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THE HOSPITAL WORLD

(Incorporating The Journal of Preventive Medicine and Sociology)

THE OFFICIAL ORGAN
OF
THE CANADIAN HOSPITAL ASSOCIATION

Vol. VIII (XIX) Toronto, July, 1915 No. 1

CONTENTS

INDEX TO ADVERTISERS, Page XVI.

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The Hospital World

(Incorporating The Journal of Preventive Medicine and Sociology)

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

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

All Communications, Correspondence and Matter regarding Subscriptions and Advertisements TO BE ADDRESSED TO THE HOSPITAL WORLD, 145 COLLEGE ST., TORONTO, ONT. Reprints Supplied Authors at Net Cost.

Vol. VIII. TORONTO, JULY, 1915 No. 1

Editorials

PROGRESS IN PREVENTIVE MEDICINE

THE recent movement toward the establishment of international health legislation is viewed by Miss Ida Tarbell as one of the marked signs of the times. In

her present "efficiency" campaign this gifted investigator of civic and economic conditions lays special stress on what is being done in large manufacturing industries to educate and maintain the employees in good health.

In a recent address she gave instances of large industrial institutions in various cities where physical examination, at first resented, is now welcomed by the thousands of employees, who have learned to look upon good health as an essential to efficient work.

Leaders in social and economic progress to-day are beginning to see that the basis for all future development lies in an education of the public to a degree sufficient to secure the enforcement of health laws.

Time was when any individual could be sick unto himself. The fact concerned no one outside his own household. To-day the sickness of the one individual reaches out to the community, the state, the nation—even to the inter-nations. It is impossible to take up leading journals, lay and professional, without noting in their pages how rapidly the larger conception of public health is spreading. The position of medical health officer a few years ago was looked upon as one of little importance; serviceable merely in case of an outbreak of smallpox or similar epidemic. To-day the health officer and his staff are autocrats with large civic authority. Behind them are the state and national health boards, with the state and national health laws taking rapid form as the discoveries of

the laboratories concerning the sources and control of disease are made public.

Further evidence of the growing appreciation of the importance of public health work is shown in the more rigid enforcement by the courts of state health laws. Quite recently in several parts of the country civil suits have been brought against violators of these—a careless milkman, a manufacturer of food supplies containing ptomaine poisoning—a railway company that created pools of stagnant water causing malarial fever. And in each instance the court upheld the plaintiff and awarded damages.

A newer and keener public interest in preventive medicine is doubtless largely due to the wonderful results of recent laboratory investigation and their educative influence upon the people.

The new conception of health—that it is something that may and should be retained rather than regained—is working a transformation in the industrial and economic world, and through these upon national life.

PROMPTITUDE

Probably with the excuse that their services are gratuitous, many members of hospital visiting staffs are too slow in seeing patients admitted to their care, thus neglecting a duty they would perform with alacrity for members of their private clientele.

Visiting staffs of hospitals where internes serve are the worst offenders in this respect, since they depend too often on the judgment of an inexperienced

man. In hospitals where the resident system is in vogue there is less trouble in this respect, since there is usually a man of at least a couple of years' experience within call in case of urgency.

In the majority of cases admitted, the average intern is able to make the diagnosis, and report the same and the condition of the patient to his chief, from whom he may receive instructions as to treatment and care until the next visit of his superior. But in not a few cases the interne is unable to make a diagnosis or properly appreciate the gravity of the case. If a visiting physician has an interne of this sort it is the duty of the visiting physician to visit his patients as soon as admitted and make a thorough examination of them. If he, in turn, is baffled in his diagnosis, he should at once call into consultation one or more professional brethren. If the case has a surgical aspect a surgeon should be invited to examine the patient. If any of the special senses are involved a specialist should be called. If chemical, bacteriological or radiographic examinations are required such should be made at the earliest possible moment.

There should be crisp co-ordination of all the necessary services. Too often there is deleterious delay in making these references. But in good hospitals, as in good business houses, prompt service makes for efficiency and popularity.

In no place is the old adage more needed of enforcement than in connection with the duties of the hospital visiting staff: "Never put off till to-morrow what should be done to-day."

LIGATURES

Not everybody knows that catgut is not catgut, and that silkworm-gut is not silkworm-gut. What is called catgut is made from the small intestine of sheep or goats; and silkworm-gut is silk.

The German variety is said to be the best gut; the American gut suffers by comparison. The reason for this is thus explained. The gut from the raw material used by the Germans is secured from sheep and goats which exist on scanty feeding in the mountainous and rocky districts. The animals are spare and wiry. The intestinal tissue of the well favored American sheep, which feed on the rich pastures here, is not nearly so tough. It is much more friable. Again, American gut is artificially dried and prepared with chemicals. The German gut goes through the slow process of drying in the sun, and is not subjected to the detrimental chemical action.

The cultivation of the silkworm has been tried in America at intervals by different people, but thus far, unsuccessfully. Our best silkworm-gut comes from Spain, where the worm flourishes. We are unable to say why silkworms cannot be grown in America. Surely means can be devised for combating the pests and scourges incident to their propagation in this country.

More and more are hospitals in America sterilizing their own catgut. Certain large hospitals have saved in one year over three thousand dollars by doing this. The process is simple, and can be carried

out by any intelligent nurse. The results can easily be tested by the pathologist of a hospital.

The chief danger, perhaps, in the use of catgut lies in the chance employment of a gut which has been diseased during life—a diseased intestine of a diseased sheep.

In one instance sepsis in the surgical department of a well known hospital was traced to this cause. The gut was not prepared by the hospital itself.

Four years ago only four hospitals in Chicago were preparing their catgut; to-day, it is stated, that over twenty-four hospitals in that city prepare their own catgut. Before long the custom will become fairly universal. It is a great economy and should speedily become a general practice in our hospitals.

A FURTHER WORD

The American Journal of Clinical Medicine of a recent issue comments favorably on an article on the Mayo clinic by Dr. John N. E. Brown which appeared in the May number of this journal. Following full quotation of the article our contemporary says:

"Of course Doctor Mayo is not opposed to the work done by the diagnostic laboratories. Quite the contrary. The marvelous institution which he maintains, in association with his brother, is equipped with every diagnostic refinement possible, and their laboratories are doing much beautiful work of this char-

acter. Doctor Mayo believes in the laboratory, but he does not believe that it should be 'the whole show.'

"Neither do we. The fact is, no good doctor can practice medicine by proxy. He must know what he is about; he must be trained in mind and skilful of hand. He must be able to see the things which other men cannot see and feel the things which other men cannot feel. He must have a broad grasp of every situation and of every problem. The eye which is constantly glued to the objective of a microscope is likely to have a restricted field of vision, and it is this narrowness (of mind rather than of eye) to which Doctor Mayo objects. The laboratory has become an essential, and no doctor should try to get along without it; but he should look upon it as an adjunct—and an exceedingly valuable adjunct—to his work. That's the moral.

"Use the laboratory every opportunity you can get to do so, but cultivate for yourself a broad vision so that seeing all you can understand all."

Original Contributions

EFFICENCY IN THE CARE OF THE PATIENT

By Minnie Goodnow, R.N.

We are nowadays hearing much about Efficiency. We are even beginning to class it among our duties. A few years ago "inefficient" was at worst a term of pity. Now it has become a term of contempt. On the other hand, "efficient" has become a word of highest praise.

What is the exact definition of efficiency?

It consists, the experts tell us, of five things, not one or two of the five, but *all* of them. It is:

First, producing the most work.
Second, producing the best work.
Third, doing work in the easiest way.
Fourth, doing work by methods which conserve health.
Fifth, doing work by methods which prolong life.

Think over this combination and you will see why we call Efficiency a new science. It is because it takes hold of the *entire* problem, not a portion of it.

We have long worked at one or more of the parts of efficiency. We have long thought that we knew how to do the most work or the best work—at the expense of life or health. We have long thought that we knew the easiest way of doing some things. We have done much in the prevention of disease and in the prolongation of life. But we have never been able to get them all together, even though we felt subconsciously that there ought to be some way in which it might be done.

There have recently come into the industrial and business worlds so-called Efficiency engineers, who have shown how to increase both quantity and quality of work while keeping the workers happy and healthy. They have proved objectively

that one may take less time, less material, less labor, and fewer men than under the old regime, and merely by using new methods produce greater results.

Bricklaying, one of the oldest trades on earth, has been revolutionized by Mr. Gilbreth, who speaks to us later in this convention. Using his methods, thirty men may now do the work which has always required one hundred, and if anything do it better.

In factory work it has been proven possible to double output without adding a man or a machine, simply by changing methods of work.

In machine shops (presenting a more complicated problem) production has been trebled and quadrupled.

Phenomenal successes in many lines have been achieved through this startlingly simple thing, Efficiency.

The methods by which these achievements are brought about are what the experts call Scientific Management. It is thoroughly scientific because it takes up the *whole* problem of doing work, and it is, in its last analysis, common sense.

What are these methods and how do they apply to the care of patients, the thing in which hospitals are primarily interested?

Hospitals, quite as much as the business world, have been hampered by tradition, so that we find it very difficult to map out the sensible course and see when we should break away from old methods. If a thing has always been done a certain way, and has been fairly satisfactory, there seems no reason to change it. There appear to be some things which *cannot* be done, some wrongs which are in the nature of things and *must* exist, so that it seems foolish to waste time over impossibilities.

So, too, reasoned our fathers but a generation ago, and thereby assured themselves that automobiles were impractical and that airships or wireless telegraphy were but dreams. We have already accepted them as commonplaces. And so it comes about that whenever you hear an elder saying, "It is impossible," you may know that not far away some youngster is at work doing that very thing.

Times have changed. Life has become strenuous to the breaking point. Our very recognition of these tremendous problems proves that they have a solution. There are arising daily men and women with vision, finding the way out. They are the practical philosophers who are leading us out of the wilderness.

One of the first things which they have to teach us is co-operation. The day of individualism is passing. The day of co-operation is dawning. Men are finding out that ten thousand working alone may do much, but that one thousand working together can do more. Competition may have been stimulating in an individualistic age, but in this era which has been called "the century of social consciousness" it is a back number, an antiquated tool. Analyze present-day problems. Watch the people who are solving them. No one is succeeding who works single-handed, but only those who have learned to co-operate.

Graham Taylor, president of the National Conference of Charities and Corrections, said in his recent address to that body, "Instances multiply which demonstrate not only the practicability and efficiency of co-operation, but also clearly show that so great has become the interdependence of public and volunteer agencies, officials and private citizens, that one cannot succeed if the other fails."

With these things in mind, let us examine some of our most marked inefficiencies and endeavor to search out their remedies. There are three special things which the public has long dimly felt as hospital inefficiencies, but which have only recently been seen as definite facts. They are all parts of the care of the patient and intimately concern his welfare; and they are also parts of hospital organization. They are:

1. Treating cases rather than people.
2. Failure to provide for the middle-class patient.
3. Unsatisfactory training of nurses.

In the first instance, we have been trying to establish health without regard to the sick person's environment. We have been considering him as an individual rather than as a member of a family or neighborhood. Now that our social service workers have stirred us up to see what we were doing, we wonder why we have kept on doing it so long. Many of us are awake to

this condition and its remedy, but there are some hundreds of us who are slow at getting into line, or think the task too great a one.

Social service in one form or another we must all adopt if we are to render anything like efficient service to our communities, and it is high time that we got away from our petty, inefficient struggling with one corner of a problem, and got at the whole thing. It must be done by co-operation with all existing agencies. The tremendous social problems which confront all hospitals can never be solved single-handed.

Think of the benefit to the country and to humanity if half of us went home from this convention and started social service even in the smallest way.

2. Failure to provide for the middle-class patient.

Most of our population belongs in the middle class, and as yet adequate or satisfactory care in illness has not been possible for them. In fact, we are rather worse off than were our grandfathers, since in the olden days neighbors came in and helped out, whereas now there seem to be no neighbors who can or will do it.

The community looks to its hospitals to take the initiative in such a matter. Perhaps we hospital people have been slow because, being in the middle class ourselves, we were too close to the problem to see it clearly. For twenty years and more we have *talked* about it, and innumerable solutions of the problem have been suggested, abandoned as impractical, or tried and failed. Why did they fail? Evidently because they attacked but one phase of the problem at a time, and did not fit in with the rest of it. None of them ever covered, or attempted to cover, the whole ground.

Of late there have come into this field also people with vision, dreamers who have begun to translate their dreams into reality. It looks as though they were succeeding. Why? Because they have realized that the problem was a many-sided one, and have had the courage to take it up as a whole.

Illness in a middle-class home means not simply the problem of the care of the patient himself. It means the loss of his work or of his wage. It means the withdrawal of help and the

addition of a burden. It means extra bills and less income. It means getting the cooking and laundry done. It means caring for the children and keeping them from disturbing the patient. It means care and encouragement during weary convalescence. It may mean taking up a new occupation or readjusting an entire family.

These conditions and problems can be but partially met by a moderate-priced bed in a hospital. They cannot be met by the individual alone, by the family alone, by a hospital working single-handed (even with a social service department), nor by a doctor, nor by a nurses' association, nor by an insurance company, and certainly not by a church or charitable organization. The problem is too complicated. All agencies must work together. Co-operation is the keynote of any success.

Last year we heard Mr. Richards Bradley tell of his vision of a complete scheme for the care of the middle-class patient. This year Miss Davis has told us more of how the vision is being worked out. The Albany Nursing Guild has been working along the same lines. The Detroit Home Nursing Association has been organized during the year and is on the way to success. Send for its circular of information and study its possibilities for your own community. Watch the work of these associations, and decide for yourselves whether the scheme be not a sensible, practical and possibly a *complete* solution of this vexed and pressing problem.

But what of the man or woman who is not disabled, but only half sick, hampered but not downed by disease, the man or woman who needs a thorough, skilled examination and a longer or shorter course of treatment to make him an independently useful citizen, who without this care may drift into dependence? The poor man may, free of charge, be looked over and treated at a dispensary by a surgeon, a stomach specialist, a neurologist, an eye specialist, an internal medicine man, and have half a dozen elaborate tests and examinations made. Why should it not be possible to do the same for the man who is ready to pay twenty-five dollars for similar service, but who cannot possibly afford the $150 or $200 which it would cost if paid for at all?

The director of one of our city dispensaries has had a vision of extending dispensary service, *for pay*, to the middle class.

Mr. Davis, of the Boston Dispensary, has established two evening clinics, aimed to be on a self-supporting basis, *with salaried medical staff*. Fifteen months ago an evening clinic for eye diseases was begun, and five months ago a men's clinic for genito-urinary diseases. The purpose of the clinic is to reach working people who are not able to afford the usual fees required for skilled medical care, and who cannot come in the morning without loss of wages. The fee charged is fifty cents a visit in the genito-urinary clinic, and in the eye clinic a dollar for the first visit and fifty cents thereafter. Medicines or glasses are provided at prices slightly above the cost of the material.

Both clinics have thus far demonstrated that they are reaching the class of patients desired. They have just paid their running expenses, not, however, including overhead charges. A third evening clinic, for syphilis, has recently been started on the same plan.

Does not this appear to be a very simple solution of a very great problem? Note that it requires co-operation.

3. Unsatisfactory training of nurses.

Evade it as we may, we know deep in our hearts that the training we are giving our nurses is not an unmixed success. Miss Mackenzie, of the Victorian Order of Canada, created a considerable stir when she stated recently that "nine-tenths of the students who enter our nurse training schools come out of them changed for the worse." She goes so far as to say, "Dozens of bright, promising women, filled with missionary spirit, eager to help someone to be better, happier and healthier, issue forth from the so-called training schools warped, narrow, mercenary and blase, all their ideals gone, and in most instances gone beyond recall."

While we may not share Miss Mackenzie's extreme view, we know that there is a modicum of truth in what she says. All over the country there is a cry of protest against the unsatisfactoriness and inefficiency of the nurse who is doing private duty. We who train her criticize her as severely as the rest. Even while we contend that it is personality which we are criticizing, we realize that personality is the expression of character, and that character is to a degree formed by train-

ing. Yet we go on saying that we *train* nurses for private duty.

We also contend that hospitals prepare their students for executive positions. There are at the present time two hospitals in the country giving a course in administrative work, these having a total of twelve students per year!

We are claiming to prepare nurses for the many fields of service which lie open before them, district work, school nursing, store and factory nursing, insurance nursing, public health work, Red Cross work, and others. Few of us mention these branches to our nurses while they are in training or give them even one talk on each. Yet we continue to say that we are training nurses for them. Possibly we are in the sense that a boy is being trained for a business career when he is taught to read and write.

Miss Nutting, who is considered an authority in nursing matters, in a recent paper read before the New York League of Nursing Education, contends that we are not giving adequate training nor a square deal to our nurses. She suggests for remedy, not the so-called "raising of the standard," by making higher educational requirements for the pupils who enter, but the providing of better training. She urges the elimination of non-essentials, the giving of reasonable working hours, the hiring of teachers *who can teach*, in short, arranging a training which shall be training in a real sense, not merely an opportunity to learn something by observation of sick people. Who can say that she is not right? Is it not time to turn our attention to finding how we can, rapidly and thoroughly, raise the standard of our training, instead of beginning at the wrong end and demanding an improved quality of pupil?

Mr. Gilbreth will doubtless make some definite suggestions for the betterment of work in hospitals. You may denounce them as impracticable, but a few years from now you may be adopting them. The care of patients is utterly different from factory work or building and quite unlike the routine of a business office; still in each case the problem is the same, that of *getting work done* and of handling the people who do it. This suggests that the same general principles apply. The working

out of details in the hospital and in ordinary life will naturally differ.

It is here that the efficiency engineers have rendered great service, in finding and establishing certain principles of work. The writer has spent some time during the past year in studying these principles and trying to see how they might be applied to hospital work. It is surprising how well they fit into it, and how any attempt to use them shows that they are founded on sheer common sense. Wherever they have been tried, they have proven their applicability and their value.

May it be permitted to state these principles and to show how they are related to the very vexed problem of training nurses?

Emerson, an unquestioned authority, gives twelve in number. They are:

1. Clearly defined ideals.
2. Common sense.
3. Competent counsel.
4. Discipline.
5. The fair deal.
6. Reliable, immediate, accurate records.
7. Despatching.
8. Standards and schedules.
9. Standardized conditions.
10. Standardized operations.
11. Written standard-practice instructions.
12. Efficiency rewards.

Clearly defined ideals. Our Association some years ago outlined a definite course for nurses' training. There seems to be no reason for changing it at present. What we need is to live up to it.

Common sense. A mass of tradition has grown up in our training schools, and it is hard for us who are in daily contact with it to see it in its true light. Dr. Gilman Thompson sometimes attacks it. We need the help of such men as he to point out for us where tradition may be replaced by common sense.

Competent counsel. This implies co-operation, and Emerson urges it as one of the greatest of the essentials. The American

Hospital Association represents all phases of hospital life, yet it gets only one aspect of the nursing problem. The great nursing organizations have been dealing for years with other phases, and ought to be able to add something to the work done by people whose viewpoint is primarily that of the hospital. The Committee on the Grading of Nurses has already suggested that the League of Nursing Education be consulted in regard to that phase of the problem. Some of the other Nursing societies should be able to add worth-while counsel, and the American Medical Association will certainly be a help. The sooner all these bodies, who really have common interests, get together and discuss these big problems which affect the public so vitally the sooner shall we be in the way of solving them.

Discipline. (Here Emerson begins to go into detail.) Might there be a flaw in our system of military discipline? Some factories have found that men can work with the greatest exactness, yet happily. Perhaps hospitals need some changes in their discipline which shall make it, not less strict, but more sensible and humanitarian.

The Fair Deal. (Emerson considers this one of the chief elements in success and the lack of it one of the most frequent causes of failure.) It is certainly true that a large proportion of hospitals are not giving their nurses a fair deal. The nurses give their youth, their strength, their enthusiasm, their very life, and the hospitals fail to render them anything like an equivalent. Sometimes we make their working conditions so hard that they lose the joy of labor, or even the joy of life. May we not well devote some time and thought to finding ways in which we may do justice to our nurses?

Reliable, immediate, accurate records. Keep a detailed and absolutely accurate account of what your nurses *get* in the line of teaching, practical and theoretical, and of daily work. Compare it with your printed curriculum. The discrepancies will be illuminating. The remedy lies in our own hands.

Despatching. How many of us instruct our nurses in methods of managing work? How many of us know how to do it ourselves? Management means doing a large quantity of good work easily. It is not an inborn characteristic, but an

acquired one. It is just here that the efficiency engineers can help us out. Is there any reason why we should not include them among our consultants?

Standards and schedules. In these things our training schools are almost wholly lacking. We have no literature nor text-books which do more than touch the surface of the art of nursing. Artists have for centuries been taught details of technique; musicians have been drilled in finger exercises; soldiers have been taught how to carry and shift a gun. In nursing we have been afraid to go into detail, lest our nurses become "mechanical." Is one afraid that a musician will become "mechanical" because he is taught how to finger correctly instead of being allowed to learn it by himself in some haphazard fashion?

A few hospitals have been working at standardizing nurses' work, not merely for the sake of having a standard available, but for the sake of improving the quality of the work by knowing *just how* things should be done. At the Massachusetts General they have half-unconsciously been using scientific methods in teaching nurses their practical work, teaching each detail of movement, as Mr. Gilbreth does his bricklayers, and as all efficiency engineers are doing in factories and business offices. The Addison Gilbert Hospital of Gloucester has definitely tried out some of the same things, making conscious effort to standardize some daily activities along scientific lines, has reduced them in time and in difficulty and has put them into writing so that they are available for other institutions. These instances simply illustrate the practicability of the principles.

A committee from the American Hospital Association, working with one or more efficiency engineers, and using hospitals as experiment stations, might get into shape some material which would put us on the way to efficiency in nursing.

Standardized conditions. Much has already been said upon this topic, and the Association's committee is doing good work. May we ask that they include nurses' training in their programme, recognizing it as the integral part of the scheme, which it really is?

Standardized operations. Hundreds of hospitals stand ready to standardize as soon as practical standards are available and something is done to regulate the conditions of work. This part of the programme must evidently be postponed until the other parts have been worked out.

Written standard-practice instructions. The emphasis is upon the word " written." Our hospital literature is still small. Many of us are failing in our duty because we do not put into permanent and accessible form the things which we have worked out to a simple and satisfactory conclusion. The idea of a U. S. Government Hospital Bureau aims at doing this in a large way, but it will need the co-operation of this and other associations before it can succeed in giving the country what it stands in need of.

Efficiency rewards. The experts, especially Prof. Munsterberg, of Harvard, make much of the principle of reward. Human nature being what it is, there must be a definite reward for a definite service. Professional people will usually accept spoken appreciation, higher position, fame, and such things as sufficient rewards; still, most of us are so bound by circumstances that any advance, to be a real thing to us, must express itself in terms of money.

Let us try to show our hospital boards that we must pay adequate wages to our employees if we are to get competent help; that we must give our nurses real training if we are to have the right sort of young women to care for our patients, and that there must in every case be a definite goal to be striven for if people are to be expected to strive.

Finally, since we are convinced of the need of greater efficiency in the care of our patients:

First. Shall not the American Hospital Association, both officially and individually, push the matter of social service? The Association may furnish the sources of information upon the work and its results, and each member may make himself a missionary of social efficiency in his own community.

Second. Shall there not be an increased number of communities, who, urged on by their hospitals, shall start Home Nursing Associations this year? and

Shall not more of the hospitals which have dispensaries try out the plan of pay clinics?

Many communities stand ready to take up both of these projects and present conditions under which they might be at once begun, if initiated by an established hospital.

Third. Would it not be worth while for this Association to go frankly into the subject of the training of nurses and attempt to get somewhere near to the bottom of it? Could a committee from this Association, in conference with committees from the Nursing and Medical Associations, do any better work the coming year than to try to find out what is the matter with our training schools? Perhaps the following year we might be able to get a committee who could tell us what to do about them.

Selected Articles

MEDICAL ORGANIZATION*

One of our latest hospitals has prepared these regulations for the government of its medical staff:

1. There shall be established primarily the following departments of services: internal medicine; general surgery; abdominal surgery and gynecology; genito-urinary surgery; orthopedic surgery; obstetrics; ophtholmology; oto-laryngology; pediatrics; laboratory diagnosis and research(including radiography). New departments may be formed or discontinued as the necessity arises upon recommendation of the Medical Advisory Board.

2. There shall be a Director in charge of each department, who shall have a sufficient number of associates to make the department thoroughly efficient.

3. The Directors of the Departments, together with their associates, shall constitute the visiting staff.

4. The Director shall have entire control of his department subject to the Rules of the Hospital, and shall be responsible to the Board of Trustees for
   (a) The medical attendance upon all patients assigned to his service.
   (b) The scientific study of such cases.
   (c) The general character of any clinical teaching in his department.

5. The associates shall perform such work as may be assigned them by the Director. One of the associates shall be appointed as Senior and shall have charge of the department during the absence of the Director.

6. The Directors of the various departments, together with the Superintendent of the Hospital, shall constitute the Medical Advisory Board. The duty of this Board shall be to advise

the Board of Trustees on all questions especially relating to the professional features of the work of the Hospital.

7. All Directors and associates shall be elected at the regular annual meeting of the Board of Trustees, upon recommendation of the Medical Advisory Board. Members of the visiting staff and resident staff may be appointed as occasion arises.

8. Members of the visiting staff shall give their professional services free of charge to all patients whose maintenance charges are met by a municipality or by the state, or by charity funds or endowments given to the Hospital for the care of deserving patients.

9. The term of service of each member of the medical staff shall end at the close of the calendar year in which he reaches the age of 64.

10. Leaves of absence to members of the staff shall be arranged for with the Superintendent of the Hospital.

11. Junior associates shall have the privilege of the Hospital as to admittance of their own private patients; the privilege of the Laboratory for research work under the direction of the Director of the Laboratories; work in the outdoor department and such other privileges and duties as may be assigned by the Director in charge of the Department.

Rules of the Hospital Staff.

1. Anyone accepting an appointment to the Visiting Staff of the Hospital shall agree to abide by its By-laws and Regulations, and shall be governed by the principles of medical ethics as most recently compiled by the American Medical Association.

2. The officers of the Advisory Medical Board shall consist of President, Vice-President and Secretary.

3. The President shall preside at all meetings at which he is present. In his absence the Vice-President shall preside. In the absence of both the President and the Vice-President

a Chairman shall be chosen by the members present. The Secretary shall give at least two days' notice of the meetings of the Board. He shall record the proceedings of the Medical Board and transmit a copy of them whenever necessary to the Board of Trustees. The Advisory Medical Board shall meet monthly on a date agreed upon by a majority of the members. Special meetings may be called by the Chairman or upon request of three members of the Board. The business of such meeting shall be stated in the notice.

4. A committee of four (one of whom shall be the Superintendent) shall be chosen from the members of the Medical Board to examine candidates for the resident staff. This committee shall report the result of such examinations to the Medical Board. The candidate so selected shall be recommended by this Board to the Board of Trustees for appointment.

5. Five shall constitute a quorum of the Medical Advisory Board.

6. A committee of three, consisting of the Superintendent of the Hospital and two members of the Visiting Staff, shall be appointed as a Training School Committee. This Committee shall approve the requirements for admission of pupil nurses, the curriculum for the training school, and the rules and regulations governing the conduct and general welfare of the nurses.

7. A committee of three shall be selected from the Visiting Staff as a Committee on Clinics and Dispensaries. This committee shall have in charge, subject to the approval of the Board of Trustees, the details of any plan of clinical or laboratory teaching that may be undertaken by the Advisory Medical Board. It shall develop and co-ordinate the work of the out-patient department and other dispensary stations with corresponding departments of the hospital proper; the social service department shall be under the direction of this committee.

8. Other committees may be appointed from time to time to assist in carrying on the work of the Board.

9. Order of business:

   (1) Reading of the minutes of the preceding meeting and action thereon.
   (2) Unfinished business of former meetings.
   (3) Communications from the Board of Trustees and their consideration.
   (4) Communications from the Executive Committee and their consideration.
   (5) Reports or requests from the Superintendent of the Hospital and their consideration.
   (6) Reports of standing committees.
   (7) Reports of the Directors on conditions, needs, aims and progress of their departments.
   (8) Reports of special committees and their consideration.
   (9) Recommendations to the Board of Trustees for nominees for positions on the Medical Staff.

10. New business.

11. At the first regular meeting after the annual meeting of the Board of Trustees, after reading and action thereon of the minutes of the former meeting, the election of officers for the year shall have precedence of all other business, except communications from the Board of Trustees.

12. This order of business may be varied at any meeting by a two-third vote of the members present.

13. Notice of one month must be given the members of any proposed alteration in these rules, which, to become of effect, must be approved at a subsequent meeting by a two-thirds vote of all the members present.

14. There shall be held weekly meetings of the staff for informal discussion of all matters affecting the scientific management of the hospital.

RESIDENT AND HOUSE STAFF.

1. A sufficient number of residents shall be appointed, each of whom shall have served one, or, if possible, two years, as an interne in some first-class hospital. One of the residents

shall act under the direction of the Superintendent of the Hospital as Admitting Officer. Residents shall report to the Superintendent when patients are ready to be discharged. Residents shall serve the Hospital for a period of two years and shall receive a yearly honorarium.

2. There shall be an Assistant Resident, who shall assist the Resident in his duties. The Assistant Resident shall have spent at least one year as an interne in some first-class hospital. At the end of his year as Assistant Resident he shall have the preference for the position as Resident.

3. There shall also be appointed as many internes as may be required to assist the Residents in carrying on the routine work of the Hospital. They shall be chosen after examining their records as under-graduate students, their standing at the university examinations, character and personality. Their term of duty shall be one year and shall be confined to specified departments.

4. Internes, on completion of their services, shall be eligible, without examination, for interneship in other departments and for positions on the Resident staff, if their work has been satisfactory.

5. Residents and internes shall reside in the Hospital. They shall not practise outside and shall give their entire time to their hospital duties. They shall visit their respective wards every morning and evening, and as often as may be necessary at other times for the welfare of the patient.

6. They shall record all orders and prescriptions for their administration in books kept in the wards for that purpose, and shall attach their signature to all such orders and prescriptions. They shall also prescribe and sign orders for the diet of the patients under the immediate direction of the Director or Associate in charge. They shall keep the clinical history of the patient in such manner as may be prescribed by the Director of the Department. In any medical or surgical case of emergency, whether a recent admission or development of a case under treatment, they shall imme-

diately notify the Director or Associate in charge and the Superintendent.

7. They shall not accept compensation of any kind from or in behalf of patients for any professional services rendered. They may accept fees for testifying in court and for making out proofs of claim in life insurance in case of patients who have been treated in the Hospital.

8. All Residents and internes, before beginning service, shall agree to abide by the Rules and Regulations and pledge themselves to the faithful observance of them; and they shall serve their full time for which they are appointed. They shall be under the control of the Superintendent and subject to the medical orders of the Director or Associate in charge.

9. Members of the Resident Staff shall visit at once new patients assigned to their departments and shall direct the nurse in charge as to the necessities of the case.

10. They shall not remove patients from one ward to another without the approval of the Superintendent.

11. They shall report promptly to the Superintendent all cases dangerously ill in their respective departments.

12. The Resident and the Acting Resident of any department shall not be absent simultaneously from the Hospital without special permission of the Superintendent.

13. Any Resident or Interne on off-leave shall report his intention to his immediate superior before going out of the hospital; they shall register upon leaving and entering the hospital. Members of the Resident Staff shall be entitled to three weeks' vacation in each year. No vacations shall be allowed until six months' service has been given. Application for leave must be secured from the Superintendent and endorsed by the Director or his Associate.

14. Diplomas shall be awarded to members of the Resident Staff upon their satisfactory completion of their work in the hospital.

RECORDS FOR HOSPITALS FOR THE INSANE IN ONTARIO

Instructions for Fyling Correspondence.

Correspondence in Hospitals for the Insane may be divided into two general heads: *"Subject"* and *"Individual,"* and the former may be further subdivided to meet varying conditions or requirements.

Subject Correspondence.

In the general correspondence pertaining to the administration and maintenance of the hospitals, one subject only is to be treated in each letter. The value of this method will be appreciated when it becomes necessary to refer to any letters on any subject, as in the particular required, nothing but this one definite subject is found, thus saving time and annoyance in looking over a heterogeneous mass of letters or papers foreign to the subject in question.

When letters are received from outside sources treating of two or more subjects, the letter is fyled under the main subject and a slip inserted in the fyles containing the minor subjects, referring to the fyle number of main subject, giving date and any other particulars deemed necessary.

All fyling in the hospitals should be numeric, as it simplifies the most complicated correspondence and ensures absolute accuracy and quickest reference.

Manilla folders are numbered from "1" up and fyled consecutively and vertically in a cabinet drawer. In each folder all the letters to and from one correspondence, or concerning one subject are placed in order of date, those of latest date in front. Every letter received and copy of every answer sent, are marked with the number of that folder.

Card Index.

The index to correspondence is kept in a card index tray or cabinet. One card is made out for each correspondent or subject, bearing name and address and number of that correspond-

ent's or subject's folder. A white card is used for this purpose, and when properly made out is fyled in an index tray alphabetically. To find number of folder containing any desired correspondence, refer to index card. The index card once made out indexes the correspondent or subject forever.

Example.—A letter is received from John Smith making application for a position as attendant. Suppose a folder containing applications for positions is No. 500. An index card is filled out with Smith's name and address and "see application No. 500." The number is writen on the top corner of his letter and is fyled in folder No. 500. To look up at any time the applications received for the position of attendant, you would turn to card index and find that under "applications," the folder is No. 500. On the other hand, should you desire to locate Smith's correspondence you may turn to card index under "S" and find that his letter is fyled in folder No. 500.

Miscellaneous.

Under this head are classed all matters of small bulk relating to either "Subject" or "Individual" correspondence. The miscellaneous fyle may be used until the number of letters received from any correspondent, or relating to any one subject amount to, say, ten letters, when the subject or individual would be assigned a folder in the regular numerical fyle. For economy of space and quickness of reference, a new series of numbers is used, saving any confusion of conflict with the "Subject" or "Individual" fyle, and twenty different subjects are fyled by number in one folder.

Example.—For the miscellaneous fyle a cipher will be prefixed, and the fyle number will be "01," "02," "03," etc., etc. The number of the first folder will be "01-020," so that this would contain 20 subjects, numbering from "01" up. The second folder will be numbered "021-040," etc., etc.

By placing the late folders in front the earlier numbers, which gradually become obsolete, pass to the rear of the drawer. For each matter so fyled a card is made out in the same way as described in "Subject Correspondence," bearing one reference only, and is fyled automatically.

Upon the correspondence becoming sufficiently bulky to warrant transfer to "Subject" or "Individual" fyle, the new number is marked on the card and before it the words "transferred to."

Individual Correspondence.

All letters in reference to patients are fyled in a folder bearing a number, and a white index card is made out with patient's name and address plainly written in space provided for same, the same methods being adopted as in the case of "subject correspondence," referred to above. Where a patient has a correspondence fyle, the number also should appear in the Buff Card (No. 132) referred to later.

When the correspondence with regard to any patient is small, a Miscellaneous fyle is used until such correspondence is of sufficient bulk to warrant removal to an "individual" fyle.

In the event of correspondence being received with reference to a patient, for instance, a physician may write concerning him; a cross reference card should be made out for such correspondent.

Example.—Dr. L. M. Lee writes regarding John Robertson, a patient; reference to the card index shows John Robertson's folder to be No. 20; a second card is made up as follows:—

Lee, Dr. L. M.,
Halifax.
See John Robertson 20

Dr. Lee's correspondence is then fyled in John Robertson's folder, No. 20, and the second card is fyled alphabetically in card index tray.

Guide Cards, Numeric and Alphabetic.

(a) *Numeric Guides in Vertical Cabinets.*—These guides are numbered by tens. They assist in reference, the folders not being sufficiently full to bring the number thereof into relief. The guides will also serve to take the wear off the folder and serve as a movable support in the deep drawer.

Example.—If you want Fyle No. 154, Numeric Guide Number 150 locates it approximately. By pressing back this guide, Fyle No. 154 will be readily located. In any case, but four folders need be passed over.

For keeping the fyles in neat condition, see that the folders and guides stand in as nearly vertical position as possible.

(b) *Alphabetic Index Guides.*—These guides are sub-divisions of the alphabet, and are for the purpose of indexing the cards. "Name guides" may also be used to facilitate reference. These are blank tabbed cards on which the common names are written. They should only be used where there are more than three cards bearing similar names.

Example.—In the index appear five persons by the name of "Adams." A name guide card may be made out, containing this name, and should be fyled after the alphabetical guide "A" or any sub-division thereof which would indicate the proper order in which the name guide should be placed.

THE LAKESIDE HOME HOSPITAL FOR SICK CHILDREN

The Lakeside Home Hospital for Sick Children opened on June 3rd at Toronto Island. Since the fire on April 22nd, it has been thoroughly renovated. The Heather Club tubercular patients will be looked after in a large tent erected on the north side of the grounds. The Trustees have erected several portable steel buildings, including a dispensary, and have made in addition several other improvements. These buildings will be used until a new and larger structure is erected. In the meantime the service at the Lakeside Home will be as complete as possible.

Obituary

THE LATE WILLIAM ORRIS MANN, M.D.

The following resolution was adopted at a special meeting of the Executive Committee of The Hospital Bureau of Standards and Supplies on April 17th, 1915:

Whereas, The Hospital Bureau of Standards and Supplies has learned with deep regret of the death of Dr. William Orris Mann; and whereas, it is recognized that Dr. Mann was numbered among the ablest hospital administrators of the country, as evidenced by his efficient service in the several positions of trust occupied during his career, viz.: those of Assistant Physician in the Westboro, Massachusetts, Insane Hospital; Assistant Superintendent of the State Hospital at Fergus Falls, Minnesota; and Superintendent of the Massachusetts Homoeopathic Hospital, the last-named office having been held for nearly sixteen years and at the time of his death; and whereas, the high esteem in which he was held by the hospital body of the entire country was marked by his election to the Presidency of the American Hospital Association for the year 1915; be it and it is hereby

Resolved, That the Bureau enter upon its minutes a record of its esteem of the service rendered by Dr. Mann to the cause of hospital efficiency and advancement, of its appreciation of Dr. Mann's character and personality, and of its sense of loss to the Bureau and to the hospital community generally caused by his death; and it is further

Resolved, That a copy of this minute be transmitted to Dr. Mann's family.

Book Reviews

Hospital Hand Book in English and French. By H. Meugens, for use at the front. Simpkin, Marshall, Hamilton, Kent & Co., Limited, 4 Stationers' Hall Court, London, E.C. Price, one shilling.

Contains a list of drugs and dressings, medical terms, nursing necessaries, parts of the body, weights and measures, useful phrases and words in English and French. Every Canadian soldier going to France would find this a useful book to carry in his knapsack.

Materia Medica and Therapeutics. A Text-book for Nurses. By Linette A. Parker, R.N., B.Sc. (Columbia Univ.). Lea & Febiger, Philadelphia and New York.

There have been so many developments in drugdom since the earlier text-books for nurses were written that a nurse is at a loss to find handy literature on the vaccine, serum, or even everyday drugs like asperin. This book by Miss Parker is therefore doubly welcome; since it not only arranges its subject matter in an ideal way, but also refers to all the newest features in therapeutics.

The metric system is elaborately discussed, with a set of exercises added, although the causes of the definite relation between measures of length, weight and capacity are so lightly touched upon that a lecturer would have to make many further explanations.

The chapter on the history of drugs is very interesting, giving a nurse an impetus to feel a living enthusiasm in this by no means dry subject.

The great drugs, strychnine, opium, etc., are very fully described, with sketches to show how they act on the nervous system, and also with several very handsome delicately colored plates, showing their source.

Very modern points in this study are taken up in the chapters on legislation, etc.

The whole subject is excellently handled, and the book should be owned by every teacher of materia medica, as well as be found on the library shelves of the training schools.

It supplies a long-felt want. With Miss Parker's book for *text,* and the earlier books for *reference,* every pupil could administer drugs and attend to the physician's needs most intelligently.

Dorland's American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., editor "American Illustrated Medical Dictionary." Ninth edition, revised and enlarged, 32mo. of 691 pages. Philadelphia and London: W. B. Saunders Company, 1915. Flexible leather, gold edges; plain, $1.00, net; Thumb index, $1.25 net.

The vocabulary of this new volume is as complete as possible, consistent with its size; it is up to date; it has a posological table in both systems. A beautiful and handy little book.

HOSPITAL FROM THE WEST

Hon. Louis Coderre, Secretary of State, recently received a telegram from Lieut. Governor Brown, of Saskatchewan, containing the offer of Saskatchewan doctors to equip a hospital for the benefit of the soldiers at the front. The offer will be forwarded to the War Office, and will doubtless be accepted.

The third Summer School of Management will be held at Providence, R.I., for three weeks, beginning August 2nd. This course is open to professors of Engineering, Economics, Psychology, Business Administration, and other subjects allied to management; and also to doctors and superintendents in active charge of hospital administration. For further particulars, apply to Frank B. Gilbreth, 77 Brown Street, Providence, R.I.

NEW HOSPITAL APPLIANCES, PHARMACEUTICAL PREPARATIONS, ETC.*

Dennisteel

Hospitals should remember, in case of wishing to procure anything in steel, to write to The Dennis Wire and Iron Works Co., Limited, London, Ontario. For instance, this firm manufacture hospital wardrobe lockers, material cabinets, steel shelving of the finest make and finish, and at prices that are exceedingly reasonable consistent with the best workmanship. The Dennis Wire and Iron Works have equipped some of the best and biggest institutions in Canada and invariably receive repeat orders. They also make a lawn fence that materially enhances the appearance of institution grounds, the fence being heavily galvanized, rustproof and made by the exclusive Dennisteel method. Let the Hospital Superintendent not forget that if he requires anything in the steel line, this firm can fill the bill and fill it well.

Sanitary Doors

How often it has been found that a Hospital Theatre is, to all appearances, spotlessly clean with dust nowhere in sight—until one runs his finger along the door moulding (if such exists) and then —— An institution should be equipped with slab doors throughout, perfectly plain, without panels or moulding, in order to be sanitary. Let Superintendents remember that the Boake Manufacturing Co. of Toronto make a full line of these doors and can supply them in any wood desired, guaranteeing that they *will not warp or open*, thus leaving lurking spaces for germs of any kind.

Oculists' Prescriptions

It is a well-known fact that the woods in Toronto and other large cities in Canada are too full of *so-called* opticians, men who profess with trumpets to be able to fill oculists' prescriptions correctly and scientifically, but who—*cannot*. It seems to be a pity that such is the case, as serious damage to the sight can be done by an incorrect lens. Mr. E. A. Lewis, 93½ Yonge Street, Toronto, fills prescriptions promptly and has the necessary machinery to grind his lenses on the premises. He also keeps a full assortment of artificial eyes in stock.

* Publisher's Department.

Stewart's Duplex Safety Pins

How often in the day duties of the hospital nurse is trouble experienced with certain makes of safety pins, through the head of the pin or the coil being unprotected and catching in the bandage or gauze? We would hardly venture an answer to this. Surgeons and nurses will welcome for use in the hospital or in their obstetric bag Stewart's Duplex Safety Pins. They are made of a superior quality of brass wire and will not bend or unfasten easily. *Both the head and the coil are absolutely protected* by guards, so cannot catch in the clothing. They are also rust proof, and therefore particularly suited for wet dressings. They are packed, specially for hospital use, in five gross boxes.

Battle Creek Sanitarium

It is coming to be admitted that invalids are too much indoors and that relaxation in the open air, even though no exercise is taken, is extremely beneficial.

At the Battle Creek Sanitarium two immense outdoor gymnasiums are maintained for the purpose of luring semi-invalids into the open. Separate gymnasiums being maintained for men and women, it is possible to disregard the conventional dress and get back to Nature.

Swimming pools, volley ball courts, sand baths, and just plain, everyday basking in the sun are some of the joys experienced in these gymnasiums. Patients who come to the Sanitarium during the summer frequently become tanned as brown as Indians and go home with almost the vim and endurance of the original Americans.

Electric Centrifuges

The International Instrument Co. of Cambridge, Mass., have had the honor of equipping the laboratories of some of the largest and most modern hospitals of both Canada and the United States. This firm manufactures Electric Centrifuges that have few equals, so satisfactory have they proved. Hospitals that have so far not placed an order for this line should do so promptly, as they will be found to be all that the manufacturers claim for them.

While it is true that a most gratifying reception is being given all over the civilized world to

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as an infant food of the highest possible quality, its wonderful qualities as a restorative of great merit in convalescence after operations should not be overlooked.

Its positive sterility, and the ease with which it may be digested by the youngest infant, and its absolute freedom from all adulterants, are also its claims to recognition as a valuable adjunct in the successful building up of impaired and weak digestions and as a promoter of that restful and health-bringing sleep which follows the complete assimilation of a light and highly nutritive diet. As such we commend it to the favorable notice of both Doctor and Nurse.

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