament at Leipzig. It is already used in several places in Germany and Belgium.

At Brussels, the floor of Dr. Rouffart's operation room is made of Torgament. It is also used at the popular sanitarium of La Hulpe. Dr. Derscheidt declares that he is satisfied with it, but states that it is slippery.

At the new hospital of Charleroi (1910), after several weeks of use, the Torgament was completely streaked and splintered. It presents, besides, an unpleasant appearance, which makes us definitely reject it.

Prismalith and porphyrolithe are open to the same objections; they are not materials to be recommended.

To sum up: the choice ought to be limited, according to us, to parquetry, mosaic and tile. These three kinds of materials, if they are well put down, can give a surface continuous and satisfactorily joined to the walls.

If one decides to heat the floor, one will give the preference to mosaic or to the tile.

In the contrary case, one will choose parquetry, and will not hesitate at the price of it.

SOME SUBJECT HEADINGS AND SUB-DIVISIONS THEREOF UNDER WHICH HOSPITAL CORRESPONDENCE MAY BE FYLED

MAIN HEADINGS.

MAINTENANCE
CAPITAL
REVENUE
RETURNS
CRIMINAL JUSTICE.
STATISTICAL.
ACCOUNTABLE WARRANT
ACCOUNT AND PAYMENT
REMOVAL OF LUNATICS

The two main headings, "Maintenance" and "Capital," require a greater number of sub-divisions than the other main headings.

"MAINTENANCE."

SUB-HEADS.

Medicines
Provisions
Heat and Light
Clothing and Dry Goods
Laundry and Cleaning
Repairs and Replacements
Office Expences
Farm Expenses
Miscellaneous
Employees and Salaries.

SUB-DIVISIONS OF SUB-HEADS.

Medicines—

Medicines and Medical Appliances.

Provisions—

Butter
Coffee.
Tea.

Other beverages.
Eggs.
Flour.
Milk and Cream.
Bread Ingredients, except Flour.
Biscuits, Buns, Cakes, etc.
Potatoes.
Sugar and Syrup.
Fresh Fruit and Vegetables, except Potatoes.
Fish and Fowl.
Canned and Dried Fruit and Vegetables, Preserves.
Other unenumerated provisions.

Heat and Light—
Coal.
Wood.
Electricity.
Gas.
Oil, Candles, Matches, etc.

Clothing and Dry Goods—
Clothing.
Boots and Shoes.
Dry Goods.

Laundry and Cleaning—
Brushes, Brooms, Mops, etc.
Soap.
Miscellaneous Supplies.
Small Repairs, Alterations, etc.

Repairs and Replacements—
Furniture.
Furnishings.
Buildings.
Heating and Lighting Apparatus.
Vehicles.
Tools and Implements (not included under sub-heading "Farm.")

Office Expenses—
Telephone and Telegraph.
Stationery.

Postage.
Miscellaneous Items.

Farm—

Feed and Fodder.
Seeds, etc.
Farm Product.
Farm Tools and Implements (not included in sub-head "Repairs and Replacements.")
Live Stock.
Miscellaneous.

Miscellaneous—

Ice.
Power.
Water.
Freight, Cartage, Duties, etc.
Elopements.
Sundry Miscellaneous Items.

Employees and Salaries—

Applications.
Dismissals.
Suspensions.
Perquisites.
Physicians.
Bursar's Assistant.
Matron's Assistants.
Engineer's Assistants
Male Attendants.
Female Attendants.
Teachers.

Appointments.
Resignations.
Salaries.
Superintendents.
Bursar.
Matron.
Engineer
Artisans (not domestics.)

Capital—Sub-Heads.

No definite sub-division can be made for this main heading. Each of the estimate headings for the current year will make sub-heads.

Revenue—Sub-heads.

Paying patients.
Farm.
Miscellaneous.

Returns—Sub-Heads.
Daily Requisitions.
Special Requisitions—Patients.
Special Requisitions—Superintendent.
Special Requisitions—Bursar.

Made-up Goods—This may be further sub-divided as follows:—
Sewing Room.
Tailor Shop.
Preserves, Pickles, etc.
Carpenter, Tinsmith, Shoemaker, etc.
Coal consumed.

Statistical—
Accountable Warrant—
Account and Payment—
Removal of Lunatics—
Criminal Justice—

Application for Admission.

Upon inquiry being made for the admission of a patient, the Medical Superintendent will send Statement (Form No. 120), accompanied by Inventory and Valuation (Form No. 140).

The correspondence relating to such application will be fyled in a "Miscellaneous" fyle, and a white card will be made out with the name of the patient and number of folder in which letter has been placed. Should the patient's name not be given, the white card may be made out under the name of the physician or other person enquiring, and upon the admission of patient, or upon receiving patient's name at the later date, a new card may be made out, on which will be written the patient's name and folder number. The first card will serve for cross reference as the fyle number on both cards will be the same. When the correspondence relating to a patient exceeds say, ten sheets, and the correspondence it likely to be extensive, all papers should be transferred from the "Miscellaneous" folder to an individual folder having a new number, and on the white card should be placed this new number and opposite the same the words "Transferred to."

All fyling must be numerical, commencing from the figure "1," and from thence upward, except in the case of "Miscel-

laneous," when for the purpose of identification, a cipher should be prefixed, i.e., "01," as described above under heading "Miscellaneous."

The Statement and Inventory having been returned, the latter is transferred to the Bursar, so as to enable the Medical Superintendent to confer with that officer as to the rate to be charged, bond to be given to secure maintenance, etc., etc., etc. The Medical Certificates are then sent forward together with such information and instructions as the Medical Superintendent deems necessary.

The Statement and Inventory are fyled with the correspondence pending admission of patient.

The white card is to be used only as an index to correspondence and is to be kept in separate tray or drawer and fyled alphabetically.

Admission of Patient.

Upon the actual admission of the patient, a buff card (No. 132), is made out as far as possible, and from that time becomes the basis of all indexing, and of all records bearing upon the patient. On this card must be given as far as possible the information as indicated on the card and *particularly* registered number, correspondence fyle number, as mentioned above, and the number of fyle (case book), in which the clinical records are to be kept. This card should be made in triplicate, one for general office reference, one for the Assistant Superintendent's office as the key to the clinical record fyle, and one for the Medical Superintendent's office. These cards are all to be filed alphabetically in trays or drawers to be supplied for the purpose.

Propensity Card (Card No. 136), is made out upon the admission of patient to any particular ward, remains fyled in a card tray so long as patient is retained in that ward, and follows the patient on transfer to any other ward. Upon discharge or death of patient, this card is returned to the office and fyled alphabetically with such cards previously used. The information as indicated on card must be filled in from time to time so that upon being returned to office, the card would indicate movements of patient, the date of same, etc. This card takes the place of the propensity sheet at present in use in the institutions.

Case Book Folder.

A folder (Case Book) having been assigned to patient and numbered (the number next to last folder), is fyled in a vertical fyle (to be used exclusively for clinical records) and between numerical guides numbered from 1 up. In this folder will be fyled statement (the same having been removed from the correspondence fyle), the medical certificates and the records hereinafter more particularly referred to.

Admission Notice.

Upon admission of a patient, admission notice should be made in triplicate, two copies to be sent forthwith to inspector, containing full particulars of patient as indicated on form, and a third copy fyled with any correspondence received relating to patient.

Inventory and Valuation.

A duplicate of the inventory and valuation must also be sent to the inspector as soon as possible.

Clinical Records.

Specimen sheets of clinical records which have been approved of by the department, are attached hereto, together with regulations respecting the use of same, such regulations having been approved of by the Honorable the Provincial Secretary. Specimen cards are also attached.

(1) *Form No.* 121.—This blank becomes the basis of the actual records of the patient, and the use of this form is apparent, as are all subsequent forms noted.

(2) *Form No.* 123. *Ward Admission Record.*—This record is to be filled out in detail after thorough examination of patient. On the reverse side of the blank is a list of clothing received with patient on admission. This clothing is sent to the Matron or other officer in charge of same and checked up according to list, and the list is returned to the ward, whence, after proper checking, is sent to the office and becomes the second sheet in record of the patient. This form must be signed as indicated.

(3) *Form No.* 122. *Statistical Record.*—This sheet is next in order of use; includes same statistical data, and a more extended observation of patient than has heretofore been possible,

and will be required to be entered up from time to time as the exigencies of the case require.

(4) *Form No.* 125. *Clinical Chart.**—This accompanies patient during his detention in any ward, and is for the record of medical data.

(5) *Ward Notes.*—To be used at such times as the discretion of the physician or the needs of the patient indicate.

(6) *Form No.* 128. *Sleep and Weight Chart.*—To be used in determining procedure for any special treatment of patient, and to record his condition from time to time.

(7) *Form No.* 129. *Laboratory.*—To be used at such time as the physician may dictate.

(8) *Form No.* 130. *Blood Examination.*—To be used at such time as the physician may dictate.

(9) *Form No.* 126. *Treatment Sheet.*—This sheet accompanies patient to ward and indicates treatment prescribed. When this sheet is filled up it is to be returned to the office for fyling in folder.

(10) *Form No.* 127. *Clinical Record.**—This form is to be made out by the physician, and will contain extended history of patient. On this sheet will be placed such information respecting the previous history of patient, physician examination, mental status and such history relating to parents and ancestors as will be of service for future reference. Notes will be made on this sheet from time to time of the progress of the case as required by "The Regulations respecting the use of Clinical Records." The history should be made out with the fullest possible detail.

(11) *Form No.* 124. *Conference Sheet.*—Records, minutes of conference and diagnosis and prognosis of case. It should state names of physicians in attendance and date of conference. Conference of Medical Superintendent and medical staff should be held three times a week, if possible.

Warrant Cases.

The above regulations should be made to conform as nearly as possible in cases where patients are admitted by warrants.

Transfer of Records, Etc.

On death or discharge of patient the folders containing the correspondence and clinical records should be transferred from

vertical fyles to transfer boxes and the transfer noted on the cards. Card No. 132 may on death or discharge of patient be removed from the "Current" card tray and placed in a dead and discharged" card tray.

Propensity Card Fyle.

Card No. 136 (Propensity Card) when in use in ward is fyled in a black cardboard box with alphabetical guides. These boxes have a capacity for 200 cards. The number of the ward should be plainly marked on the box. This box is left with the attendant or supervisor—whichever may be in charge of the ward.

General Instructions.

Folders for either correspondence or clinical records must not be fyled by registered number but in proper numerical sequence, commencing at the number "1," and from thence upward. Card No. 132 affords ready reference, and is the key to all matters pertaining to patient. The purpose for which this card is designed requires that the same should be filled out as fully as the information available will permit.

Forms and cards should be typewritten so as to preserve uniformity, neatness and quick reference.

The system of fyling outlined above anticipates the use of the same fyle by both Medical Superintendent and Bursar. By this system the duplication of fyles is avoided, economy of space and facility of reference secured.

All fyles should be in charge of the stenographer.

If necessary, Card No. 132 may also be made out for the use of the Bursar, and in such case it will be fyled by him alphabetically in a card tray used for that purpose.

In order to maintain a uniform fyling system in the hospitals for the insane in the Province, the above regulations must be carried out as indicated. All papers and sheets must be opened out and fyled on edge. If paper to be fyled is longer than the folder, then fold paper in half. To preserve neatness in fyle this should be observed. Letters unopened should not be put in folder in that condition, but should first be opened, and if envelope requires to be preserved, this should be cut at ends, opened out and gummed to the letter.

All guides, cards, folders, forms and supplies used in connection with the above fyling system may be obtained upon requisition being made for the same to the department.

Parliament Buildings,
Toronto, Ontario.

Society Proceedings

The next meeting of the American Hospital Association will be held at San Francisco June 22nd, 23rd, 24th and 25th, 1915.

Doubtless this will be the greatest hospital convention ever convened.

Trustees should arrange to have a representative at this meeting. By all means see that your superintendent attends. It will pay your institution to provide for his expenses.

The Association has for its object the promotion of economy and efficiency in hospital management. Thousands of dollars of public money are being saved each year because of suggestion for improvement and economy learned at these meetings. Has your superintendent ever had the privilege of listening to the ablest hospital administrators discuss questions which are of vital interest to small as well as large institutions. In fact, the majority of the discussions at these meetings refer to small hospital problems.

The Transactions of the St. Paul convention are just about completed. This report contains about 500 pages of matter pertaining to institutions for the cure of the sick. In fact, every phase of hospital work is discussed. No institution official can afford to be without a copy of this report.

If you are not already a member send your application to the secretary to-day. Membership in the Association entitles you to a copy of its proceedings.

The following extracts from the constitution and by-laws indicate who are eligible to membership:

"Active members shall be those who at the time of their election are trustees or executive heads of hospitals."

"Associate members shall be those who are executive officers of hospitals next in authority below the superintendent, contributors to or officers or members of any association, the object of which is the foundation of hospitals or the promotion of the interest of organized medical charities, hospital physicians, surgeons, pathologists and superintendents of nurses."

"All applications shall be in writing and shall be endorsed by one or more members."

"The annual dues of active members shall be $5.00; the dues of associate members shall be $2.00." (Kindly send amount of dues with application.)

The initiation fee is $5.00. This amount covers the first year's dues.

Now is the time to join the Association. Do not delay. As soon as you read this notice send your application at once and receive a report of the St. Paul convention.

Grading of Nurses, Hospital Architecture, Cost Accounting, Hospital Housekeeping and Hospital Morbidity Statistics are among the number of important subjects contained in this report.

Do not forget that the next meeting is at San Francisco. Special rates will obtain on all railroads. This will give an opportunity for every hospital superintendent to attend this important convention.

The American Medical Association meets at the same time.

The Great Panama Pacific Exposition will be in full swing at this time.

It is hoped that everyone eligible to membership in the Association will forward an application to Dr. H. A. Boyce, secretary, Kingston, Can., at once. Come along, fellow workers, let us build up our hospitals and at the same time boost the greatest hospital organization in the world.

Book Reviews

Materia Medica for Nurses. By A. S. Blumgarten, M.D. Published by The Macmillan Company, New York.

This text-book for nurses is more comprehensive than any other book of the same kind which we have seen. It is clear, practical, and well arranged, and will fill a more important place in the nurse's library than a text-book on matera medica usually does. For example, directions are given for preparing solutions, for recording symptoms, and making applications ordered for medicinal purposes. A good deal of attention is paid to physiology, and the reason is given for many procedures mentioned, thus rendering the work more interesting and more easily remembered. A chapter is given on serums and vaccines, and there is a good index. It will thus be seen that the book is complete and satisfactory.

A Medical Dictionary for Nurses. By Amy Elizabeth Pope, graduate of School of Nursing of the Presbyterian Hospital, New York; special diploma in Education from Teachers' College, Columbia University, N.Y.; formerly Instructor in School of Nursing, Presbyterian Hospital; Instructor in School of Nursing, St. Luke's Hospital, San Francisco, Cal. G. P. Putnam's Sons, New York and London. The Knickerbocker Press.

As indicated by the preface the purpose of this book is to provide a medical dictionary containing a detailed definition of words and terms of special importance to nurses.

A useful handbook for nurses, showing by its definitions a careful study of all subjects relative to nurses' work. The words and terms are defined in a simple and lucid manner, with no redundancy, but sufficient words to make meaning clear. As all the newer books on bacteriology, chemistry, physics, physiology and medicine have been consulted in its compilation, one is assured of getting the last word on the subject.

In addition to definitions of medical words and terms there is a list of frequently used prefixes and suffixes which will facilitate the meanings of any words omitted on account of their similarity to those included.

A long list of common food products with average composition and caloric value is given which will be found useful as reference.

Chemistry for Nurses. By Reuben Ottenberg, A.M., M.D., Lecturer to Nurses' Training School, Mt. Sinai Hospital, New York City.

This is a small, concise, plainly worded, practical volume, which may be used as a reference by any nurse who has performed the routine experiments of first-year chemistry. It is not considered advisable to hand such a primer to a nurse and to tell her to go perform these tests herself, since she must have a certain supervision in handling dangerous substances, e.g., sulphuric and nitric acid.

The nurses are addressed here in language which is not too high-flown or technical for them to grasp.

Some of the chapters could be with interest elaborated, and some of the lists filled out further to meet the latest demands in nursing, for example, Barium is known to the nurse in her preparation of a patient for X-ray pictures.

It is very satisfactory to see physicians, with their fuller knowledge, and their point of view about the nurses' needs, take up literary work on their behalf and write so that they may understand, as Dr. Ottenburg has done.

The nurse's work is largely manual, and she who observes and has plenty of common horse sense can eclipse the near-sighted student nurse book-worm.

But give the sensible practical pupil the reason why she does certain things, and gets certain chemical results, and we have then an ideal combination. This is what Dr. Ottenberg does. He combines the data of chemistry as simple every-day facts by which all of us are maybe unconsciously affected.

Dorland's American Pocket Medical Dictionary. Edited by H. Newman Dorland, M.D., Editor *American Illustrated Medical Dictionary.* Eighth edition, revised and enlarged. 32mo. of 677 pages. Philadelphia and London: W. B. Saunders Company, 1913. Flexible leather, gold edges, $1.00 net; thumb index, $1.25 net. The J. F. Hartz Co., Toronto.

The eighth edition of this familiar little book defines several hundred more words than the previous one. The capacity of ordinary pockets has been outgrown, but the book will have a place in the hand-bag of physician and nurse. In the preface the author remarks upon the amount of new matter added, made necessary by the large number of new terms which have appeared in surgery, pathology, clinical medicine, laboratory methods, chemistry, serology, dentistry, veterinary medicine and nursing. The book needs no recommendation.

Diet in Health and Disease. By Julius Friedenwald, M.D., Professor of Gastro-Enterology in the College of Physicians and Surgeons, Baltimore, and John Ruhrah, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Fourth edition, thoroughly revised and enlarged. Octavo of 857 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $4.00; half morocco, $5.50 net.

Those observant physicians who have been following the trend of modern treatment will have noticed that of late much emphasis is being placed on a scientific diet. This has resulted from the work which has been done in metabolism. The time is at hand when it is more important to prescribe a proper diet in the proper way than to prescribe drugs properly. Drugs are more and more playing a subsidiary role to other prescriptions —such as hydrotherapy, light-therapy, and careful alimentation. The authors of Diet in Health and Disease have kept this point in mind in the new edition. The chapter on infant feed-

ing has been thoroughly revised in accordance with the modern trend of thought on this subject. The authors have well said that the practitioner wants to know how much food to give and what kind, and he wants to be told how to be able to prescribe a diet as simply as he would a drug. They have aimed to try to tell the doctor how to feed his patient. Following the discussion of the chemistry and physiology of digestion, a classification of foods is given, and a dissertation on beverages and stimulants. A practical chapter is devoted to special methods of feeding. The special milk and other cures are described. The Army and Navy rations are given, as well as the dietary of various hospitals and public institutions. Some good recipes and rapid reference diet lists follow, with a short bibliography on food and diet.

Anatomy and Physiology for Nurses. By LEROY LEWIS, M.D., formerly Surgeon to and Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. Third edition. Revised thoroughly. 12mo. of 326 pages, with 161 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.75 net. W. B. Saunders Company, Philadelphia and London. The J. F. Hartz Co., Toronto.

Dr. LeRoy Lewis has succeeded in giving us a work on anatomy and physiology entirely suited to the needs of a nurse. The hospital library usually contains reference books affording opportunity for broader study of the subjects, but the essentials are here well arranged for class work.

Chemistry and Toxicology for Nurses. By PHILIP ASHER, Ph.G., M.D., Dean and Professor of Chemistry at the New Orleans College of Pharmacy. 12mo. of 190 pages. W. B. Saunders Company, 1914. Philadelphia and London. Cloth, $1.25 net.

This text-book, in neat cover, with good paper, and plain type, forms a handy reference book for a busy nurse. Since

most of these pupils in the training-schools never studied chemistry, or so little and so long ago that they have forgotten it, this work proves a valuable aid in dietetics, materia medica, physiology, hygiene and pathology. It helps towards intelligent comprehension of the physician's aims and wishes, putting the nurse's work on a much higher plane. It harmonizes the scattered facts and observations collected by nurses in kitchen, ward and operating-room. The most recent discoveries in drugs are discussed, and not the least valuable part of the book is the handling of poisonous symptoms and antidotes. Technically, the work is accurate and concise.

Dietetics for Nurses. By Julius Friedenwald, M.D., and John Ruhrah, M.D. Third edition. Published by W. B. Saunders Company, Philadelphia. Price, $1.50 net.

Living as we do in an age when much thought is given to building up the body, and repairing waste by food taken, this book cannot fail to be of the utmost value to nurses in their daily work both in and out of the hospital. The various classes of foods and their part in nutrition are considered; the chapter on the feeding of infants and children is particularly valuable to mothers and those having the welfare of the child at heart; other chapters are devoted to diet in the various diseases where feeding is a primary factor; and, with the addition of various formulae and recipes of very practical value, the book will be found an "ever present help in time of trouble."

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

C. & B. Floor Wax

It will be of interest to Hospital Superintendents to know that Messrs. Cooke & Boulton, of Toronto, have for years made a special study of the finish and up-keep of hospital floors. They go so far as to guarantee perfect results, providing their directions are followed out. They have deservedly enjoyed the patronage of many institutions up till now, and their large sales are the best testimony of the excellence of C. & B. Floor Wax. The firm invite correspondence.

Social Life at Battle Creek Sanitarium

That social diversions provide an important adjunct to health-building is well recognized. An institution which takes full advantage of this idea is the Battle Creek Sanitarium, which employs a corps of social secretaries whose duty is to provide such pleasant diversions as will lead patients to forget, as far as possible, the ailments from which they seek relief.

Of course such diversions must be very simple in form; varying types of invalids must be cared for separately and the whole subject of social diversions must be given very careful study in order to effect desirable results.

For the invalid who is unable to leave her room, and the patient who is about to undergo a surgical operation, a social secretary known as the "Official Sunshine" is provided. Her duty is to extend encouragement to the suffering.

For the more improved patient, simple social gatherings, such as lectures, musicales and receptions can be arranged.

The Sanitarium has found that this branch of the work is very effective in making patients feel perfectly at home in their new surroundings and in leading them out of themselves into the paths of health.

* Publisher's Department.

Satinette for Hospital Walls

The treatment of the walls is one of the most important considerations in a Hospital, and has been the subject of many a discussion among hospital authorities. The wall of a ward or operating theatre must be finished so as to enable the ward attendant to, if necessary, hose it off and leave it spotlessly clean. By using Satinette, a white enamel, all this can be done. This preparation has met with the endorsement of many Canadian hospitals, being not only washable, but sanitary, dust-proof and artistic. Satinette will not turn yellow. It is manufactured by The International Varnish Co., Ltd., Toronto.

The Arctic Refrigerator

It is a well-known fact that some Refrigerators have, instead, as they should, of preserving foods, a decidedly opposite tendency. This is due to defective circulation of cold air and a lack of essential sanitary principles. In some refrigerators there is even a disagreeable odor. Such is, however, not the case if *The Arctic* Refrigerator is used, as it is absolutely sanitary, has a perfect circulation of cold air, is opal-lined glass to glass, has a tiled floor, woven wire shelves, and all parts are removable, thus ensuring perfect cleanliness. The manufacturers, John Hillock & Co., Ltd., 154 George Street, Toronto, have facilities for turning out refrigerators of any size, from the small household to the largest hospital.

But Slight Increase

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.

GLYCO-THYMOLINE

IS INDICATED IN

Catarrhal Conditions

of mucous membranes in all parts of the body — maintains Asepsis without irritation — reduces congestion and by stimulating the capillaries to increased activity restores normality.

Perfect Mouth Wash

For Daily Use

Keeps the mouth Alkaline as nature intended it should be. Stops the formation of lactic acid and prevents dental decay.

LITERATURE ON REQUEST

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