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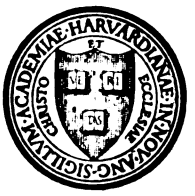

The Gift of
Journal of
Industrial Hygiene

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HOSPITAL MANAGEMENT

Vol. IX January, 1920 No. 1

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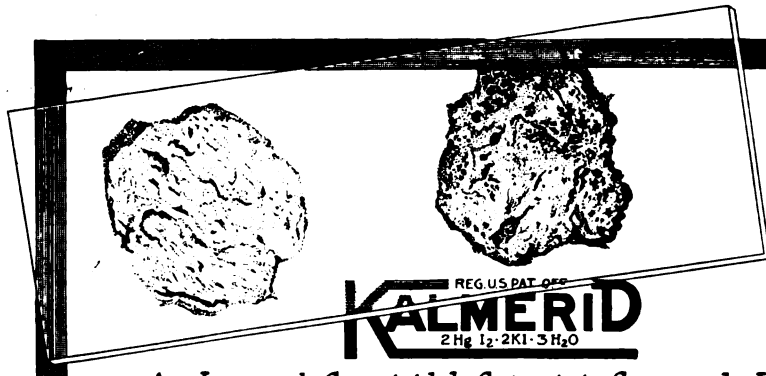

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The first (light colored) specimen is a cross section of a strand of plain Kalmerid catgut, highly magnified.

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BECAUSE bronze is *permanent.*

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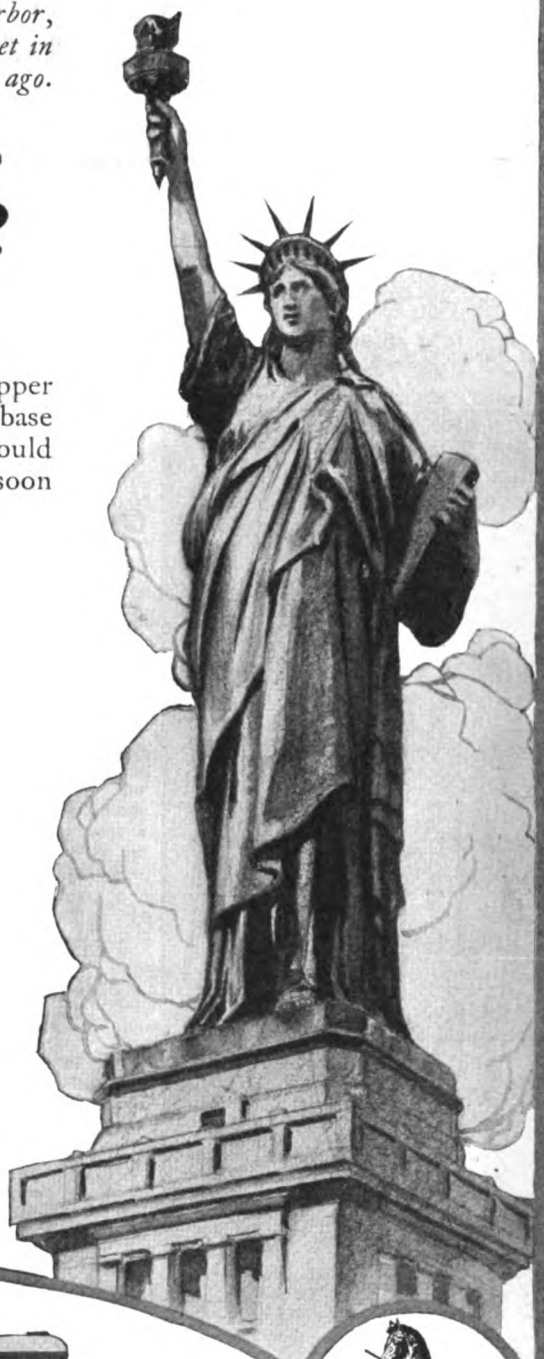

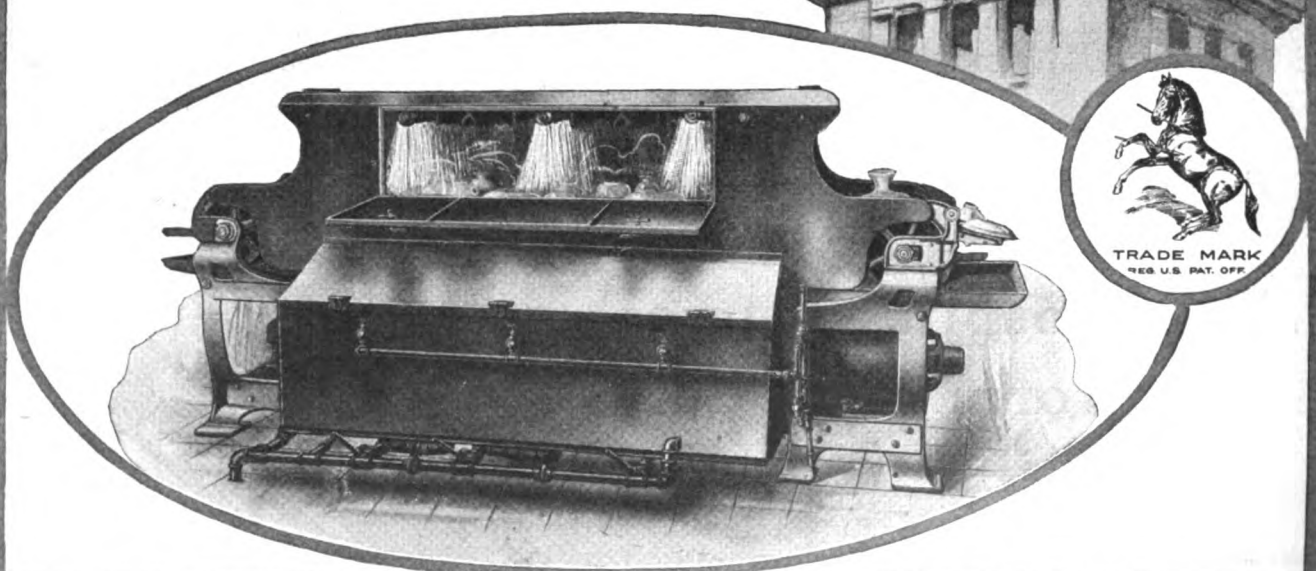

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Manna, a Complete Product

Use No Sodas, Use No Water Softeners, Use No Other Soaps With MANNA

MANNA cuts down labor by one-half, doubles the life of linens, eliminates all of the waste and technical red tape of building soaps, sodas and solutions into an efficient cleansing mixture; and in addition to keeping linens practically new, MANNA will clean the hospital from the basement to the attic, including floors, tile, woodwork, kitchen utensils, dishes, glassware, rugs, carpets and surgical instruments. It can even be used for bathing.

Its Use in the Laundry Is Simple

In using MANNA in the laundry the washer cylinder is kept clean, as there is no sediment of soda or silicate, such as is caused by the fillers found in many soaps. Much of the damage done to garments and linens in the laundry is caused by sediment, as it settles in the woven texture while the fiber is expanded by boiling, and the threads are cut and fall apart.

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Manna Soap Co.
1102 S. Albany St., Chicago, Ill.

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Manna Soap Co.,
1102 S. Albany St., Chicago, Ill.

Please ship us at your expense, on approval, 100 lbs. of MANNA. If satisfactory we will remit $17.75 in 10 days after receipt of goods. If we do not like it after using 25 lbs. we will return the remainder at your expense.

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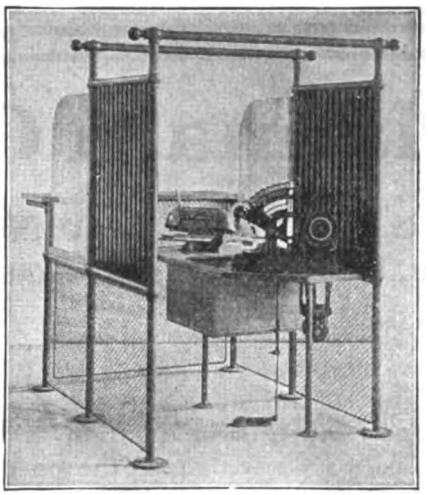
Install National Booth System for Simplified Handling of Your Linen



The National Metal Booth System automatically settles the vexatious question of how to handle all the inmates' and patients' work in hospitals and institutions for the insane.

The booths eliminate confusion and the work can be done with the fewest number of movements, with but ONE handling of each piece, and with no cross-overs. Everything is listed, counted, marked and classified with the greatest degree of accuracy and the least amount of labor.

The Improved No. 8 National Power Marking Machine

Improved No. 8 National Power Marking Machine

marks the regular laundry work—making a neat, clean, clear-cut mark—no blots, no errors, no mix-ups, no lost articles, no confusion. Operates like typewriter—at great speed.

Our Model H-3 Marking Machine—a die machine—or our Model H-5 (which prints by means of conveniently arranged type) is used in the linen department for the proper marking of all house linens. These machines identify the linen by marking the name of the institution, ward, lavatory, diet kitchen, operating room, date linen was put into use, etc.

Model H-3 Marking Machine

The Rose Label, Tape and Patch Sewing Machine

is a speedy machine for sewing fabric identification tags (which have previously been marked) on blankets, quilts, bed and table linens or other articles that cannot take a mark direct.

With the present high prices of linens, no hospital or institution should take the chance of not marking every piece plainly and legibly, thus insuring protection for their supplies.

Our booklet, "Better Marking in the Institution," tells the whole story. Write today for copy, which will be sent with our compliments.

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Use National Indelible Inks

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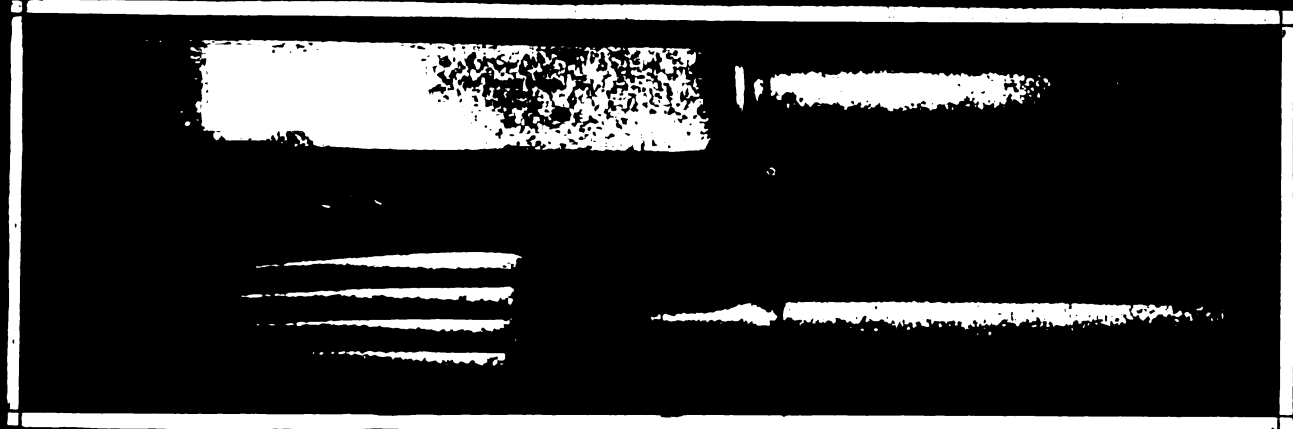

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—to *build up* your supply of Table Silver *at a decided saving.*

While our stock of this silverware lasts, you may share in this exceptional opportunity.

The reason is this—months ago we secured these practical Windsor pattern Knives and Forks at a very low price. Since then, silver has advanced in cost, but owing to the price at which we secured our present stock, we are selling Windsor Knives and Forks *under the market price.*

Thus our foresight is your opportunity.

The Knife is of one piece solid steel, plated a full 12-pennyweight of Sterling Silver to the dozen. 9½ inches long.
By the dozen $4.00.

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Order now—as these prices are not guaranteed for long.

Send for our Catalogue G-19—378 pages, many of them in colors, just teeming with interesting, up-to-date suggestions for the Hospital, Hotel, Club, Restaurant, Soda Parlor, Cafeteria, etc.—FREE.

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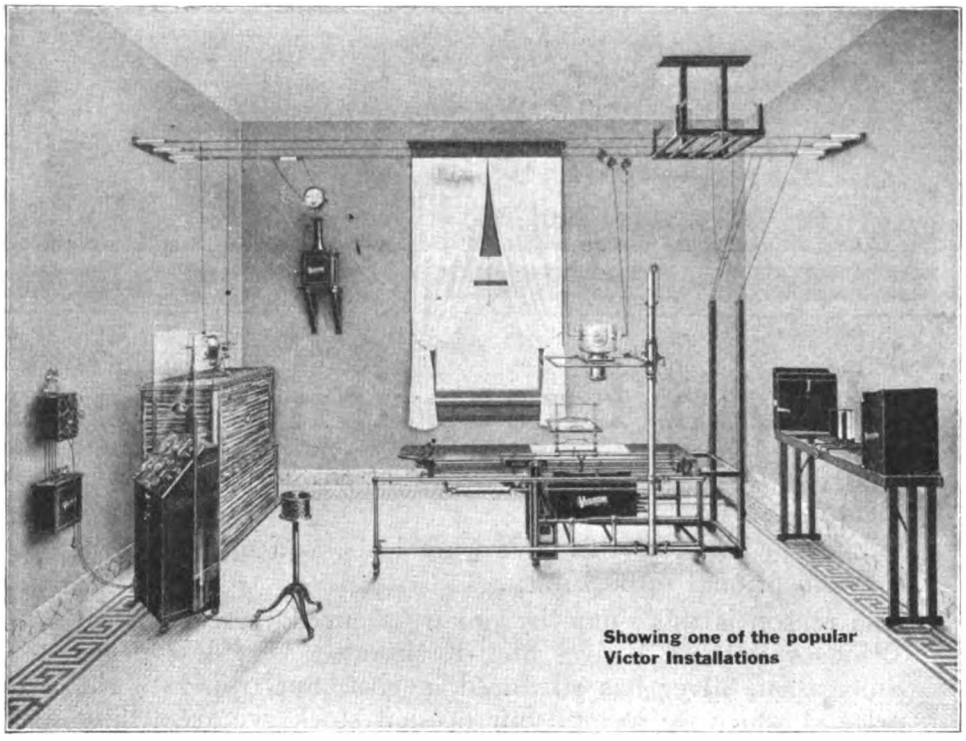
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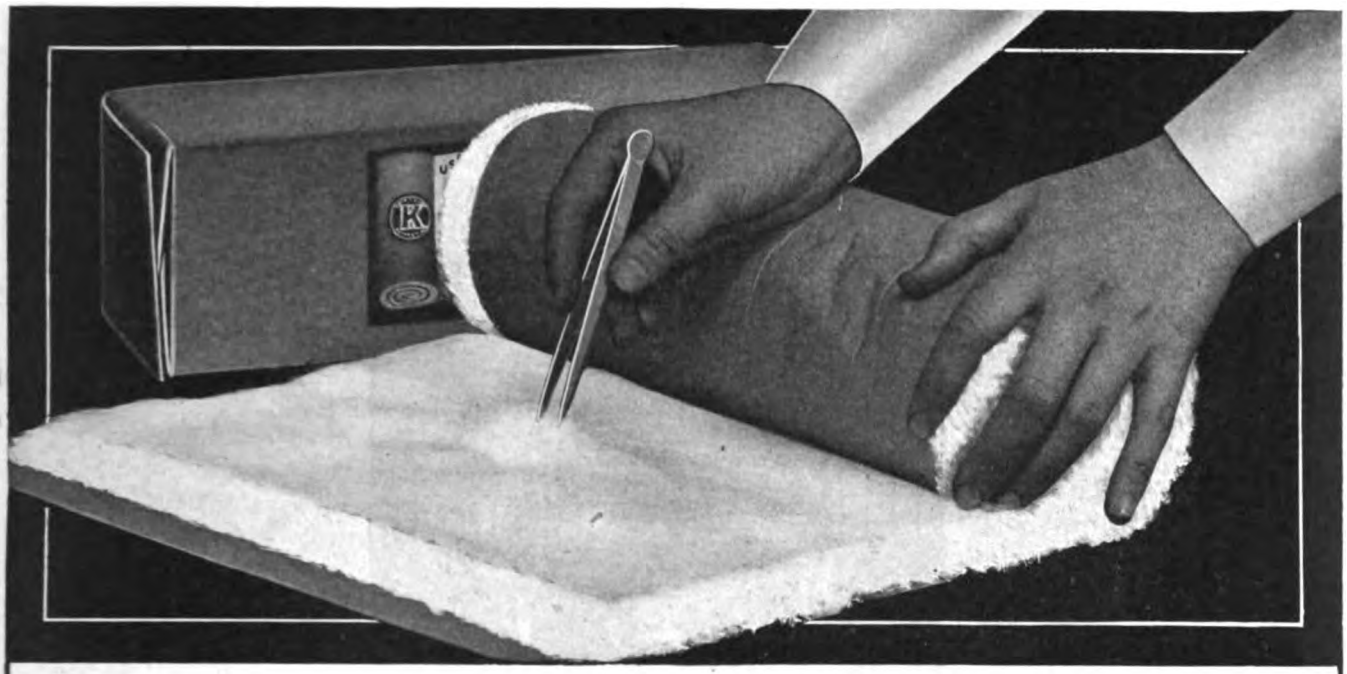

"Where Minutes Are Seconds Only the Best Will Do"

ANYTHING that causes delays in the Operating Room is impossible. Minutes must be Seconds! Your Surgeons must have the best, because only the best will do. Provide them with Cotton that absorbs quickly. Speedy absorbency means greater safety for the patient; greater satisfaction for the Surgeon. Provide the best Absorbent Cotton you can buy—Hygienic-Made Absorbent Cotton.

Hygienic-Made Cotton proves its superiority by any test. It is more absorbent, provides greater and quicker drainage; is pure cotton free from all impurities, grease, oils and dirt. It is pure white. Washed repeatedly and bleached thoroughly in an unlimited supply of clean, fresh spring water taken directly from the flowing stream. Made in the country, where sunlight, sanitary surroundings, extreme care and superior processes assure a better product.

This Cotton offers you complete satisfaction and is most economical in the long run. You can get fresh stock, in any quantity, shipped when you need it and packed in all standard wrappings. We also make Absorbent Gauze, Bellevue Rolls, Gauze Bandages and Sanitary Napkins.

Let Us Send You A Sample of Hygienic-Made Cotton

If there is a better Cotton than you are using, you want it. Let Hygienic-Made Cotton prove its quality. Mail the Coupon below; or write a note if you prefer; and a liberal Testing Sample will be mailed you without any obligation.

See our Permanent Exhibit at Bush Terminal Sales Building, 130 W. 42nd St., New York

THE HYGIENIC FIBRE COMPANY

Manufacturers of Absorbent Cotton and Gauze Products

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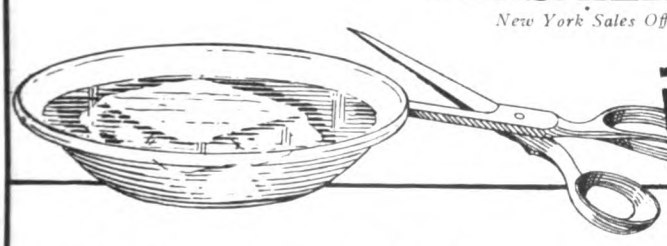
New York Sales Office: 200 Broadway



Test Your Cotton This Way —

for Soluble Coloring Matter and Impurities. Cut a layer, 6 inches square. Carefully place it on the surface of water held in a basin. It will sink. The water will rise through the mass of Cotton but no coloration or dirt must be seen at the moment the Cotton is completely submerged. Try it with the Cotton you are using.

Mail This Coupon for A Testing Sample

Hygienic Fibre Co.,
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Please send me Free Testing Sample of Hygienic-Made Cotton.

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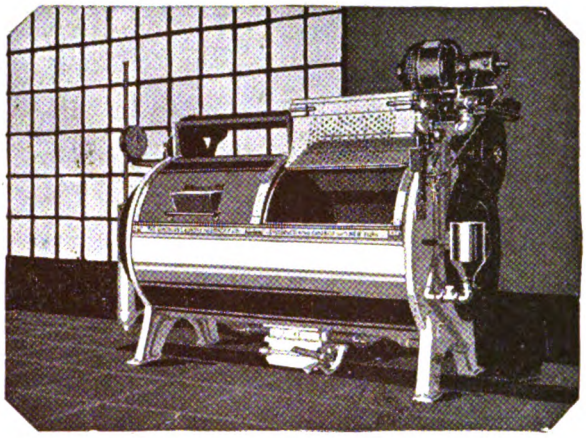

Not for today alone, but for years to come

When you install the Cascade Washer in your hospital laundry, you are installing equipment that will give years and years of efficient service.

Nor is this long life the only merit that makes the Cascade desirable and economical equipment.

One Cascade will do the work of three or four ordinary washers. The washing solution that in ordinary washers requires as many as seven minutes to reach the center of a load, penetrates the load of a Cascade in one minute. Rinsing in the Cascade is also faster—75 per cent faster than in the ordinary washer, and more thorough.

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Many modern hospitals have installed the Cascade System of Washing.

Tell us the number of pounds of work you have each day, the Washers and Extractors you use, and the labor you employ, and we will tell you how much you can economize with the Cascade System of Washing. It costs you nothing to secure this information. Write today.

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Canadian Factory

The Canadian Laundry Machinery Company, Ltd.
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Largest American Manufacturers of Sanitary Napkins

"Don't Detour, Buy Direct."

"Hygienic-Band" Seamless Sanitary Napkins

are used in the largest hospitals throughout the United States and are recommended by physicians and nurses throughout the entire world. This alone speaks volumes for their quality. In an institution devoted to the sick and incapacitated only the very best, of course, can receive the least consideration.

A comparison of the price of Hygienic-Band sanitary napkins with others is sufficient proof that the former are by far the lowest. This is possible because, from the raw material to the finished product, Hygienic-Band Seamless Sanitary Napkins are made entirely in our own factory.

We receive the raw cotton and other raw materials and turn out the finished band. Thus you are saved the profits that ordinarily have to be paid on each operation. In addition to this, large production cuts costs to the very bone. We manufacture and dispose of over 300,000 "Hygienic-Bands" weekly.

Seamless Sanitary Napkins, tied in one dozen bundles. Packed 100 dozen in a fibre carton. $36.00 per 100 dozen. Terms, 2, 10 or 30 days net, F. O. B. Fall River, Mass. Your orders are solicited.

E. B. ESTES, PROP.

STANDARD SPECIALTY MILLS Fall River, Mass.

ROYAL SYSTEM "B"
Consisting of No. 5 Roaster and No. 77 Double Mill. Particularly adapted for hospital use.

Do You Specialize on Your Coffee Service?

Coffee well deserves special attention from the up-to-date hospital superintendent because it is the most important single item served to patients, staff and employes.

YOU KNOW that to be full of flavor coffee must be brewed from freshly roasted beans, because the aromatic oils evaporate quickly after the bean is developed.

YOU ALSO KNOW to get the best results from freshly roasted coffee, the beans must be UNIFORMLY granulated.

The ROYAL Coffee System

answers these requirements, for with a ROYAL Roaster in your kitchen you can roast coffee fresh daily—to the degree best suited to your particular method of brewing—and the ROYAL Coffee MILL STEEL CUTS the coffee uniformly—it does not crush the bean and squeeze out the aromatic oils.

So a ROYAL Coffee System will better your service, but there is another side—it will save you from **five to fifteen cents a pound,** thus paying for itself and bettering your service without cost to you.

There is no real secret to the roasting of coffee—we teach any of your employes to roast, and with but a very little attention to the roasting end, your coffee will always be UNIFORM.

OUR service includes the furnishing of suitable green coffees through our coffee company in New York City—they are there to serve ROYAL users and you will find their services dependable, quality uniform, and prices as low as is consistent with ROYAL Standards of quality. You can stock green coffee if you wish, for unlike roasted coffee—it improves with age. You thus insure continuous supply and can take advantage of favorable markets—a feature well worth considering just now.

It will cost you nothing to investigate our proposition and there is a lot to be gained. Write today for our complete catalogs. We'll arrange for a demonstration, without obligation, if you wish.

THE A. J. DEER CO. INC.

Manufacturers of
Coffee Mills, Coffee Roasters Meat Choppers and Meat Slicers
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Equipment for the Cooking and Serving of Food Planned - Manufactured - Installed

For over 70 years, The John Van Range Company has been planning, making and installing equipment for the cooking and serving of food on a large scale. We have equipped hotels, restaurants and institutions of all kinds in every part of the country.

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Institution Managers, Contractors, Architects, Hotel, Restaurant and Cafeteria Owners and Managers—

—it will pay you to get in touch with us at once.

—let us work with you in executing your ideas.

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We point with pride to the high quality of our goods. They stand up under every test. They give complete satisfaction. The latest labor saving devices are incorporated in our equipment.

We are also in position to replenish your supply of the following equipment:

Glassware
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Cutlery
Dining Room Tables
Dining Room Chairs
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Vegetable Slicers and Cubers
Bread Slicers
Full line of Bread and Biscuit Tin Pans
Baker's Machinery
Trays
Electric Chocolate Warmers
Electric Toasters
Electric Ranges
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Years of knowing how are behind every job we handle. Our experience and knowledge is yours. The completeness of our service is attested to by thousands of satisfied customers all over the nation.

Hospitals—Hotels—Restaurants—Cafeterias—Lunch Rooms—Clubs—Institutions all over the country are giving their patrons efficient service and properly cooked food by the use of Van's Cooking and Serving Apparatus. We can do the same for you.

The John Van Range Company

Cincinnati, Ohio **Detroit, Mich.** **Chicago, Ill**

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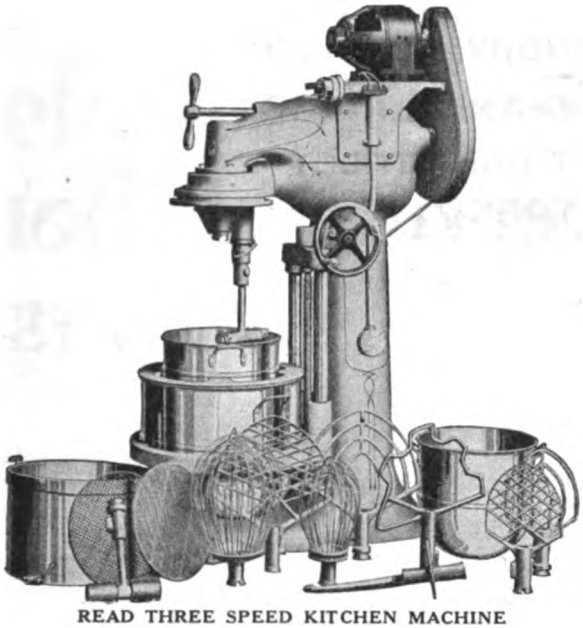

READ THREE SPEED KITCHEN MACHINE

It is very significant that a great majority of modern hospitals operating efficient kitchen departments use Read Three Speed Kitchen Machines.

A Read is unequalled for general service; it meets every requirement and gives uniform and exact results.

An interesting booklet has been written that explains the various mixing, beating, whipping and creaming operations of this machine, which will be sent to anyone making inquiry.

READ MACHINERY CO., York, Pa.

Kitchen Machines and Bakery Outfits

The Sanitary Wash Room Truck

FOR THE LAUNDRY DEPARTMENT

Inside Measurements:
Size at top . . . . 25x25 Inches
Size at bottom . . 19x19 Inches
Depth of vat to false bottom, 25 Inches

Is known by the trade everywhere for its durability and everlasting service.

The Sanitary Wash Room Truck is designed for holding the garments in taking them from the washer to the extractor, by unloading the washer, putting the garments into the truck and conveying them to the extractor.

In case your extractor should be in use, the truck can remain standing and used as a receptacle for holding the garments.

Owing to the construction of the truck the garments are allowed to drain freely without coming in contact with the drainage, due to a false bottom arrangement on the inside.

Notice the draw-off cock at the bottom for the purpose of drawing off all drainage.

The galvanized vat or tank is separate from the steel frame and can be removed when necessary for cleaning. This truck is thoroughly sanitary and practically indestructible.

NOTICE this added improvement—Every truck is equipped with our new anti-friction, roller bearing, swivel, thread guard casters.

Price of The Sanitary Wash Room Truck complete with Thread Guard Casters, $25

We carry a complete line of Laundry Supplies for the Laundry Department including Soap, Starch, Blue, Baskets, Cotton Duck, Padding, Marking Ink, Tags, FRYBRO Washing Soda.
Send us your inquiries and orders

The Fry Bros. Co.
Department H-1

Manufacturers of
Soap, Laundry Supplies

105-115 E. Canal Street
Cincinnati, Ohio

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IMPORTERS, MANUFACTURERS & JOBBERS OF

HIGH GRADE LAUNDRY SUPPLIES

COTTON GOODS AND LINENS

43-45-47 WEST 16th STREET

NEW YORK

Dec. 29, 1919

To the Superintendent and
Laundry Foreman:

Having bought certain materials and articles in very large quantities at prices well below the present market, we are in a position to-day to quote very attractive figures on:-

88 per cent Soap

Soap Powder, Wheat and Corn Starch (best quality)

Padding (both wool and cotton)

Unbleached Muslin

Pins - Buttons - BLUE

Double-Faced Canton Flannel

We can save you money.

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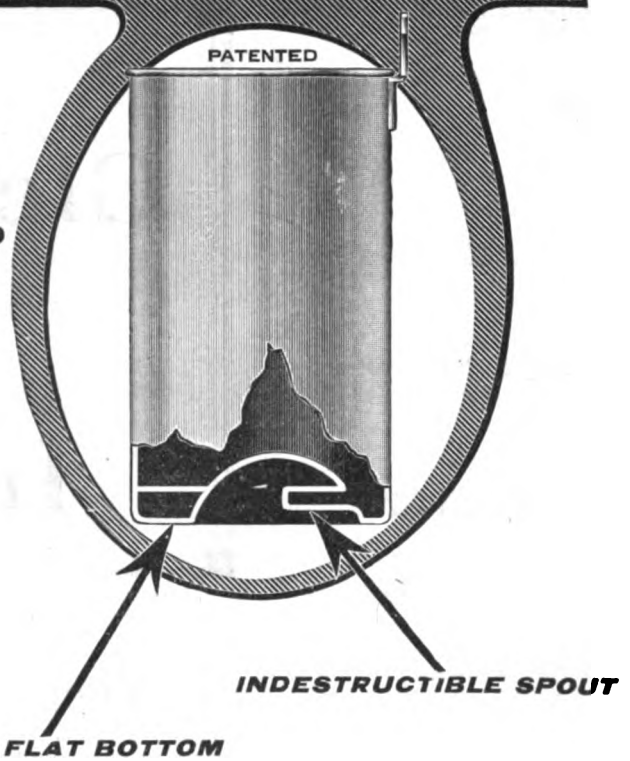

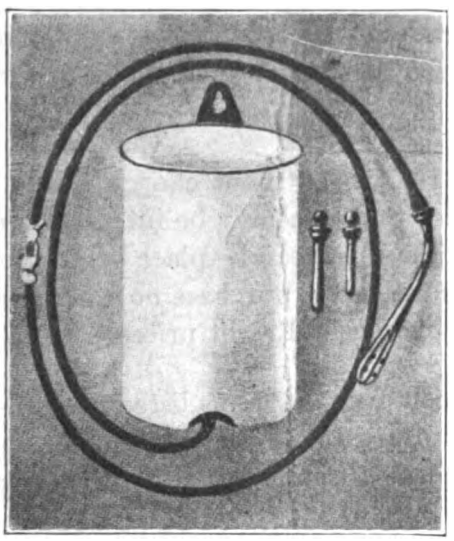

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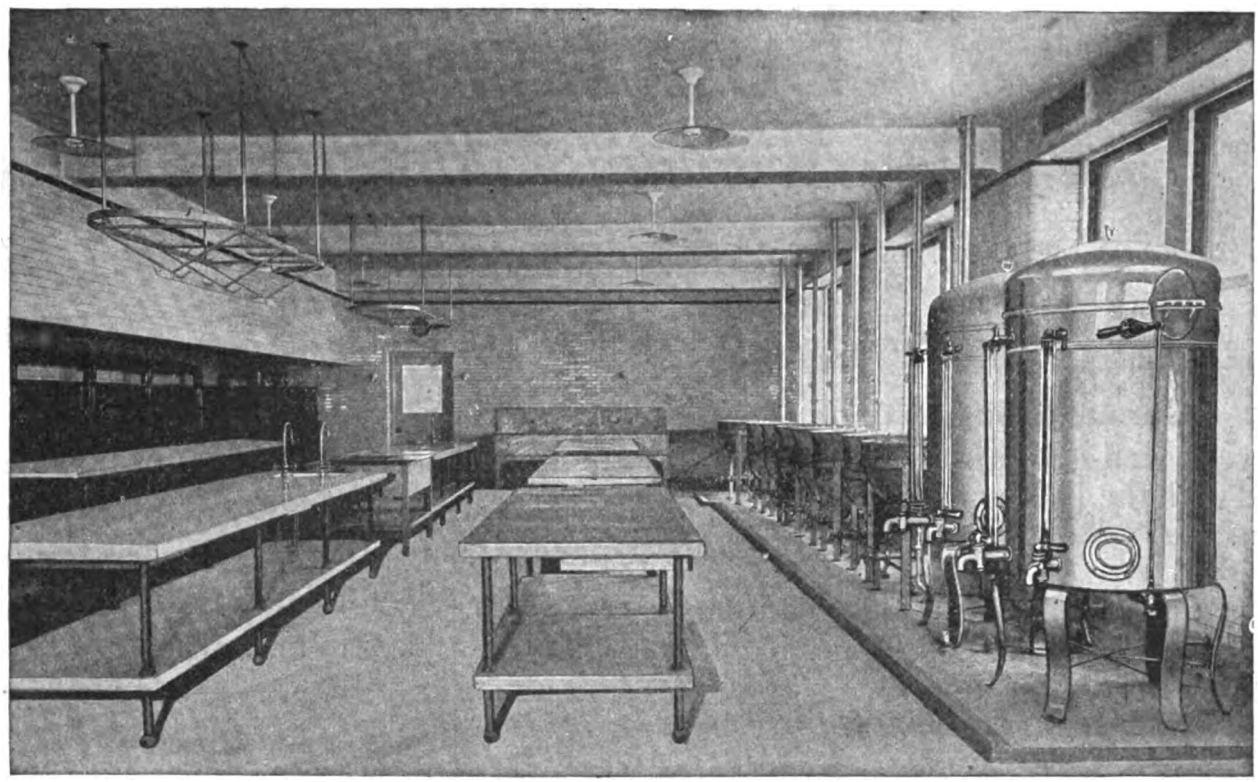

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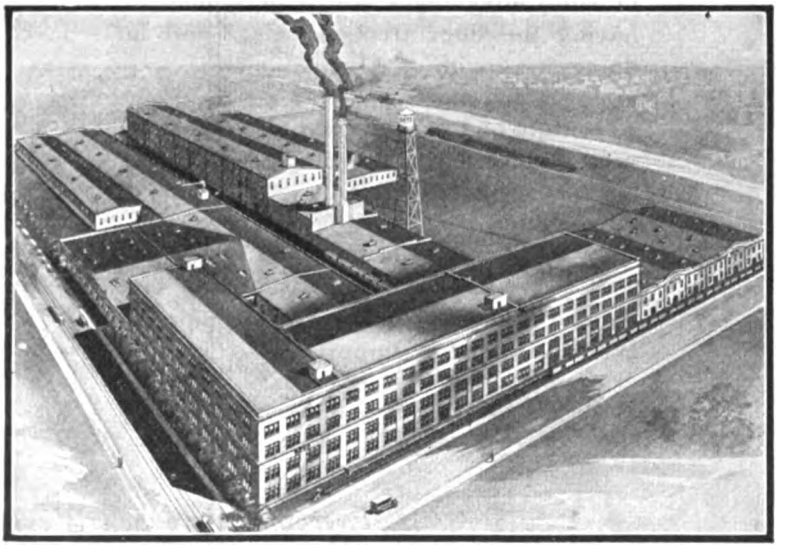

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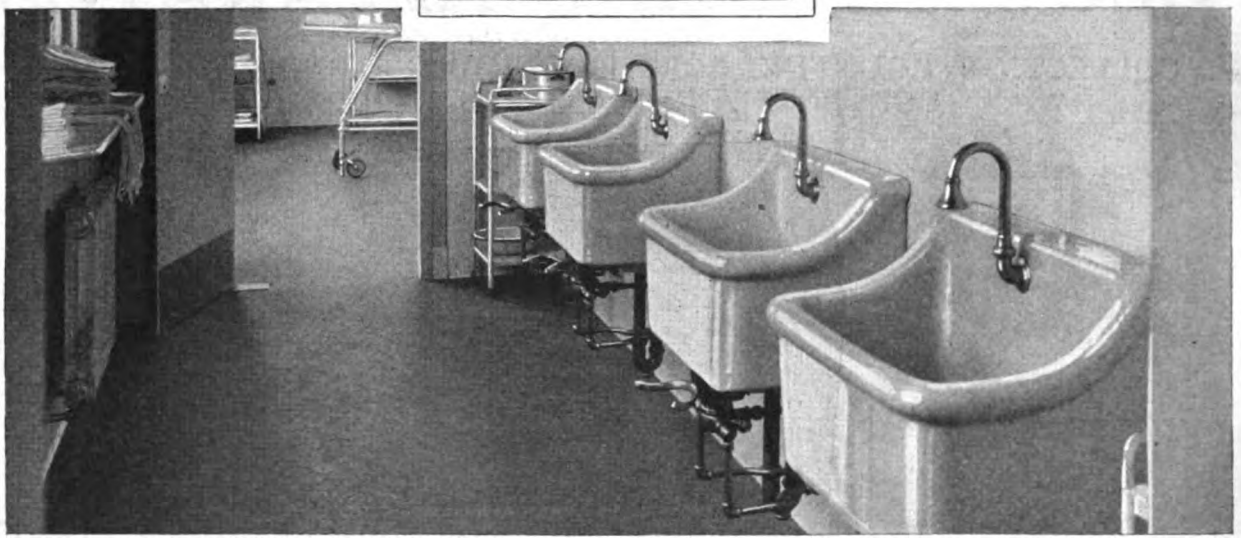

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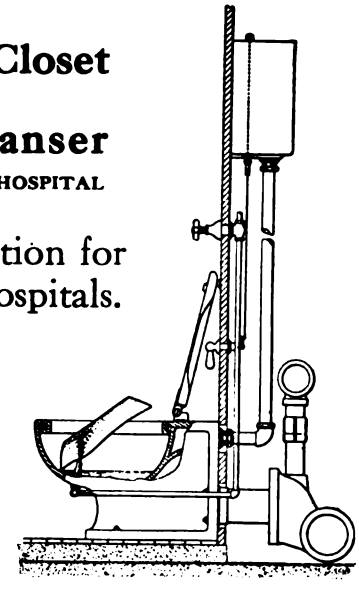

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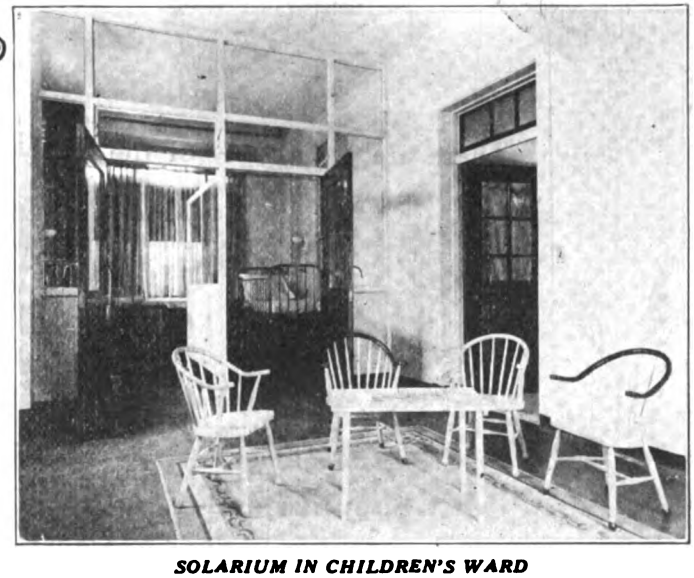

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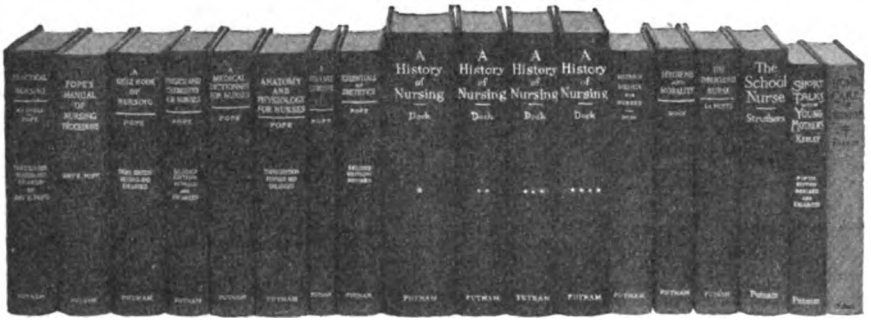

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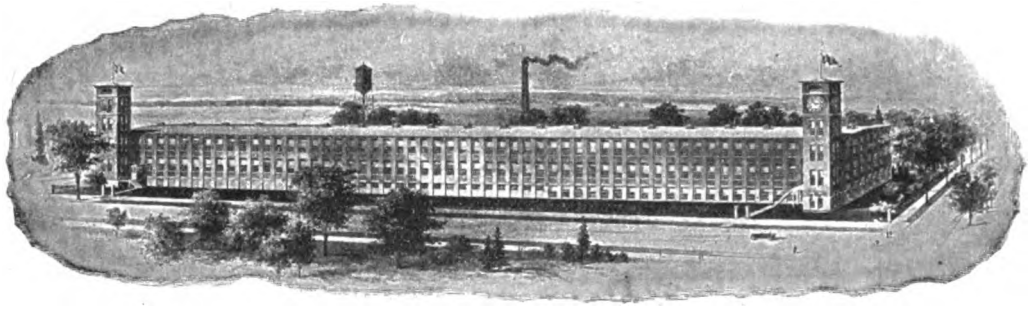

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Vol. VIII, No. 6
January, 1920

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Why Not Include the Hospitals?

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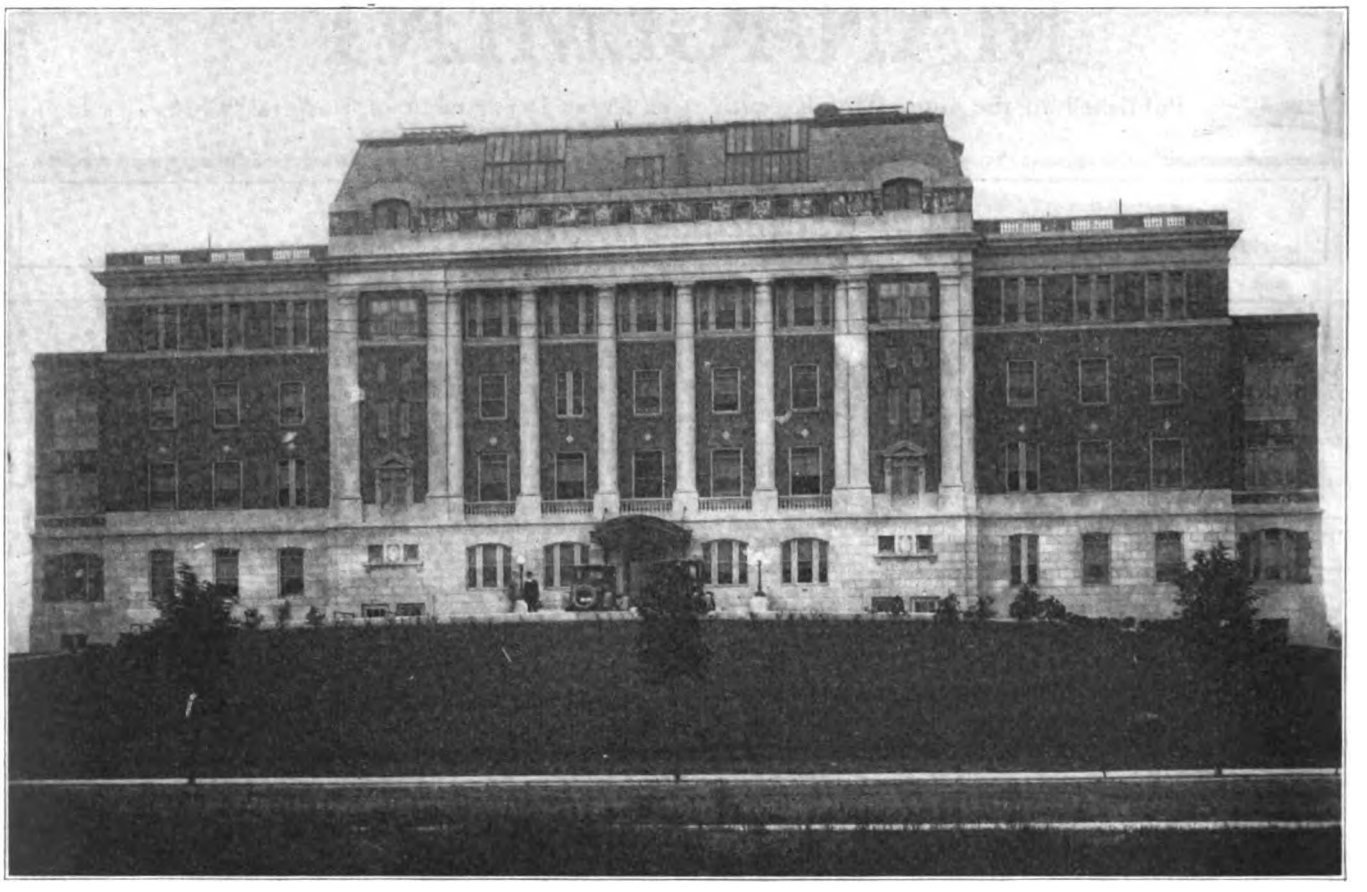
Semi-Private Beds Given Most Emphasis

Carson C. Peck Hospital Provides Accommodations for Those Wanting High-Grade Service at Moderate Expense



GENERAL VIEW OF CARSON C. PECK HOSPITAL

The recently-completed Carson C. Peck Memorial Hospital, of Brooklyn, has a number of interesting features, and not a few of these grow out of the basic idea upon which the whole institution was planned, which was, in brief, to make it serve the needs of the largest possible number of those requiring hospital service.

The manner in which this was to be done was made clear by the preliminary investigation of the needs of the community, undertaken before anything else was done toward the construction of the hospital. It was found that there are four distinct classes of cases received in city hospitals: Charity cases, who pay nothing for treatment; those who, while occupying ward beds, are able to pay a nominal sum; those who, while unable to pay the charge for private rooms, desire and are willing to pay a moderate sum for a degree of privacy and first-class accommodation; and private-room patients, from whom the hospital receives a nominal profit through its charges for rooms.

Of these four classes, it was shown that much the largest was the third, consisting of those who desire some privacy, but are as a rule not able to pay the charges made for private rooms; and, at the same time, it appeared that the average hospital allots but a small proportion of its beds to this class, the rule being sixty to seventy per cent of capacity to classes one and two, and the remainder to classes three and four. In a word, the third class was virtually neglected, comparatively speaking.

On this showing, and in view of the purpose had in mind for the institution, the trustees accordingly decided that the Carson C. Peck hospital should devote the majority of its beds to semi-private patients, and proceeded to have plans prepared accordingly. They desired, also, to create in the hospital a cheerful and home-like atmosphere, with as little of the traditional hospital tone as possible. As a matter of operating efficiency, it was of course determined to avoid waste space and unnecessary equipment, on the one hand, and to provide, on the other, all needed facilities and equipment, of the most approved type.

The result of this basic plan, which was scrupulously followed in the design and construction of the hospital buildings, was the production of an institution which in many respects marks a distinct advance in the field.

Mr. Charles F. Neergaard, as chairman of the building committee of the board of trustees, directed the project in all of its details, which were decided upon only after a careful survey of many of the newer hospitals in various sections of the country, thus enabling the trustees to em-

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body features which are not only new, but which have been tested by actual use in existing hospitals.

The hospital stands on a plot of ground of about five acres, in a quiet residential neighborhood of Brooklyn, located on a high ridge which commands a broad view to the south, and on clear days, of the open sea. The land lies very much above the grade of the adjoining streets, and this made possible attractive effects in terracing.

The main hospital building is located in the center of the grounds, with axis running east and west, giving a southern exposure for all of the patient's rooms, and north light for all of the operating and examining rooms and other utilities. At the west end of the plot is the nurses' home, and at the east a service building containing laundry, garage and quarters for help.

As stated, a careful study was made of many of the new hospitals before work was started on the plans, over one hundred institutions being visited by members of the building committee. A standard list of questions was prepared for use in compiling information, and was addressed to superintendents and others, for the purpose of ascertaining not only the useful and efficient features of their hospitals, but the mistakes which had been made in design or equipment.

From this large and valuable mass of information a card index was made up, covering all of the various features studied, with the result that when the architects started work on the plans very definite ideas had been formulated as to just what features should be incorporated in every department of the hospital, and at least two definite principles had been decided upon. One of these was that as the average hospital was found to contain a great deal of waste space, which not only added to the first cost but was a constant expense for maintenance, the motto, "Just large enough," should be adopted throughout the building. The other was that all features of the plan must be subordinated to convenience of arrangement, making for efficiency of operation.

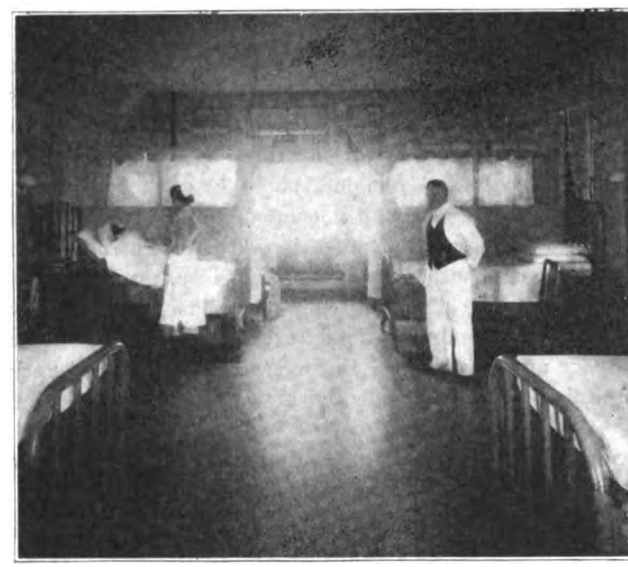
Messrs. Ludlow & Peabody were the architects selected. With a view of securing the best results, through the cooperation of all contributing to the work, it was determined at the start to appoint without competitive bidding the general contractor and contracting and engineering firms in the mechanical lines. The Hegeman-Harris Co. was selected as general contractor, the W. G. Cornell Company as engineers and contractors for heating and plumbing, and the Watson & Flag Engineering Company as engineers and contractors for the electrical work. These firms were appointed with the understanding that the work would be done at cost of labor and materials plus a fixed sum.

This somewhat unusual procedure was adopted because it was felt that by the elimination of competition, the services and advice of the contractors would be unbiased and that close cooperation by them with the architects could be had in designing the building and formulating the specifications.

An institution of 250 beds was originally contemplated, but on account of the high cost of construction resulting from the war, a first unit of 100 beds was decided upon. It is arranged as a general hospital, with the mechanical equipment planned to take care of future additions.

The contour of the ground is such that the basement floor at the rear of the building is considerably above grade, and this fact was utilized in the handling of certain routine procedure. On the basement floor, at the west end of the building, is located the receiving department, the morgue, locker rooms for help, dining rooms with cafeteria service, and a large linen room from which linen is drawn on daily requisitions from the various departments. In the center of the basement is the kitchen, and in the east end the nurses' dining room, the staff and clerks' dining room, X-ray, fluoroscopic examination and electrical therapy department, and the drug storage room, which is used as a central supply room for the handling of all medical and surgical supplies. The Campbell X-ray and fluoroscope machine is used.

In the sub-basement, under the west end, are located the engine and boiler room, refrigerating plant, and a large general storage room, in which all supplies, with the exception of linen, medical and surgical supplies, are kept and delivered on requisition. Under this arrangement there is complete control of and undivided responsibility for all surplus supplies. The boiler plant, air compressors and other mechanical equipment are also in the sub-basement.



VIEW IN AN 8-BED WARD

The main floor is devoted to administration offices, interns' quarters and the children's ward. The main entrance is an oval rotunda, at the far side of which is the business office and record room. This rotunda is decorated in soft, warm Pompeian colorings. From it open a reception room, the staff office and the superintendent's office, beyond which, on the east end, are the offices of the head nurse, the social service department and the interns' quarters. On the west side is the children's department, with a large examination room which in an emergency can be used as an operating room.

In the children's department are two observation rooms fitted with double windows. A solarium is given over exclusively to the use of youthful patients and is provided with an abundance of toys and amusement devices for them.

The conventional ward arrangement is not present in the children's department or elsewhere in the hospital,

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owing to the fact, as stated above, that the entire institution is devoted to the care of private and semi-private patients. The largest semi-private wards in the building contain eight beds, the majority of the semi-private rooms having two and three beds, insuring the maximum of flexibility in handling all classes of cases.

In the eight-bed ward in the children's department and in the two and three-bed private rooms, each bed is isolated from its neighbor by a cubicle partition, made of smooth iron pipe-frame, six inches above the floor and the same distance from the walls. The lower part of the partition is of wood paneling, with glass above, so that the patients are insured privacy without a feeling of being shut in. The flooring throughout is of the terrazzo type.

The second floor is devoted wholly to semi-private wards. The west end is used for male and the east end for female patients. For each group there is an eight-bed ward and two three-bed wards, besides a quiet or isolation room. An examination room in the center of the corridor opens into both departments so that the same facilities may be used for all patients on the floor.

There is a medical laboratory, nurses' station and diet kitchen; and three utility rooms with toilet accommodations are located on this floor, one at each end and one in the center, between two of the three-bed wards, so that groups of male and female typhoid cases, for example, can be cared for through a common utility room. One interesting economical feature is the arrangement of the bath, toilet and utility room spaces. Here, as throughout the building, the plumbing equipment has been carefully studied, so that unnecessary fixtures and piping and waste of space are all avoided. In the typical room in the Peck hospital the bath is at one end of the toilet room, behind double doors, so that when the bath or toilet is needed, access can be had to it through the utility room. At other times this room is used as a passage.

The third floor is devoted to private rooms. There are four corner suites of two rooms and bath, which may be used en suite or separately. This arrangement makes it possible for a member of the family to have comfortable quarters near a very sick patient, a feature which is far from usual.

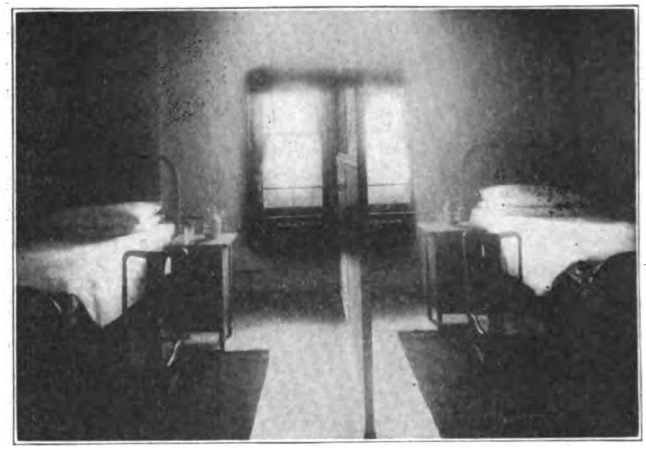
The private rooms are fitted up in a most home-like manner, particular care having been given to the development of a number of interesting schemes of decoration. Self-colored chintz and scrim curtains are used at the windows, the coloring in each case being taken as a motive which is carried out in all of the furnishings of the room, material similar to that used in the curtains, for example, being used under the glass tops of the bedside table and dresser. The walls are finished in a soft tone of buff, relieved by delicate stencil designs.

The attractiveness of the decorations, hangings and furnishings is, in fact, an outstanding feature throughout the entire hospital, both to patients and to visitors, and goes far toward giving the air of cheerfulness and comfort which was so desired, as distinguished from the institution atmosphere. To Mrs. Gerrit Smith, who acted as consultant in these matters, is due in a large measure, credit for the satisfactory results obtained.

Universal vacuum bottles are provided in these private rooms and there is also telephone service in each room. Perfect ventilation is afforded by "Ideal" window ventilators. A majority of the private rooms open directly upon porches and solariums, making it possible to run the beds directly out into the open air.

Maternity cases are cared for on the fourth floor, which has an eight-bed ward, two two-bed wards, a three-bed ward and five private rooms. There are two delivery rooms and a nursery. Also located on the fourth floor are an operating suite, with two operating rooms, a locker room for physicians and surgeons, and the nurses' work room, divided in halves, one section being used for the storage of instruments and supplies and the making of dressings, and the other in the work of sterilizing dressings. This keeps the steam of the sterilizing equipment in a separate room.

An interesting feature is the arrangement of the solariums and balconies. The solariums, five in number, are so furnished and heated that they can be used for additional bed capacity in an emergency. Ninety per cent of all patients in the hospital can be taken directly from their wards or rooms to a solarium balcony. A special form of double hung window has been devised to permit the easy passage of beds for this purpose, and gives an arrangement far superior to the ordinary French window, which experience has demonstrated is always a source of trouble on account of leakage of outside air and water.



THE PARTITIONS THAT GIVE SEMI-PRIVACY

A special type of double-gatch bed has been designed for the hospital, much superior to any developed in the past. One nurse can raise either back-rest or knee-rest unaided, so as to obtain the position of greatest comfort for the patient. All of the beds are mounted on five-inch rubber-tired casters, and can be moved easily to any part of the hospital, thus eliminating largely the use of stretchers and much of the strain of transferring patients from the bed to a stretcher where operations or dressings are necessary.

Not only did the trustees gather much valuable data as to construction and arrangement, but they were able to secure first-hand information as to the most approved equipment in use among the hospitals inspected. Food problems, matters of sanitation, light, apparatus, the re-

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duction of noise, incineration, ventilation, purification of water, color schemes for decoration and other phases of planning and equipment were studied. Thus it was possible to select with care the most approved standard devices, which experience in other institutions had indicated to be the most satisfactory. In many instances, however, the information available brought about the designing of improved equipment, superior for the purpose intended to existing apparatus.

To obtain the best form of food service, executives of leading hotels were consulted, and their recommendations, with such modifications as were necessary to fit them to hospital requirements, were carried into effect.

In the average hospital food is carried on trucks in containers from the main kitchen to the various diet kitchens, where it is reheated and distributed to the patients, resulting in many transfers and much delay during which the food becomes cold and unpalatable. In the Peck hospital all of the various dining-rooms adjoin and are served from the main kitchen, and trays for all patients are set up and sent from the point where the food is cooked. A new type of food truck was designed, enabling the handling of all trays for any one floor in a few minutes from the time the food is prepared in the kitchen, and producing food service approximating that in a good hotel.

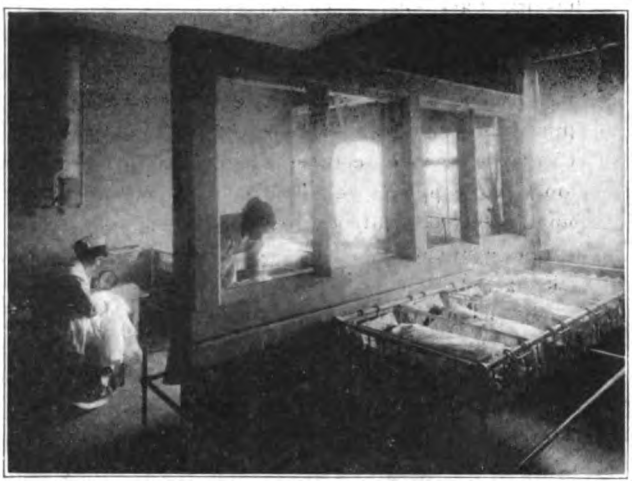
Every precaution has been taken to avoid unnecessary noises. All doors on patients' rooms, both private and semi-private, are equipped with dead locks and self-closing floor hinges, which check the door and prevent slamming. In place of knobs, an inverted arm hook is provided so that a nurse carrying a tray can open the door without being compelled to hold her burden in one hand. All noise from the operation of the elevators is shut out by the use of double vestibule doors.

The plumbing equipment, which was furnished by Crane Co., received special attention. Lavatories with hot and cold water are provided in every patient's room. In place of the usual low faucet, high goose-neck faucets have been installed. All of the faucet handles are of china. In the average hospital it was found that a larger number of plumbing fixtures than necessary was provided, and in the Peck hospital, accordingly, the minimum number necessary for proper service was installed.

The most careful study was given to the arrangement of the operating rooms with a view to facilitating ideal operating technique. The anesthetizing rooms adjoin the operating room, and between the two operating rooms is a connecting corridor, in which are located the surgeons' wash-up sinks. These are provided with foot-control soap urns and the latest type of elbow-control faucets. The instrument and utensil sterilizing room is also located between the two operating rooms.

A window opens from each operating room directly to the instrument sterilizer, which is controlled by a foot pedal in the operating room, so that instruments may be taken from the sterilizer without the necessity of carrying them from the sterilizing room to the operating room. All of the sterilizing equipment, as well as other metal work throughout the hospital, is of special dull finish, avoiding the constant necessity of polishing nickel plate and brass, which is an item of considerable moment in most hospitals. Radiators and ventilators in the operating pavilion are placed behind glass screens, to keep out dust.

Sterilized distilled water is provided in all of the examining rooms and the operating suite from Barnstead stills, and passes through a steam coil reheater, so that any desired temperature may be had. The operating rooms are wainscoted in a dull gray tile, the walls above also being finished in gray. The floor and all of the operating room furniture are a soft French gray, this color being selected,



A PEEP INTO THE NURSERY

after much study, as preferable to white or green. In an alcove in the operating rooms are glass shelves for various supplies, thus removing a piece of furniture for this purpose from the floor.

The lighting system in the operating rooms is a distinct departure from the ordinary kind. Ample skylight space is provided for daylight operations, with a northern exposure. Artificial light is focussed through a glass-hung ceiling over the operating table and through a vertical glass screen, which also hides the radiators at the front of the room. Indirect radiation is used, the heating plant being a modern type of forced circulation hot-water system.

The advantages of the lighting arrangement described are many. The shadowless light comes from twelve adjustable lamps, which are controlled in groups by separate switches, enabling the use of as much or as little light as may be desired. There are two circuit switches from the main switchboard carrying current to the operating rooms, so that in the event of a fuse blowing out the other line can be brought into service. Emergency gas-light brackets are also provided, located in cabinets in the walls of the operating rooms. These fixtures are telescopic, and can be extended for use so as to reach the operating tables.

A dual system of ventilation is used, consisting of vents in the ceiling of the operating rooms, where the air is filtered through cheese-cloth screens and of ventilation from exhaust fans.

A large pathological laboratory, equipped with the most modern appliances, is an indispensable part of the hospital's facilities. It is located in the top of the building, above the fourth floor.

(Continued on Page 66)

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Room Equipment in the Efficient Hospital

Complete Facilities for Each Patient, Including Toilet and Lavatory, Reduce Labor and Mean Greater Comfort

By Asa S. Bacon, Superintendent Presbyterian Hospital, Chicago.

In previous articles in HOSPITAL MANAGEMENT, the general design and arrangement of the new type of efficient hospital have been discussed. For the sake of obtaining a hospital which, while offering accommodations to the person of moderate means at a cost within those means, may be operated at lower expense than is ordinarily required, a design has been recommended which centralizes all of the service features, emphasizes rapid handling of food and supplies, and provides a separate room, small but completely equipped, for each individual patient.

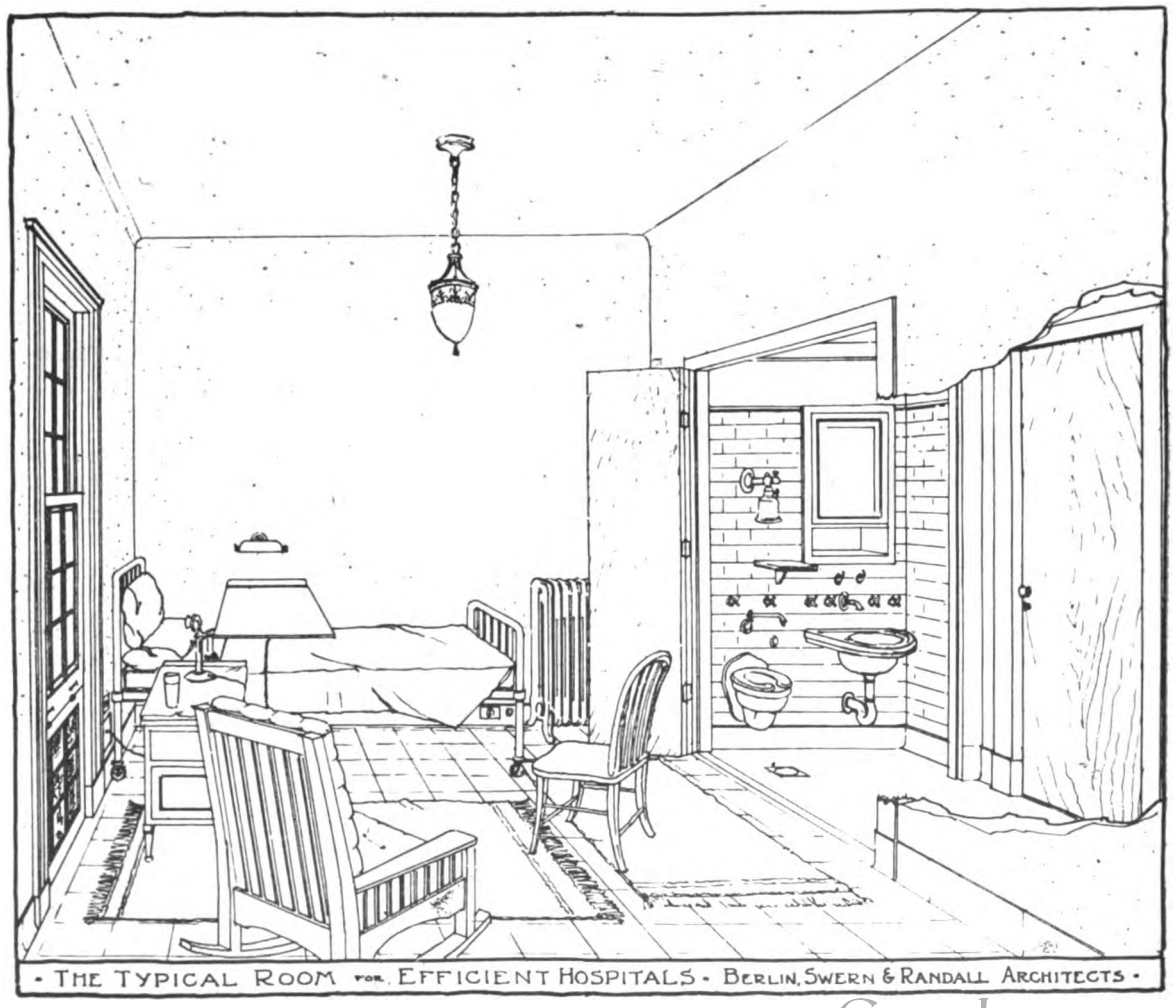
The equipment of the individual room will now be taken up.

The accompanying plans and perspective give an idea of the way in which the room is laid out, and the character of its equipment. The size of the room, 8 feet 6 inches by 10 feet 6 inches, is sufficient for one person in point of air contents, and ventilation without draft is assured by means of the exhaust vent.

The equipment is so complete that the amount of labor required on the part of the doctor and nurse to care for the patient is greatly reduced. The saving in time and labor more than offsets the cost of the equipment, which makes for somewhat higher construction than ordinarily. The added cost should not be more than 10 per cent, however.

The comfort of the patient is a prime consideration in the design and equipment of the room. The bed is a standard hospital type, carrying back-rest attachment, and is placed next the wall, so that a bed-side table, of the Pullman car type, fastening to the wall, may extend over it. A portable reading lamp is provided, while a nearby wall-plug permits electric connections for therapeutic devices, as well as the examination lamp of the physician. Toilet devices operated by electricity, such as hair dryers, may also be connected with this plug.

The picture also shows a rocking-chair, which with a foot-stool adds much to the comfort of the patient during convalescence. A Morris chair might be used in place of this if desired. There is another chair which may be used by the doctor or by a visitor. Floor coverings consist of two small rugs, selected with reference to color and appearance to add warmth and attractiveness to the



• THE TYPICAL ROOM FOR EFFICIENT HOSPITALS • BERLIN, SWERN & RANDALL ARCHITECTS •

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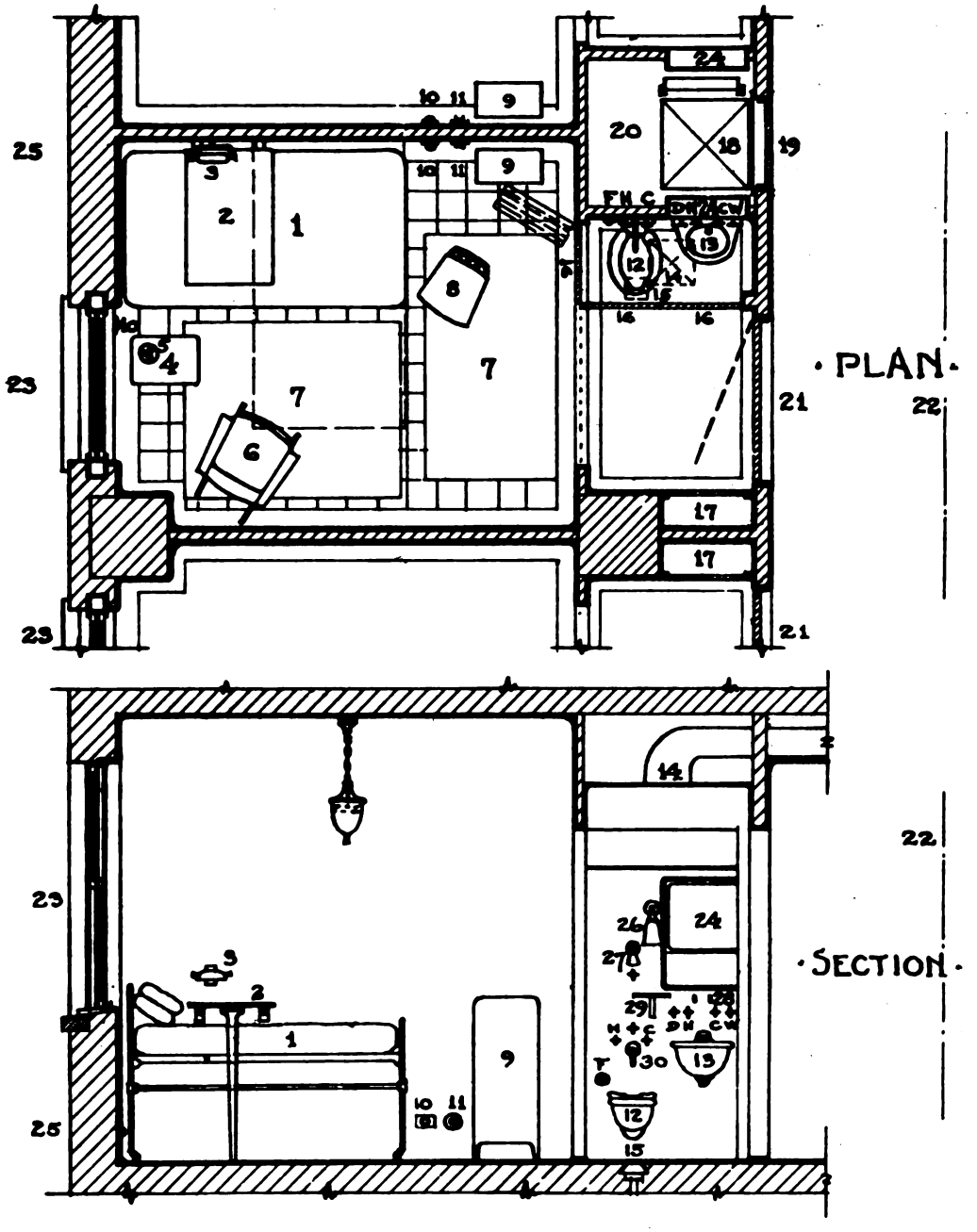
THE TYPICAL ROOM FOR EFFICIENCY HOSPITALS

BERLIN SWERN & RANDALL - ARCHITECTS & ENGINEERS - CHICAGO



1- Standard Bed & Back Rest
2- Adjustable table (removable)
3- Reading lamp (removable)
4- Nursing Table
5- Telephone
6- Rocking Chair
7- Small Rugs
8- Straight-back Chair
9- Radiator
10- Base plugs
11- Vacuum outlet
12- Water Closet
13- Lavatory
14- Exhaust Vent Register
15- Floor Drain
16- 3-leaf Door
17- Lockers
18- Dumbwaiter
19- Door to Dumbwaiter
20- Pipe Space
21- Entrance to Room.
22- Center line of Corridor
23- Windows
24- Steel Cabinet for equipment
25- Exterior Wall
26- Electric Light & attachment
27- Shower head & valve
28- Stupe Ringer hooks
29- Shelf for equipment work
30- Swivel spout for bedpan washing
H - Hot Water
C - Cold -
D - Drinking
W - Waste
F - Flushing valve

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room. The floor itself is of tile or terrazzo, for the purpose of insuring economy of maintenance. Wood floors might be used to advantage in more expensive private rooms, where the cost of maintenance does not need to be kept at a minimum.

Another item of equipment in this room is the standard nurse's or bedside table carrying the usual articles required for nursing service.

A feature of the design worth noticing is the window. Hospital windows should be designed with a view to preventing accidents, and this is accomplished in the window shown here. It consists of three parts, the lowest being locked to the second, and dropping back of a panel to the floor, the design being similar to that of a street-car window. The picture shows this panel removed, as it may readily be for cleaning. The third or lower sash, which is divided into panes, carries window screen, instead of glass, and in warm weather, when the middle sash is raised, the lower one follows it, taking its place so that there is no opening presented through which a patient might be able to project himself. The top sash pulls down as usual, but in the absence of a radiator, which is placed against the side wall so as to enable the pipes to be connected conveniently from the shaft, it would be difficult if not impossible for the patient to reach this opening.

Another advantage of this design is that the screen is down out of sight when not in use, and screen storage need not be provided for. The screen sash may be unlocked from the upper sash when desired, so that it may be removed for cleaning or painting whenever necessary.

Probably the greatest added expense is in the installation of plumbing fixtures. These include lavatory, toilet, swivel spout for washing bed-pan, faucet for drinking water and floor drain. Floor drain can be eliminated to reduce expense. These are all concentrated in one corner of the room, and enclosed with a three-leaf door, which is hinged at one end, and folds like a bed screen, permitting them to be completely enclosed if desired, or permitting the door to be placed parallel with the corridor, effectively shutting out corridor noises, if these become objectionable.

The plumbing and steam fixtures enter the wall from the shaft, which carries all of the piping and valves, only the handles and spouts of the valves showing in the room, to avoid expense for nickel polishing. They are compact, and include practically everything that may be needed for the service of the patient.

Having a toilet means the elimination of a great deal of work in connection with bedpans and urinals. With a toilet fixture within eight feet of the patient's bed-side, about sixty per cent of the patients in a general hospital could eliminate the use of bed-pans. In the other cases the bed-pan could be flushed and emptied in the patient's room, avoiding the unpleasant necessity of carrying them through the corridors to the duty room, and getting away from the odors which are sometimes noticed even in the best of hospitals, as the ventilator over the toilet cares for this. The elimination of the cost of bed-pan covers, etc., is important, but the time saved for the nurse would represent the greatest addition to efficiency in handling the patient. After the patient leaves, the bed-pan is sent to a central point for sterilization before being used by another patient.

The toilet seat would preferably be of the Whale-boneite sanitary type, open front and back, which is easily cleaned and makes a good appearance. No cover for the seat would be provided, as this is unnecessary and represents expense for purchase and maintenance.

A shower spray attached to the lavatory faucet gives opportunity for the patient to be showered when this is desirable. The floor drain takes care of the water, and as the floor in this part of the room slopes toward the drain, there is no danger from this source.

The toilet, lavatory and other fixtures are suspended from the wall, so that cleaning under them is easy.

There is a shelf for an electric plate, to be used for preparing hot dressings. It is not necessary to have a plate for each room, but several may be provided for each floor. Hooks are provided from which to wring dressings into the lavatory.

The wall cabinet shown here contains the urinal, bed-pan, specimen bottles and other necessary equipment, and is of metal, with a mirrored door. It is the regular type of wall cabinet, fitting into the wall, instead of projecting from it.

Other items of equipment include clothes lockers, built into the wall, and a throw-switch for the electric light, enabling the nurse to turn on the light with her elbow. Frequently she comes into the room with both hands occupied, so that a device of this sort would prove exceptionally convenient, and a saver of time and trouble.

A telephone is provided for every room. This is permanent equipment, portable phones being a nuisance. If it is desired that the telephone bell not be rung in a patient's room, the operator can plug that number so that it will not be signaled. The service for each additional station costs about fifty cents a month, as a rule, and is worth establishing throughout the hospital.

A room equipped according to this arrangement would be pleasant and comfortable for the patient, could be served by the hospital at small cost, and would save innumerable steps for nurses and doctors.

St. Francis Hospital to Enlarge

The sum of $105,000 has been raised for St. Francis' Hospital, Poughkeepsie, N. Y. An addition will be erected which will double the capacity of the institution, which is conducted by the Sisters of St. Francis.

$400,000 Sanatorium Group

A sanatorium group to cost $400,000 will be erected at the Essex County Hospital, Verona, N. J. The plans are being drawn by Architect Jordon Green, Newark. The construction will be of brick, steel and reinforced concrete.

King's Daughters Plan Hospital

A hospital to cost nearly $250,000 will be built at Greenville, Miss., by the King's Daughters. Dr. J. D. Smythe and Dr. H. A. Gamble are interested in the project.

Building Emergency Hospital

A two-story emergency hospital, 90x90 feet, including an X-ray room, is being constructed at the plant of the Standard Oil Company, at Elizabeth, N. J. An ambulance will be purchased.

Will Build Addition

The Sisters of St. Joseph will build an addition to The Good Samaritan Hospital at Kokomo, Ind. Mother Mary Xavier is the superior.

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Things to Emphasize in Hospital Plans

Better Accommodations for Nurses and Employes, Greater Comfort for Patient and More Convenience for Staff Demanded

Hospital workers who have had experience in building nearly always learn things that they would make use of if they were to go through the same process again. In other words, features which were not properly stressed would be given greater emphasis, omissions would be taken care of, and space allotments properly adjusted, based on actual instead of estimated requirements for different departments.

Readers of HOSPITAL MANAGEMENT who have expressed ideas along this line have emphasized, among other things, the necessity for planning for the future, for good ventilation, for proper design of kitchens, for adequate accommodations for nurses, especially night nurses; better living quarters for help, especially those who are married; arrangement of laboratories with reference to operating rooms; more room for storage and service; location that protects the hospital and its patients from outside noises; and more attention to ornamentation and the beautifying of the building and its environs.

Prescott H. Vose, president of the Eastern Maine General Hospital, of Bangor, Me., urges better nurses' homes as a leading requirement, discussing the general subject as follows:

"In my opinion the most important thing at the beginning of hospital construction is to design the units and locate the buildings with probable and possible expansion in view. Each building should be so planned and placed that it will lend itself to a larger building and to a more comprehensive layout later on as the expansion of the work may require. This consideration is, for various reasons—financial and otherwise—too often overlooked. Hospital work almost invariably expands beyond the most liberal expectations of those who promote it, and this is certain to be true to a greater extent in the immediate future than in the recent past.

"The particular condition that impedes the work of the hospital with which I am connected and which, I am sure, hampers the work of many general hospitals today, is the lack of a suitable nurses' residence.

BETTER QUARTERS FOR NURSES

"It goes without saying that efficiencyy of hospital work depends, after medical and surgical attention, more than upon anything else, or everything else, upon the care of the sick. A corps of nurses cannot be kept in condition to do efficient work unless their living conditions when off duty are hygienic, comfortable, convenient and agreeable. Neither can material of the necessary high quality be had for the training school if living conditions for its members are unhygienic, crowded, comfortless and dreary, as they are today in too many institutions. Again, under favorable living conditions for the nurses, absences from duty on account of illness will be materially less frequent, making a smaller number of nurses necessary to do a given amount of work.

"A nurses' home should be located near enough to the wards to be easily accessible and far enough away to be out of the atmosphere of the hospital work. Every nurse should have a room to herself, which need not be large or elaborately furnished. Night nurses should have a sleeping place or dormitory away from the noise and confusion of the house, where they may sleep undisturbed in the daytime. In many cases a section of the top floor is best for this purpose. But each of these night nurses should have, also, a room to herself.

"The importance to the work of the hospital of a suitable nurses' home seems to me to be more generally underrated by managing boards than any other feature of equal importance. An extravagant outlay is by no means necessary."

Some excellent ideas, particularly with reference to kitchen design, are contained in the following comment of Dr. C. H. Anderson, superintendent of the Anna, Ill., State Hospital:

"Hospital construction is undergoing an evolutionary process, if not a renaissance.

"The general development in matters of construction suggests from time to time changes in previous plans and existing conditions.

KITCHEN IS IMPORTANT

"The hospital kitchen, with its correlated departments, constitutes the heart of the institution, and is oftener improperly constructed and correlated than any other department of the hospital. For want of funds some abandoned building is often fitted up without any specific idea of its proper relationship to the store, bakery, cold storage, scullery, dining-rooms to be served, etc. These buildings should all be laid out in keeping with a general plan, so that a proper relationship between each can be secured. Passage-ways from the kitchens to its related departments should be arranged in the most convenient manner.

"Due regard should be given to proper light, ventilation and drainage.

"The height of the ceiling should be sufficient to permit proper ventilation and escape of gases and vapors. A proper height of ceiling will overcome in a great measure the difficulties arising from the condensation of vapors during the colder months.

"Equipment should be selected that will lend itself most readily to proper polishing and cleansing with least expenditure of labor and time. Aluminum cooking vessels seems to meet these conditions better than vessels made of probably any other material.

"The kitchen should be large enough to admit carts and other food conveyors without undue congestion. Much time is lost by employes having constantly to thread their way through a congested kitchen. Another source of loss in time is the inconvenient location of pan rooms, food elevator, exits from kitchen for food carts, etc. Time saving devices means less confusion and shorter pay rolls."

Dr. E. B. Pierce, superintendent of the Michigan State Sanatorium for Tuberculosis, Howell, Mich., makes a plea for the hospital employe, especially in an isolated hospital. He says:

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"An oversight which is all too common in construction of the small institution is the lack of service facilities. Kitchen refrigeration space and store-rooms are made altogether too small.

LOOK AFTER EMPLOYES

"Rooms for employes are inadequate. Provision should always be made for taking care of married couples as well as the unmarried. Particularly should provision be made for the social life of employes. This point bears directly on institutions outside of our large centers of population. Hundreds of institutions are being built at present where the life of the employe must be cared for by the institution, on account of isolation from towns.

"Plants for heating should be over-sized and central. The present price of coal and labor prohibits the use of scattered plants as heretofore."

Sister Mary Clare, superintendent of St. John's Hospital, Lowell, Mass., has just had a lot of experience in connection with the building and equipment of an addition to this institution, which is larger than the old plant. It will be in use by April 1, Sister Mary Clare writes, and hence her comments, given below, are particularly practical:

"The particular features where we have tried to improve over old conditions are: Large utility rooms, where all utensils are emptied, washed, sterilized by live steam, and kept, and where all treatments, such as douches, enemas, poultices, etc., are prepared; large linen rooms, large diet kitchen on each floor, with steam table and electric lift, and refrigerator with drainage into sewer, overcoming the old bother of overflowing pans under refrigerators; large storage room with individual lockers for ward patients' clothes.

"Another feature which we think an important improvement is having X-ray department on the same floor with the operating rooms, instead of in the basement. Our entire top floor is given over to operating rooms, X-ray and pathological laboratories. We have installed the Bryant silent call system."

Miss Amy Beers, superintendent of Jefferson County Hospital, Fairfield, Ia., calls attention to noise elimination in the following statement:

REDUCE NOISE TO MINIMUM

"If I were building a new hospital I would place special emphasis on having the building so constructed that noise could be reduced to a minimum. The building should be planned to facilitate good service without having unusual space. The heating plant, laundry and kitchen should be arranged in a wing rather than in the main building.

"In a small hospital it is better to have private rooms instead of wards. In fact, in a community hospital similar to this one I would not arrange for any wards.

"The X-ray department should be adjacent to the operating rooms, and the nursery should be placed so that the babies will not disturb other patients.

"Special attention should be paid to the ambulance entrance for the admission of patients. Store-rooms should be provided; also waiting-room for visitors.

"The building should be fireproof."

Dr. B. A. Wilkes, a member of the board of the Mission Baptist Sanitarium, St. Louis, lays stress on having a hospital specialist chosen as the architect for the building, regarding which he says:

"The architect for the hospital should be a specialist on hospital construction. Do not let the architect learn how to design hospital buildings by practicing on yours first, as that would prove too expensive.

"The second item of importance is the location. I would advise avoiding extremes in this regard, that is, in selecting a location at too great a distance from a busy city to escape noise, smoke and dust, you are likely to lose sight of the convenience of all kinds of service. A general hospital, built for the accomodation and patronage of the public, should be in reach of the people and as accessible from every standpoint. But I would consider it unwise to build on a car-line, beside railroad tracks, near a foundry or any place where noise would prove a serious objection and annoyance to the sick.

"The third point to consider is the building itself. In order to practice economy in every possible way, the building should be as compact as possible. I have seen some shameful expenditures of money in the extravagant waste of space for appearance, a situation that will always keep a hospital in arrears.

PROVIDE HIGH CEILINGS

"Heat, light and ventilation are the important items for the bed-rooms and wards. High ceilings add much to the appearance of a room, as well as comfort to the patient. Broad corridors or halls improve the appearance and increase the convenience of the building. The plumbing should be of the best quality throughout the building; the pipes sufficiently large. Those which are concealed should be located where they will be accessible whenever repairs are necessary.

"The power, heat and lighting plant, as well as the laundry, should have an accessible location, yet be where they will annoy the patients as little as possible. The power plant and laundry should be so arranged that additions may be made whenever necessity requires or demands them. The main kitchen should be in as close touch as possible with the diet kitchens, which saves time and labor.

"To sum up all of my thoughts would mean to build a hospital on a liberal yet conservative plan; to bear in mind the great expense of running a hospital; the conservation of time and labor with numerous other expenses; to put in its construction the very best of material, in every part; to bear in mind the many miles of walking each day for the doctors, nurses and employes. The initial cost may seem excessive in the beginning, but such planning would prove a saving in the end."

Dr. J. W. Fowler, consultant, of Louisville, Ky., writes:

"Nowhere in the world has an ideal hospital been built. None of them are perfect, and most of them have many serious flaws. Any of them can be improved upon with our present knowledge of the needs of hospitals and our modern facilities for building.

"I have seen nearly every large hospital in America, and have studied those of Europe, and I find all of them contain defects that should have been avoided.

"If I were commissioned to build an ideal hospital to cost $5,000,000 I would erect one combining the best features of a modern hotel of many stories, in order to make it compact and to obtain the advantage of rapid fa-

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cilities in admitting and serving patients, and the essential features of a hospital.

"Most of our hospitals look too much like big warehouses, and nearly all lack the external ornamentation so pleasing to the eye and inviting to the sick. In this century, which is still artistic, hospital architecture seems to be dead in the sense that it has lost the faculty of creating beautiful things out of building materials. Apparently it has lost the secret charm of artistic lines and graceful ornamentation.

"Another thing that I have noticed is the general lack of artistic surroundings, or in other words, landscape ornamentation. In my opinion, no hospital should be built, no matter where, but provision should be made for space for shrubs and flowers. Nothing so beneficently affects the sick and wounded as the sight of beautiful plants and flowers, and to breathe the air redolent with their perfume."

Baptists' Hospital Program

$3,630,000 of $75,000,000 Fund To Be Used for Institutions in South and Abroad

By J. M. Dawson, Chairman Board of Directors, Central Texas Baptist Sanitarium, Waco.

Southern Baptists have just completed their "75 Million Campaign," which provides funds for missionary, educational, and benevolent work for a period of five years. The fund was generously oversubscribed, the amount now totaling some ninety million dollars, and it is confidently believed will reach one hundred million before the next Southern Baptist Convention next May.

Out of this stupendous sum, $3,630,666 has been apportioned for hospitals in the Southern states. To this must be added $1,000,000 for the tuberculosis sanitarium in El Paso, Tex. For foreign lands has been apportioned $189,600, to be expended for land, buildings, and equipment for twenty hospitals and dispensaries.

The hospitals already in operation to be aided, with the date of their foundings, cost and capacity, are as follows:

	Founded	Cost	Beds
Missouri Baptist Sanitarium, St. Louis, (Mrs. I. H. Cadwallader, Superintendent)	1890	$400,000.00	300
Baptist Hospital, Muskogee, Okla., (Miss Ellan M. Cheek, Superintendent)	1910	75,000.00	70
Baptist Hospital, Miami, Okla., (J. C. Stalcup, Superintendent)	1917	75,000.00	83
Baptist Hospital, Cushing, Okla., (Miss Margaret Jones, Superintendent)	1918	10,000.00	15
Baptist Memorial Hospital, Memphis, Tenn., (P. C. Wilkes, Superintendent)	1912	650,000.00	300
Georgia Baptist Hospital, Atlanta, Ga., (Jas. M. Long, Superintendent)	1913	150,000.00	115
Baptist Hospital, Columbia, S. C. (W. M. Whiteside, Superintendent)	1914	150,000.00	125
Oklahoma State Baptist Hospital, Oklahoma City, Okla., (Mrs. C. L. Smith, Superintendent)	1917	57,000.00	30

The 75 Million Campaign will not only provide greatly increased facilities in caring for the sick in the overcrowded hospitals Baptists have already, but will stimulate the founding of new hospitals in many states.

Virginia will use its hospital apportionment in founding a Baptist hospital at Lynchburg. North Carolina raised $100,000, which it will use in stimulating local efforts in several of its large cities toward the founding of hospitals. Alabama raised $102,000 and Arkansas raised $200,000 for new hospitals yet to be located. Kentucky raised $250,000 for its new sanitorium at Louisville. Additional sanatoriums for Texas will be provided in San Antonio, Abilene and Brownsville.

The Baptist Home Mission Board, which fosters the Tuberculosis Sanatorium, has apportioned five hundred thousand dollars for buildings and equipment, and a like amount to endowment, the income of which will be used for the purpose of combatting tuberculosis throughout the South, and for the care of indigent tuberculosis patients in the Sanatorium.

The twenty hospitals in foreign lands will be situated as follows: In the African Mission, at Oyo and Ogbomoso; in the interior China Mission, at Chengchow, at Pochow; in the North China Mission, at Hwanghein, Laichow, Laigang, Pingtu; in the South China Mission, at Kweilin, Yingtak, Wuchow, Kong Moon, and one each in Kweicheo, Hunan, and Yunan Provinces. Some of these have already been started, but most of them are yet to be established. In the nature of the case, owing to limited medical and nursing staff, they are to be small, but will be crowded with patients.

Baptists have become aroused on the subject of hospitals. They have well defined convictions about the ministry of healing. Why are they building hospitals?

Without a sanatorium the desired social impact of the Baptist message is impossible. To live up to the teachings of Jesus, to be highly and truly orthodox, Baptists must of necessity make provision for caring for the sick. This utilitarian age demands that creeds be translated into deeds. Any adequate interpretation of the imperative command of Jesus, "Go thou and do likewise" as he applied the story of the Good Samaritan, will put Baptists into sanatorium work on a large scale.

Jesus found the most direct route to the soul in the healing of the body. Our medical missionaries thrill us with stories to the same effect. Why not use this method here in the homeland?

Our Baptist hospitals are our organized opportunity, as Baptists, to heal the sick. They offer us our transcendent opportunity to follow the Christ in meeting humanity's imperative physical need. Our hospitals are the rendezvous of present-day equipment for healing. In our hospitals are to be found, exercising their healing skill, the very best and most gifted of these servants of God to the suffering. This is why our hospitals offer the most concentrated opportunity for Baptists to heal the sick.

What of patients too poor to pay for hospital treatment? To provide for these, as far as possible, is the Baptist hospital's crown of glory. This is done by devoting to this end every surplus dollar of income received by our hospitals. Our greatest physicians and surgeons give their best skill freely to such as these. Then, in addition, all direct gifts to our charity funds enlarge our opportunity to provide for the financially helpless. The charity exhibit of the Texas Baptist Memorial Sanitarium in nine and one-half years totals a sum that nearly equals the entire cost of the sanitarium plant, or not far from a million dollars.

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Pendulum Swings Toward Medical Side

Hospitals Must Provide Greater Facilities for the Use of Roentgen Ray, Baths and Mechano-Therapy

By Edward F. Stevens, A. I. A.

The war has taught us many things—how to economize on this and that; how to live through "heatless Mondays," "lightless Tuesdays" and "sugarless Wednesdays," and so on through the week; but what has it taught us about hospital construction and management?

Surely there is little that we may treasure up for civic work from the government hospital construction or planning in this country and very little from overseas; for with all the vast possibilities and "clinical" material with which to work, there is little advancement. But with the care of the patient and with scientific research, many strides have been made, and the exercise of these new functions must be provided for in planning our hospitals of the future.

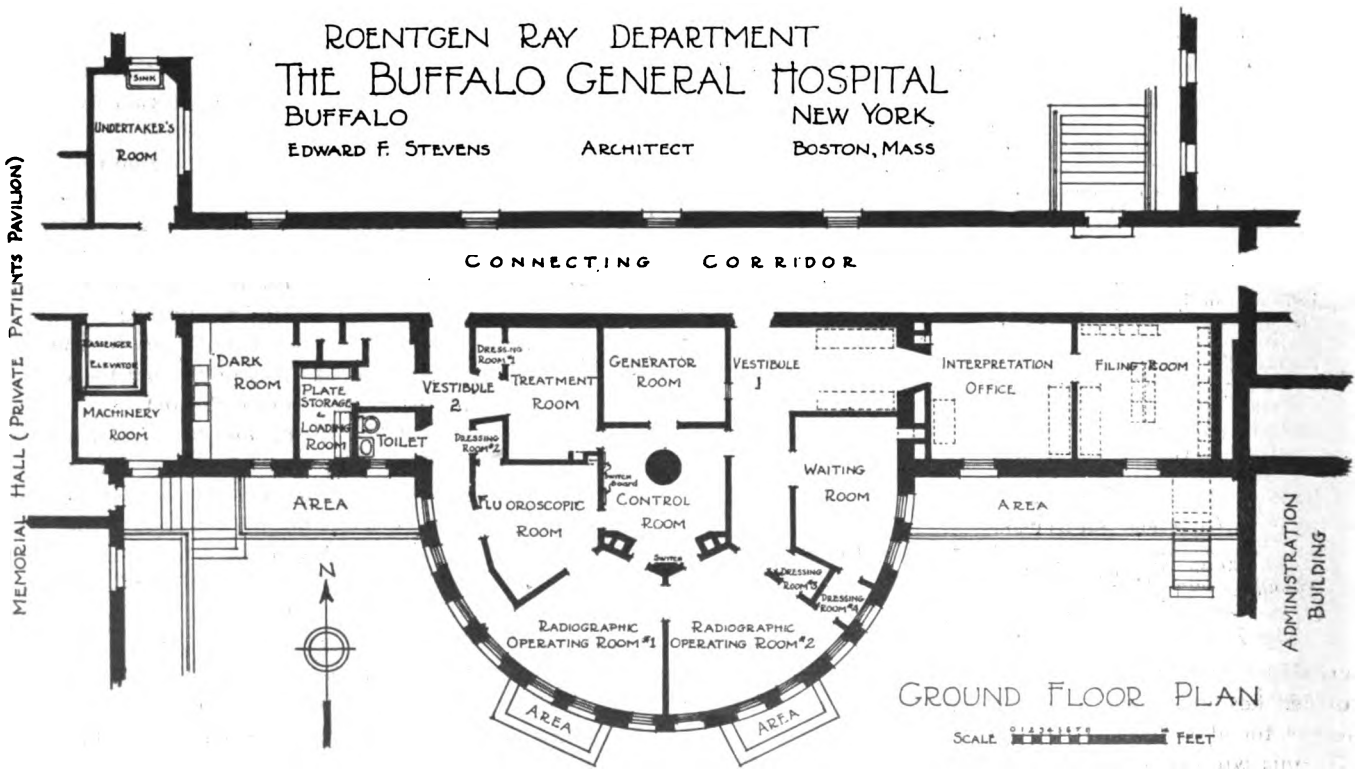
Perhaps no more marked advancement along the lines requiring special hospital room and equipment has been made than that of the Roentgen-ray possibilities and the so-called medical or therapeutic treatment equipment. In both of these departments, and we could almost consider them as one, much has been achieved to show us the need of better facilities.

For years, in this country at least, the surgical department in the general hospital has been the one to which every other branch must give way; but the pendulum which has swung high on the side of surgery is, I believe, strongly tending toward the side of medical treatment. With the experience of the war, it was found that the patient suffering from shell shock, from trench fever, or from high-blood pressure did not need to undergo a surgical operation to restore his normal functions, but that some form of external restorative treatment—baths, electric treatment or perhaps mechano-therapy—gave the needed relief.

The medical men who served in the war (and the majority of them did so serve in one department or another) learned as they had never learned in private practice of the possibilities at their disposal in therapeutic and prophylactic equipment; and the American hospital of the future must provide the *room*, if not the *equipment*, for these departments, for baths, for electric treatment, for mechano-therapy and for the larger use of the Roentgen-ray. Already many of the large hospitals of Europe devote a greater area to the medical therapeutic department than to the surgical unit.

We may not be ready for this supremacy of the medical unit, for we, at present, have not the men and women trained for this service; but as the medical schools include this training in their curriculum, the demand will come, and the building of the new hospital today should provide the room for what will surely be needed in the near future.

Some of the points made can be more fully illustrated, perhaps, by the reproduction of a few plans and photographs.



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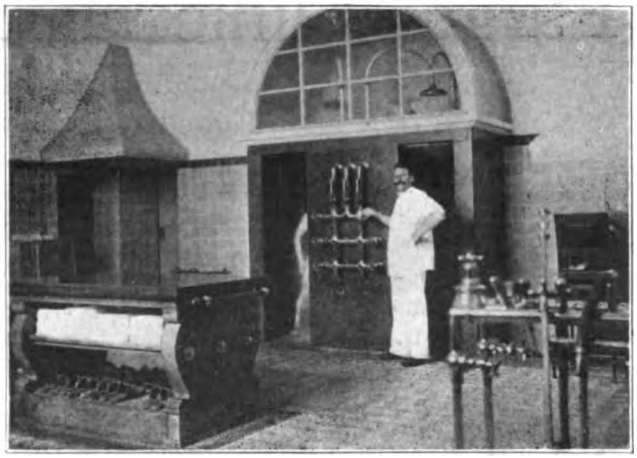


MECHANO-THERAPY AND HYDROTHERAPY AS PRACTICED IN EUROPEAN HOSPITALS

The illustrations show the interior of one of the largest therapeutic departments in Europe. The building devoted to this purpose has set aside separate departments for each method of treatment, with its great rest room and splendidly built and equipped douche room, with space devoted to the Roentgen-ray and mechano-therapy, and even the pneumatic chamber. The photographs shown illustrate different views in the douche room, and a corner in the mechano-therapy room, with Zander apparatus in use.

In the new private pavilion of the Royal Victoria Hospital in Montreal, a considerable portion of one floor is set aside for medical treatment. In this department, not only the hydro electric and X-ray departments are included, but there is also a small psychiatric department which is equipped with continuous-flow bath and other conveniences for the care of the patients in this department.

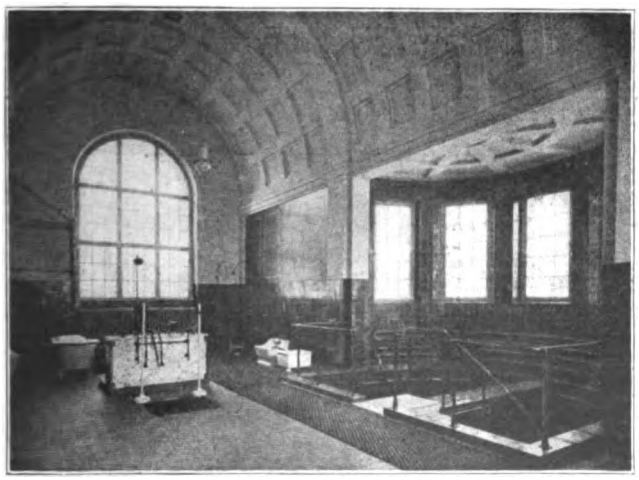
In the new portion of the Buffalo General Hospital, at Buffalo, N. Y., the writer has just equipped a Roentgen-ray department, so worked out that the patient from his own waiting-room, can reach the various dressing and operating rooms. It is also so planned that all of the transformers are placed in the one transformer room and, utilizing the center of the circular building, the one control room is used for all of the four operating and treatment rooms.

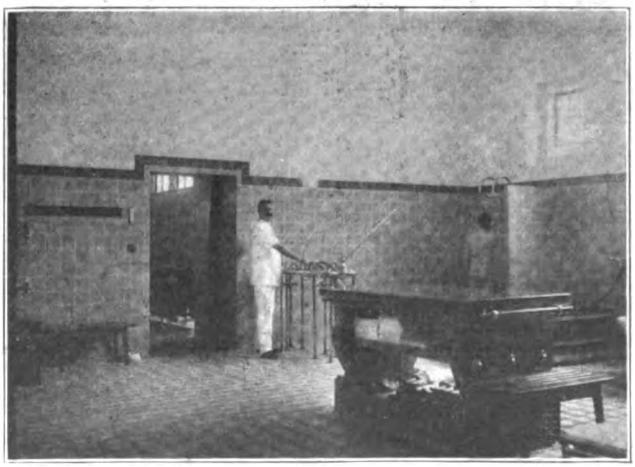
In the construction of our hospitals in the immediate future, we must bear in mind that we are living in a new era—that the unit of price and the purchasing power of the dollar has changed, and that many of the materials procurable a few years ago are now extinct. Mechanical devices must now be used wherever possible; long distances between units should be avoided; the vertical elevator or lift gives quicker service than the long, horizontal run; and there is little disadvantage and much in favor of the multi-story hospital, even though there is plenty of land to build upon.

With the servant and the nursing question, the great factors today, every effort must be made to have the hospital planned and built so that it may be administered with the least possible labor to obtain the best results.

Establishes New Department

Col. H. A. Metz, president of the H. A. Metz Laboratories, Inc., has donated the necessary funds to the Volunteer Hospital, of New York, for the installation and development of a urological and syphilogical department, both in the hospital and its dispensary. It is the hope of Col. Metz that the department will not only be able to do the usual ambulatorium and bed-side work, of such a subdivision, but that it will also engage in research work, which may lead to preventive measures and to treatment to lessen the evils of syphilis.





VIEWS IN HYDROTHERAPEUTIC DEPARTMENTS ABROAD

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Fargo Clinic Is Diagnostic Machine

Demonstrates Possibility of Providing Complete Facilities In City of 25,000

By A. O. Fonkalsrud, Ph. D., Superintendent, St. Luke's Hospital, Fargo, N. D.

The recent description in HOSPITAL MANAGEMENT of the new building of the New York Diagnostic Society, which is establishing complete clinical facilities in a building especially equipped for this work, was interesting to me, because to a great many a plan of this sort seems to be a big-city idea.

The fact that we are doing the same thing in Fargo, a city of twenty-five thousand people, demonstrates that it can be worked out in any community where there is a demand for modern diagnostic facilities and for the best possible medical service.

We have under construction a building for the Fargo Clinic, which will be closely affiliated with St. Luke's Hospital. The idea for this clinic is the result of several years of experience. Since 1914 it has been conducted in an experimental state on the fourth floor of our present hospital building. The experience thus obtained fully warrants us in now making it a permanent institution. It has further convinced us of the advantage of the accessibility of hospital beds and facilities. It is obvious that many patients for whom such diagnostic work is needed must of necessity be confined in bed while under observation.

The institution is in the nature of a "diagnostic machine" whose facilities are at the disposal of any physician in the community. The new building will enable us further to expand the present scope of the work, as there will be fully equipped departments covering each specialty, with competent men in charge.

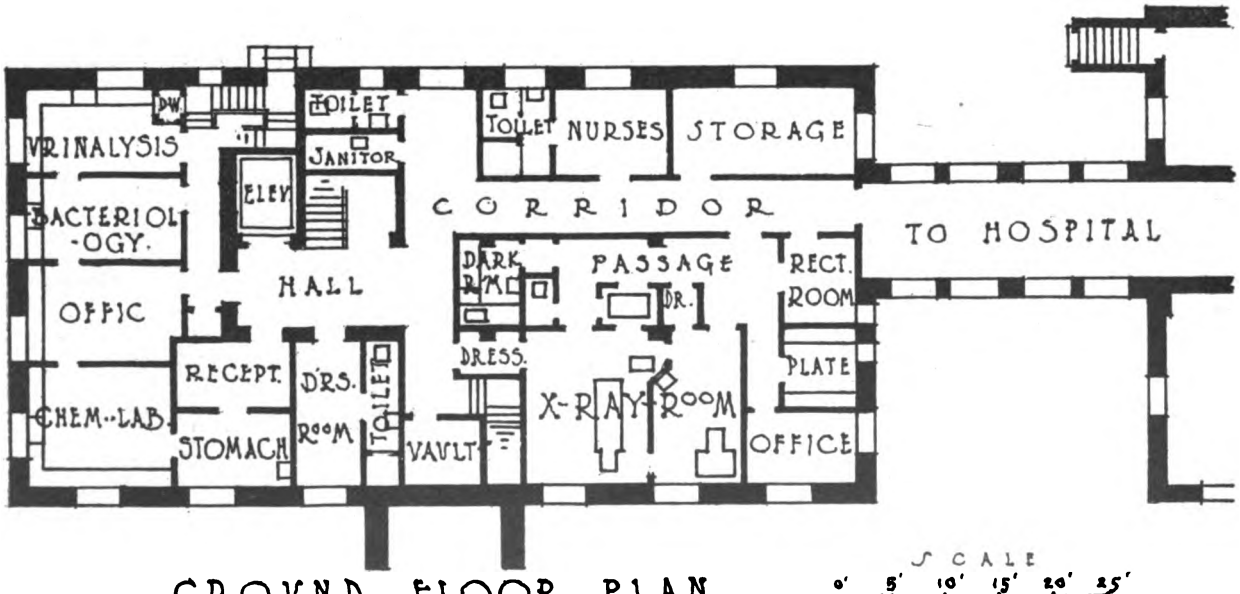
The clinic will be operated along democratic lines, and no effort will be made to make it exclusive. Doctors practicing in the vicinity of Fargo will be able to use the facilities of the clinic, sending their patients for examination or treatment or both, the patients being returned to their doctors with a complete diagnosis and plan of treatment, if desired.

The completed building will consist of four stories and basement, and with its equipment will represent an investment of $95,000. We hope to have it in use by next spring. The corridors of the hospital will be extended into the clinic building, so that the facilities of the latter will be constantly and readily available. The laboratory work of the hospital will be done by the clinic, so that the space now used for X-ray and pathological laboratories in the hospital building may be available for hospital rooms, thus increasing our capacity to 150 beds.

On the ground floor of the clinic will be the main X-ray department, together with the laboratories, where bacteriological, pathological and serological work will be done. The record rooms are also on this floor.

On the first floor will be four examination rooms, together with a room for preliminary examinations, from which the patient will be referred to the specialist. The dental department, with its own X-ray equipment, is on this floor. Other rooms are the waiting room, rest rooms, pharmacy, general office and toilets.

On the second floor will be nine examination rooms. In addition an assembly room and library will be located here. These rooms can be thrown together for assembly purposes and will seat about eighty-five persons. The other floors have not been definitely planned, but the details of their arrangement will soon be determined.



GROUND FLOOR PLAN

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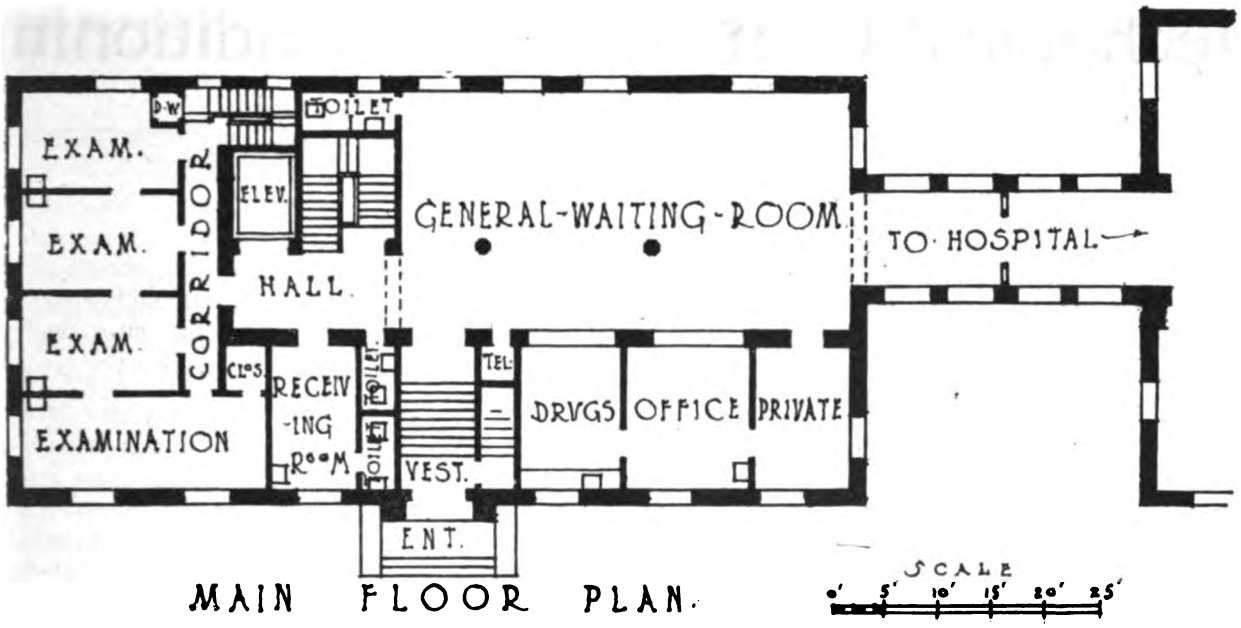

MAIN FLOOR PLAN.

The building was designed by Magney and Tusler, architects of Minneapolis, who have devoted much time and study to the plans and its details.

Dr. C. R. Holmes Dead.

Dr. Christian R. Holmes, head of the Holmes Private Hospital in Cincinnati, and one of those chiefly credited with the building of the Cincinnati General Hospital, as chairman of the Board of Hospital Commissioners, died recently in New York after a long illness. He had been at the Postgraduate Hospital in that city for six months. He was keenly interested in the convention of the American Hospital Association at Cincinnati in September, having been chairman of the local committee on arrangements, and wrote his regrets, giving at that time his ideas regarding the great hospital which he helped to establish and the design of which embodied many of his ideas regarding hospital construction and equipment. Dr. Holmes was in war service, being given the rank of Major, and most of his time was spent at Camp Sherman at Chillicothe, O. The death of Dr. Holmes removes one of the best known medical and hospital men in the country.

State Inebriate Hospital Closes

The State Inebriate Hospital, Knoxville, Iowa, has been closed because of lack of practice. The reduction is attributed to prohibition.

Plan New Wing

The Sisters of St. Francis have plans for a new wing, four stories high, for their Terre Haute, Ind., hospital. The wing will include a lecture room, X-ray room, diet kitchens, etc.

WHY NOT INCLUDE THE HOSPITALS?

Hospitals for Negroes Planned

The increasing demand for separate hospitals for the use of negroes exclusively has resulted in several movements to provide such hospitals. One is reported at Cincinnati, O., where Dr. E. Duval Colley, 527 W. Fifth street, with other colored citizens, has started a campaign to raise $50,000 for a hospital, and another is on foot at Bristol, Tenn., where the Negro Business League, of which R. E. Clay is president, is pushing the enterprise.

Fire Kills Patients in Connecticut

A fire in the Connecticut Hospital for the Insane, at Middletown, Conn., on Dec. 23, where fifty-three mildy insane patients were confined, resulted in the death of nine patients, as far as can be determined. The building in which the missing patients were was completely destroyed, with a loss of $25,000 to $30,000.

Bids on Youngstown Municipal Rejected

The Youngstown (O.) Municipal Hospital Commission rejected all bids submitted recently for the construction of the institution, the expenditure necessary on the bids being around $1.500,000, while at present only $265,561 is available for the purpose. The plans will be revised to provide for a smaller and less elaborate structure than the five-story building proposed. C. F. Owsley, of Youngstown, is the architect.

Raise $750,000 For Hospital

The drive which was made for funds with which to erect the building of the Union Memorial Hospital has been completed, and the amount raised exceeds the goal of $750,000 by $19,000.

To Build Detention Hospital

The contract for the erection of a $25,000 detention hospital for Genessee County, at Flint, Mich., has been let. The amount involved is $25,000. Geo. H. Swift, of Flint, is the architect.

Bloomington Hospital Has New Building

The new building of Bloomington Hospital, Bloomington, Ind., has been opened, and the old building will be converted into a home for nurses.

Leaves $250,000 for Hospital

William C. Grobhiser, of Sturgis, Mich., who died recently after a successful career in the furniture business, left $250,000 to be used for establishing a hospital in Sturgis. Frank W. Wait is one of the trustees.

Vanderbuilt Gets Galloway Hospital

Vanderbilt University has taken over the Galloway Memorial Hospital, Nashville, Tenn., and will complete it and put it in immediate operation.

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Mechanical Control of Air Conditioning

Argument Presented that Temperature and Humidity Be Adjusted to Individual Patient's Requirements

By C. A. Eddy

A few years ago people had a different feeling regarding hospitals than they have today. They used to look with distaste upon the thought of going to a hospital. Mentioning a hospital brought up the odor of ether and heavy smelling drugs, blank walls and white beds.

To the hospital superintendent, the doctor, nurse, and employe, these things were taken as a matter of course. Sickness and operations came as a part of the day's work; but did you ever stop to think of how the outsider feels in connection with your hospital?

It is true that the hospital is, first of all, a place for the treatment of the sick. You cannot get away from the fact that there are certain plans and ideas that must be followed in handling patients. Today's methods, however, vary greatly from those of only a short time ago, due to experience and the open-mindedness of hospital superintendents in general.

In the Carson C. Peck Memorial Hospital, of Brooklyn, for instance, the idea has been to get away from the usual method of blank walls and bare floors. The architects in charge of the erection of this hospital took into consideration the needs of the patients and the general belief that people get well faster with comfortable surroundings, having also in mind all the rules of hygiene. Framed pictures were hung on the blank walls, brass beds were used instead of plain white ones, rugs covered the floors, and easy chairs made possible greater comfort for visitors, but the whole thing got back to the psychological effect, because it is agreed that the condition of the patient's mind has much to do with his recovery.

You may ask: "What has this to do with hospital ventilation?" and we could answer "Much," because it shows for one thing the trend of the times, and the fact that old ideas are giving way to new and that in hospital work the first thing to think about is sanitation. But it is true that a few home-like touches in a patient's room, such as dainty curtains and a rug or two on the floor, have a big effect on the patient's mind, and present-day hospital planners are realizing the fact that new ideas and new methods in the hospital must be considered, along with new ideas and up-to-date methods in the operating room.

There is really no question as to the value of good ventilation in the hospital. This is one of the places where such ventilation is absolutely necessary, and in remodeling or rebuilding the thought should be kept in mind of just how to go about it to secure the right kind of ventilation every hour of the day and night.

Such a prominent authority as Ellsworth Huntington, Ph. D., of Yale, says that in every hospital and sick room as much attention should be paid to ventilation as to meals. Variations of temperature are more important at the time of an operation than at the time of death, although at both times they have a large significance. Constant attention to variability during the entire time from an operation to the day of dismissal from the sick room would diminish the death rate by at least 20 per cent, in addition to the gain to be derived from proper humidity.

Professor Huntington also explains that the estimate that the proper attention to humidity may cause a reduction of 20 per cent in the death rate after operation seems conservative and that the evidence that health would be much improved by proper humidity seems overwhelming. So, too, does the evidence that the human organism is amazingly sensitive to slight changes in the atmosphere.

If we could control the temperature in the operating room—and we can—and could cut down by 20 per cent the death rate, it certainly is worth at least considering. If we can reduce the time required for a patient's recovery, increase his comfort and help him in his fight for life, this also is to be considered and it can be accomplished through the right kind of ventilation and air control. This means that after an operation the right methods should be at hand to insure giving the patient every possible assistance, and this in turn means that pure, clear, conditioned air should be relied upon, just as thoroughly as the right kind of foods and medicines. If open-window ventilation is depended upon, we have all kinds of inclement weather to work with. On cold, stormy days, how are you going to insure the right kind of air in the sick room? The one method that is sure and safe and that furnishes the right kind of air inside, irrespective of weather conditions, is conditioned air, and that in turn means air that is washed, purified and humidified to the proper degree for health and comfort.

There are many other places where ventilation is necessary in the hospital. In the kitchen and serving rooms, exhaust fans are used to draw off the cooking odors, but it is to the more important method of insuring the right kind of air to the patients that the hospital superintendents should give their greatest care and thought.

The records of a large number of hospitals show that the question of ventilation is being given the thought and attention it deserves, and as we give more study to this particular subject, we will realize how important the right kind of air is in connection with hospital needs.

In many of the plans now being prepared for new hospital arangements, private rooms are taking the place of the general wards. It is understood of course that the theory is that patients who are seriously ill, especially, make quicker recovery in a private room than those in the general wards. This is due to the absence of distractions and the effect of other patients' troubles on the minds of those in the same wards. In such instances, plans for ventilation must be handled differently

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from the ward plan of ventilation. It is found, however, that if adequate arrangements are made for the proper ventilation of halls and general rooms, the patient in the private room benefits by it.

There are, no doubt, advantages as well as disadvantages in the private room idea. The question of cost must be taken into consideration, and it is a big factor in this connection. The question of handling children to the best advantage is also a big point, because it is true that more care and attention must be paid to the private room patients than would be the case in the general ward. The main thing to consider is the fact that the arrangements permit of each patient receiving plenty of sunshine and fresh air, humidified and tempered to his needs, and this can be accomplished only by ventilating equipment which will insure an unvarying temperature, day and night.

A highly successful hospital superintendent attributes a great amount of his success to the fact that he has made a study of, and has been able to recommend and put into operation, a plan for the systematic ventilation of hospitals of which he has had charge, and this arrangement has been so satisfactory that doctors give his hospital preference wherever possible. He has found, he says, that the condition of the air has more to do with the health of the patients than most of us have any idea of, and that instead of mechanical equipment rightly installed proving an expensive proposition, it is in reality a most economical method. Dependence upon outside weather conditions is too hazardous and too uncertain for the up-to-date hospital. His idea is to give the doctor every possible facility that will place the patient on the road to recovery. He places fresh air, suited to the patient's needs, in a class with proper food and medical attendance.

The hospital superintendent who is at all skeptical as to the part correct ventilation plays in his hospital has only to look around him and get in touch with those superintendents who are making names for themselves because of the splendid manner in which they are conducting hospitals. The man with the open mind is needed to as great an extent in hospital and medical work as he is in our great industries or anything having to do with human life. Yesterday's methods are giving way to those of today, and the hand-writing on the wall points to a system of mechanical ventilation rightly installed and handled in a systematic manner as the most certain, most economical and the most satisfactory method of hospital ventilation known today.

These are strong statements, but they can be proven by those superintendents and authorities who have gone into the subject carefully, and who know from experience just what results will be secured from such a system.

Take Over Large Hospital

The Sisters of Mercy have leased the Lange Hospital, Lansing, Mich., and will operate it until arrangements can be made for the erection of a new hospital.

State Tuberculosis Hospital

A state tuberculosis sanitorium to cost $80,000 will be erected at Presque, Me., under the direction of Architect Horace True Muzzy, Waterville.

List Goes to Minneapolis

Efficient Cincinnati Administrator Takes Charge of City Hospitals

WALTER E. LIST, M. D.
New Superintendent Minneapolis

Dr. List, who has made a splendid record as assistant superintendent of the Cincinnati General Hospital, has become superintendent of the Minneapolis City Hospitals. The municipal institutions of the Flour City include the general hospital, contagious hospital and tuberculosis hospital, and the plant and equipment are among the best in the country.

The resignation of Wallace G. Nye as business manager January 1 puts the entire administration in the capable hands of Dr. List, who reached Minneapolis to take charge of the hospitals on January 14. HOSPITAL MANAGEMENT had the pleasure of seeing him on his way to Minneapolis, and of extending congratulations and best wishes for his success in his new field.

Dr. List started his hospital career with the Longview Hospital for the Insane, a state institution at Cincinnati, after graduating from the Medical Department of the University of Cincinnati in 1907. After five and a half years he went to the Cincinnati General, and during the absence of Dr. A. C. Bachmeyer, the superintendent, in the service, he was in entire charge of the big institution.

His successor at Cincinnati has not yet been selected.

Staff For County Dispensary

The new Milwaukee County Dispensary, occupying the third floor of the Saxe Bldg., was recently opened. Drs. G. I. Hogue, Charles H. Stoddard, Frank L. Thompson, J. P. McMahon, H. R. Foerster, F. J. Purtell, Gilbert H. Gauerke, F. A. Fletcher and A. L. Kastner have charge of the various departments.

New Tuberculosis Hospital Opened

Rensselaer County's new institution for tubercular patients, Pawling Sanitorium, Troy, N. Y., which was constructed and equipped at a cost of $325,000, was recently turned over to the Board of Managers.

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Feed More Patients in the Dining Room

Infirmary Building of Oakville Tuberculosis Sanatorium Includes Facilities for Advanced as Well as Incipient Cases

By Robinson Bosworth, M. D., Superintendent and Medical Director, Oakville Memorial Sanitorium, Memphis, Tenn.

In designing the infirmary building for the Oakville Memorial Sanatorium, Memphis, Tenn., certain features were included somewhat unusual in sanatorium construction, which may be of interest to readers of HOSPITAL MANAGEMENT.

We have completed plans for the infirmary for white male patients. A duplicate of this will be built for white female patients. The negroes are to be housed in a specially designed building forming a distinct unit of the institution.

In the study of the plan it should be kept in mind that the ultimate capacity of the sanatorium is three hundred white patients.

In the building here described, the combination of rooms, wards and porches permits us to use the accommodations temporarily for both advanced and incipient cases, or, better stated, for both bed and ambulant patients. Later when the necessary cottages for ambulant patients are provided with the growth of the institution, the building here described may well be used for bed cases or for those not able to walk to the main dining-room for meals.

We wish especially to call attention to the dining-room adjacent to the usually provided diet kitchen. In our experience it is rather unusual to find this accommodation afforded infirmary patients. All sanatorium administrators say a certain percent of their advanced cases do and properly should go to the toilet and bath. Is there, then, any good reason why the same individuals cannot go to a small dining-room for their meals? All will admit that it is far better to serve meals at the table than on a tray. The food is warmer, easily served, more attractive, and perhaps as important as all other considerations, the patients come in contact with each other for a brief time. Not all infirmary patients can be permitted this liberty, but all will enjoy it many weeks before the journey to the main dining-room can safely be made.

It will also be noted that a separate bathroom is provided next to the nurses' utility room, entrance to which is from the main corridor. This is solely for the use of the nurse who desires to give a patient a tub bath. Incidentally this tub, as well as all others in the institution, sits flat, without legs, on a platform six inches from the floor, to enable the bath to be given without backstrain, and also to facilitate the cleaning of the tub.

It was also thought wise to provide some means for infirmary patients enjoying the privileges of a recreation or lounging room. Taking the amount of warm weather in this locality into consideration, it was finally decided to widen the usual eight- or ten-foot corridor to eighteen feet. This provision includes only that portion of the corridor running by patient's quarters, not that portion in the service end of the building. It seems as though this wide corridor with its "Texas" ventilation in the roof would serve also to cool the building in hot weather.

An examination-room is also provided in each infirmary; this may be used also for treatments such as nose and throat, artificial pneumothorax, etc., etc.

A room with special exit is provided at the right of the entrance to the building, which may be used for morgue purposes.

A private nurses' toilet is situated off from the utility room. The drinking fountain located in the corridor supplies water cooled by passing through coils in the refrigerator placed in the diet kitchen.

The nurses' desk is located in the corridor between the doors of the drug and supply cabinet.

The total capacity is twenty-seven patients, three being in single rooms, six in double rooms, ten in the side ward and eight on the end porch. This porch is enclosed with glass and heated. An uncovered terrace extends in front of this porch, to which patients may be rolled for heliotherapy or sun treatments.

Construction material is hollow tile covered with stucco.

To Survey the Hospital

Ohio Institutions Appoint a Committee to Cooperate With State Department

The State Department of Health of Ohio has organized a Bureau of Hospitals with H. J. Southmayd as chief, and the bureau is now working out plans for carrying out the provisions of the new law enacted by the state legislature with reference to the supervision of hospitals. The latter are required to make reports to the state, and forms for the report have been prepared. Annual reports covering work done during 1919 will be filed March 15.

Under a resolution adopted by the legislature, the department is also undertaking a general survey of the hospital and dispensary facilities of the state, and these institutions are being registered as the first step in the study.

Mr. Southmayd has advised HOSPITAL MANAGEMENT that early in December a meeting of hospital representatives was held and a committee appointed to co-operate with the Department of Health in its work. The committee consists of Dr. A. R. Warner, executive secretary of the American Hospital Association; Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, and Dr. M. H. Cherrington, Cherrington Hospital, of Logan.

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General Census Should Include Hospitals

Census Bureau Willing to Be "Shown" That Complete Tabulation of Hospital Facilities Should Be Made

By Waldon Fawcett, Washington, D. C.

A golden opportunity is at hand, seemingly, for the persuasion of Uncle Sam that he should add "a hospital census" to his other statistical responsibilities, if only hospital interests and others concerned will take steps to impress the urgency of the need. Within hospital circles, to be sure, the serious consequences of the lack of Governmentally-authenticated information concerning all the hospitals of the entire country were all too apparent during the recent war. The trouble has been, however, that the need of a Federal inventory of our hospitals has not been so acutely sensed by the public at large nor the Bureau of the Census. Consequently we have the spectacle of Uncle Sam publishing, just now, a list of the hospitals in Latin-America but making no effort to secure correspondingly complete enumeration of similar institutions in the United States.

More by good luck than by good management is opportunity provided at this juncture to "sell" the Government on the idea of a detailed and dependable survey of hospital resources. The logical occasion on which to make a hospital census would be, of course, in connection with the decennial or general census of the United States. However, the general census of 1920 follows so closely upon the revelations of the war period as to the shortcomings of our hospital information that there has been scarce time for sentiment to crystallize in furtherance of a "hospital census." Thus the arrangements for the current general census were completed, schedules printed and distributed, and enumerators instructed as to their duties, without any contemplation of an extension of hospital inventorying beyond the narrow limits of the survey of ten years ago.

Where fortune has favored the hospital interests that desire a tally of institutions and their capabilities is that the magnitude of the general census of 1920 has made it necessary to postpone until a later date that feature of the regular census that, as previously constituted, concerns itself most extensively with hospital facts and figures and that might most readily, upon persuasion, be converted into a full-fledged "hospital census." The special census on Benevolent Institutions, instead of being taken in conjuction with the general census this year, will be taken as of date of 1922—which means that the benevolent institutions of the entire country will be asked to report in 1923 as to their records and resources in 1922.

With such an opportunity on the horizon, the outstanding question is as to the degree of dissatisfaction or disappointment which the hospital interests found with the 1910 edition of the Report on Benevolent Institutions and what revision of reportorial arrangements is necessary in order that the tabulation of two or three years hence may yield precisely the data on hospital facilities that may be invaluable no less in the face of the epidemics of peace times than under stress of war's havoc. Officials of the U. S. Census Bureau declare to the writer that up to this time there has been communicated to them little demand for a special hospital census such as the Council of National Defense essayed to compile during the war. Naturally therefore, the census officials have no concrete ideas on the subject, and it remains for practical hospital interests that realize the possibilities as well as the necessities of the situation to carry on "missionaryy work."

The decennial survey of benevolent institutions which must logically supply the groundwork for an all-embracing hospital census, if such there is to be, constitutes part of the regular Federal survey of institutions for the relief and care of the dependent and delinquent classes. As heretofore carried out, the program in this quarter has involved the gathering of statistics relating to institutions for the care of children, societies for the protection and care of children, homes for the care of adults or adults and children, hospitals, dispensaries and institutions for the blind, deaf, etc. The facts compiled in each instance show the name, location and supervisory agency of each institution and the class of inmates received by each; the movement of institutional population; the number of employes; and certain statistics pertaining to equipment, financial transactions and property valuations.

For all that the hospital information embraced in the present working plan may be far short of what is deemed desirable by progressive hospital interests, it is perhaps worthy of note that the scope of the standardized inquiry represents a long advance over the Governmental policy of a few years since. As a forerunner of the present statistical undertaking, the first effort to present a survey of the charities of the United States was made in connection with the Seventh Census, taken in 1850. The Eighth Census in 1860 confined itself to a report on the inmates of almshouses. The same course was taken in 1870.

Incident to the compilation of the Tenth Census, that of 1880, there was official recognition of the very close relations existing between institutions for public and private relief of the poor, but the difficulty connected with a parallel enumeration of the two classes of institutions resulted in the decision to limit the investigation of private benevolences to institutions for homeless children. The Eleventh Census, taken in 1890, placed the statistics of benevolent institutions on the same basis as those of almshouses, prisons, etc. When the Twelfth Census was taken, the survey of benevolent institutions lagged behind the main task, and was made as for the year 1904. Here there was inaugurated the questionnaire plan of gathering data which has since been employed and is likely to be in the future.

The regular census enumerators were not available in 1904-05 for first hand research, and the position was taken at Washington that the results to be attained would not justify the employment of special agents. Accordingly

(Continued on Page 66)

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THE HOSPITAL ROUND TABLE

Get Plenty of Radiation

A hospital superintendent who has supervised the expenditure of considerable sums for buildings and equipment said recently that he believes in a large factor of safety in the matter of heating equipment.

"After the architect or engineer figures out the exact radiation that is needed to give us a temperature of 68 degrees under given weather conditions," he said, "my usual instructions are, 'Double it.' We must keep our patients comfortable, and we don't want to take any chances of not having our hospital sufficiently warm in severe weather."

New Use for Vacuum

An institution which is equipped with a stationary vacuum cleaning plant, operated by a pump in the basement, put this equipment to an unusual use not long ago as a result of an accident to the valve controlling the pump which maintains a supply of water in the tank on top of the building. Because of this lack of control the tank overflowed, and in a short time several upper floors were flooded.

The first thing done was to shut off the water supply, and the next problem was to get rid of the water on the floors. The superintendent had the vacuum lines connected with the outlets on those floors and turned on the pump. The water was sucked up "as clean as a whistle," and in less than an hour the floors were practically dry. The water was discharged into the sewer through the pipes in the basement.

Your Storage Facilities

Most errors in hospital design are built into the structure, so that the mistakes are irremediable, except through extensive remodeling, which is usually impracticable. That is why ample provision for storage should be insisted upon when the plans are drawn, as otherwise it will be exceedingly difficult to handle matters later on.

Not only should there be plenty of space for storing coal in the power house, and room for storage of food products near the kitchens, but the provision made for storage of linens and other hospital supplies should be adequate, based not only on immediate but future needs.

Good design in this respect will save many anxious moments for the superintendent later.

Safety in the Hospital

Nothing that happens in a hospital causes more humiliation than accidents, especially accidents to patients due to lack of foresight along prevention lines.

The design of windows so that patients cannot possibly get out of them; the use of elevators designed so that "safety first" is necessary; the use of thermostatic devices on water supply lines, especially those used in bathing infants; the use of locks on cabinets containing opiates or poisons, which should be administered only on specific prescription by the attending physician; the elimination of slippery floor surfaces, on which it is easily possible for patients and others to fall—these are some of the safety ideas that might well be incorporated into the hospital whose slogan is, "No preventable accidents."

The Hospital Motor Truck

The motor truck is getting to be an important item of hospital equipment. It is used for so many purposes that institutions which have power vehicles would hardly know how to get along without them.

The purchase of fresh vegetables on the market and their quick transportation to the hospital by truck saves time and money and insures the best of food. The truck is also used for hauling supplies that are shipped by freight, saving drayage, which includes a profit for the drayman. Some institutions, particularly those which are some distance from the railroad, save money by hauling coal with their own trucks, and likewise handle the deliveries of necessary building material.

The fact that garages with large storage capacity are being provided by most big institutions emphasizes the need not only for ambulances, but also for passenger cars and trucks.

More Money for Norsworthy Hospital

Texas Methodists are to be asked for $200,000 for the purpose of enlarging Norsworthy Hospital, the new Methodist institution in Houston. John T. Scott is president of the board of directors of the institution.

More Hospital Bids for Cleveland

One of the New Year's resolutions adopted by Cleveland hospital people is to make a drive during 1920 for greater hospital facilities for the city. According to Health Commissioner H, L. Rockwood, who has been participating in the health and hospital survey being conducted by the Cleveland Hospital Council, it is already apparent that Cleveland's hospital facilities are much below the average for large cities.

Hospital Campaign Succeeds

The Hospital for Deformities and Joint Diseases, New York, will have a new building to be erected with a fund of $1,800,000 recently raised for this purpose by Dr. Henry Frauenthal, chief surgeon and founder of the institution. It will be conducted as a diagnostic hospital for orthopedic cases.

Galloway Hospital Plans

The General Education Board has given $4,000,000 to the Galloway Hospital, of Nashville, which will be used for the purpose of completing its building and for the establishment of an endowment fund. Vanderbilt University has taken over the institution and will be in charge of its operation.

Hospital for Drug Addicts

The New York City Health Department is planning the establishment of a hospital for drug addicts on North Brother Island. Treatment usually covers a period of three months.

Couzen's Christmas Gifts to Hospitals

James Couzen, mayor of Detroit, announced a number of important benefactions as Christmas presents to Detroit institutions, the hospitals sharing in the gifts. He gave the Michigan Hospital School for Crippled Children, $1,000,000, and Harper Hospital $650,000 for a nurses' home.

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round

C. D. WILKINS, M. D.,

Former superintendent of Michael Reese Hospital, Chicago, now superintendent of Ohio Valley General Hospital, Wheeling, W. Va.

Announcement was made in December HOSPITAL MANAGEMENT of the resignation of Pliny O. Clark as superintendent of the Ohio Valley General Hospital, Wheeling, W. Va., to take charge of the new Presbyterian Hospital project in Denver, Colo. Mr. Clark is now on the job in Denver, his successor at Wheeling having been obtained in the person of Dr. C. D. Wilkins, for the past few years superintendent of Michael Reese Hospital, of Chicago. Prior to that Dr. Wilkins was superintendent of the Charity Hospital, New Orleans, La. He is a high-grade executive, and is thoroughly in sympathy with the progressive policy of the Ohio Valley General. Announcement has been made of the appointment of Dr. Herman Smith as Dr. Wilkins' successor at Michael Reese Hospital. Dr. Smith has been assistant superintendent of Mt. Sinai Hospital, New York, under Dr. S. S. Goldwater for the past three and a half years, and has a thorough knowledge of hospital adminstration. He takes hold of his new work January 20.

Capt. Harry H. Warfield, superintendent of the new Carson C. Peck Memorial Hospital, saw war service, and was for two years at the base hospital at Camp Meade, Maryland. Prior to entering the service he was with the University of Maryland Hospital at Baltimore, and before that was connected with the Springfield State Hospital, Sykesville, Md.

Dr. T. Restin Heath has been appointed superintendent of the Flint-Goodridge Hospital, New Orleans, La.

Miss Ethel L. Kelleher has been appointed superintendent of the Edgecombe General Hospital, Tarboro, N. C.

Miss Annie A. Aitken has resigned as superintendent of the Rutland, Vt., Hospital.

Dr. Albert H. Garvin, superintendent of the State Hospital for Incipient Tuberculosis at Raybrook, near Saranac Lake, N. Y., has resigned to take a similar position in Detroit.

Harry F. Comfort has been appointed business manager of the Indianapolis, Ind., City Hospital. Dr. Harry L. Foreman is superintendent.

Miss Elizabeth Oakley has resigned as assistant superintendent of the County Hospital at Sullivan, Ind., to become surgical supervisior at the Louisville, Ky., City Hospital, of which Dr. H. E. Tuley is superintendent. She is a graduate of the Indianapolis City Hospital.

Dr. S. C. Darden, of Poughkeepsie, N. Y., has been appointed superintendent of Healthwin Hospital, South Bend, Ind., succeeding Dr. R. C. Kirkwood, who resigned recently.

Miss Mabel Scott has been appointed superintendent of the Hamilton County Hospital at Noblesville, Ind. She has been assistant superintendent of nurses at the Indianapolis City Hospital. She succeeds Miss Josephine Dollings, who resigned recently.

Dr. George F. Stephens has been appointed superintendent of the Winnipeg, Man., General Hospital.

Dr. Allen Jackson, chief resident physician of the Philadelphia Hospital for the Insane, has been appointed superintendent of the Danville, Pa., State Hospital for the Insane. He succeeds Dr. Hugh B. Meredith, who has been superintendent of the institution for twenty-eight years.

Dr. William M. Stockwell has been appointed superintendent of the Connecticut State Sanatorium at Newington. He was formerly superintendent of the New Britain, Conn., Sanitarium.

Dr. Ernest B. Emerson has resigned as superintendent of the Brockton, Mass., Hospital to resume his former position as superintendent of the Rutland, Vt., State Sanatorium.

Dr. James T. Newman has been appointed superintendent and surgeon in charge of Providence Hospital, New Orleans, La., an institution for colored patients.

John E. Ransom, superintendent of Michael Reese Hospital, Chicago, has been appointed chairman of the Committee on Outpatient Work of the American Hospital Association.

Dates for 1920 Convention Announced

Dr. A. R. Warner, executive secretary of the American Hospital Association, has announced that the 1920 convention of the organization will be held at Montreal, October 4 to 8. Convention headquarters will be at the Hotel Windsor.

Private Hospital Planned

J. K. C. Pierson, of Jacksonville, Ill., architect, has recently completed plans for a private hospital to be erected for Dr. F. D. Culbertson, at Rushville, Ill.

Will Equip Laboratory

A laboratory costing $5,000 will be installed at Spark Memorial Hospital, Ft. Smith, Ark. A building adjoining the laboratory has been purchased by the trustees for the new department.

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Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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Idealism Is A Prime Necessity

No one should enter hospital work without a definite sense of having assumed an obligation for service.

The work of the hospitals, and this applies to every department, is essentially that of the service of humanity, and the appreciation of the character of the service is what makes it worth while to those who are rendering it.

The hospital worker is dedicated to a cause than which there is none more potent for human good.

As the head of a hospital operated under religious auspices said not long ago, hospital service is applied Christianity. And whether it is rendered in the name of religion or not, it retains the characteristic quality of religion—the desire to benefit humanity and to help fellow mortals in their struggle against disease and pain.

Ideals that stimulate and inspire to greater and more unselfish effort in hospital work are needed by the superintendent, the doctor, the nurse.

Is it possible that one of the reasons for the present shortage of nursing material is that the calling has not been presented to desirable candidates from the proper standpoint? Has the natural desire of the young woman of fine sensibilities to help care for the sick and suffering been appealed to less than the opportunity to obtain entrance into a profession offering financial rewards worth while? Both appeals are logical and necessary—yet the human appeal should come ahead of the monetary.

The hospital worker who is stimulated by a fine desire to help humanity, and who, like Abou Ben Adhem, writes himself as one who loves his fellow men, obtains a personal reward in the form of satisfaction in work well done, and at the same time assures the pervading spirit of service graciously and pleasantly rendered that makes for the success of the institution and of those responsible for it.

Grip fast your ideals of human service!

The Star of Hope In the State Hospitals

Ever since the time of SHAKESPEARE the cry has been going up to the physician,

Canst thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet, oblivious antidote,
Cleanse the stuff'd bosom of that perilous stuff,
Which weighs upon the heart?

The state hospitals of the country, upon which has fallen the burden of caring for the insane, are now giving an affirmative answer to the appeal that in the days of LADY MACBETH fell upon deaf ears. Then and until a few generations ago care and restraint of the mentally ill were the utmost limits of the service of these institutions, but now the Star of Hope is rising in the heavens, and cure as well as care is the object of the service.

As DR. PILGRIM declared in his address at the dedication of the Marcy division of the Utica State Hospital of New York, state institutions today are hospitals in fact as well as in name, and instead of "Abandon hope all ye who enter here," the legend over the door of the state hospital is, "Hope."

The splendid progress being made by the state hospitals is reflected in the expansion of the facilities for the care of mental and nervous cases. New York, Massachusetts and Illinois are among the leaders in this great field of effort, but the whole country is going forward. The need is great, and the number of those who must be cared for is growing, but the increase of facilities, with which the increase in the personnel of the state institutions must of course keep pace, augurs well for the future of this department of hospital effort.

Opportunity For Uncle Sam

When the United States realized, early in 1917, that this country was practically certain to be drawn into the world war, JOSEPHUS M. DANIELS, Secretary of the Navy, sent out a questionnaire to hospitals, particularly those of the Atlantic Coast, inquiring regarding their facilities for caring for cases which might be sent to them by the Government.

During the war the Medical Section of the Council of National Defense made a vigorous effort to compile all possible information regarding hospital facilities, so that it might be possible to know to what extent existing institutions could be made use of in the event that the casualties of the American Expeditionary Forces became as great as they undoubtedly would have been had the great conflict happily not been terminated in November, 1918, hardly eighteen months after the United States had taken up arms against Germany.

The experience of war showed plainly enough that the hospitals are a vitally important section of the country's resources, vital in war as in peace. It demonstrated that

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Hospital Convention Calendar

American Conference on Hospital Service, Chicago, March, 1920.
Ohio Hospital Association, Columbus, May 25-27, 1920.
Oklahoma Hospital Association, Oklahoma City, May, 1920.
American Medico-Psychological Association, Cleveland, June 1-4, 1920.
Minnesota Hospital Association, Duluth, June, 1920.
Catholic Hospital Association, St. Paul, Minn., June 23-25, 1920.
American Association of Industrial Physicians and Surgeons, New Orleans, La., June, 1920.
American Hospital Association, Montreal, October 4-8, 1920

the nation cannot afford to be in ignorance of the extent or character of these resources, but that on the other hand the most minute information regarding their number, character and equipment, together with information regarding their professional and administrative personnel, should be at hand.

The decennial census of the country is on. This is general in character, and does not necessarily relate to the compilation of statistics regarding any particular group or industry. Nevertheless, the beginning of this great task is an appropriate time to call to the attention of the Director of the Census the importance of planning in the immediate future a complete and adequate census of the hospitals of the United States.

Such a work would have enormous value. It would enable deductions regarding the need for hospital beds of every character to be made with some assurance that they were based on facts. Up to this time there has been necessarily a considerable element of guess-work in assumptions of a general nature, and the development of accurate hospital statistics would be a real contribution to public health data, and would serve to emphasize the needs of the country with reference to general hospitals and to hospitals of specialized character.

HOSPITAL MANAGEMENT makes this suggestion to Uncle Sam:

Make a hospital census.

The Swing Of the Pendulum

This issue is given over largely to material relative to the design, construction and equipment of hospitals. The fact that many new hospitals are being planned and will be built this year, with many others having projects for new buildings or additions in mind, is ample justification for the special character of this number.

Possibly the most interesting and suggestive contribution to thought regarding hospital construction developments is furnished by EDWARD F. STEVENS, whose architectural work is confined to the hospital field, and who accordingly has had special opportunities to note new tendencies. He asserts without qualification that the pendulum is swinging from the surgical to the medical side of the hospital, and that the emphasis which formerly was laid upon surgery, perhaps to the detriment of medical work, is to be given hereafter to provisions for therapeutic facilities.

Europe has been somewhat ahead of us in this respect. The fact that greater attention to therapeutic measures in various forms, whether electrical, mechanical or hydraulic, has been given in the leading institutions on the Continent, is called to attention again by MR. STEVENS, who believes that every hospital in the future will have to give more consideration to the correction of human ills by therapeutic treatments, instead of putting major reliance upon the radical procedures of the surgeon.

This is an interesting idea, and one that the war has made practical, inasmuch as rehabilitation in the war hospitals has shown what great possibilities lie in this direction. The surgeon will always have his important place in the hospital, but just as he is insisting now more than ever before on the co-operation of the laboratorian, so he will have a right to expect equal development with reference to medical departments.

Many hospitals have realized that to a large extent it was undesirable to permit the bulk of their work to be surgical in character, and by more careful diagnoses prior to operations they have succeeded in classifying many cases as medical that ordinarily would have been assigned for operative measures. With better laboratory facilities and with improved therapeutic departments, the hospital of today will have no reason to apologize for the amount of its surgery, but will continue to lay most of the emphasis on its quality.

Ventilation In the Hospital

A subscriber whose opinion was asked regarding the thing to emphasize most in hospital construction replied succcintly with the one word, "Ventilation!"

This response is an interesting side-light on the trend of hospital thought, and indicates a realization that proper ventilation is as much a concern of the hospital superintendent and the hospital architect as good medical and nursing service.

While some of the discussions of ventilation have tended to give overemphasis to this feature, everybody can subscribe to the statement that a good supply of fresh air is a fundamental requirement of the hospital, and that this detail should not be overlooked in planning the institution. Ventilation is not going to correct any of the mistakes of the surgeon or the hospital staff, but it undoubtedly will add to the comfort and well-being of every patient.

Fire Destroys Hospital

Fire destroyed the building of Mercy Hospital, Big Rapids, Mich., causing a loss of $100,000. The Board of Trade has appropriated $10,000 to be used for the purchase of a site upon which to build a new hospital. The association also will assist the Sisters of Mercy in securing funds for the construction of a modern fireproof building.

Industrial Building at Hospital For Insane

Construction of an industrial building at the Northern Hospital for the Insane at Logansport, Ind., has been authorized at a meeting of the governor and the legislative visiting committee.

McMillan Hospital in New Building

The McMillan Hospital is in its new building. Dr. J. A. McMillan, surgeon-in-chief, is planning a nurses' home.

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Industrial Medicine Has Won Recognition

Past Year Has Given Larger Place to Full-Time Specialist—Facilities for Education Broadening

By C. D. Selby, M. D., Drs. Heath, Selby & Hein, Consultants in Industrial Medicine, Surgery and Hygiene, Toledo, Ohio.

An industrial hygienist of national reputation was called to a Middle West city the latter part of November and asked to assume the medical directorship of a steel concern employing about 3,000 workmen. The question of salary was the last to come up. The physician set his own figure, and it was accepted. There was no argument about it. The company wanted the man. They had combed the United States for him. They had found him and they were willing to pay the price. To me this is significant of the most important development in the field of industrial hygiene and medicine of the year of 1919.

It is true that many employers are still unable to discern between the qualified industrial physician and the physician of ordinary or usual training, nevertheless there is a constantly growing number who realize that special experience and training are essential to competent industrial service. Failure thus to discriminate has probably caused a great many of the disappointments that employers have experienced in the way of poor medical service. They have accepted doctors at their medical value, which is no criterion of their industrial value, and have concluded therefore that medical service is unsatisfactory.

In the spring of 1918 an official of a well-known Detroit company told me the idea of a full-time plant physician was wrong; he had had experience and was convinced. Upon inquiry it developed that his experience was limited to two local doctors. One was an elderly gentleman with an office in the neighborhood who had taken care of some of the injured workmen before being invited to become the plant physician. As a practitioner he had been reasonably successful, and the workmen had been satisfied with his service, but as company doctor he was a failure. "He didn't seem to fit in," was the explanation. The other was a young man fresh from the hospital, an intern. "He couldn't get along with our men," was the reason for his failure. And so this official had concluded that plant physicians were unsatisfactory. Recently I was informed that this company has a full-time industrial physician and a corps of seven female nurses.

The most notable evidence of industry's growing appreciation of the trained industrial physician occurred at a meeting of manufacturers in Cincinnati last spring, when a large sum of money was subscribed for the maintenance of a department of industrial hygiene in the University of Cincinnati. If employers desire trained industrial physicians sufficiently to pay the cost of their training, they certainly see value in good medical service. Of course, I grant that Cincinnati is far advanced in this direction, perhaps farther than other industrial centers, and that the comparison is not wholly correct, yet there has been, during the past year, a remarkable change in the attitude of employers to employed which is partly accountable for their change toward medical service. The former have become more human in their treatment of the latter, and many schemes have been conceived for improving the relations between them. I am rather inclined to think that much of the impetus given to medical service in industry during the year has been prompted by motives of this nature. Witness, for example, that widely-read story which appeared in the *Saturday Evening Post* issue of November 22, under the title, "The Trouble Doc". The theme of this story was based upon the ability of the physician of a down-east plant to make friends among the men and to gain their good will for his company, the final effect of which was to end a strike. Whether employers are really serious in their wish to give their workmen good medical and surgical service or they are using it for the stabilizing effect it has upon the employed matters little. The effect has been the same. Industrial medicine has gained a position in industry that is unassailable, and the contract surgeon is well on toward his emancipation.

A similar achievement has been attained in the relations of industrial medicine to organized medicine. Perhaps the most inspiring advance of the year in this direction occurred when the American Medical Association assigned its Section on Miscellaneous Topics to the industrial physicians, with Harry Mock as chairman and

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Otto Geier as secretary. This was one of the best attended sections at the Atlantic City meeting. I could not help but feel, as I listened to the discussions there, that the industrial physician had arrived, and when the health officers came to that afternoon session and entered into the spirit of the meeting, I felt that the industrial hygienist had also arrived.

These impressions have been further strengthened by the appearance during the year of two journals, one of which is devoted exclusively to the hygiene and medicine of industry and the other to what might be termed social medicine, with a special section on industrial medicine under the editorship of Dr. Otto P. Geier, of Cincinnati.

These journals deserve more than passing mention, for they seem to me to be symbolic of the trend of the times. *The Journal of Industrial Hygiene,* edited by Dr. David Edsall, of Boston, is just what it might have been expected to be—the embodiment of the science of industrial hygiene and medicine. As long as it continues its present policies, it will direct the destinies of industrial medicine as a science. The field of *Modern Medicine* is the broad principles that govern the relations of medicine in industrial and public service to the people. The practice of medicine, whether it be at bedside, in health office or in factory, is vitally woven into the fabric of public welfare. Gradually only have we come to realize this. As individualists have we practiced. It is my opinion that we should so continue; however, this is subject to dispute. The decision will have to be made sooner or later, and the profession should be in a position to decide. *Modern Medicine* can do much in disseminating the information that will enable it to do so.

While considering journals, it occurs to me as rather significant that two magazines devoted primarily to hospital questions should conduct departments on industrial medicine, as do HOSPITAL MANAGEMENT and *Modern Hospital.* The descriptive articles of the former are particularly useful in their practicality, but it is the liaison between hospitals and industry that impresses me most. I can see in that a greater utilization of hospitals in the humane and economic endeavor of putting industrial cripples back on a production basis with a facility never before achieved. I can see in it a civilian application of the splendid army methods of reconstruction and rehabilitation.

As I look back over the year I am impressed with, on the one hand, the rapidly growing demand for accomplished industrial physicians and, on the other, the scarcity of that very type of physician. Doctors are anxious to undertake industrial service, but it is a field somewhat foreign to their knowledge and they hesitate to do so unprepared. I was therefore especially pleased to see Harvard, Cincinnati and other institutions of learning announce courses in industrial medicine with opportunities for experience in the industries while pursuing the courses. This I consider, by all odds, the crowning achievement of the year.

The special accomplishments in industrial hygiene and medicine were then (1) greater recognition by industry, (2) acknowledgment by the organized medical profession (3) establishment of a journalism peculiar to this field and (4) the development of courses of instruction in recognized institutions of learning.

Obviously a review of the year cannot be complete without a tribute to the agencies that have been responsible for the progress. I have in mind the U. S. Public Health Service, the Bureau of Labor Statistics of the Department of Labor, the American Association of Industrial Physicians and Surgeons and the Health Service Section of the National Safety Council. The U. S. Public Health Service, under the stimulus of Dr. J. W. Schereschewsky, has for a number of years been active in this field, a leader in studies of the hygiene of working conditions. During the year the influence of the Service, through the activities of its Office of Industrial Hygiene and Medicine, has been felt as never before. It was a national calamity when Congress failed of its appropriation for the extension of this work.

The Bureau of Labor Statistics, under the direction of Dr. Royal Meeker and through the instrumentality of Dr. Alice Hamilton, has been a large contributor to the sum of our knowledge of the chemical health hazards of industry. With the growth of the dye industry in the United States and the impetus which the war has given our chemical trades comes more and more to light the importance of Dr. Hamilton's contributions.

The contacts with industry have followed upon the activities of the Association of Industrial Physicians and Surgeons and the National Safety Council. And it is chiefly through the former that organized medicine has come to recognize industrial medicine as a dignified specialty.

On the whole, the year has been one of exceeding importance to industrial physicians, and every step has been a ringing note of encouragement for them. Under the benign influence of work well done, they can enter upon the new year strengthened to carry on to greater and better achievements in their chosen field of humane service.

I will close with this prophecy; industrial medicine in 1920 will see a growing emphasis placed upon the preventive features—preventive medicine and preventive surgery. It will become a more vital activity in the science of modern industrial management—advisor to employer and ally of employed. It will rise in the scheme of industry, for its principles are right. It will rise in the scheme of organized medicine, for its ideals are the ideals of Aesculapius. It will rise in the scheme of human affairs, for its motive rings true.

Goes With National Carbon Company

Dr. A. G. Cranch, who has been in charge of the medical work of the General Electric Company, at its Erie, Pa., plant, has taken a similar position with the three Cleveland factories of the National Carbon Company.

Health Section Officers

The National Safety Council has announced that the officers of the Health Service Section for 1920 are as follows: Chairman, Dr. W. Irving Clark, Norton Company, Worcester, Mass.; vice-chairman, Dr. A. W. Colcord, Carnegie Steel Company, Pittsburgh, Pa.; secretary, Dr. William A. Sawyer, Eastman Kodak Company, Rochester, N. Y.

Will Establish Tuberculosis Sanatorium

The Standard Oil Company, of New Jersey, will establish a tuberculosis sanatorium for employes. Dr. W. J. Denno, medical director of the company, has advised that work on the new hospital has been begun.

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Fundamental Features of Health Service

Some of the Things Manufacturer Should Endeavor to Provide in Planning Complete Medical Program

By G. D. Crain, Jr., Managing Editor Hospital Management."

A subject that lumber manufacturers, as well as other business men, are keenly interested in at present is medical service for their employes. Because the service which is being provided in the best-managed plants is expanding and because the dictates of good business require that attention be given to the possibilities of the work, it is worth while at this time to make a brief but careful survey of the field.

Lumbermen probably are not among the leaders when it comes to medical service. One of the reasons is that many sawmills are isolated, and it has not seemed possible to provide the equipment and personnel. Nevertheless, this is being done in some isolated instances, such as the Lamb-Fish Lumber Company, whose medical department and hospital at Charleston, Miss., are among the best in the country. Then there is the hospital of the Finkbine Lumber Company at D'Lo, Miss., which is completely equipped and is an index of the excellent service rendered the employes of this concern along medical lines. But, compared with some other industries, the iron and steel trade, for instance, the service is limited.

It is not because it is not needed. The writer recalls an instance which occurred several years ago, and which is fairly typical of conditions that existed at that time. A negro member of a logging crew complained of being sick, but his foreman, thinking the man was shamming, insisted that he go into the woods. In a few days, without medical attention of any kind, he died. It was then discovered that he had had typhoid fever.

Had a medical man been employed by this organization, which had extensive timber properties which it logged, and which operated sawmills, stave mills and other forest product plants, he would have examined the employe and, having found that he was sick, would have seen that he was given prompt attention. Furthermore, the presence of typhoid fever usually indicates unsanitary conditions, and this would have led to the examination of the water supply and other possible sources of infection. That work in itself would have been a big preventive factor, and might have eliminated typhoid entirely from the camp.

This illustration is not given for the purpose of suggesting that no attention is given in the lumber manufacturing business to cases of sickness, but simply to point out that in the business where there are no regularly organized medical facilities it is all too easy to overlook serious cases, and to allow infection to spread when the right men on the job would have prevented it.

SURGICAL SERVICE PRIMARY

Surgical service is required, as a matter of course, because when an employe is injured the requirements of compensation laws, which are fairly general now, compel the provision of medical aid. Furthermore, since the indemnity to be paid depends on the length of the disability, it pays to see that the best of attention is given the men, so that he can be restored to the job without undue delay. That is why the big businesses have found that it pays to have a medical department to look after the little injuries, and to dress every injury, no matter how trivial, so that infection will be prevented. Some of the most disabling, permanent injuries are those which start with small accidents, the injuries being neglected, with the result that blood poisoning sets in and a whole limb may have to be amputated to save the life of the worker.

But inasmuch as a medical department, to be efficient along the line of accident work, must be prepared to render service at any time, it has opportunities for broadening the service in other directions, and these opportunities are now being taken advantage of. Take the one item of physical examinations. Here is a big line of work that is of advantage both to the employer and the employe, and that has enormous possibilities for good. It is being developed so rapidly that it has become one of the most important elements of industrial medical service.

Labor representatives objected to physical examinations of workmen at first, on the ground that men were examined as a means of elimination; but after it was shown that the progressive employers were hiring just as many men as before, but were helping men to correct their defects; or, in the case of those with permanent disabilities, were placing them at jobs that did not involve a strain with reference to their special handicaps, most of the objections were dropped. It is true that the employer who uses physical examinations merely as a means of eliminating the unfit is not giving applicants a square deal, and that the man who submits to an examination is entitled to a square deal, which means assistance in being fitted for a job.

Some of the bigger industrial concerns have charted the various classes of work that they do, with the physical requirements of the workers demanded by each job. Then they have classified the men who are available, and have assigned them according to their ability physically to meet the requirements of the various positions. In this way there are no physical misfits, but every man is given work that he is fitted to do and is capable of doing. Men with bad lungs are not put at dusty occupations; those with weak hearts are not given lifting jobs; individuals who are epileptic are kept away from moving machinery, and so on.

DENTAL SERVICE GROWS

Another aspect of medical service is the study which is being given to dental work. So important is dental service in industry becoming that at the meeting of the National Safety Council, held in Cleveland last October, the National Association of Industrial Dentists was organ-

From the Christmas, 1919, Number of "The Southern Lumberman," Nashville, Tenn.

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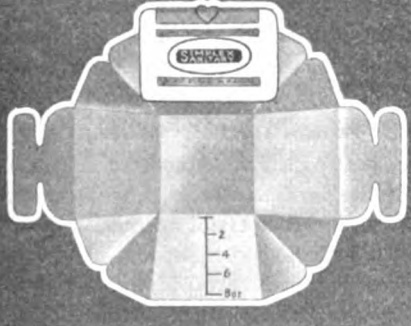

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ized. Many of the leading companies have full-time dentists who examine teeth, and in some instances do all of the work necessary. In other cases examinations are made and advice given regarding the teeth, but no repairs are undertaken. Recent discoveries regarding the teeth, indicating that at their roots are often sources of infection that are affecting the entire system, have emphasized dental work, and have enabled dentists to put men in good physical condition when other methods have failed.

The employment of women in large numbers in industry was increased during the war, and while the number has been reduced since, their presence in mills and factories is a permanent proposition that has made the medical department more important than formerly. In fact, medical rather than surgical work has been given a great part of the emphasis on this account, and rest rooms have been fitted up for the use of women workers, while wards in which recovery from slight illnesses might be made have been developed as features of the plant hospitals which are now found in many of the big manufacturing establishments.

The plant physician is taking more interest in related subjects, such as sanitation and welfare work. In many cases his advice is sought regarding the layout of departments that are for the service of the employes, such as locker rooms, toilets, drinking facilities, shower baths, etc. Lighting and ventilating conditions come within the scope of the qualified plant physician, who is a student of engineering as well as a practitioner of medicine.

In fact, it has become so necessary for the industrial doctor to acquire a broader training along these lines that facilities are now being provided whereby it may be obtained. The University of Cincinnati has recently developed a department in which industrial doctors will be given special training. Young medical men will be given work in the engineering courses related to industrial operations, and also will be given practical training in the industries themselves. Courses in industrial medicine are also being developed at Harvard and at Rush Medical College in Chicago.

Many books are now being written on the subject of industrial medical service, which is practically a brand new subject. A few years ago there was nothing available on this subject. Now a number of important volumes may be had by the student and by the manufacturer who is interested. An important work on occupational diseases was written a few years ago by Kober & Hanson (Blakiston, Philadelphia), this dealing with the general subject of health hazards in industry. Recently Col. Harry E. Mock, who served in the Surgeon-General's office at Washington during the war, has brought out a book on industrial medicine that has attracted much attention (Saunders, Philadelphia). A number of magazines are published dealing more or less directly with industrial medical service.

COST OF THE SERVICE

The manufacturer who is considering his responsibilities from the standpoint of protecting the health and general physical welfare of his employes may be interested in knowing what the cost of such service amounts to. While it is hard to answer this definitely, in view of the broad range of such a service, it is safe to say that it could be established in a fairly large organization for not more than $3 per man per year. In some industries that are giving complete service the cost is lower on account of the large number of employes served; in others, where the service is restricted and the number of employes small, the cost is also kept low; while naturally in the industry which gives many kinds of service and has not a great many employes, the cost may run above $5 a man.

This is on an annual basis, remember, and so is only a slight burden on the industry, even regarding it purely as an expense and not as an investment, which it is, for industrial medical service not only reduces accidents, through educational work, but reduces the number of days of time lost and the amount of indemnity paid by the industry under compensation. It also cuts down the labor turnover, because men are better satisfied to work in the plant which is taking care of them from a health standpoint.

The small plant which has not enough work for a doctor employed on full time has a number of alternatives. It can either arrange for part-time service, with a nurse on duty all the time, or it can co-operate with other plants in the maintenance of full-time service at a central point readily available for all. This might be difficult to work out in the lumber trade, because of the fact that mills are often operated at isolated points, but where several plants are close together it would be an excellent plan.

The method of putting a nurse on duty all day at the dispensary or plant hospital, where she can look after minor injuries and also slight cases of illness, is used successfully in a great many plants. In cases of this kind the doctor is on call, and comes to the plant in cases of serious accident or illness, besides making regular visits for the purpose of supervising the plant and studying sanitary and other general health conditions. The plan of co-operation has not been used to a great extent as yet, except where doctors have voluntarily developed a service for a number of different plants in the same locality, but it seems to have possibilities for the manufacturer whose plant is too small to make all-time work necessary, even when this is limited to the service of a single nurse.

FUNDAMENTAL FEATURES

What are some of the fundamentals that a lumber manufacturer should seek to develop in his medical service?

First, of course, prompt and adequate surgical attention in case of accidents.

Second, regular and careful redressings of such injuries to prevent infections and increased loss of time or increased disability.

Third, medical service to take care of cases of illness arising in the plant.

Fourth, nursing service to care for minor illnesses and for visiting nursing in the home. This depends largely on the character of the industry and the home conditions of the workers, as well as the availability of medical and nursing service outside the plant.

Fifth, physical examinations of applicants for employment and old employes for the purpose of properly assigning workmen and to eliminate contagious and infectious diseases.

Sixth, remedial surgery for men with defects that can be corrected, such as hernia. Many a man has been put

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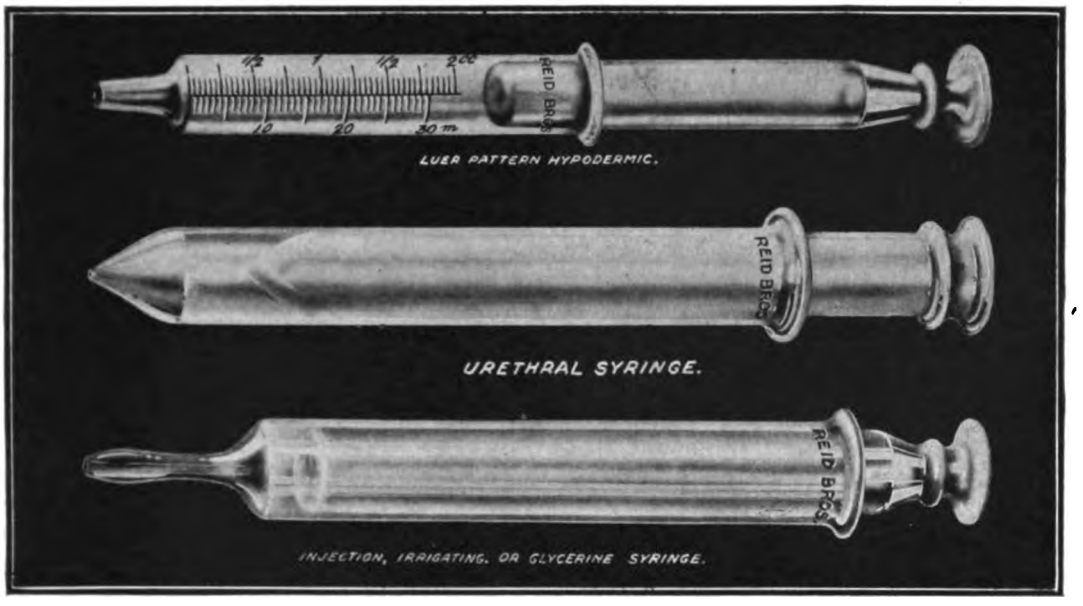

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"Superfine in every particular"

Reibro Luer Pattern Hypodermic Syringes are made of the highest quality syringe glass, skillfully annealed. They possess extraordinary tensile strength. Both the barrel and plunger are ground to perfectly fit and no extra metal part is required to hold plunger at any desired point of graduation. The same careful attention is given the slip point to insure a precise fit at the needle hub.

The indelible pigment in the scale is an exclusive feature. It is easily read and innumerable sterilizations will not efface it.

Every "REIBRO" syringe is tested in every conceivable way. Tested in boiling water against breakage—tested with needle against leakage under pressure—tested for accuracy of graduation. The result is a uniformly perfect product.

1½ CC—25 Minim	Per Doz.	$ 6.00	20 CC	Per Doz.	$19.60
2 CC—30 Minim	Per Doz.	7.50	30 CC	Per Doz.	36.00
5 CC	Per Doz.	10.80	50 CC	Per Doz.	52.00
10 CC	Per Doz.	15.00	100 CC	Per Doz.	66.00

1 CC—Tuberculin ..... Per Doz. $12.00

Reibro Urethral Syringe with cone shaped barrel and plunger point. Made of the best syringe glass; barrel and plunger ground and fitted with the utmost precision. May be subjected to repeated sterilization in boiling water.

¼ Ounce Capacity ..... Per Doz. $4.50

Reibro Injection, Irrigating or Glycerine Syringe. Plunger and barrel are ground and fitted with the same care as with the Hypodermic Syringe above. Made of heat treated glass with catheter points. May be sterilized in boiling water without fear of breakage.

½ Ounce Capacity ..... Per Doz. $6.00
1 Ounce Capacity ..... Per Doz. 7.50

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in good condition by a simple and comparatively inexpensive operation.

Seventh, co-operation with other departments along lines of safety and sanitation, as well as personal and home hygiene.

Eighth, co-operation with employment departments in the selection of men.

Other features might be added, but these are enough to suggest the possibilities of the work. It is growing so rapidly, and the results have been so uniformly good, that one is safe in saying that the industry which does not have a properly organized medical service ten years from now will be an exception, while in the next five years practically all of those which desire to be ranked as progressive will have provided a minimum of facilities along this line.

Dental Service Developed

How Eastern Manufacturing Company Cares For Oral Requirements of Its Employes

Carl W. Maxfield, D. D. S., Bangor, Me.

The establishment of a dental clinic at the Eastern Manufacturing Company, of Bangor, had been under consideration for some time, but it was not until 1918 that anything definite was done in regard to it. My father, Dr. F. E. Maxfield, was chosen as supervisor of the clinic and on October 21, 1918, I started in at the mill as operator. The equipment and office were not ready until February 5, 1919, but until that time I examined the mouths of the employes, gave advice as to the proper care of the mouth and teeth, etc., and did what little I could for the relief of pain with a limited supply of instruments and an ordinary chair. Any emergency case was taken to my office.

There are about 1,000 to 1,200 employes in the mill, which is divided into three separate plants, the chemical plant, the pulp mill, and the paper mill. Of this total number of employes, about 300 are women and most of them are in the finishing room of the paper mill. Each employe is entitled to have his dental work done at the clinic on the company's time, at a small charge which is to cover the actual cost of materials used; all overhead charges and salaries are paid by the company. The clinic is open from 8:15 a. m. until 5 p. m. every day except Saturday, when it closes at 12 m. All work is done by appointment, but the employes are free to come up at any time for relief of pain or emergency work and are attended to as soon as possible.

All phases of dental work, with the exception of orthodontia, are done, fillings, extractions, plate work, crown and bridgework. Perhaps a report of the work done since the foundation of the clinic would show better what is being done. This report would cover the work beginning February 5 until October 4, 1919:

Examinations	903
Prophylactic	443
Relief of pain	689
Abscesses	29
Extractions	441
Fillings	782
Prosthetic work	68
Radiographs	31

The radiographs have to be sent up town to an office, as we have no X-ray machine at the mill. For filling materials, amalgam is used in posterior teeth for the most part, and synthetic in the anteriors; although gold is used if the employe wishes it. In the crown and bridge work, we make both fixed and removable bridges.

The office is 13 feet 6 inches by 9 feet 3 inches and is adjoining the first aid room, ward room and physician's laboratory just off from the rest room. Twelve feet of the 13 feet 6 inches are in two big windows, and the chair and cabinet is so arranged as to allow room for second chair and equipment when needed. The room and equipment are finished in white. For equipment, we have a Ritter chair, Ritter unit, and Castle electric sterilizer.

As far as I am able to judge, the dental clinic is appreciated by the employes. Every appointment is taken for two or three weeks ahead and the lost time from unkept appointments is small. Our system of appointments is to make the appointment for the employe when they wish one, and the day before a notice, or tickler it is called, is sent to the employe or his foreman giving the time, date, etc. All charges are sent to the paymaster on Monday morning, who deducts the amount from the employe's pay.

It might be of interest to you to know of the other service work of the Eastern, under the supervision of the Service Department. This department covers the entire third floor of the paper mill. There is a cafeteria where the employes may get their lunch at a cost of five cents per article, a smoking room for the men and a rest room for the women with chairs, window seats, piano, victrola, etc. All employes are hired by the service department, there being a different employment manager for the men and women. There is a nurse here all day and a physician from 9 a. m. to 12 m. and from 3 p. m. to 5 p. m. The physician also takes care of the families of the employes free of charge. We have a first aid room and a ward room. All accidents, however slight, are attended at the dispensary.

Every fall and winter night classes are held, sectional meetings of the different groups of employes and executive heads to further the interest in the work, and also to get the employes' viewpoint.

A plant paper is published bi-weekly called *The Mill*, to which the employes contribute the news. In addition to these phases of service work, the company gives each employe who has been in the employ six months or over, under the group insurance plan, a policy on his life varying from $500 for employes who have been in the employ six months to a year, to $1,000, the maximum for five years or over employment. A mutual benefit insurance plan is managed by the employes, the company starting it and loaning money for it.

From "Oral Hygiene," December, 1919.

Tuberculosis Hospital for Workers

Plans for the erection of a tuberculosis hospital to be used for members of the International Ladies' Garment Workers' Union are rapidly nearing completion, according to the Joint Board of Cloak, Suit and Reefer Makers' Union, New York City. The approximate cost will be $250,000. The institution will be built at Otisville, N. Y.

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Silvol is indicated in the treatment of acute inflammations of the mucous membrane of the eye, ear, nose, throat, urethra and vagina. Silvol is employed in solutions ranging from five to fifty per cent.

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6 grains. Bottles of 50 capsules.

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Hospital a Safety Factor

Machine Tool Company Reduces Accidents Through Effect of Educational Work

By Sanford DeHart, Director Hospital Department, B. K. LeBlond Machine Tool Company, Cincinnati, O.

This department has exercised a supervision over the safety and accident prevention as well as the health and sanitation of this factory, since May 1, 1919. The results obtained have been very gratifying.

While the time lost might not be an index as to the seriousness of the injury, it demonstrates beyond question the efficiency of the Hospital Department.

The total time lost for the past five months through injuries incurred in our plant has been 63.4 hours. They are divided as follows:

During the month of May there were 16.2 hours lost.

During the month of June there was no time lost.

During the month of July there were 10.2 hours lost.

During the month of August there were 13.6 hours lost.

During the month of September there were 23.4 hours lost.

When we inaugurated this system about 50 per cent of our work was the removal of foreign bodies from the eye, and the after-treatment of such conditions. By persistent education, and by overcoming every objectionable feature of the goggle question, we have reduced our eye accidents, so that now they are not more than 6 per cent of the total cases treated.

FOREIGN BODIES REMOVED

Since the first of January, we have had an occasion to refer only two cases to an eye specialist for treatment. Foreign bodies are removed in our hospital, pupils dilated (if necessary), eye shields used, and the man kept on the job.

We had been experiencing considerable trouble in our screw machine department from acne, oil boils and minor infections. To remedy this condition we boil our oil every ten days, place a coal tar preparation in the cutting oil after boiling and before using as a cutting fluid. The oil is later recovered by centrifugal force.

Normally we run about 1,000 employes. This factory is engaged in the manufacture of machine tools, the work being about as hazardous as in any large machine shop.

During the past year we have not had an occasion to send a man to the City Hospital, nor have we had one so badly injured as to necessitate his being taken home in a machine.

We have an operating room in connection with our hospital. We have, however, had very little occasion to use this room. It has been used twice in the past two years, once to trim off the terminal joint of an index finger, another time to remove a piece of steel from the upper lid of a man's eye, which had become adherent about eight months before the operation.

Establishes Industrial Department

The American Hospital, Chicago, has established an industrial department, and Dr. Orlando F. Scott has been appointed Chief of Staff of the Industrial Casualty Section. Special equipment for the handling of casualty cases will be installed, with a special operating room, X-ray equipment, etc.

Tuberculosis in Clothing Trade

In the Sanitary Control Monthly Bulletin, the following statements regarding tuberculosis in the New York garment industry are made:

"There are among our 79,667 workers in the two industries 799 persons suffering from active pulmonary tuberculosis. This is based upon a very conservative estimate of a tuberculosis incidence of one per cent. The results of the United States Public Health Service investigation and of our own surveys would indicate a larger incidence than one per cent.

"What to do with our tuberculosis workers is a grave problem. There are insufficient public institutions to house all the tuberculous workers. The majority, probably over 90 per cent of the tuberculous workers, is actually in the shops, working side by side with healthy workers. Whatever the theories may be as to the infectiousness of pulmonary tuberculosis, such a close contact of sick and healthy workers is a serious menace. Our medical office is daily confronted with the serious problem of the disposal of tuberculous workers. We are sending a number of these to the municipal and other institutions and some of them to the sanatoria in Denver, Col., and other places. What to do with the rest we do not know.

"At the convention of the International Ladies' Garment Workers' Union, held in Boston in May, 1918, a per capita dollar tax was imposed by the union for a building fund to establish a sanatorium for the workers of the International Ladies' Garment Workers' Union. In September, 1918, a plot of 312 acres has been purchased by the International Ladies' Garment Workers' Union and the initial step taken to collect a building fund, of which about $50,000 has already been collected by the various locals.

"The needs, however, are much greater. The plans for an industrial union sanatorium have been expanded and we shall need at least $250,000 to realize them."

Industrial Nurses to Meet

That trained nurses are being employed in increasing numbers shows that employers generally are recognizing their services. Previous to 1919, only 66 industrial firms employed trained nurses. Today more than 871 industries have nursing services. The industrial nurse has proved to be a good investment. She is a teacher of hygiene and health education which means prevention of accidents. One neglected cut will show the value of the industrial nurse.

Public Health Nursing plan to form an Industrial Nursing Section in the National Organization at the meeting in Atlanta, April 12-17. The object of this section will be the formulation and maintenance of high standards for nursing service in industry. It is planned to make known to nurses throughout the country the opportunities for education for industrial nurses. Opportunities exist or may be developed in many large centers. The program will be of interest, both to industrial nurses and to employers.

Qualified nurses are eligible to membership. Employers are eligible to corporate membership. Associations of employers, of employers and workers, or of employes, are eligible to corporate membership.

All industrial nurses are urged to attend the Atlanta meeting and employers of industrial nurses are urged to send nurse representatives. If the nurse becomes an active member, she will have a vote. In any case, she will learn what other industrial nurses are doing and she will return to her duties, with renewed energy and inspiration.

Kaems With Simmons Company

A. L. Kaems, for several years with the Industrial Commission of Wisconsin, has been put in charge of safety and health work for the Simmons Company, at its plant at Kenosha, Wis. A rest room for women is to be fitted up at the Kenosha plant, and later a new employes' service building, containing hospital, rest room and other facilities, will be established.

Dr. Davis Chief Surgeon

Dr. George G. Davis has been appointed chief surgeon of the Illinois Steel Company, Chicago. With him in the surgical department is Dr. H. W. Sutcliffe. Dr. Davis succeeds the late Dr. James Burris, who was killed in a railway accident several months ago.

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The Special Size for Hospitals

One gallon instead of one pint of Jell-O is made up from the new Special Package of Jell-O, saving nine-tenths of the time required for opening and emptying the common small size.

This change eliminates the last remaining bit of real work connected with the preparation of Jell-O dishes.

The Strawberry, Lemon, Orange, Raspberry and Cherry flavors are made in this special size regularly and the Chocolate flavor when desired.

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Hospitalizing War Victims

Work of Bureau of War Risk Insurance Has Assumed Enormous Proportions

Nearly the entire eighth floor of the Arlington Building in Washington is occupied by the Medical Division of the Bureau of War Risk Insurance. The function of this Division is to pass upon the medical aspects of claims made against the Government under the War Risk Insurance Act; to supervise the medical and surgical treatment of those discharged sick and disabled soldiers, sailors and marines who are in need of such services; to arrange their hospitalization, to secure for them the artificial limbs and other prosthetic appliances which they may require; to secure physical examinations of these claimants, and to prepare the certificates of disability which will be their protection in years to come, even though they may not be in need of compensation or medical and surgical attention at the present time. In other words, it is the medical department of the largest insurance and employers' liability company in the world.

The sorted cases travel out by trucks to the various sections of the Medical Division. More than 5,000 cases pass through the Medical Division every working day, action being had on one case every four seconds. When the case reaches the section to which it is routed, it is carefully reviewed by medical officers of the United States Public Health Service specially trained in such work.

In one instance it is necessary to rate the degree of disability; in another, to order an artificial arm; in another, to pay a bill for the repair of teeth; this patient is to be admitted to a sanatorium; that unfortunate boy whose reason has been rocked by the thundering engines of war must be committed to an institution. Here the mother of an epileptic requires a consoling letter; there some officer in the field must be informed regarding the special needs of some particular case.

The Division itself is divided into eight sections:—Internal Medicine, Surgery, Tuberculosis, Neuro-psychiatry, Eye, Ear, Nose, Throat and Dental, Prosthetics, Statistical and Miscellaneous. The functions of these sections are pretty well indicated by their titles.

Although more than 5,000 cases are being administered each day, only some 107,000 different individuals have been the recipients of the ministrations of the Medical Division. Of these, more than 18 per cent were suffering from wounds incident to their military service, almost 15 per cent were the victims of tuberculosis, and not quite 11 per cent were afflicted with temporary or permanent mental disorders; about 4 per cent were gassed, 6 per cent had respiratory affections other than tuberculosis, and 2 per cent were paralyzed. About 17,000 of these cases have been treated in hospitals and about 7,000 men are undergoing hospital treatment at the present time.

It is estimated at the present time that at least 641,900 men were discharged from military service with some disability. Estimates which have been prepared by the Chief Medical Advisor on 513,500 of these men show that about twenty-five per cent of these cases of disability are due to diseases of the nervous system or mental alienation—about 76,000 cases. Thirteen per cent suffer from diseases of the circulatory system and almost thirteen per cent from diseases of the bones and organs of locomotion, and at least nine per cent, or about 46,000, have tuberculosis.

The War Risk Insurance Bureau specifies in all of its contracts for artificial limbs that the manufacturer shall furnish the best limb which he is capable of making; the Government supplies all of the extras, and in the case of men who have to do heavy work and therefore run a risk of breaking their artificial limb, they are given two.

Approximately 3,800 major amputations have occurred as a result of the war with Germany. Of these about two-fifths were arms and three-fifths were legs. Up to September 19, 1919, there were exactly 1,200 claims for artificial limbs. Of these, 621 were artificial legs and 579 were artificial arms.

The problem of hospitalizing the patients of the War Risk Insurance Bureau is an enormous one. Congress has already passed one act authorizing the Secretary of the Treasury to provide additional hospital and sanitorium facilities to meet the necessities of the situation.

This phase of the work is administered by the Bureau of War Risk Insurance, using as its agency the United States Public Health Service, which also has at its command the United States Marine Hospitals and the special hospitals which Congress has authorized it to secure by purchase or lease. These include a certain number of temporary hospitals which were turned over by the Army.

It will be necessary for the Public Health Service to provide additional hospitals to take the place of these temporary institutions, as well as special institutions for the care and treatment of mental and nervous cases, the tuberculous and the epileptics. It is evident to even the casual observer that the number of persons who will apply for relief under the various acts will increase for a considerable number of years. Conservative estimates indicate that this increase will be rapid and continuous until at least 1929. The Public Health Service has already created a home for epileptics in Massachusetts, a psychopathic hospital in New York, and an institution for the care of neurosis cases at Waukesha, Wis.

It is not only necessary that many claimants under the War Risk Insurance Act shall be given hospital relief, but in many instances also to give them treatment in clinics. At the present time there are scattered throughout the country a considerable number of these institutions. Undoubtedly it will be necessary to increase them very materially.

It is believed that these clinics will serve a useful purpose as way-stations to and from the hospital. They will prove of enormous benefit in the matter of caring for the convalescent claimants who, while not requiring hospital relief, should be kept under observation for a considerable number of years.

New Hospital For Tallahassee

Tallahassee, Fla., is to have a $35,000 hospital, the Silver Cross Hospital, supported by the Kings Daughters of Tallahassee. The building committee is composed of W. H. Smith, Alphonse Richard and B. C. Whitfield.

Hospital for Negroes

Mercy Hospital, Atlanta, Ga., has recently been opened. The institution is for and conducted by negroes.

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Will abort Colds, Grippe, Influenza and Pneumonia

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Influenza B. strains from present epidemic and others	200,000,000
Streptococci, many haemolytic and other types	100,000,000
Pneumococci, type 1, 2, 3 and 4, in proper proportions	100,000,000
Micrococcus Catarrhalis, leading members of the group	200,000,000
Staphylococcus Albus, many strains	200,000,000
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This Vaccine is also used with success in the prophylaxis of these diseases

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Industry Values Doctor

Developments of Past Year Emphasize Growing Appreciation of Medical Service

Expressions regarding the industrial medical outlook have been received from leaders in this field, and are given here as a means of suggesting the views of industrial physicians regarding the future develpoment of their work.

Dr. F. E. Schubmehl, Works Physician of the General Electric Company, Lynn., Mass., writes:

"To my mind the most significant development in the past twelve months in our field is the general recognition and publicity of the inadequacy of the public health service.

"The leading feature of industrial medical service during 1920 will probably be the advancement of industrial medical educational activities, diagnostic clinics and group medicine."

Dr. Herbert L. Davis, chief surgeon of the Aluminum Castings Company and other Cleveland industries, says:

"To my mind, the recognition of the importance of industrial medicine by both the medical profession and the industrial managements is the outstanding feature of 1919, and presages great development in 1920.

"The best of the medical profession have in the past looked askance at the industrial work, because of lack of system and business methods in the average doctor's work. Most doctors are individualists in thought and action, and there is a generally prevailing idea that industrial medicine is performed by 'down and out' doctors, at contract rates enforced by heartless corporations.

"The profession is changing its attitude as its members see what can be accomplished by organization and group practice as exemplified and demonstrated by various organizations now existant.

"On the side of business, there is the awakening sense that cheap and inferior medical work is not satisfactory in any particular and is often disastrous, and that the best medical talent should be procured. This presages the getting together of the best in medicine and the best in industry to their mutual benefit."

Tests for Vision Necessary

The necessity of emphasizing optical tests in physical examinations is suggested by the following discussion of defective vision, presented by the National Safety Council:

There is one other thing that will materially help in getting men to wear goggles and that has to do with the question of sight or vision. No man can be a thoroughly safe employe who has poor vision—neither can he be 100 per cent efficient. Eye strain produces eye fatigue, dizziness and headaches and results in a drain of nervous energy. After the age of 35 the near-point vision of most people begins to dim, and when this has started the only way to overcome it is to have lenses fitted, which, in a sense, restore the vision to its former keenness. In those below 35 years of age, other defects of vision may occur which may be corrected just as easily by proper lenses. To give a man goggles fitted with plain glass and expect him to use them, regardless of the fact that he may have poor vision, many times places him under a handicap. Many complaints that goggles cause headache or dim vision, or that they hurt the eyes, can be traced to this source.

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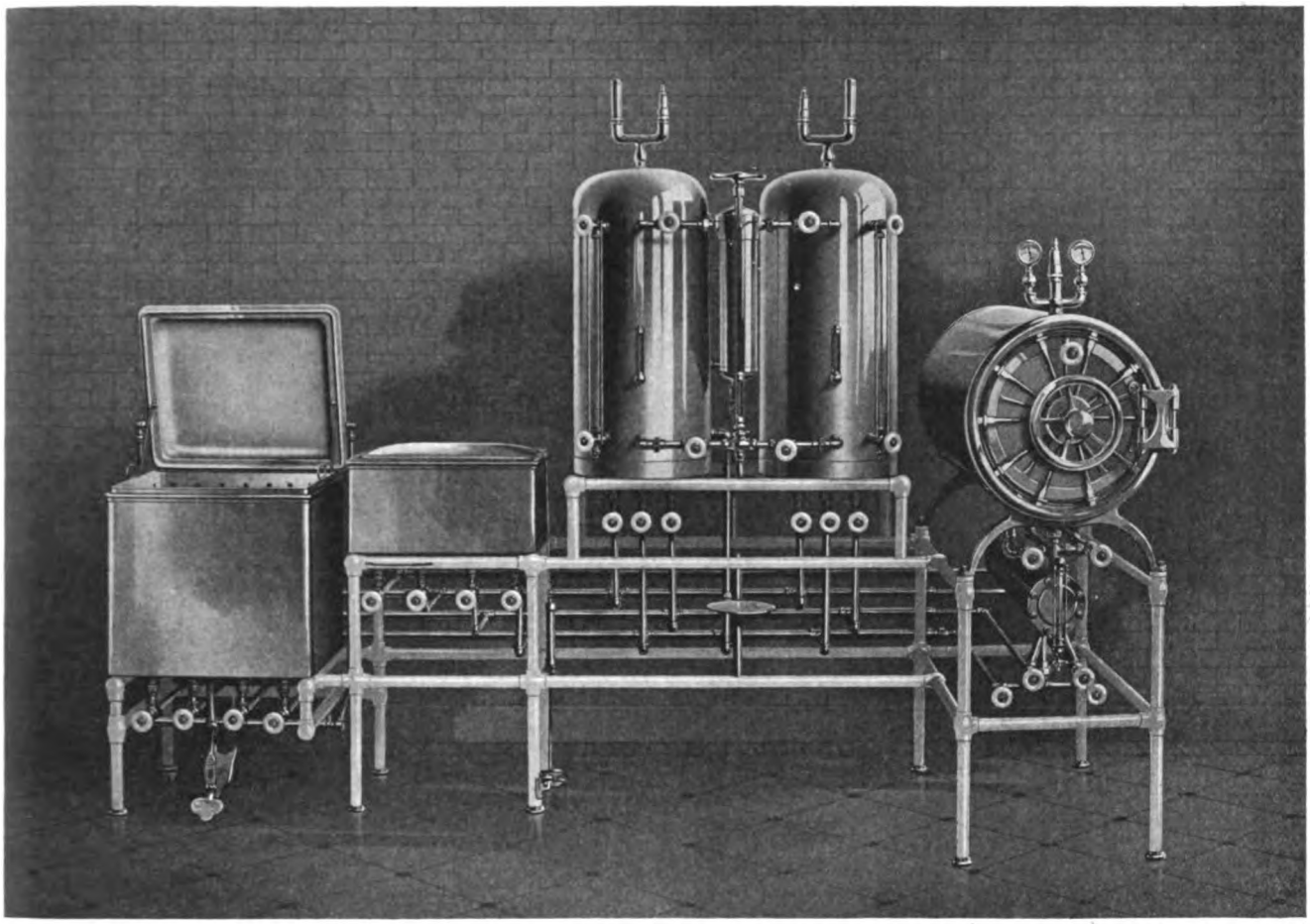

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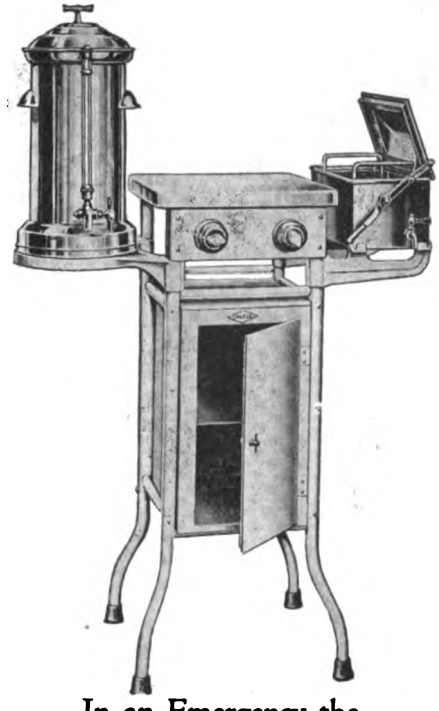

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Emergency Hospitals and First Aid Rooms require exceptionally efficient equipment. Instruments must be handy, and material quickly arranged, so that treatment may be administered without delay.

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Instrument Sterilizer, 11" x 6" x 3½"
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is highly efficient in an emergency. The simplicity of its design, its compactness and convenient arrangement make it easy to operate quickly. It is also extremely durable.

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"There's a *Castle* Sterilizer for Every Purpose"

CASTLE

Semi-Private Beds Given Most Emphasis

(Continued from Page 33)

All of the refrigerators in the main kitchen and in the diet kitchens on each floor are cooled through coils connected with the refrigerating plant in the sub-basement, which also produces all ice used in the hospital. Only filtered water is used throughout the institution.

A special type of patient's signal system was devised for the hospital, by which, when a patient wishes attendance, a small lamp is lit over the patient's door, another in the corridor, one in the nurses' station, and others in the diet kitchen and examination room. In addition to this a buzzer is sounded at the nurses' station, which may be switched off or on at will by a nurse. The lights, however, can be extinguished only by the use of the switch at the patient's bedside.

The nurses' home, in a building on the west side of the hospital property, 150 feet from the main building, contains on the main floor, besides a private room for each nurse, a reception room, a class room and a large living-room. For the executive officers residing in this building are two suites, each consisting of living room, bedroom and bath. This building, as well as the laundry and garage on the east end of the property, is heated from the central heating plant.

The care used in the design of the Carson C. Peck hospital, following such an exhaustive investigation of the field as that made by the trustees, should mean an institution which in operating efficiency as well as in comfort for the patient will approximate perfection. Certainly the hospital as described leaves little, if anything, to be desired.

General Census Should Include Hospital

(Continued from Page 47)

it was decided to gather the information by means of correspondence direct with the institutions. Although, as has been said, this plan is yet operative, the results have been such as to render it extremely doubtful whether this system could be relied upon to yield the detailed and definite data that would be required for a conclusive "hospital census." It is probable that any movement to persuade Congress to authorize a sure-enough hospital census should contemplate the employment of special agents who would take the field for intimate contact with that very considerable proportion of the institutions that either do not keep complete and accurate records or that are heedless of requests by mail for the facts of record.

In conducting his hospital canvass by correspondence, Uncle Sam has recognized it is impracticable to expect officials in charge of hospitals, etc., to furnish facts not provided in their own records. Consequently only such questions have been asked as would naturally be readily answered by these officials. The result has been that the compilations have partaken more of the nature of a "directory" of hospitals and benevolent institutions (with merely enough of statistics to give an idea of the size of each hospital) rather than an intimate census such as is desirable to mirror the full scope and potentialities of these institutions. From the angle of the practical side of hospital operations, there is likewise the quarrel that the reports made by the government have always leaned

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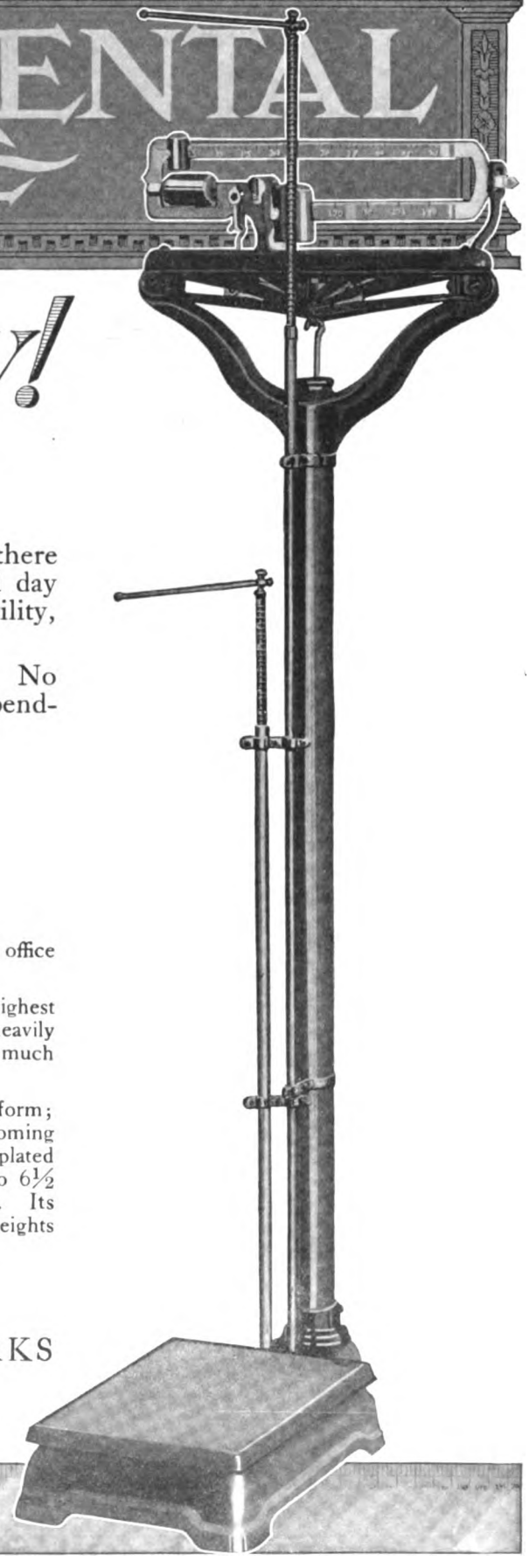

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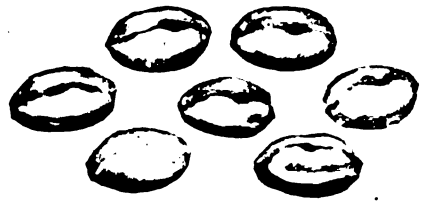

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heavily to consideration of the inmates of benevolent institutions and have somewhat neglected the physical attributes of the institutions which latter are, of course, the vital considerations when it suddenly becomes a question, as during the late war, of utilizing resources to the utmost.

Constructive criticism has also been voiced by well-wishers for hospital progress of the need for analysis of the items appearing in Uncle Sam's hospital survey as heretofore constituted. For example, it is cited that the mere announcement of the total annual cost of maintenance leaves much to be desired, as does the bare total of paid employes, carrying no key to the form of organization or the lines of specialization obtaining in any institution. The Federal statisticians themselves confess to disappointment that it has not been practicable to indicate the respective proportions of hospitals which have resident physicians and which are in charge of superintendents and head nurses.

Those of our readers who have had any experience in enlisting Governmental aid or seeking Congressional authorization, doubtless realize that, other things being equal, it is easier to induce the expansion of a project already established than to gain sanction for a new undertaking. Therefore, something may be said for the suggestion that if the present census of benevolent institutions could be broadened in scope to embrace all hospitals, the needs of the hospital fraternity and of the nation at large might be more quickly served than were the plan to wait upon official approval for a separate and distinct survey.

Census officials tell me that they would welcome authorization to encompass the entire field in their inventory of the nation's capitalization in hospital assets. No other problem that has heretofore confronted the administrative officials at the Census Bureau has equalled in complexity that of deciding which hospitals and sanitariums are eligible to classification as benevolent institutions. The implied obligation has been to exclude from Uncle Sam's catalogue the hospitals which are conducted on an exclusively "pay" basis. As our readers may surmise, though, it is not always easy to draw a distinction. As a general proposition, the Federal statisticians have taken stock of all the hospitals which are open to persons who need treatment, but who, for any reason, are unable to meet the full cost. It has been impracticable, however, to make this a sole basis. On the other hand, the element of self-support through income from pay patients has not been a conclusive test, inasmuch as not infrequently a prosperous hospital with a generous income is one to which the poor and needy may go with the greatest assurance of relief, and is, accordingly, to be looked upon as a benevolent institution in the true sense of the term. When it is figured, however, that Uncle Sam is already willing to gather statistics—albeit incomplete ones—from every hospital supported wholly or in part by public taxation, private endowment or subscriptions, donations and other forms of gift, it will be seen that no extensive concession is needed to stretch the census to cover all the hospitals on our national map.

In connection with any movement to beget on the part of Uncle Sam an appreciation of the need for an intensive hospital index, it is interesting to announce that the U. S. Census Bureau expects to issue in the near future

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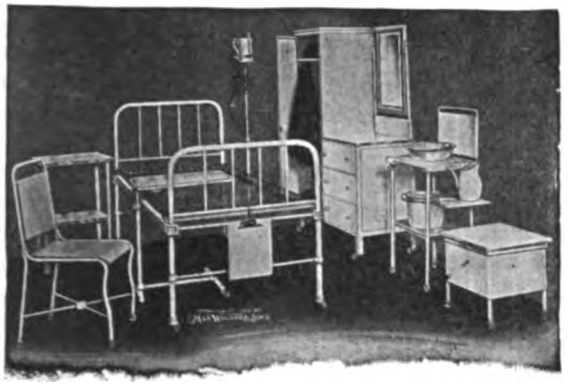

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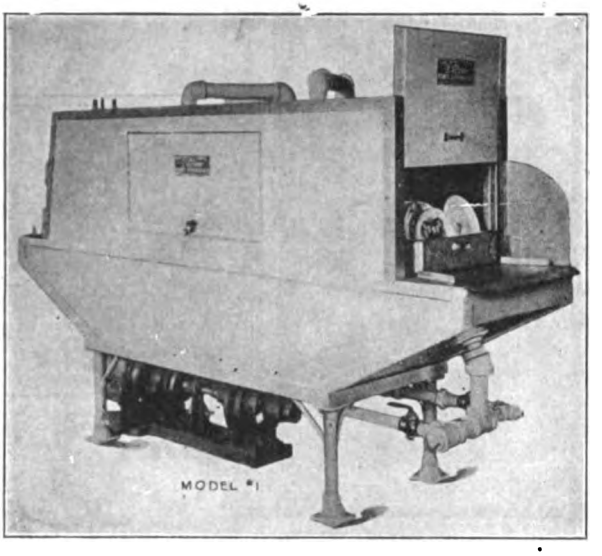

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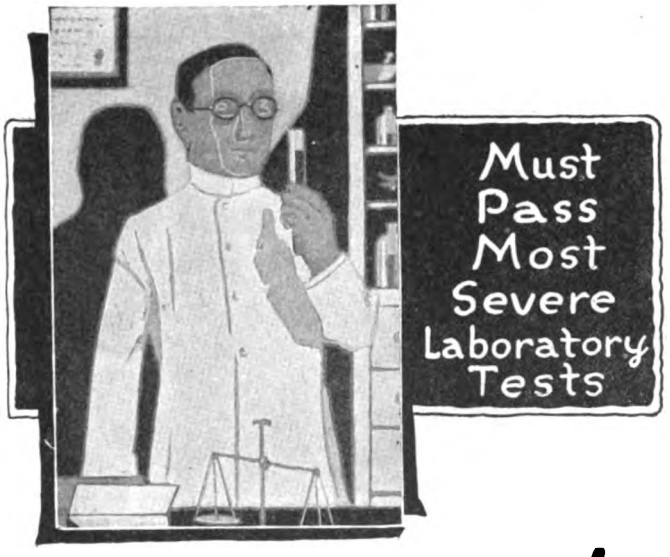

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a "Statistical Directory of State Institutions," which is expected to give the most complete information that has ever been available with respect to state hospitals and sanitariums. The directory has been in preparation for some years, and every effort has been made that it shall be broad in scope as well as complete in survey. Aside from the significance of the issuance of this Directory as indicating a leaning on the part of the Government toward more complete tabulation of public institutions, the new directory of state hospitals should prove valuable because of the marked development in recent years on the part of most of the States of the Union of a disposition to bestow greater attention and accord more liberal financial support to this class of institutions.

Effective Treatment for Burns

In an article in *Annals of Surgery*, Drs. A. M. Fauntleroy and A. W. Hoagland make the following recommendations regarding the treatment of burns:

"Our experience demonstrates to us the value of the following: The need for the quick institution of immediate general supportive measures in patients suffering from extensive burns. The value of fluids in large quantities by mouth and bowel, even before the so-called toxemia or acidosis symptoms commence to appear. Later, during the absorption period, from large infected areas, the addition of the continuous use of small doses of morphine sulphate seemed to us to be of distinct advantage. It certainly serves to keep the patient quiet and thereby reserves his energy for later use. Too much stress cannot be laid on the value of these general measures, used as a prophylactic procedure, immediately following injury, before the advent of those well known toxic symptoms, which are sure to follow in one extensively burned. We deem them far more important than any value obtained by laying too much stress upon the burned area during this initial period. It was again proved to us: That patients extensively burned quickly go into a severe shock the first twelve hours. That reaction from this period may be followed by an equally fatal period on about the fourth or fifth day. That recovery from this period is later followed about the fourth or fifth week by a period in which the element of exhaustion is a very important consideration.

"Our local procedure demonstrated the following: Initial antiseptic cleansing, alcohol, boric acid solution, salt solution, Dakin's Wright's solution all proving equally efficacious. Gentle dressing manipulation during this period with traumatism reduced to a minimum. As soon as possible the application of a simple protectant, paraffin, ointment, gutta percha, or rubber strips.

"Our local measures again proved to us: That no one procedure, wet or dry dressing, wax, ointment, or that no one solution proves equally valuable for all cases. That the individual question of how the particular area reacts to the solution used is an important one. That there is a distinct difference between the mild stimulation and healing effect of bland protectants such as wax, liquid petrolatum, and vaseline. That the so-called "switching time" in the application of these various dressings is a distinctly important one. That some patients cannot tolerate open-air exposure. That the absolute non-interference and non-removal of semi-adherent tags of skin is usually the best procedure."

Will Erect Nurses' Home

Construction of a new $30,000 nurses' home at the Methodist Hospital, Indianapolis, Ind., will soon begin. The building will be modern in every particular, containing 260 rooms.

Miami Valley Gets More Room

Property adjoining the grounds of the Miami Valley Hospital, Dayton, O., has been transferred to the hospital society. The property will be used for an addition to the power plant of the institution, according to hospital authorities.

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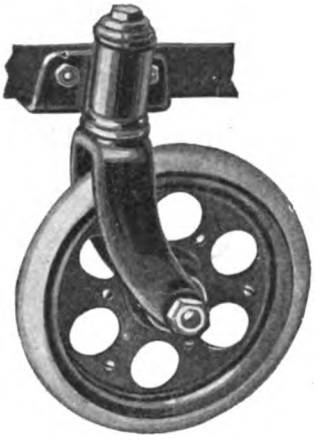

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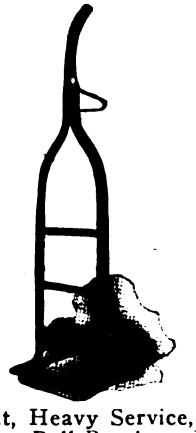

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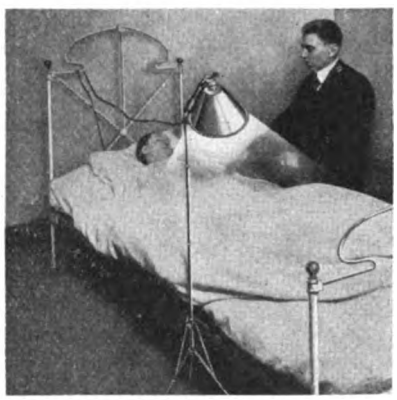

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THE QUESTION BOX

Problems in Hospital Administration
Dealt With From the Practical Side

To the Editor: Please let me know where I can obtain concrete information as to what constitutes a Class A hospital. Our hospital is a 107-bed maternity and gynecological institution, with a social service department, etc., conducted by a board of trustees and thoroughly organized otherwise. I have considerable information, but it is all vague, and I want something concrete.

A MEDICAL STAFF PRESIDENT.

Assuming that the inquiry refers to the classification of the American College of Surgeons, which in connection with its work for hospital standardization has adopted a Minimum Standard and has given "A" classification to those institutions which meet the requirements, the latter have been made fairly definite. In fact, the Minimum Standard was published in the November, 1919, issue of HOSPITAL MANAGEMENT.

The basis for classification is made fundamental, so that it may be applied to any general hospital, large or small. As a matter of fact, no attempt has yet been made to classify special hospitals, but the requirements for an institution of the type described above would be very close to those for a hospital doing general work.

That is, the requirements with reference to laboratory facilities, maintenance of a record system and proper organization of the staff would parallel those which are made for general hospital work, and the maternity hospital operating on that basis would undoubtedly be entitled to a place in Class "A".

Attempting to grade hospitals is a rather thankless task, however, and for that reason the American College of Surgeons appears to be moving slowly. It has not published a list dividing the hospitals into classes on the basis of their service, although such a list will probably be given out later on.

The Bureau of Medical Education and Licensure of Pennsylvania, however, has classified the hospitals in its state, using standards similar to those mentioned as a basis for determining the class into which a given hospital should be put. Inasmuch as it is an official body, with considerable authority given it through the disposition of state funds, its classification naturally carries more weight than one which is necessarily unofficial.

To the Editor: The women here are going to launch a campaign for a small general hospital, but before we start we want much information. We plan a modern, up-to-the-minute hospital of fifty beds, with not more than two beds in a room. What would it cost to build and completely equip such a hospital? What would it cost per year to run it? Can a hospital that size be self-supporting in a town of 25,000, where there are only two very small private sanitariums? What is the best way to raise funds for such an institution, by subscription or by the formation of a stock company?

A LOUISIANA READER.

This inquiry, which covers sufficient scope to satisfy nearly anybody, is typical of the great increase in interest in hospital work in the South, and especially sig-

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If taken piping hot before retiring Borden's Malted Milk induces restful and refreshing sleep. It offers a nutritious, pleasantly palatable, sustaining lunch for tired doctors and nurses.

Samples, analysis and literature on request.

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nificant of the interest which is being taken by Southern women in community problems.

The cost of hospital building and equipment, like everything else, has gone up. Before the war the average cost was from $2,500 to $3,500 per bed, but hospitals built since then have shown a cost approximating $4,000 a bed. Hospital architects and other authorities say, however, that there is no immediate prospect of costs being reduced, and that it is therefore proper to take the present price level as a permanent proposition, and to go ahead with building plans for needed hospital facilities.

Maintenance expenses have likewise advanced. Ward rates in many hospitals were formerly around $1.50 per day, and HOSPITAL MANAGEMENT has even known of service in wards being provided as low as $1 a day. If this figure ever met cost, however, that day has long since passed by. The present-day figures are close to $2.50 a day, and on that basis it would cost about $50,000 a year to maintain a 50-bed hospital.

There is no reason why a community hospital with little or no competition should not be self-supporting. It would be reasonable to charge $4 a day for service in a two-bed ward, and up to $5 a day for private room service, and this would give sufficient income to take care of vacant beds and also to enable the hospital to do a fair share of free work. If the physicians of the community appreciate the hospital as they should, they will give it their support by sending to it all of their cases that require hospital care.

The best appeal to a town for funds can be made in behalf of a community hospital, organized not for profit, and therefore subscriptions taken by an association rather than a stock company can be obtained more easily than otherwise. The fact that an institution of this sort is dedicated solely to the service of the people of the community gives material for a "selling talk" that cannot be surpassed.

To the Editor: I should be very much obliged if you could help me to find the makers of a mechanically driven ward floor polisher and scrubber for stone or terrazzo floors. I understand that such machines can be obtained in America, but so far I have been unable to trace the makers. It seems to me to be so wasteful that all the polishing and scrubbing in English hospitals has to be done by hand.

A BRITISH SUPERINTENDENT.

The inquirer has been given the names of several concerns which manufacture equipment of this character, such as the American Scrubbing Equipment Company, of Chicago, the Kent Vacuum Cleaner Company, of Rome, N. Y., and others.

American hospitals are making wide use of such labor-saving devices, for they not only save money through saving labor, but likewise do better work than can be done by hand, and thus help to keep the hospital building in a more sanitary condition than is possible otherwise. It is interesting to know that British hospital executives are thinking along the same lines.

New Children's Hospital

Work is under way on the children's hospital building of Abbott Hospital, Minneapolis, Minn. The building will cost $100,000. Accommodations provide for 50 patients.

Mercy Hospital Is Opened

The formal opening of Mercy Hospital, Nampa, Idaho, took place recently. The institution was erected at a cost of $85,000. Catholic sisters will supervise the operation of the new institution.

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Let us apply this same "know how" formula to meet *your* needs. We place at your command a force of sterilizer and disinfector consultants unequaled elsewhere, and one of inestimable value to the prospective purchaser of this equipment.

Write us your problems—you will be pleased and helped by the response.

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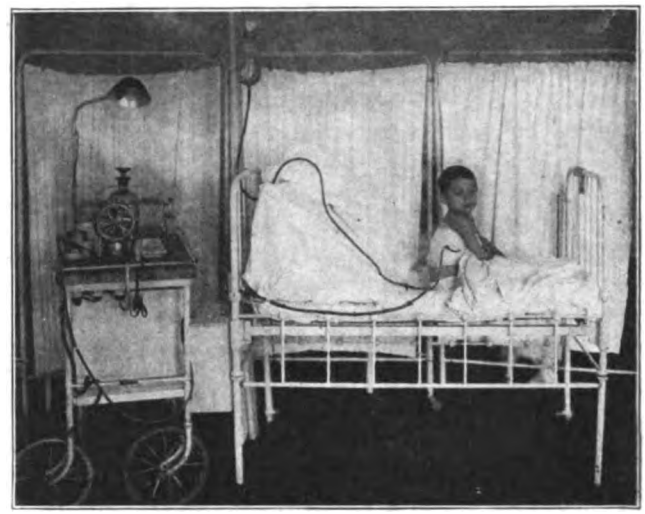

APPARATUS FOR TREATMENT OF EMPYEMA

New equipment for use in the treatment of empyema has been devised by Dr. Ralph F. Harloe, a member of the staff of the Long Island College Hospital, Brooklyn, N. Y., and was described by him in the *Journal A. M. A.* for December 20, 1919.

The accompanying illustration, reproduced through the courtesy of the *Journal*, gives a good general idea of the apparatus, which is described as follows:

A small box hanging from the middle cross-bar at the head of the bed contains a 5-liter bottle fitted with a two-hole rubber stopper through which pass two snugly fitting glass tubes bent at right angles. The tubes pass into the bottle just as far as the shoulder, one being an inch shorter than the other. The short tube is connected with a 3-inch piece of thick walled rubber tubing containing a hard rubber stopcock, which in turn is connected with the tube from an electric vacuum pump. The longer glass tube is connected with about 3 feet of the same rubber tubing, which runs alongside the pillow and is joined through a hard rubber stopcock to a hard rubber Y tube, the stem of which connects with the tube leading from the patient's chest. The third arm of the Y tube connects with a third similar stopcock and a piece of rubber tubing running to a bottle of Dakin's solution on a board above the patient's head.

A guage, graduated in millimeters of mercury, is attached to the pump. If the pump is started at about 40 mm. negative pressure and the stopcocks are turned in the proper direction, the pus will begin to flow freely into the bottle. When the pus ceases flowing, the stopcock in the tube leading to the bottle containing the pus is closed, while the stopcock in the tube from the Dakin bottle is opened and about 50 c. c. of Dakin's solution are permitted to run into the pleural cavity. This stopcock is then closed, the one leading to the bottle is opened, and the Dakin's solution passes from the pleural cavity into the bottle. This aspiration and irrigation is continued until the returning fluid from the pleural cavity is clear.

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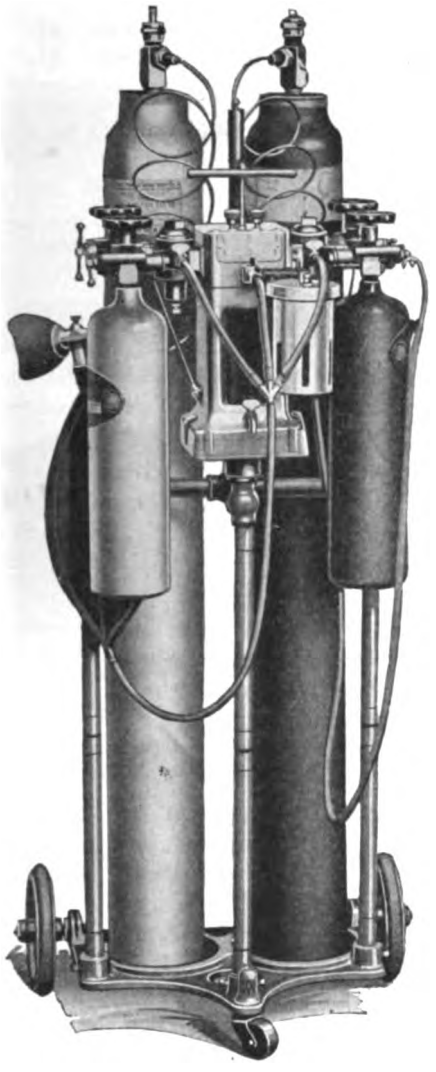

Certainty vs. Guesswork

Every hospital executive knows that errors in anaesthesia occur largely through the inability of anaesthetists to judge of the dosage and control the flow of the mixture; and this fault is a fault of the apparatus used, not of the persons using it.

SAFETY GAS-OXYGEN APPARATUS

1. **Removes the guesswork from anaesthesia.**
2. **It is ECONOMICAL to operate, using from 40 to 60 gallons. N_2O per HOUR.**
3. **It can be successfully operated by any competent anaesthetist.**
4. **It does not, with ordinary care, get out of order.**
5. **It has proved a good revenue producer wherever used, both directly and indirectly.**
6. **Surgeons prefer to operate in hospitals where "Safety" equipment is in use.**

Used in Hundreds of Hospitals— It Has a Place in Yours

There is a hospital near you which has had experience with the Safety Anaesthesia Apparatus, and we shall be glad to refer you to it for detailed information regarding our machine. Actual test of satisfied users is its best endorsement.

The reasons suggested above are sufficient ground for installing Safety Anaesthesia Apparatus in your hospital providing you believe that they are true. The evidence is available—let us show you.

TEAR OUT THE COUPON AND USE IT

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Safety Anaesthesia Apparatus Concern,
Ogden Ave. and Bryan Place, Chicago, Ill.

Please send me the name of one or more hospitals in this vicinity using your apparatus, and full information concerning it, without obligation to me.

Hospital .....

Individual .....

Address .....

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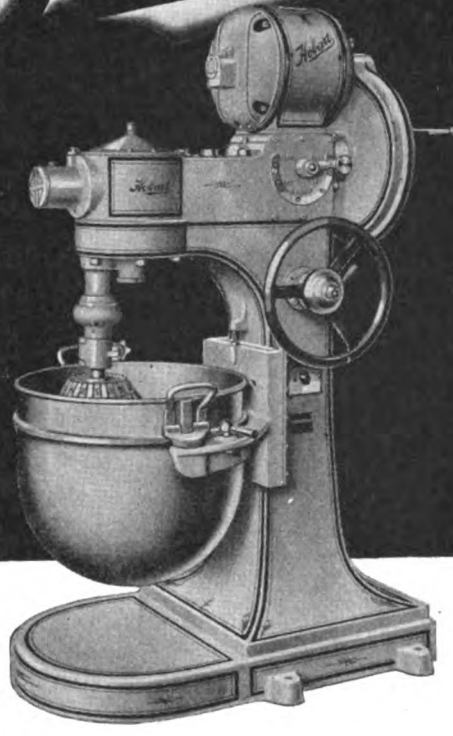
Hobart



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Ready always at the turn of a switch, these machines save time and labor and keep down the cost of food preparation. You get 15 to 30 percent greater volume from eggs, cream, pie, pastry and bread doughs and potatoes through the Hobart's superior stirring, whipping and mixing.

Let a Hobart do your mixing, beating, whipping, chopping, slicing and grinding—let it handle all of your mechanical tasks in the kitchen.

Write for Booklet A giving details of the Hobart's operation in hospitals.

The KitchenAid duplicates, on a smaller scale, the more than 20 operations of the Big Mixer.

The Home of the Good Shepherd, Omaha, Neb., is another hospital using Hobart equipment advantageously.

The Hobart Mfg. Co.

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TROY, OHIO

State Hospitals Expanding

Cure as Well as Care Aim of Institutions for the Mentally Ill

The recent dedication of the site of the Marcy Division of the Utica, N. Y., State Hospital was the occasion for some interesting comments from those concerned with reference not only to state hospital design and equipment, but also the service of the mental or nervous case of the type ordinarily entrusted to the care of state institutions.

Cure rather than merely care was declared to be the object of the service, and the passing of the "lunatic asylum" in favor of the hospital for the insane was emphasized in connection with the establishment of the new institution.

The State Hospital Quarterly, published by the New York State Hospital Commission, presented some interesting material on this subject in its November, 1919, issue. With reference to the general plans and site, the following was stated:

"The dedication of the site of the Marcy Division of the Utica State Hospital marks a new epoch in the development of the state hospital system. The hospital to be built on this site has been planned by State Architect Pilcher to meet every demand of modern sanitary, medical and psychiatric science.

"The capacity of the hospital will be 3,000 patients. Separate buildings will be provided for the infirm, the tuberculous, the epileptic, the disturbed, the untidy, the chronic working patients, the farm workers, the convalescent and other distinct groups. Although each building is specially designed for the class of patients that is to occupy it, all the buildings together form a unity that will be remarkable for convenience, economy and architectural beauty.

"The site is ideal for a state hospital. It is on a gentle rise of ground which overlooks the city of Utica and a broad expanse of the Mohawk valley. An ample supply of water is near at hand and the slope of the land insures perfect drainage. The fertile farm of several hundred acres, which constitutes a part of the site, is a noteworthy feature."

Dr. Charles W. Pilgrim, a member of the state commission, brought out the historical development of state hospital service in his remarks, which included the following:

SERVICE 75 YEARS OLD

"A little more than three-quarters of a century ago the doors of what for many years was known as 'The State Lunatic Asylum' were opened in the city of Utica. As this was the first institution established by the state for the care of its insane, it is fitting that 76 years later the newest and what will be the best planned and best equipped, institution in the country should have its beginning under the auspices of the parent institution.

"When the State Lunatic Asylum was opened there were about 800 insane in the state, confined mostly in almshouses and jails, with the exception of the few who were cared for in private institutions. From that beginning the great system of state care of the insane was developed, until it reached its final stage in the passage

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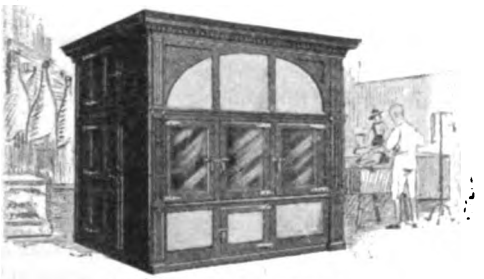

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McCRAY builds refrigerators for every purpose. Thousands of hospitals, hotels, clubs, restaurants, florists' shops, stores and markets depend on McCray for efficient, econonical refrigerator service.

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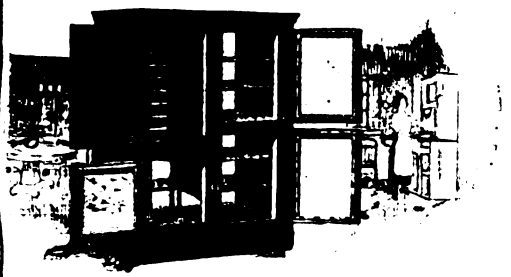
Remember—Thirty years of continuous development have resulted in the perfected McCray System—by which fresh, cold air is kept in constant circulation through the storage chambers. Only in McCray is the hospital certain to obtain years and years of satisfactory refrigerator service. Our position of leadership is a tribute to McCray quality.

FOR HOTELS, CLUBS RESTAURANTS, HOSPITALS, INSTITUTIONS, ETC.

Refrigerators in stock sizes are manufactured to meet the requirements of Hospitals and Institutions—the line is complete. Remember McCray Refrigerators are arranged for either ice or mechanical refrigeration.

Plans Free. Gladly, will our service department furnish plans and suggestions for special built-to-order equipment. Simply send us a rough sketch showing what is desired in the Hospital in which you are interested.

Send for Catalog—Let us send you a catalog that describes a great variety of designs—one to suit every requirement: No. 52 showing many new designs for Hospitals and Institutions; No. 71 for Stores and Delicatessens; No. 63 for Meat Markets; No. 95 for Residences.



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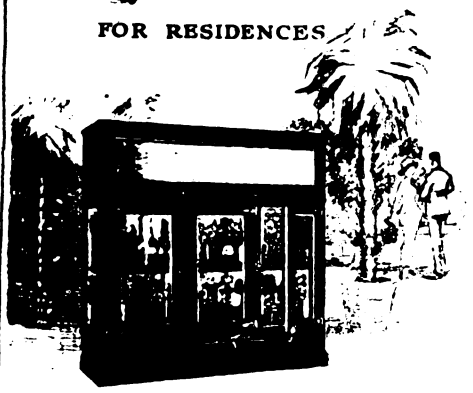
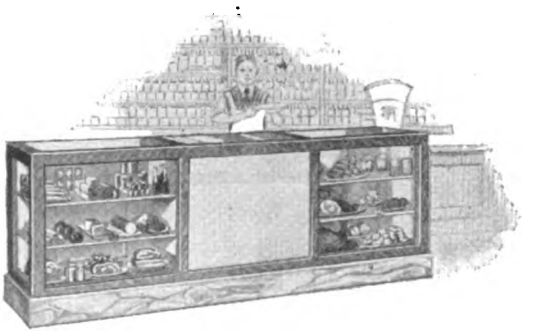


FOR FLORISTS



FOR DELICATESSEN STORES

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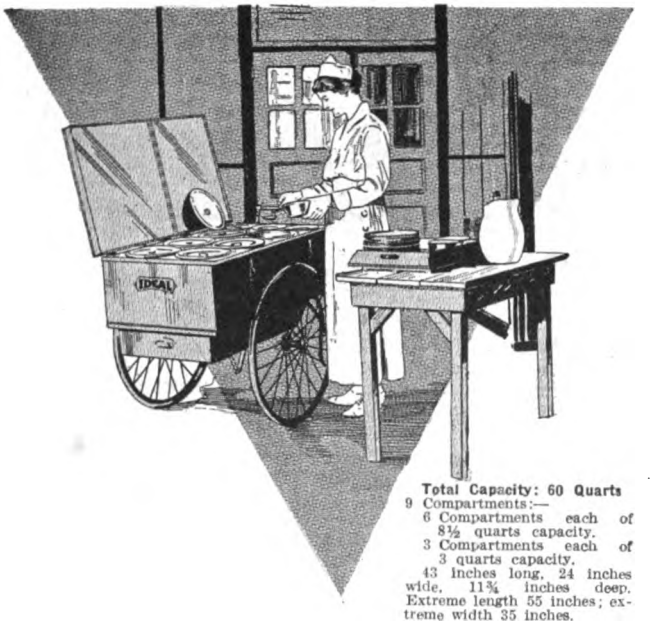


Serve Foods Hotter, Lessen Labor and Expense

Food that is carried great distances from kitchen to diet kitchen and then upon trays through long corridors often reaches the patient in a cold, unappetizing state. You can avoid this by using an Ideal Food Conveyor, which keeps foods hot for hours without re-heating, by the fireless cooker principle of heat retention.

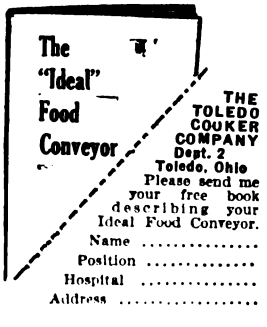
"Ideal" Food Conveyor

is a strongly built, easily handled, noiseless cart, with containers of sufficient capacity to serve 70 or 80 people. In it the food can be conveyed direct from kitchen to ward, where it is easily and quickly served. The Ideal keeps foods clean, preserves their flavor and moisture, saves time and labor in meal service and lessens waste. Hundreds of hospitals are using and endorsing this conveyor.

The New York City Department of Public Charities (Sea View Hospital)

says of it: "Your Ideal Food Conveyor was put in use and was found to be very satisfactory. We are now trying to get through more requisitions." Write for information and names of hospitals using it.

Send for this book



Toledo Cooker Co.

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of the State Care Act in 1890. The passage of this act brought under state care a large number of insane who previously were cared for in county institutions, so that in 1898, when the last state hospital was opened in Gowanda, there were about 21,000 insane needing institutional care, and today that number has increased to about 37,000.

"The increase of 16,000 between 1898 and 1919 has been taken care of by the addition of buildings to existing institutions, and the exercises in which we are taking part today mark the beginning of the first new institution that has been started in twenty-one years. You will, therefore, see what an important event the inauguration of the Marcy hospital is.

"As might be expected, all the hospitals are greatly overcrowded, but if the excellent plan of the State Hospital Development Commission is carried out, as we have every reason to believe it will be, this overcrowding will be completely relieved in the course of the next ten years. As the annual net increase of patients is more than 900, this problem is an expensive and difficult one to solve.

"In addition to the patients a large number of physicians and nurses must be cared for, and recognition of faithful services should be shown by providing suitable compensation and suitable living conditions for those upon whose skill and faithfulness so much depends. There should be something more than words of praise for those who devote their lives to the care and cure of the insane.

"And when I speak of the cure of the insane I cannot refrain from telling you that the prognosis in brain diseases is no worse than it is in the serious diseases of any of the other important organs of the body.

3,469 CASES DISCHARGED

"During the past fiscal year there were admitted into the hospitals of the State 8,674 cases, and during the same period 3,469 were returned to their homes either recovered or so much improved as to be able to live in the outside world without coming into conflict with its customs or its laws. In addition a daily average of more than two thousand others who are not well enough to be discharged are out on parole under the systematic observation of our after-care workers and hospital physicians, before whom they appear at regular intervals at the mental clinics for observation and advice; and many of those who have to remain in hospitals throughout their lives are instructed in some practical occupation, so they become partially self-supporting while leading useful and comparatively happy lives.

"The old legend, 'Abandon hope all ye who enter here,' which was supposed to be written above asylum doors, has been displaced by the Star of Hope, and our institutions of today are hospitals in fact as well as in name. During the past two decades more progress has been made in psychiatry than in any other branch of medicine, and the remarkable work which was done in this field in the world-wide war is known to all.

"Our great need at the present time is for psychopathic hospitals where the care and cure of patients may go hand in hand with teaching and research. Such hospitals should be established in all the large cities of the state, but the need is especially great in New York City. Steps have already been taken to overcome this need, and it

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are so sweet, little or no sugar need be added to them when they are served.

Sealdsweet oranges and grapefruit are noted for their unusually high sugar content and for their agreeable palatability.

Specify Sealdsweet. Look for the trade-marks shown herewith, on boxes and wrappers. Fruit dealers and grocers can supply these fruits.

Shades and Sanitation

You have probably had the usual trouble experienced by hospital people and others in keeping window shades clean, as well as keeping them in repair. The combination offers a problem which is not the least in running the hospital.

The Paris Process System

solves it in every detail. By this system shades are completely renovated, without outside assistance, at low cost, and with the most satisfactory results. Many hospitals have proved this—let us show you.

Your Request Brings the Story.
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An Accepted Absorbent

Cellucotton is five times as absorbent as the best grade of cotton. It sterilizes as easily and successfully as cotton. It is made of pure wood pulp.

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Absolutely Necessary!

That's the verdict of hundreds of physicians and surgeons. They appreciate the sanitary, individual comfort of Individual Towel and Cabinet Service. They will tell you it should be in your hospital.

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Always Ready for Immediate Use

To Make a Dakin's Solution

Just add water to Hyclorite and your Dakin's solution is ready to use without testing, mixing, waiting, or filtering.

A solution so made has the correct hypochlorite strength and alkalinity and meets every requirement of a hypochlorite solution for irrigation of septic cases by the Carrel method. A daily increasing number of hospitals are using Hychlorite for making Dakin's solution because of its greater accuracy and convenience.

HYCLORITE

Concentrated Sodium Hypochlorite

Hychlorite requires no testing.
It is always ready for use.
Just add water and apply.
No waste. No waiting.
Decidedly less irritating than Dakin's solution made by other methods.

Price 32-oz., $1.25

GENERAL LABORATORIES

5109 South Dickinson St.

MADISON **WISCONSIN**

is hoped that New York will soon be provided with a psychopathic hospital which will be a credit to the city and the State.

RESULTS NOT SPECTACULAR

"While our results may not be so spectacular as those of the surgeon and of the physician who treats the more acute diseases, the work of the modern psychiatrist is no less valuable and real, and the despite the great progress in the recent past, I believe that the future holds still greater promise."

The matter of cure of those suffering with mental diseases was also touched on by Senator Henry M. Sage, who as chairman of the finance committee of the state legislature has had to do with the development of state hospital work. He said:

"We have developed a new type of institution, which is the last word in hospital building, and the corner stone of that institution is HOPE. We have gone a long way from the day when the insane man was locked up in a dungeon and fettered.

"The Hospital Development Commission believes that there is no more reason why a man with a mental disease cannot be cured if that disease has attention at an early enough stage, than that a man with a physical disease cannot be cured under like circumstances; and for that reason all our efforts have been exerted toward building a type of institution which is not an institution in which to lock people up for the rest of their lives, but an institution to cure these people and put them back into normal life.

"We know, therefore, if we can only approach that desired end we have made a forward step in the care of the insane, so this institution will be built with the idea that people who are mentally deranged can be taken and cared for and given their freedom before being placed in a chronic hospital, for if they once are incarcerated, they are usually there for the rest of their lives."

Gov. Alfred E. Smith was also among the speakers, and spoke of the need of expanding the state hospital service, stating that while the state had kept abreast of the times in the treatment of mental diseases, it had not kept up with the growing need for institutions of this character. He referred particularly to plans for the development of state hospital facilities in the metropolitan district.

Will Establish Babies' Hospital

A hospital for babies will be erected at the Florence Crittenden Home, Indianapolis, Ind. The institution will provide for 150 beds.

Will Erect Additional Buildings

An appropriation for the erection of additional buildings at the County Tuberculosis Hospital at Indianapolis, has been approved. It will probably amount to $300,000. Dr. Alfred Henry is president of the board of managers of the County Tuberculosis Hospital.

Buffalo To Build New Hospital

Bonds to the amount of $958,882.19 will be issued in February for the construction of an addition to the Buffalo, N. Y., City Hospital in Grider Street. The new institution will replace the Municipal and Wende Hospitals, and provide a minimum of 850 beds, and a maximum of over 1,300.

For Diagnostic Work

Dr. Wm. B. Lingo, Lingo Sanitarium, Atlanta, Ga., is planning a $100,000 diagnostic building. It will contain 50 rooms.

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ESPECIALLY ADAPTED TO THE HOSPITAL KITCHEN

Cypress is dependable for long life and good behavior as interior trim for buildings. For the hospital kitchen it is adapted as though Providentially made for the purpose.

It stands the steam and heat, the changes from wet to dry and remains staunch and true.

The grain is handsome and stays and it takes a most beautiful finish. ALTOGETHER THIS QUESTION OF WHICH WOOD FOR A GIVEN USE IS WORTH LOOKING INTO. Our "Hospital Helps Department" is at your service with reliable counsel, favoring Cypress *only when* Cypress should be used *for your sake.*

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Write us for the Standard Recipe for ***Black Stain*** *on Cypress*

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Buy by the Cypress Arrow which is stamped on each piece or each bundle. It identifies your purchase as true "Tidewater" Cypress.

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In order to separate their general alkali business from the washing soda, because of the growth of both departments, the Isaac Winkler & Bro. Co. have transferred all rights in the brand of

PROSPERITY SODA

to the Carman Supply Co. of New York. Mr. Eli Winkler, president of the Winkler company, has participated in the reorganization of the Carman corporation and will be vice-president of that company. Mr. Chas. T. Chandler, for many years president of the various Carman companies, distributors of general laundry supplies, will be president and general manager of the New York Carman company. Both Mr. Winkler, representing the manufacturer, and Mr. Chandler, an experienced distributor of supplies, will therefore have an active interest in the company.

All inquiries regarding Red or Blue Label Prosperity Soda should be addressed to the

CARMAN SUPPLY CO., Inc.

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"SUDS," the journal of Prosperity, will be continued in the interests of better laundry work with a change of address to The Suds Company, 1105 West Randolph St., Chicago.

Must Use Business Methods

Running a Hospital Is No Different in Its Demands From Other Enterprises

Through an error in make-up, the statement of Daniel D. Test, superintendent of Pennsylvania Hospital, Philadelphia, which was included in the Forecast and Review in December HOSPITAL MANAGEMENT, was given only in part. As his suggestions were especially interesting and pertinent, they are given in full herewith, with the assurance that his remarks will be read with interest:

"At this time when every one is thinking of the new order which is to come out of the war, may it not be opportune for hospitals generally to consider how they can best take their places in this new order?

"The following quotation from an editorial in a recent medical journal seems to apply to hospitals even more than to the medical profession:

"'The new age in medicine—what is it? The answer is that we must think of medicine today as including everything that will make people fit for service. To be fit for service is to be fit to do one's individual part, to be fit as a factor physically, mentally and spiritually in a great nation's progress. It means to be fit for life. In all the history of the world no such tremendous responsibility was ever before put upon a profession. Are the doctors prepared? Do they hear the call? Are they ready for action?'

HAVE HEARD THE CALL

"If we ask the question are the hospitals prepared, we must answer, No. I hope, however, that we can truthfully say they have heard the call and are ready for action.

"The hospital of the future must have a much larger conception of its duties to the community than it has had in the past. With the birth of hospital social service we began to realize that the hospital's duty does not end with the patient's discharge, and more and more it is being realized that hospitals have a duty in all those things which make for the health of the community and state. It is no longer enough for a hospital to give treatment and follow-up care to its patients. In addition to this it must, in the future, be a school from which is radiated the knowledge of preventive medicine.

"If the new conditions which confront our hospitals are to be met in a satisfactory manner, there must be a recognition of the fundamental principle that the running of a hospital is a real business and must be conducted on ordinary business principles. The failure to recognize this and the attitude which many seem to have that conducting a hospital is something apart from a regular business proposition, and a place where one can satisfy his hobbies, is the cause of much of the failure in hospital management. It becomes almost a tragedy when men who are signally successful in their private business affairs insist upon forms of organization and methods of management which would mean failure in their own business. Until this condition is recognized and changed, we cannot hope for our hospitals to take their proper places in their respective communities."

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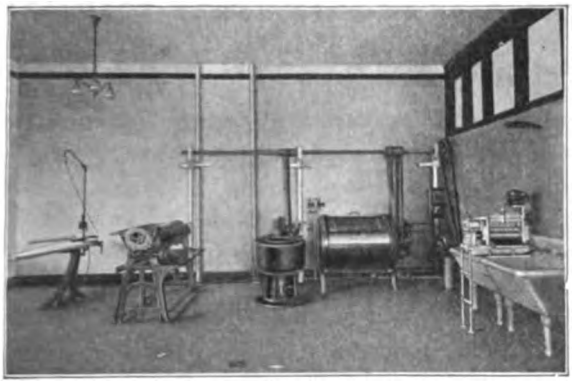

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and strike hard against paying high prices for Rubber Sheeting. Do not be misled by exaggerated statements. Accept facts only. Velvet Finish Rubber Sheeting has been tried and tested in every conceivable manner to give service, and if it does not meet every requirement you can return same at our expense. LEARN TO BUY RUBBER SHEETING ON YOUR OWN JUDGMENT.

Rubber Sheeting Velvet Finish

Double Coated, White or Maroon

36" ..... $1.25 yard
45" ..... 1.65 yard
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Adopted as standard by State Institutions.
Rolls 25 and 50 Yards.

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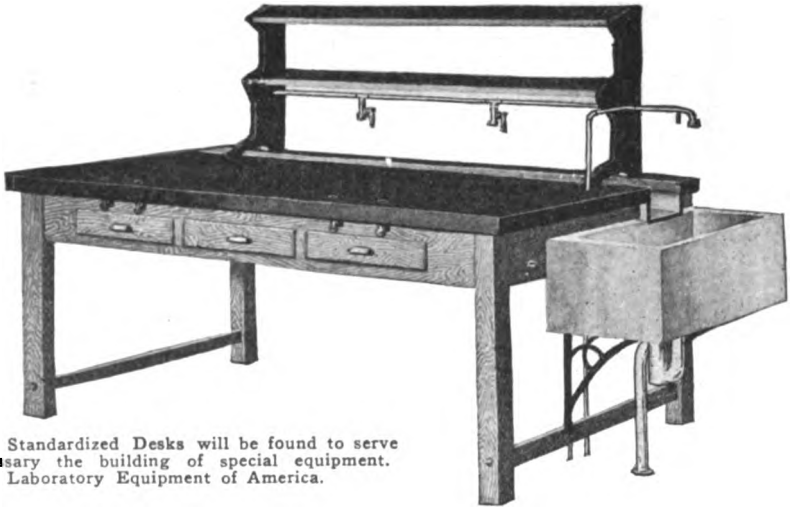
Special Laboratory Equipment Often is Unnecessary



For the Hospital Laboratory, Kewaunee Standardized Desks will be found to serve economically every need, making unnecessary the building of special equipment. **Kewaunee is the Standardized High Grade** Laboratory Equipment of America.

Kewaunee Laboratory Furniture

The correct manufacture of modern laboratory furniture requires an exactness and special attention to detail that cannot be performed by untrained or inexperienced workmen. Our years of experience devoted exclusively to the production of laboratory furniture, our complete factory equipment of modern cabinet-making machinery, with skilled cabinet-makers trained in this special work, our extensive floor space and vast dry-kiln and tempering-room capacity, enable us to extend intelligent service and to supply laboratory furniture of the very best type of construction, of quality and of adaptability.

Blue prints, showing locations of floor connections, will be sent on request to prospective customers. We will make drawings gratis, upon receipt of specifications.

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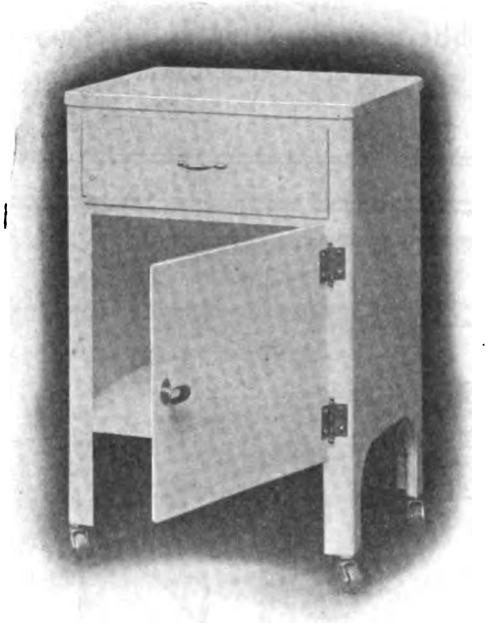

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1920 Price Ranges Higher

No Indication That H. C. of L. is Likely to Be Reduced for Hospitals

The state of the various supply markets just now makes necessary a repetition of the comment that there is as yet no sign of a downward tendency in prices, and that, on the contrary, in virtually every line higher quotations are being made. For example, opening prices on 1920 canned vegetables are higher than similar prices on the 1919 pack, a year ago, and well-informed men state that there is little question that the prices now prevailing for these goods will seem very attractive before any 1920 goods are placed on the market.

The absorption of the goods placed on the market by the Government, and the fact that there was not a large crop in 1919, furnish the reasons for the high quotations on 1920 futures. On the other hand, it is predicted that in spite of an improving export demand for canned fruits, which is moving them out of the country at the rate of over $5,000,000 a month, as indicated by the most recent figures, no higher prices are expected in this line in view of the excellent California pack last year.

Teas and coffees are both steady and strong, with the probabilities indicating higher prices, especially for tea. Steadily rising prices have apparently not affected consumption of either commodity, and limited supplies, owing to reasons previously pointed out in this column, are behind the advancing market.

The state of the cotton and other textile markets is in no way different from what has been expected by those who have watched these markets. Record prices for raw cotton resulting from a limited crop of extremely poor quality, reduced production at the mills, coupled with high wages and a world-wide demand have combined to bring about a real shortage of nearly all of the staple cotton products. The needs of consumers, reflected in low stocks in the hands of dealers, are keeping the market bare, and the difficulties which mills are having in meeting the demand account readily for higher prices. Export demand cuts a very important figure here.

An interesting factor in the drug markets is the continued inability of buyers to secure the needed quantities of many preparations formerly imported, due to the indifference of American chemical and drug houses to such products as apparently have not an extensive market. The success with which domestic concerns have entered the dye industry and other commercial chemical lines, where markets are large and possible business therefore great, indicates their ability to handle this sort of business, but it is pointed out that similar inducements do not seem to exist in the case of drugs for purely medicinal purposes. The same applies to laboratory drugs.

Thus ergot, at $15 to $22 a pound, formerly secured from Russia; pyramidon, at $2.50 to $3.25 an ounce; sulpho-cyanate and the permanganates, are all scarce and high. On the other hand, such products as alcohol, glycerine, carbolic and phenol or phenol substitutes, made in quantity in this country, can be had at relatively low prices.

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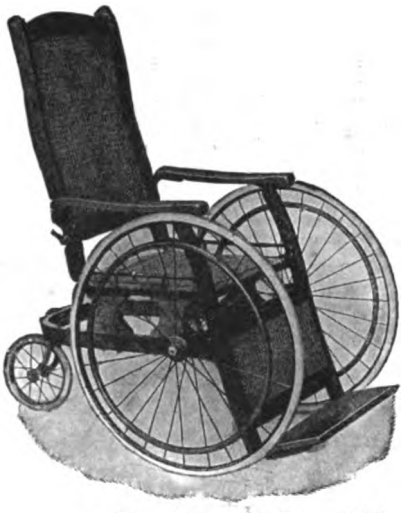

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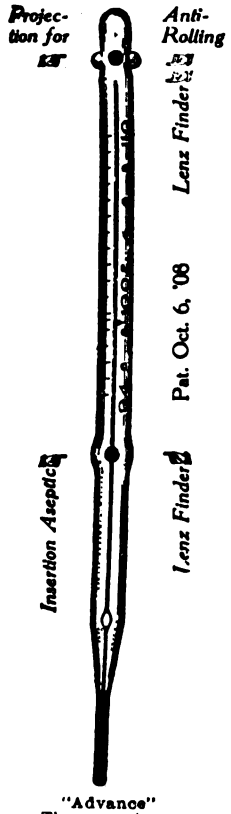

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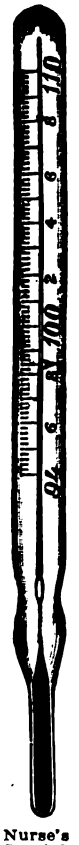

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FOR THE HOSPITAL BUYER

Burnishing Surgical Instruments

A process which bids fair to eliminate hand polishing and burnishing of surgical instruments has recently been developed by the American Laundry Machinery Company, of Cincinnati. With it instruments used in the hospital can be burnished with little or no labor on the part of the nurses, who are thus freed for other and more important work.

Before the process was introduced to hospital superintendents, exhaustive tests were made at Cincinnati with the co-operation of the Cincinnati General Hospital.

During the American Hospital Association convention some of the burnished instruments from the Cincinnati General Hospital were shown to leading surgeons for their criticism. They agreed the results were superior to those obtained by other methods, and stated that if the process did not remove any silver or nickel plating from the instruments, it was a valuable labor-saving device.

One of the greatest features is the saving made in the replating bills. In nearly all hospitals the greatest expense in the care of the instruments has been the item of replating, due to the fact that polishing or burnishing has heretofore been done by hand, which means the use of abrasives and vigorous rubbing with stiff brushes, all of which wears away the silver or nickel surfaces. Tests show that the amount of plating removed by the Tahara process is negligible.

In many hospitals at least 90 per cent of instrument repair bills are for replating. This item today is increasing in size, in view of the rising prices of plating materials.

The Tahara process consists of a Tahara silver burnishing machine and a supply of Tahara soap and Tahara mixture, a compound of hard steel balls and pins. The main part of the machine is a revolving cylinder or barrel which is partially filled with the small hard steel balls and fine pins or Tahara mixture. Instruments are placed in this barrel, which is rotated electrically. The principle applied to the burnishing of the instruments is the same as that used by manufacturing jewelers in burnishing. However, instead of applying only one small tool to the surface, the round steel balls and sharp pins rolling over the instruments have the same effect as if the one small tool of the manufacturer was greatly multiplied, bringing the surfaces at all times in contact with the balls and pins which act as burnishing tools.

The oil of the soap which is placed in the barrel acts as a lubricant besides absorbing a great deal of the dirt. The steel pins are so shaped that they reach into the small angles and hinges of the tools, which would be very difficult to reach by hand polishing. The time required to burnish instruments depends entirely on their condition. If they have not been burnished for some time or have been taken care of only by hand methods, it will be necessary to leave the instruments in the machine 20 to 30 minutes in order to bring back the original lustre and burnish to the plating. However, after they have been put through the machine once or twice and the original lustre regained, a run of 10 or 15 minutes has been found ample to clean and keep the instruments in perfect condition.

"Window-Wall" and "Ventilite"

The Window-Wall Company, of Marietta, O., has perfected two devices which have points of decided practical value. The "Window-Wall" is, as its name indicates, a window which furnishes a wall also, its chief object being to enable ordinary porches to be turned into sleeping porches adequately protected from the weather. The "Window-Wall" installation provides for the ordinary glass sash, an all-weather sash admitting air and light, but excluding rain, snow and wind, and a fly screen, all in a single unit. The company states that it has proved highly popular and practical for use in sleeping porches of private dwellings, and will introduce it for hospital use, inasmuch as the features named make it peculiarly suitable for that purpose.

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¶ Correspondence with superintendents and staff members is invited and will be welcome as we are anxious to demonstrate our desire to co-operate with them in every possible way.

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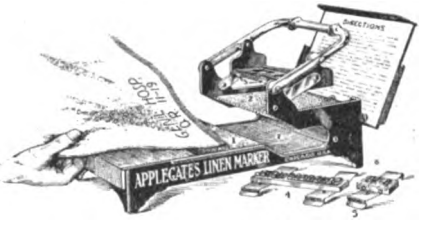

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The fact that by using the unit there can be accomplished complete control over the extent to which fresh air is admitted, while at the same time undesirable elements, including of course rain and snow, as well as dust, can be excluded, is of obvious value to the hospital. The therapeutic value of sunlight, now universally recognized, has resulted in the past few years in a considerable increase in the use of sun parlors and sleeping porches in hospitals, and any device calculated to make these important parts of the hospital more comfortable and livable is certain of wide use.

The "Ventilite," the other device made by the concern referred to, is a metal door or window ventilating unit which is susceptible of a wide usefulness, as it enables a room to be ventilated without admitting rain or snow or light, if light is not desired. It has been installed in a good many cases in place of the ordinary transom, saving construction expense while providing an up-to-date appliance instead of an old-fashioned and cumbersome one. It is, in brief, an adjustable metal ventilating unit.

The Window-Wall Company has been in business only since April, 1919, at which time it began manufacturing the devices referred to, under its patents. Since that time it has secured representation in virtually every city in the country of any size, and has familiarized architects with "Window-Wall" and "Ventilite" to such an extent that they have been specified and installed in many buildings, including hospitals, where, as suggested, they are especially useful.

New Casement Window

A casement side-opening window, hung from the top and perfectly weather tight, has been placed on the market by the Andrew Hoffman Manufacturing Company, of Chicago, and the features indicated, as well as others of a practical and useful nature, make the window especially suitable for hospital use. The attractive appearance of casement windows, as well as the value of the larger opening which they afford, has always been recognized by architects and builders, but the difficulty involved in making them weathertight and in adjusting them to a limited opening has restricted their use.

The Hoffman casement, however, appears to solve these difficulties, the device by which they are hung from the top and held in place at the bottom slides in weather stops which completely exclude air and water, while the fasteners enable them to be firmly adjusted at any angle desired, or tightly and completely closed.

Electric Specialties For Hospital Use

The Simplex Electric Heating Company, of Cambridge, Mass., has several electrically-heated specialties capable of useful employment in the hospital, including a range suitable for diet-kitchen use, a radiator for heating, and a heavy-duty electric range, with separate bake-oven. The company states that the advantages of the electric cooking equipment referred to is the speed with which heat can be obtained, owing to certain improvements recently developed in these lines.

Ventilating Equipment Described

The L. J. Wing Mfg. Company, 352-362 West Thirteenth Street, New York City, recently issued its Bulletin No. 58, devoted to detailed information about its line of "Scruplex" fans and exhausters for ventilating purposes. Interesting figures and diagrams are given, which should be extremely interesting to hospital executives who are studying the problems of ventilation involved in various parts of their buildings.

New Equipment Catalog

One of the most complete and interesting of the new hospital and surgical equipment catalogs is that of the Frank S. Betz Company, Hammond, Ind., which, with several special catalogs, including one devoted exclusively to hospital equipment, can be had on application to the company. The comprehensiveness of the larger catalog, which is the company's No. 20, may be gathered from the fact that the index of its contents consists of sixteen columns of closely-printed matter.

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The Lungmotor has demonstrated its indispensable usefulness in the hospital times without number, saving lives which would otherwise have been lost, and winning the emphatic indorsement of hospital superintendents, physicians and surgeons, anesthetists, and all others who have had opportunity to witness its wonderful efficacy in restoring respiration. Its superiority for this purpose over manual methods is indisputable.

How Many Do You Need?

When you consider the fact that need for the use of the Lungmotor may arise simultaneously in several departments, it seems that every hospital should be prepared for emergencies, by having several of the machines on hand. In the operating room, where the patient may not rally properly from the anaesthetic; in the delivery room, where mother or child, or both, may need the Lungmotor; in such emergency cases as drowning or electric shock, brought to the hospital—the Lungmotor is the one thing meeting the need.

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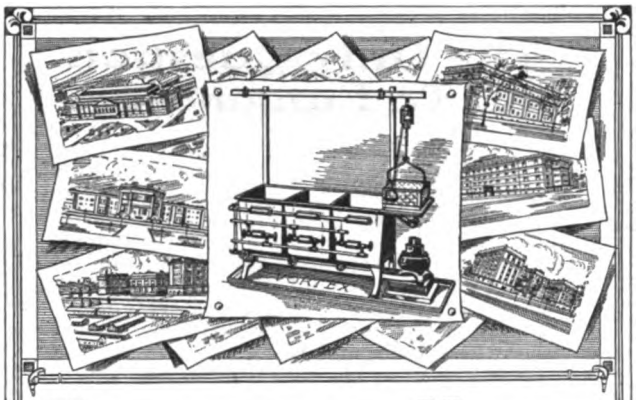

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Speedway Hospital Plans

The latest news from Washington concerning the completion of the much-discussed Speedway hospital, near Chicago, is to the effect that Congress refused to appropriate money for the purpose of building housing facilities for physicians and nurses, and that three of the seven wings of the existing building will be used for that purpose. According to Edward Hines, owner of the property, the $3,000,000 which has been appropriated to finish the building will be sufficient.

Fire at Johns Hopkins

A recent fire in the pathological building of the Johns Hopkins hospital group, at Baltimore, did considerable damage to equipment and material, a number of rare specimens being saved by members of the staff. The fire was confined to the one building, and there was no loss of life or injury to anybody in the hospital.

Hahnemann Hospital Sold

The old Hahnemann General Hospital, of Baltimore, was recently sold at public auction, Dr. A. G. Rytina purchasing the property for $38,000. It will continue to be used for hospital purposes, according to Dr. Rytina, but no details have been announced. The sale resulted from the desire of mortgage creditors to liquidate their claims, and the amount realized was sufficient to take care of all creditors, with a residue for stockholders. The Hahnemann General Hospital was incorporated in 1904 as the Maryland Homeopathic Hospital, and in 1915 was consolidated with St. Luke's hospital. The institution had been closed for several months before the sale.

Gifts to New York Hospitals

A number of New York hospitals benefited by the will of the late William Salomon, of that city, the following requests being provided for: Mt. Sinai Hospital, $10,000, and $5,000 each to the Presbyterian Hospital, Roosevelt Hospital, New York Throat, Nose and Lung Hospital and the Herman Knapp Memorial Hospital.

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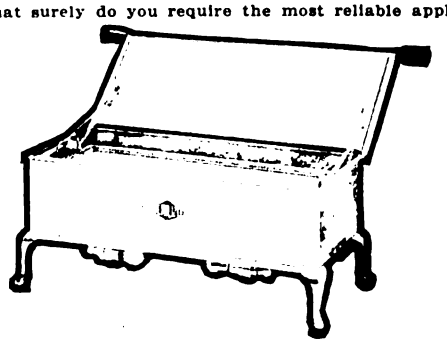

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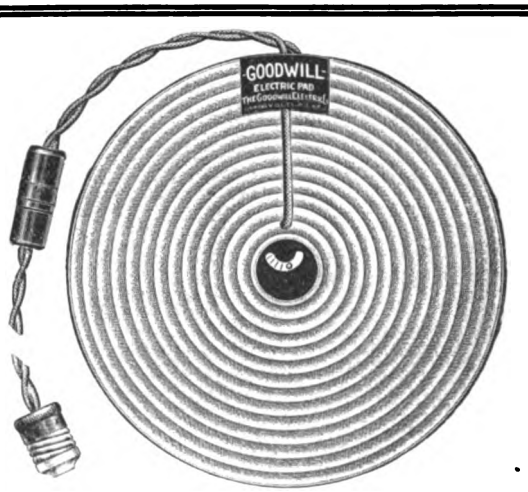

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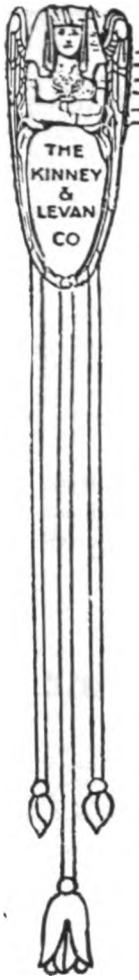

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POSTGRADUATE COURSE IN OBSTETRIC NURSING

The Chicago Lying-In Hospital offers a four months' postgraduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the out department connected with it. On the satisfactory completion of the service a certificate is given the nurse. Board, room and laundry are furnished and an allowance of $10 per month to cover incidental expense.

Affiliations with accredited training schools are desired as follows: A four months' course to be given to pupils of accredited training schools associated with general hospitals. Only pupils who have completed their surgical training can be accepted. Pupil nurses receive board, room and laundry and an allowance of $5 per month. Address Chicago Lying-In Hospital, 426 East 51st Street, Chicago, Ill.

HOSPITAL AFFILIATIONS WANTED

The Douglas Park Hospital, 1900 So. Kedzie Ave., Chicago, Ill., wishes to affiliate with hospitals to give their nurses their obstetrical training. Post-graduate courses will also be given.

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Wanted—Position as hospital superintendent or assistant, by a man with many years of experience in hospital work, including that of superintendent. Address A-87, HOSPITAL MANAGEMENT. 1-20

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Wanted—Experienced man, between 18 and 30 years of age, as technician in histological laboratory. Applicants should be expert in both colloidin and paraffin work. Apply, stating experience and references, to Prof. Bensley, Hull Laboratory of Anatomy, University of Chicago. 1-20

Wanted—Female assistant physician on the medical staff of the Northampton State Hospital. In applying give full statement of qualifications and experience, if any, and include references. J. A. Houston, M. D., Supt., Northampton, Mass. 2-20

Wanted—Assistant matron and housekeeper for a large northwestern general hospital. In answering give qualifications in detail, experience, married or single, age, salary, etc. Correspondence confidential if requested. Address A-92, care HOSPITAL MANAGEMENT. 12-19

Wanted—Woman physician to serve as intern in the New Orleans Hospital and Dispensary for Women and Children; competent to act as radiologist and pathologist. Salary $75, board and washing. Apply to Dr. S. T. Mayo, 518 Macheca Bldg., New Orleans, La. 3-20

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The enviable record of the Crescent Glass and Dish Washing Machine and the nation-wide prestige which it has earned have created a needful opportunity for closer association between company and product—and the adoption of a new company name is for the sole purpose of identifying this efficient machine more intimately with the company which manufactures it.

Absolutely no change in machine, manufacturing personnel, factory or policy

There is no change in management or ownership, but simply the adoption of a new name that is shorter and better expressive of the business. Customers are familiar with this name, as it has long been used as the company trade-mark.

Crescent Washing Machine Company
(Formerly Bromley-Merseles Mfg. Co., Inc.)
835 Larrabee Street
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HOSPITAL MANAGEMENT

Vol. IX February, 1920 No. 2

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Medical Service of Standard Oil Company—Page 52

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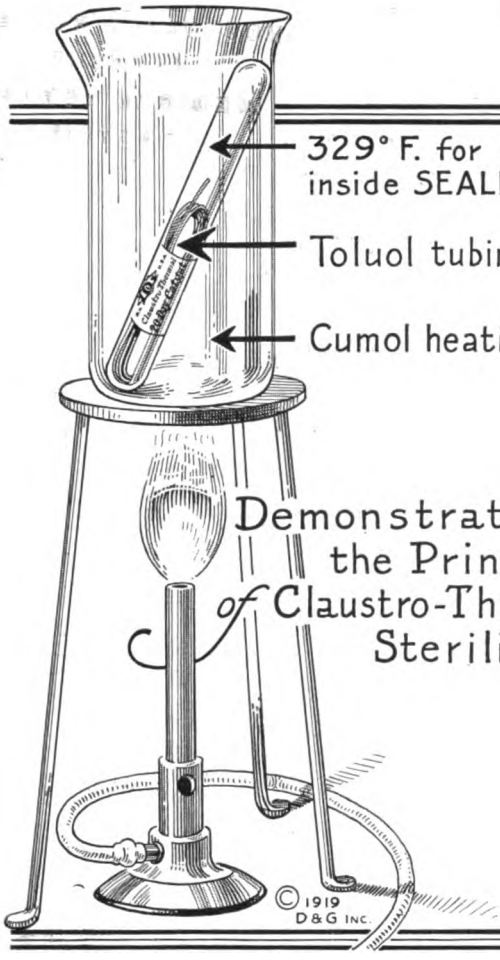

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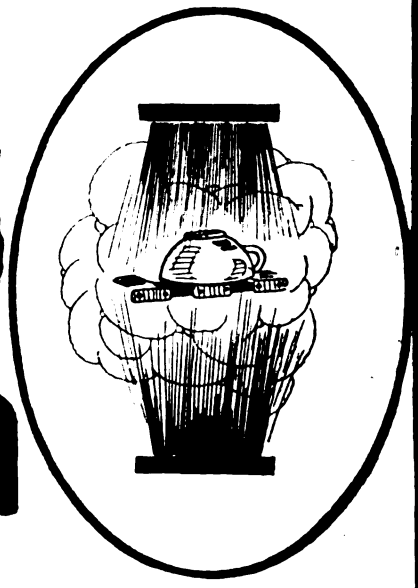

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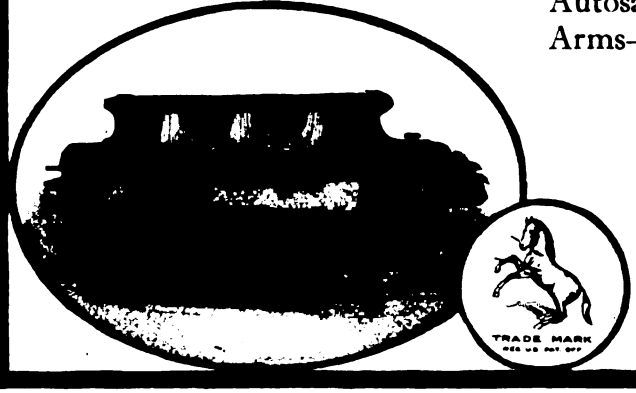

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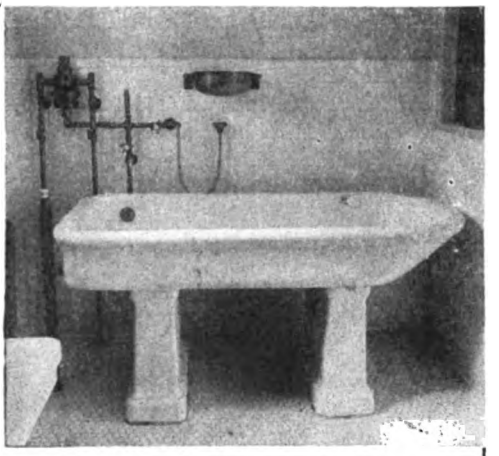

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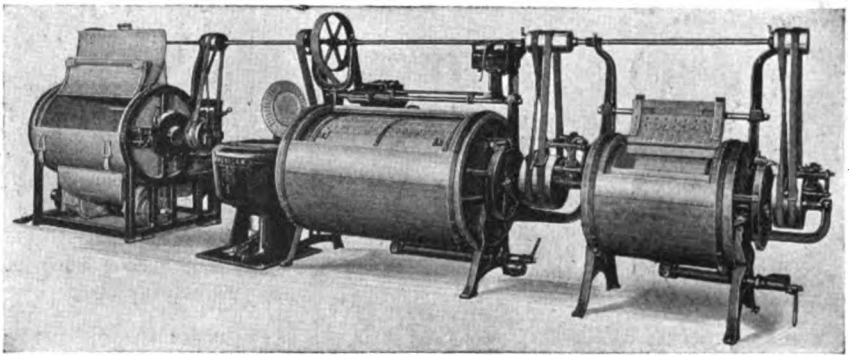

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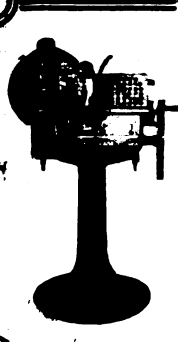

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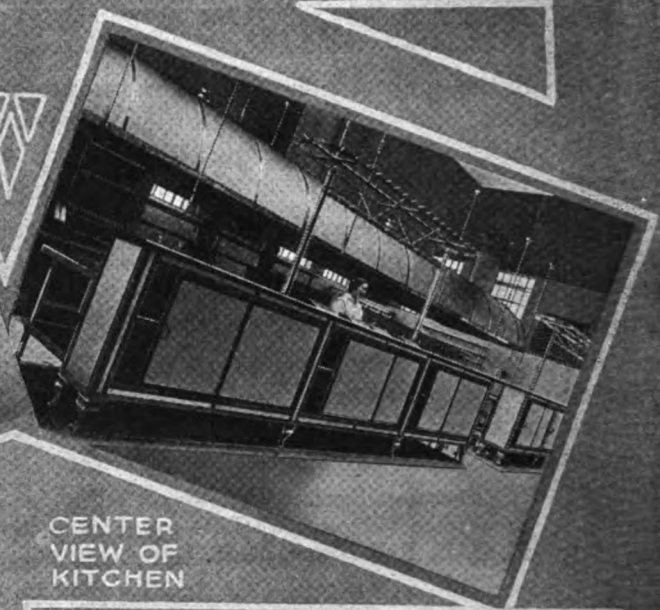
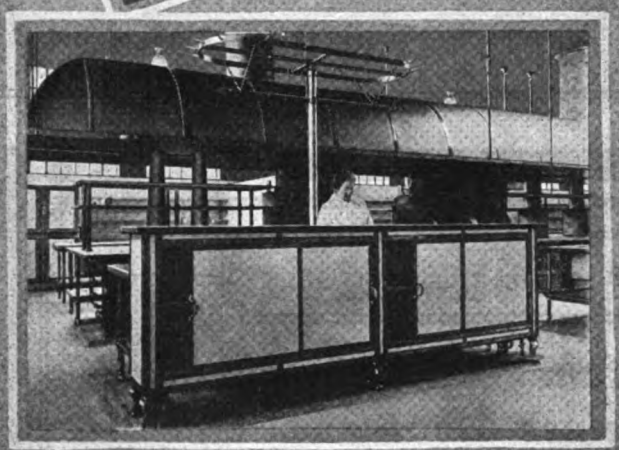
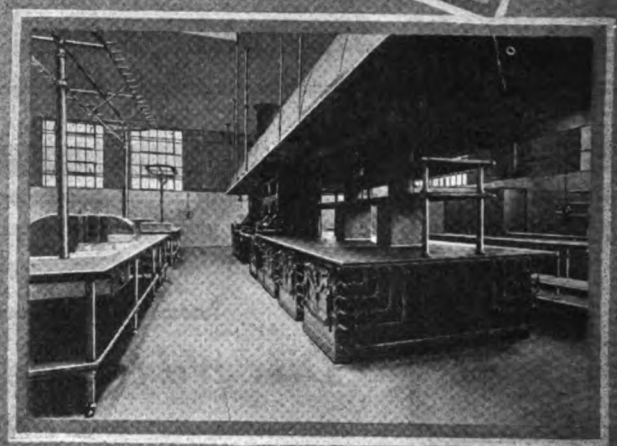


CENTER VIEW OF KITCHEN



DIET KITCHEN SECTION



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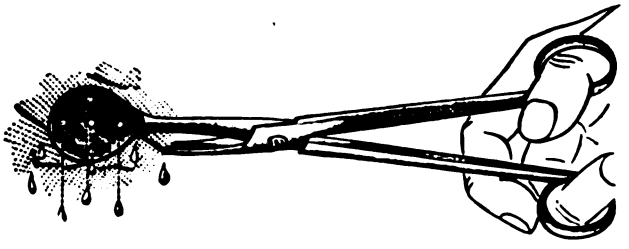
Forceps for Handling and Squeezing Alcohol Sponges

Suggested by Mr. A. S. Bacon, Supt.
Presbyterian Hospital, Chicago



The forceps illustrated here was made by us during the war in accordance with directions received from Mr. Bacon. It is intended for the purpose of handling and squeezing alcohol sponges in the bottle instead of squeezing them in the hand and wasting a lot of alcohol.

The instrument has proven such a great success that now all of the operating and dressing rooms of the Presbyterian Hospital and several other large Institutions have been supplied with these forceps and the use of them has resulted in a great saving of alcohol. The length of the instrument is 9 inches.

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The Sanitary Wash Room Truck

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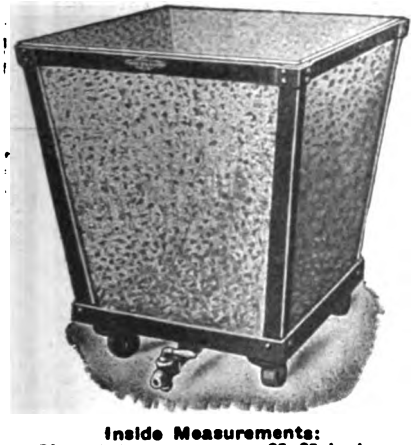

Inside Measurements:
Size at top . . . . 25x25 inches
Size at bottom . . 19x19 inches
Depth of vat to false bottom, 25 inches

Is known by the trade everywhere for its durability and everlasting service.

The Sanitary Wash Room Truck is designed for holding the garments in taking them from the washer to the extractor, by unloading the washer, putting the garments into the truck and conveying them to the extractor.

In case your extractor should be in use, the truck can remain standing and used as a receptacle for holding the garments.

Owing to the construction of the truck the garments are allowed to drain freely without coming in contact with the drainage, due to a false bottom arrangement on the inside.

Notice the draw-off cock at the bottom for the purpose of drawing off all drainage.

The galvanized vat or tank is separate from the steel frame and can be removed when necessary for cleaning. This truck is thoroughly sanitary and practically indestructible.

NOTICE this added improvement—Every truck is equipped with our new anti-friction, roller bearing, swivel, thread guard casters.

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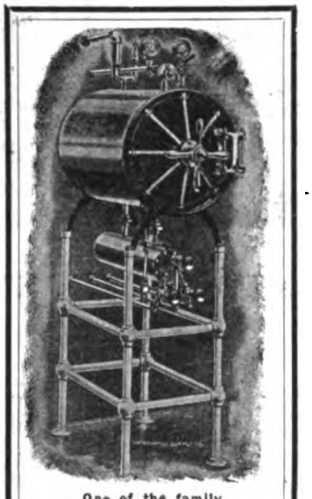

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Sterilizers of Every Description for Every Purpose.

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Pertinent Paragraphs, Quickly Read and Easily Digested.

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"H. C. L." might well stand for "Hospital Costs Lifted." There is no institution but has felt the pressure of increased administrative expenses. This growing burden has been difficult to shift on to other shoulders. Fixed expenses must be met, and there can be no let-up in the care and convenience of the patient. The best food, drugs, and supplies must be bought, otherwise efficiency is seriously impaired. There is one suggestion we have to make at this time, which may be of assistance to Hospital Superintendents in reducing fixed charges for drug supplies. Briefly, this is to Get On the Preferred Customer List of The Abbott Laboratories. This in itself will effect an additional saving of 15 per cent. Only $200.00 worth of supplies need be bought in one year to secure the best Hospital discount.

Send, at once, for details of this Special Money Saving Arrangement to The Abbott Laboratories, 4757 Ravenswood Ave., Chicago.

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Dr. Dakin's Water Purification Tablet, Halazone, is being used in hospitals for the disinfection, and complete sterilization of dishes, cooking utensils, laundry plants, milk bottles, and cans, floors, apparatus, bathrooms and swimming pools. Bulk prices on Halazone will be quoted on request to The Abbott Laboratories, Chicago.

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Section of Kitchen—
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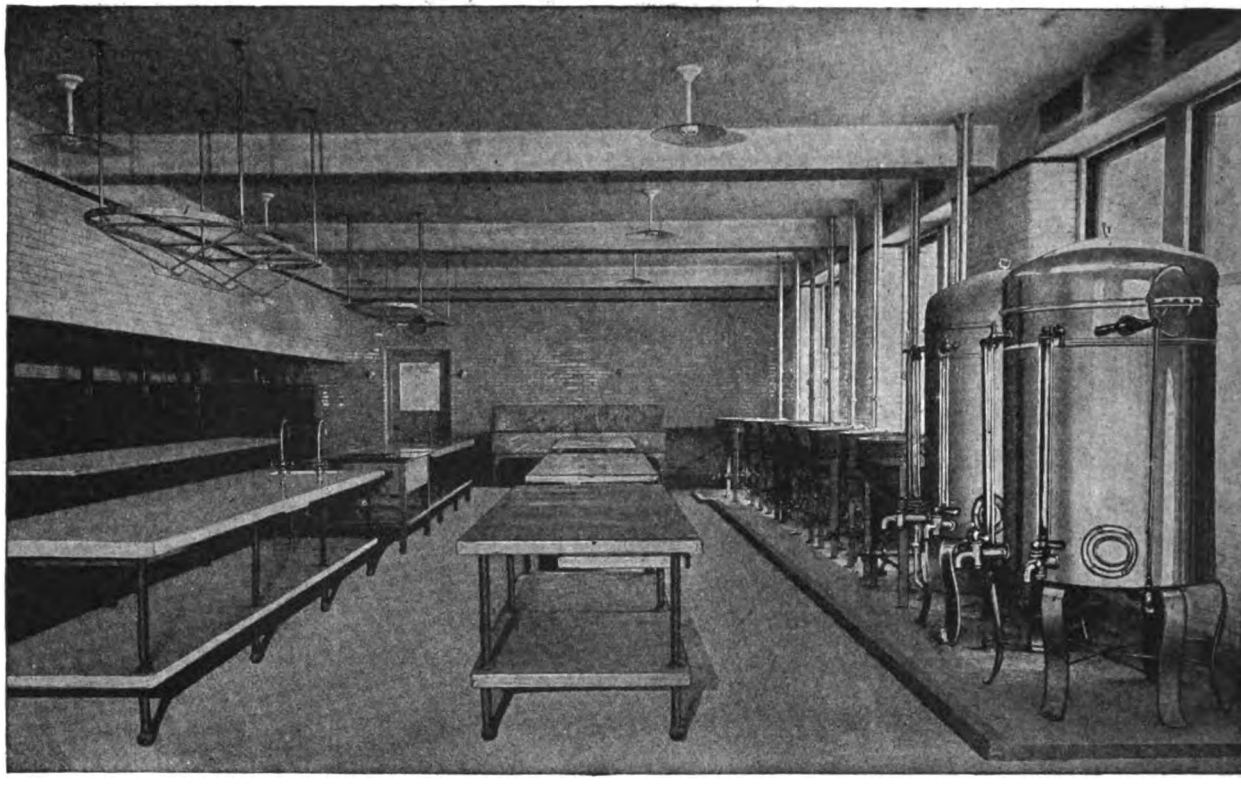

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Silverware
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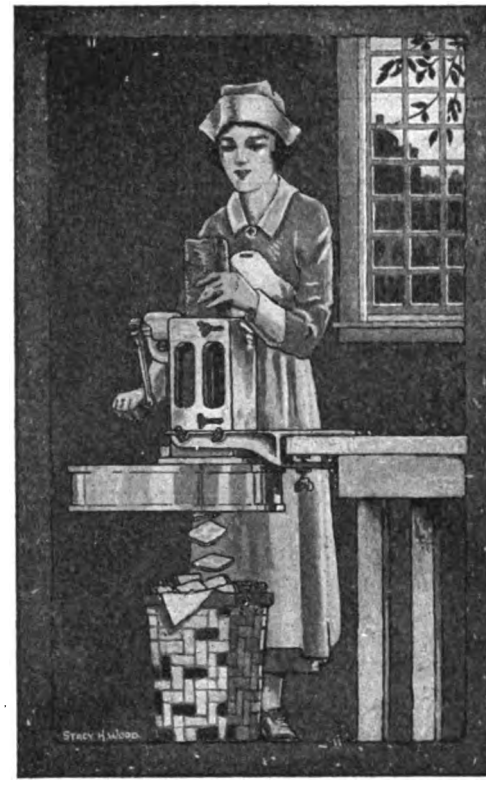

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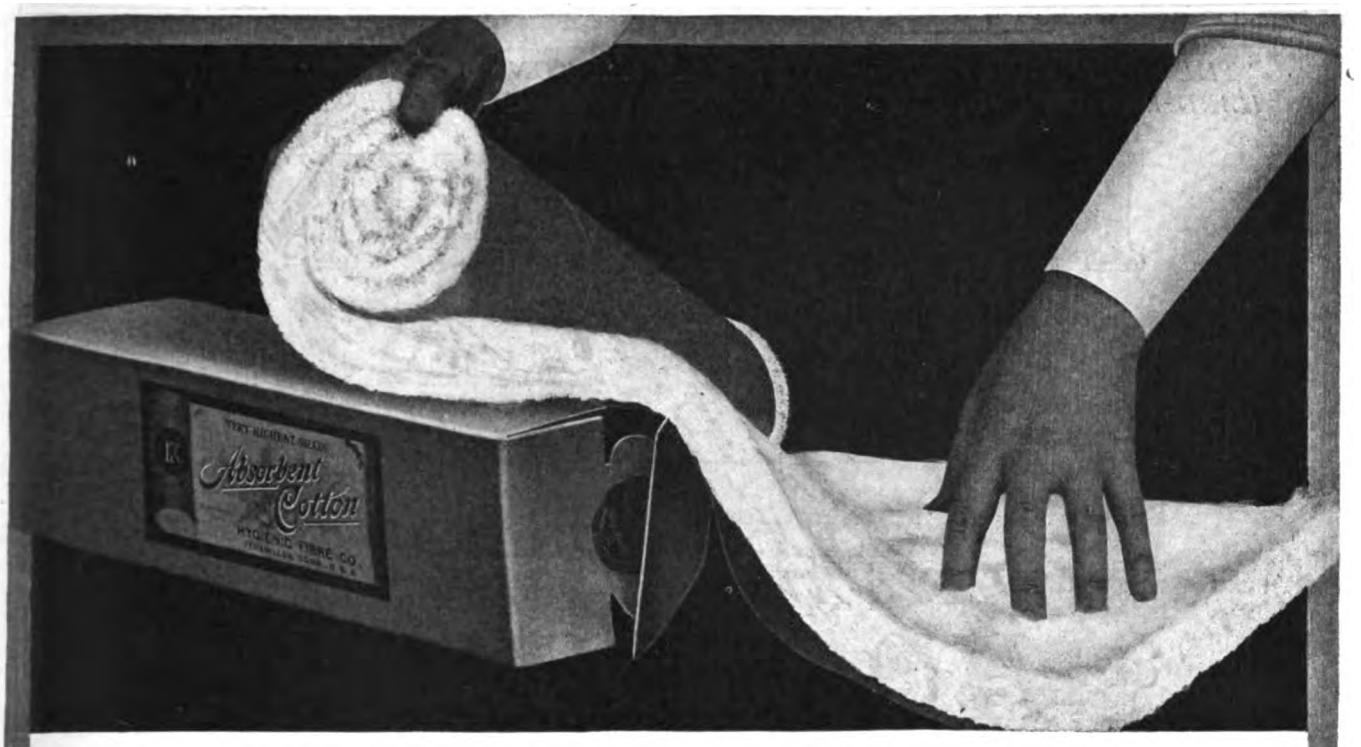

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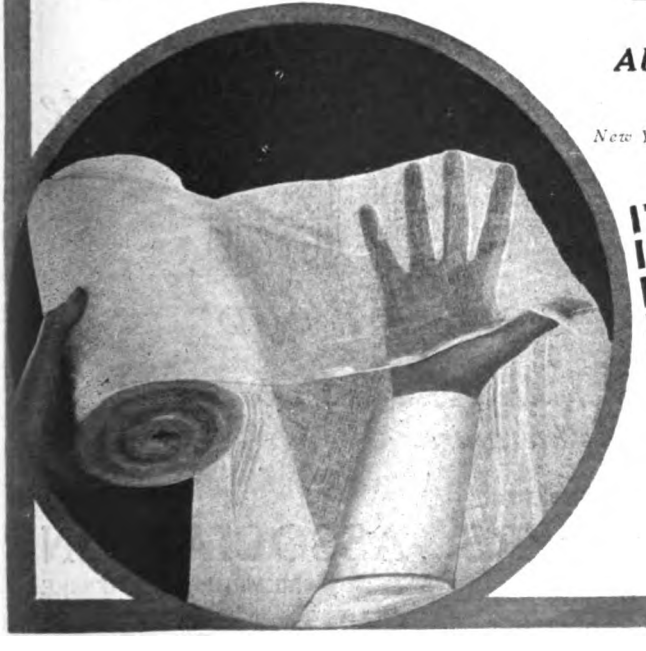

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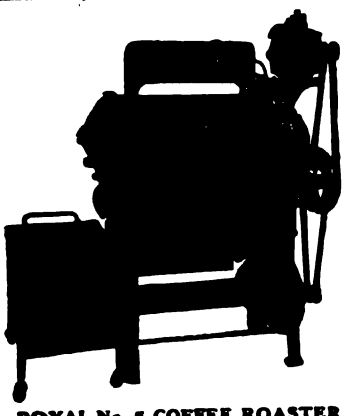

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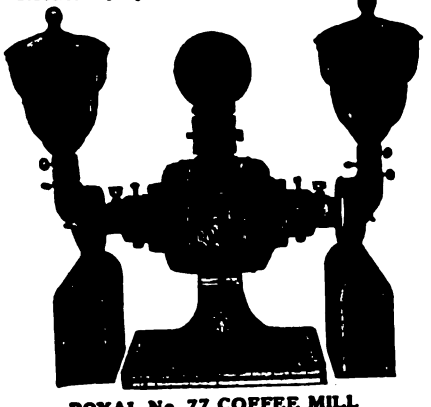
Electrically Operated, gas or gasoline as fuel.



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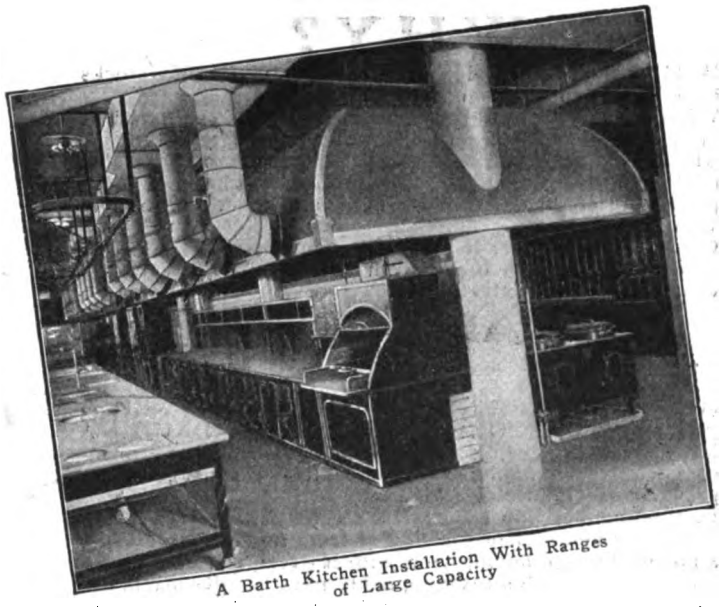
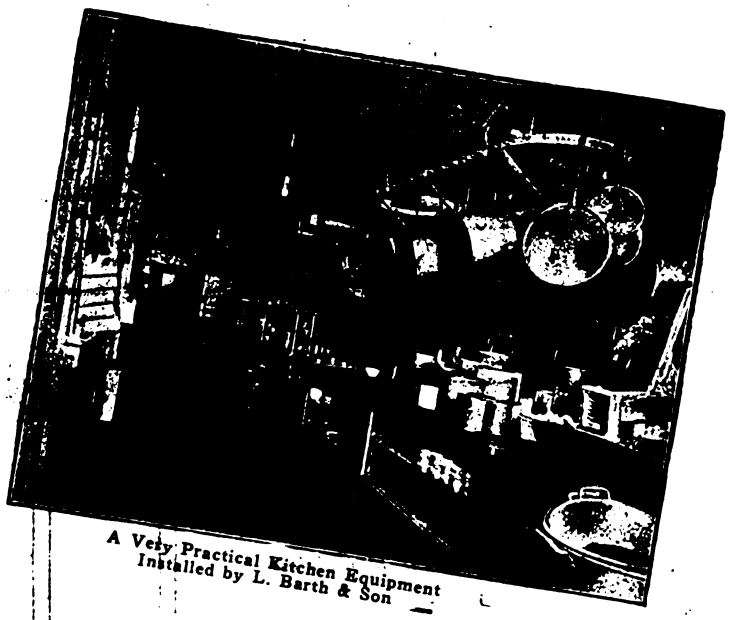


A Barth Kitchen Installation With Ranges of Large Capacity



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Vol. IX, No. 2
February, 1920

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Advertise to Them All

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Government Offers Surplus to Hospitals

Drugs, Surgical Equipment and Supplies and Other Goods Listed — American Hospital Association Reports

An announcement of huge importance to hospitals has been made by the United States Government, relative to the purchase of medical and hospital supplies which are now classified as surplus property. A list of the available supplies, with prices and locations, as well as other necessary information, has been prepared for distribution, and purchases are now being made. The sale ends February 29.

The American Hospital Association, through Dr. A. R. Warner, executive secretary, has investigated the situation, and has made two reports to its institutional members regarding the situation. The hospitals are being urged to purchase the surplus supplies, as it is stated that the prices quoted are well below the market. The sale is not expected to have any effect on the market prices of staple supplies.

The surplus supplies are classified under the following headings: Drugs, Medicines and Antiseptics, Surgical Dressings, Surgical Instruments and Appliances, Hospital Equipment and Surgical Instruments. Examples of the products classified are fifty operating tables, in storage at New York, priced at $105, and another lot of 100 operating tables, in storage in Chicago, also priced at $105. There are 122 items offered under Drugs, Medicines and Antiseptics, six under Surgical Dressings, 21 under Hospital Equipment, eleven under Surgical Instruments and Appliances and thirty under Surgical Instruments. The total value of the stock offered is large.

WAR DEPARTMENT ANNOUNCEMENT.

HOSPITAL MANAGEMENT has received the following official statement from the War Department regarding the sale:

"The Director of Sales announces that the Surplus Property Division, Office of the Quartermaster General of the Army, is offering for sale at fixed prices, materially below present market quotations, large quantities of drugs, surgical instruments, surgical dressings, and hospital equipment which may be purchased by State and municipal hospitals, free clinics and similar institutions for a period of thirty days, beginning January 29, 1920, and ending February 29, 1920.

"The materials which are being offered in this manner to hospitals and similar institutions were purchased by the War Department for use during the War, and have been declared surplus because the quantities on hand are in excess of the present requirements of the Army. The Surplus Property Division has prepared a list of the materials which it is offering for sale, showing the quantities available, their location, the price at which the articles will be sold and other necessary information. This list may be obtained from any Zone Supply Officer or from the Surplus Property Division, Munitions Building, Washington, D. C.

SEND CERTIFIED CHECK.

"The prices quoted are f. o. b. point of storage. A certified check, cash or liberty bonds, amounting to 10 per cent of that total purchase, must accompany all orders, together with shipping instructions when purchase is made by other than state, county or municipal institutions. A ninety day credit will be granted to purchasing agents of state, county, or municipalities when requested, and no deposit is required by them. All other purchasers will be required to make payment in full before the materials are delivered.

"The sale of narcotics will be made only to the classes of persons who have registered and paid a special tax, as required by the Harrison Narcotic Law. Any hospital, institution, or purchasing agency representing charitable organizations in different cities or counties may purchase the entire quantity of any one or a number of items and may resell, issue or divide any portion with other hospitals or charitable institutions. The Government, however, will not permit the resale of any of the articles at prices above those paid to the Government except that handling charges may be added.

"Orders may be made through the nearest of the following Zone Supply Offices: Army Supply Base, Boston, Mass.; 461 Eighth Avenue, New York; 21st Street and Oregon Avenue, Philadelphia, Pa.; Coca-Cola Building, Baltimore, Md.; Transportation Building, Atlanta, Ga.; Army Building, 15th and Dodge Streets, Omaha, Neb.; Fort Mason, San Francisco, Cal.; 17th and "F" Streets, Washington, D. C.; Newport News, Va.; Jeffersonville, Ind.; 1819 W. Thirty-Ninth Street, Chicago, Ill.; 2nd and Arsenal Streets, St. Louis, Mo.; Audubon Building, New Orleans, La.; San Antonio, Texas; New Cumberland, Pa.; Columbus, Ohio; or to the Surplus Property Division, Munitions Building, Washington, D. C."

Dr. Warner's bulletins to institutional members regarding the sale and the opportunity that it affords to the hospitals included the following:

"There has been created a 'Medical and Hospital Section' of the Surplus Property Division in charge of Major Edgar King, who fortunately has had practical hospital experience. So far only such supplies as were listed in the bulletin have already been placed in his charge, but it is his hope and desire that all supplies used in hospitals, as they become declared surplus property, will come to his section—this to include such textiles as sheets, pillow cases, etc.

"It seems certain that in the future much larger amounts in the classes of supplies already allotted to the section will become available and by the section offered for sale directly to hospitals. It is fully expected that there will be a quantity of white enamel furniture and equipment, more instruments and in fact hospital supplies of all kinds. Larger amounts will not mean lower prices.

COTTON GOODS SOLD BY BID.

"Cotton goods and textiles are now being sold by bids on lists prepared as the goods are declared surplus property. Experienced purchasing agents familiar with the hospital trade will be sent to Washington to examine these goods and report qualities, etc., and advise as to bids. Bids from hospitals for small amounts will be considered and filled if the price is equal to the bids for larger amounts. But you must know qualities and present market and we advise that all be guided by the suggestions

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of these agents as to prices to bid. One of the few hospitals which actually placed a bid on Cellulo-cotton bid twenty cents per pound. The officers were compelled by law to accept this bid at this figure, although all bids at ten cents per pound were also accepted and filled.

"All surgical gauze now declared surplus is gray or non-absorbent.

"It is hoped that hospitals generally will take advantage of the desire of the army to place its surplus as much as possible directly in hospitals. The prices are well below market, and it is the general opinion that all of these supplies secured in quantity are promptly shipped abroad. We cannot expect any drop in the market from the sale of this surplus property.

"In accordance with its established rule the government will not sell or make any shipment of less than one original case or package and will not entertain any claims for breakage or deterioration in any package sold. The goods are generally in smaller individual bottles or packages than hospitals usually buy, but a large number in each case. This has added materially to the original cost and the present market value of the goods, yet adding nothing to the value of the goods to the hospitals. The cases are unusually large."

A. H. A. Committees Formed

Administration for Year Completed—Headquarters in Chicago After April 15

Announcement of the organization of the American Hospital Association for the current year has been made with the formation of standing committees and the selection of officers for the various sectional organizations.

At the same time Dr. A. R. Warner, executive secretary, has announced that the permanent headquarters of the association will be transferred from the present address, 407 Lenox Building, Cleveland, to 22 East Ontario street, Chicago, on April 15.

The officers, committees and section executives are as follows:

President, Dr. Joseph B. Howland, superintendent Peter Bent Brigham Hospital, Boston, Mass; president-elect, Dr. Louis B. Baldwin, University Hospital, Minneapolis, Minn.; first vice-president, H. E. Webster, superintendent Royal Victoria Hospital, Montreal, Canada; second vice-president, Dr. R. G. Brodrick, superintendent San Francisco Hospital, San Francisco, Cal.; third vice-president, Miss Margaret Rogers, superintendent Jewish Hospital, St. Louis, Mo.; treasurer, Asa S. Bacon, superintendent Presbyterian Hospital, Chicago, Ill.; board of trustees, Dr. Joseph B. Howland, chairman; Dr. Louis B. Baldwin, Dr. Louis H. Burlingham, Rev. Maurice F. Griffin, Richard P. Borden, Miss Mary L. Keith, Dr. Robert J. Wilson, Asa S. Bacon, Dr. A. R. Warner.

Executive secretary, Dr. A. R. Warner.

OFFICERS OF SECTIONS

Administration, chairman, Dr. R. B. Seem, assistant superintendent, Johns Hopkins Hospital, Baltimore, Md.; secretary, Dr. A. C. Bachmeyer, superintendent Cincinnati General Hospital, Cincinnati, O.

Out Patient, chairman, Mr. John E. Ransom, Michael Reese Dispensary, Chicago, Ill.; secretary, Mr. Clarence Ford, superintendent Division of Medical Charities, State Board of Charities, Albany, N. Y.

Social Service, chairman, Miss Imogene Poole, director of Social Service, Cincinnati General Hospital, Cincinnati, O.; secretary, Miss Alice Rushbrooke, director of Social Service, Royal Victoria Hospital, Montreal, Que.

Hospital Construction, chairman, Dr. George O'Hanlon, Bellevue Hospital, New York City; secretary, Mr. Oliver H. Bartine, Flower Hospital, New York City.

Nursing, chairman, Miss Elizabeth A. Greener, superintendent of nurses, Mount Sinai Hospital, New York City.

STANDING COMMITTEES

Constitution and Rules, chairman, Mr. R. P. Borden, trustee Union Hospital, Fall River, Mass; Dr. W. E. Musgrave, director University of California Hospital, San Francisco, Cal.; Dr. James Fyshe, superintendent Royal Alexandria Hospital, Edmonton, Alta.

Nominations, chairman, Dr. Thomas Howell, superintendent New York Hospital, New York, N. Y.; Mr. Daniel D. Test, superintendent Pennsylvania Hospital, Philadelphia, Pa.; Miss Eugenia D. Ayres, superintendent Elizabeth General Hospital, Elizabeth, N. J.

Legislative, chairman, Dr. W. G. Nealley, superintendent Brooklyn Hospital, Brooklyn, N. Y.; Dr. A. K. Haywood, superintendent Montreal General Hospital, Montreal, Que.; Dr. A. R. Warner, executive secretary.

Membership, chairman, Mr. F. S. Chapman, superintendent Mt. Sinai Hospital, Cleveland, O.; Mr. H. E. Webster, superintendent Royal Victoria Hospital, Montreal, Que.; Dr. Loring B. Packard, superintendent Brockton Hospital, Brockton, Mass.

Time and Place, chairman, Miss Mary L. Keith, superintendent Rochester General Hospital, Rochester, N. Y.; Dr. Harold C. Goodwin, superintendent Albany Hospital, Albany, N. Y.; Dr. A. R. Warner, executive secretary.

Out Patient, chairman, John E. Ransom, Michael Reese Dispensary, Chicago, Ill.; Dr. Robert J. Wilson, Health Department Hospital, New York City; Dr. D. B. Armstrong, Community Health and Tuberculous Demonstration, Framingham, Mass.

Establish Soldiers' Memorial Hospital

The new Soldiers' Memorial Hospital, Shelbyville, Ky., has been opened to receive patients.

Presentation Sisters to Build

The Presentation Sisters, Mitchell, S. D., will build a $200,000 hospital building. George Hughill Boyce, Sioux Falls, is the architect.

Tuberculosis Hospital for Oklahoma

The State Board of Public Affairs will begin at once the erection of a tuberculosis sanatorium at Clinton, Okla. The building planned by Architect F. D. Peters, Shawnee, will cost $100,000.

Increases Insane Hospital Facilities

The State of New York Lunacy Commission will build a hospital for acute patients at King's Park, Long Island.

Plan $1,000,000 Hospital Group

The Gabriels, N. Y., Hospital Commission is having plans prepared for the construction of a group of hospital buildings at a total estimated cost of $3,000,000. J. R. Pope, New York City, is architect and engineer for the work.

St. Joseph Hospital to Build

A five-story hospital building will be erected at a cost of $250,000 by St. Joseph's Hospital, St. Joseph, Mo. The general contract has been let. The architects are Eckel and Aldrich. Work will be started March 1.

Cobb Hospital Plans Ready

The Cobb Hospital Association, St. Paul, Minn., will erect a three-story building at a cost of $400,000. Lambert Bassindale is the architect.

St. Elizabeth's Hospital to Enlarge

A new wing of four stories will be added to St. Elizabeth's Hospital, Lafayette, Ind. The new building will be fire-proof. Mother Josepha is head of the order.

Fire Damages Lenox Hill Hospital

A fire which originated in the operating room of the Lenox Hill Hospital, 112 East Seventy-seventh street, New York City, destroyed the entire fourth floor of the main building. George F. Sauer is superintendent.

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Encourage Visiting in Contagious Wards

With Glass and Tile Construction Parents and Relatives May See Patients Without Danger—Hints to General Hospitals

By Jos. B. Morrow, M. D., Superintendent Bergen County Isolation Hospital, Oradell, N. J.

It is most unfortunate that the word "isolation" is used so frequently in reference to a hospital or unit devoted to the care of diseases of the communicable class. Such a hospital is better termed "Hospital for Contagious Diseases," as "Isolation Hospital," to a large number of people, means a pest house, and visualizes a shed or ramshackle building with a bed of straw, where some unfortunate person suffering from a loathsome disease is sheltered.

LABORATORY OF BERGEN COUNTY ISOLATION HOSPITAL

This misconception originated in pre-vaccination days, when small-pox was frequently epidemic, with a high percentage mortality. The condition of the former days was gradually bettered, and the patients received better care until today an up-to-date hospital for the care of contagious diseases is a modern hospital in every respect, plus the added facilities for isolation, quarantine and aseptic nursing. There is not any reason why a patient with scarlet fever, diphtheria or any other communicable disease should not receive as good care and nursing, with as skilled medical or surgical treatment, as any other class of patient in a hospital.

In former years it was not thought possible by the friends and relatives to visit a patient with small-pox; and small-pox is used for illustration because all contagious diseases have in the lay mind been more or less associated or compared in a vague sort of way with small-pox, and until recent years there was not any means provided whereby the relatives might see the patient who had any contagious disease when confined in a hospital.

Visiting, if not too frequent, is to be encouraged; it has several advantages, and foremost is the psychological effect; the patient is more contented and satisfied when he occasionally sees his friends or relatives. It establishes confidence on the part of the parent and demonstrates that seeing patients under proper conditions is absolutely without danger to the visitor and is not attended with any risk as to contracting or conveying disease, thereby discrediting the idea of air-borne diseases (where the germs are blown through the air, for greater or lesser distance) and is proof of the fact that where direct contact with infection is not possible, there is not any transmission of disease.

Publicity and education of the public along these lines has practically eliminated the fear and dread of these diseases.

In localities where there is not a hospital for contagious diseases, or where it is necessary for the general hospital to care for contagious cases, it has in the past and still remains a perplexing problem to take care of these cases.

In many instances a separate or isolation building is maintained somewhere on the hospital grounds, and in this building are the living quarters for the nurses who are caring for these cases. This housing of the nurses in the same building with the patients is entirely wrong in several ways. It often proves expensive, as it is necessary to devote rooms to the nurses' use that are often sorely needed for patients, thereby reducing the capacity of a unit which is often inadequate at best. Taking the nurse away from the social atmosphere and more pleasant and agreeable surroundings of the nurses' home makes duty in the isolation department disagreeable and to be avoided if possible. Again, where the nurses must eat, bathe, sleep, etc., in an infected room, there is the danger of their contracting the disease or becoming carriers, thereby becoming a source of danger to the people with whom they come in contact later. Such an arrangement means that contamination of clothing and per-

4-BED WARD, WITH ANOTHER ROOM SHOWING THROUGH THE GLASS PARTITION

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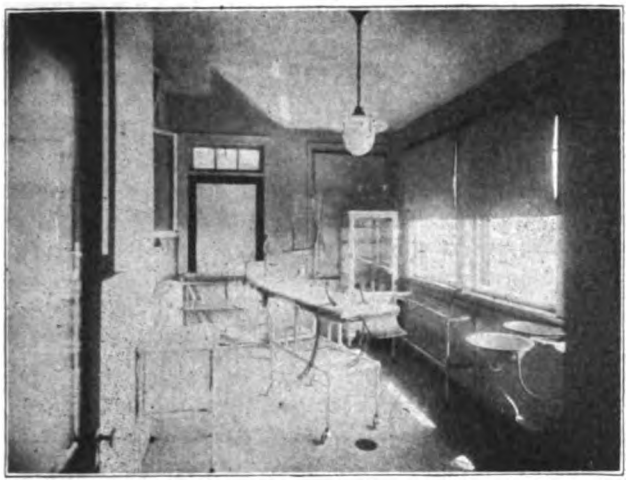

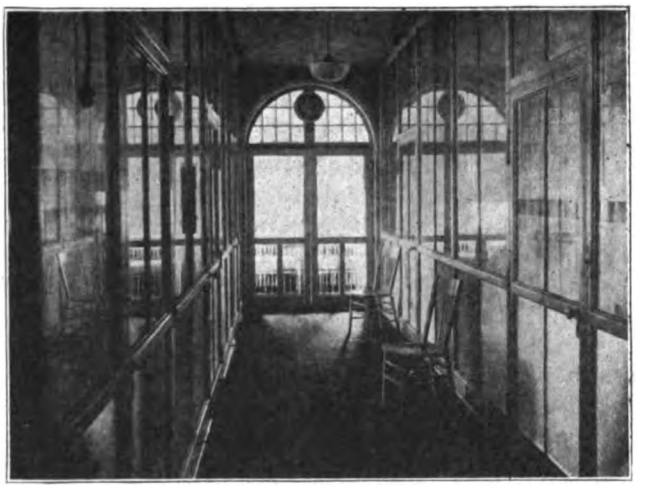

TWO VIEWS IN BERGIN COUNTY ISOLATION HOSPITAL
At the Left is the Operating Room; At the Right the Corridor Showing Glass Doors and Partitions and Solarium at End

son is certain, and contracting or conveying disease germs is probable.

This means of handling contagion not only prevents the scientific and practical application of asepsis and antisepsis, which is positive and absolute in the control of transmission of germs, but it deprives the nurses of the proper training and opportunity to learn and practice these valuable and indispensable methods. The old idea to place a nurse in a ward and keep her isolated with the patient is antiquated, misleading and dangerous.

The nursing care of communicable diseases is very important, and should be included in the curriculum of every nurses' training school, that any nurse, who is taking care of a patient, whether it be influenza, pneumonia, typhoid or scarlet fever, should have had the proper training that would enable her intelligently to use precautions and measures to protect herself and safeguard the health and lives of other people.

We have in our small hospital for contagious diseases, a model and complete institution. The wards are subdivided into a cubicle unit system. A complete and modern operating room, a laboratory and a pharmacy are located in the central or administration part of the building, with a ward on each side of the administrative department. The majority of cases admitted are scarlet fever and diphtheria, with a lesser number of measles and occasional cases of chicken pox, whooping cough, poliomyelitis, meningitis, mumps, etc.

We can use the individual units as our general ward, or any number of these rooms may be used separately. Tile and glass construction makes rapid and thorough cleansing and disinfection possible as frequently as necessary.

The windows open out on a protected balcony, so that visitors are able to see the patient through glass, unless the patient be dangerously ill; in that case the parents or near relatives are gowned and permitted to go into the wards.

In three years' operation of this hospital, we have treated several hundred cases and ten different diseases, and as many as seven different diseases at one time. We have had but an occasional case of cross-infection, nor have any of the employes contracted a contagious disease.

All the patients and employes are in a small building under one roof, and the control of the infection is due to strict aseptic nursing and technique. It is possible to have any number of different diseases in one building with the same nursing personnel, and if the rigid technique which is necessary is faithfully observed, there will not be any trouble with mixed infection.

A graduate nurse who will constantly and conscientiously follow the routine of aseptic nursing can be trusted to go from one disease to another without any danger to herself or patients. Of course, the personal element enters largely into the degree of success of such an arrangement, but if there is not any slip or omission in the technique there will not be any mixed infection.

Make Hospital Home-Like

"As it is found more and more impossible to make a hospital out of the home," said Miss Emma A. Anderson, superintendent of the New England Baptist Hospital, of Boston, at the recent annual meeting, "it devolves upon us to make a home out of the hospital. In this respect we believe that our hospital has done successful work."

In her report Miss Anderson referred especially to the difficulty experienced in obtaining domestic help, which is a reason why people who become ill go to the hospital instead of attempting to care for themselves at home.

The work of the New England Baptist for 1919 showed the trend of the times, as with no added facilities the hospital cared for 67 more patients and rendered 1,195 more patient days of service than in the preceding year.

Charity Hospital to Change Name

The name of the Charity Hospital, Norristown, Pa., will be changed. The Montgomery Hospital and the Norristown Hospital are names suggested, but not yet decided upon.

Will Build Addition

An addition to cost $150,000 will be erected by the Jewish Hospital, Cincinnati, O. Sam Straus is president of the Board of Trustees. A. Lincoln Fechheimer, Union Trust building, is architect for the work.

Hospital to Cost $1,000,000

The Hospital for Deformities and Joint Diseases, New York City, has purchased a site on which a building to cost $1,000,000 will be erected from plans prepared by Architects Buchman and Kahn.

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Michigan Plans Campaign to Get Nurses

New Hospital Association Proposes Publicity and Better Accommodations as Solution of Problem — Babcock Heads Body

In response to an invitation signed by representatives of Detroit hospitals, seventy persons, representing forty-one hospitals, met in the Senate Chamber of the State Capitol, Lansing, December 12, and organized the Michigan Hospital Association. The meeting covered parts of two days, and the discussions were participated in by practically all of those present. Great interest was shown in the proposal to increase interest in nursing through a cooperative publicity campaign.

Gov. Sleeper gave the address of welcome, in which he outlined his ideas with regard to hospital problems, and especially the situation as relating to nurses and the important work which they had done in connection with the war. He indicated that hospitals, when they cannot be made self-supporting, should be taken care of, so far as the deficit may be concerned, by the state.

Dr. Andrew R. Warner, Cleveland, executive secretary of the American Hospital Association, presented a paper on "Health Insurance Laws." In view of the fact that eight states have already appointed commissions on this subject it is one in which hospital officials are deeply interested. Following the paper, the subject was thrown open for discussion, after which the Legislative Committee, to be appointed later, was asked to make a careful study of the problems involved and report at the next meeting.

The subject, "The Shortage of Pupil Nurses," was presented by Miss Grace E. Meyers, superintendent of nurses, Blodgett Hospital, Grand Rapids, and Miss Anna H. Schill, superintendent of Hurley Hospital, Flint. These papers contained many practical suggestions as to ways which the management of hospitals could help to remove some of the barriers which seem to deter young women from becoming nurses. The papers provoked considerable discussion, and a committee was appointed to prepare resolutions concerning recruiting pupil nurses for training schools.

COST FOR COMPENSATION

The first topic presented at the evening session was "Standardization of Hospital Compensation Insurance Charges," by Dr. T. K. Gruber, superintendent Michigan Mutual Hospital, Detroit. The general opinion of those taking part in the discussion was that at least cost should be obtained from all such cases.

Mrs. Elizabeth Vaughn, of the Central Bureau of Nursing, Detroit, read a paper which had been prepared by Mrs. Lystra E. Gretter, superintendent of Visiting Nurses, Detroit, on the subject of "Nurse Attendants." Discussion followed the paper, and it was ordered that the same committee which prepared the resolutions on recruiting nurses prepare resolutions on nurse attendants.

The evening session was closed by Dr. Warner outlining the work of the American Hospital Association, showing what it had accomplished in furthering the best hospital policies, indicating that the National Association will not accept personal membership therein except through state associations, and they are, therefore, interested in the organization of such associations.

At the Saturday morning session, the Committee on Constitution and By-Laws presented its report, which was adopted. The constitution provides for institutional, personal, associate, and honorary membership; personal membership being either active or associate and institutions being represented by two delegates selected by the governing authority of the institution.

DR. BABCOCK ELECTED

The Committee on Nominations presented its report and the following officers were elected:

D. W. SPRINGER,
Superintendent University Homeopathic Hospital, Ann Arbor, Elected Secretary of New Michigan Hospital Association.

President, Dr. Warren L. Babcock, superintendent, Grace Hospital, Detroit; vice-presidents, Father Michael P. Bourke, superintendent of Catholic Hospitals, Diocese of Detroit and Grand Rapids, Ann Arbor; Miss Anna M. Schill, superintendent, Hurley Hospital, Grand Rapids, and Dr. E. H. Campbell, superintendent, Upper Peninsula Hospital, Newberry; secretary, D. W. Springer, superintendent, University Homeopathic Hospital, Ann Arbor; treasurer, Dr. Herman Ostrander, superintendent, State Hospital, Kalamazoo; trustees, three years, Dr. Stewart Hamilton, superintendent, Harper Hospital, Detroit, and Mrs. Dudley Waters, Member of Board, Blodgett Hospital, Grand Rapids; two years, Dr. Christopher Parnall, University Hospital, Ann Arbor, and Mrs. Harry B. Joy, Member of Board, Woman's Hospital, Detroit; one year, Dr. J. H. Burley, superintendent, Burley Hospital, Almont, and Miss Grace D. McElderry, superintendent, Hackley Hospital, Muskegon.

Dr. Hamilton, superintendent of Harper Hospital, Detroit, presented a paper on the "Training of Interns," which was freely discussed.

The Committee on Resolutions presented reports, which, after some minor changes, were adopted. The resolution on nursing follows:

Whereas, for various reasons cited before this convention, efficient hospital service in some institutions of the state is embarrassed by shortage of pupil nurses,

Be it resolved, that this Association recommend:

1. That applicants for training be credited with a just amount of time for educational qualifications submitted in

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excess of the eighth grade certificates prescribed by law (namely, high school and college credits), such credit to be given by each training school head with the sanction of the State Board of Registration of Nurses.

2. The establishment as soon as possible of the eight-hour system of duty for pupil nurses.

3. Proper provision for the best of living conditions and reasonable recreation and social life.

4. In those schools desiring so to do, a small monthly allowance may be made to cover incidental and recreational expense, not to be considered in any way as wage compensation.

5. The prompt appointment of a standing committee with power to act in inaugurating a publicity campaign in the interest of the training schools of the state, expense incurred to be borne by this association and pro-rated in the several communities by the committee.

The following resolution on nurse attendants was adopted:

Whereas, in the present state of social and health condition the country over we recognize a relative shortage of graduate nurses, and

Whereas, we believe that every effort should be made to furnish adequate efficient nursing service to the entire community, and

Whereas, we appreciate the need for household helpers in many homes in time of illness, and

Whereas, there are at present in existence excellent war-time organizations which can well function to cooperate with recognized nursing services,

Be it resolved, that this association recommend the utilization of existing agencies and authorize the appointment of a committee to promote the cooperation of the Red Cross nursing service with the Visiting Nurses' Association, the Infant Welfare Nursing Service and other recognized bodies to develop such groups of household helpers in the several counties of the State, and

Be it further resolved, that this association does not favor the creation of a new class of nurses.

Government Positions in Occupational Therapy

The United States Civil Service Commission has announced examinations for field supervisor of reconstruction aides in occupational therapy, at $1,800 a year; superintendent of aides in occupational therapy, at $2,400 a year; special instructor in occupational therapy, at salaries ranging from $1,200 to $3,500 a year, and reconstruction aide, at salaries from $720 to $960 a year. Reconstruction aides will also receive quarters, subsistence and laundry. Appointees to all positions whose compensation does not exceed $2,500 a year will receive the increase of $20 a month granted by Congress if their services prove satisfactory. In all, about 500 positions in the Public Health Service throughout the United States, and at St. Elizabeth's Hospital (insane), Washington, D. C., will be filled.

The examinations for field supervisor of reconstruction aides and superintendent of aides will be held on February 24. The other examinations will be open until further notice. Both men and women, if qualified, will be admitted, but appointing officers have the legal right to specify the sex desired when requesting certification of eligibles.

None of the examinations requires competitors to assemble in an examination room for tests. The ratings will be based upon the elements of education, training and experience and upon a written discussion on one of a number of given topics connected with the work.

Further information and application blanks may be obtained from the representative of the Civil Service Commission at the post office or custom house in any important city, or by communicating with the United States Civil Service Commission, Washington, D. C.

Fire Loss at Johns Hopkins

The Board of Trustees of Johns Hopkins Hospital, Baltimore, is considering the advisability of erecting a modern dispensary building on the site of the Pathological Building, which was badly damaged by fire recently.

Will Convene in New York

American Dietetic Association to Have Separate Gathering This Year

Announcement has been made that the next annual meeting of the American Dietetic Association will be held in New York City, October 22-26, 1920. This means that the joint conventions with the American Hospital Association, which have been a feature of the annual meetings of the latter organization for the past two years, will not be held this year.

The officers of the dietitians' organization have felt that their meetings would be given greater prominence if held independently, and will therefore meet without cooperation with other associations this year. The association is developing great strength in membership and influence, and the New York convention should be largely attended by all those interested in nutrition problems, especially as they are developed in the hospital.

The officers of the association are Lulu Graves, professor of Home Economics, Cornell University, Ithaca, N. Y., president; Ruth Wheeler, Goucher College, Baltimore, Md., first vice-president; Marguerite Deaver, Mt. Sinai Hospital, Cleveland, second vice-president; E. M. Geraghty, New Haven Hospital, New Haven, Conn., secretary, and Margaret Sawyer, Bureau of Dietitian Service, American Red Cross, Washington, treasurer.

New Hospital for Panama

Construction work on the New National Hospital of the Republic of Panama has begun and is progressing rapidly. This institution, which will be a model of its kind and the finest hospital south of the United States, is located on "El Hatillo," a high point facing the Pacific Ocean in the suburbs of the city of Panama. The layout will cover fourteen acres, and be composed of eleven reinforced concrete buildings arranged in rectangular form, in the front of which stands the main building, a structure 240 feet long and four stories in height and flanked on either side by quarters for nurses and doctors.

The capacity of the National Hospital will be 600 patients, and there will be separate pavilions for venereal and infectious diseases, tuberculosis and obstetrics. Modern laboratory, X-ray and radium departments will be features of the new institution, and a school of nursing and post-graduate school for tropical medicine will be included in order to offer an opportunity for physicians from northern countries to make a special study of the diseases incident to the tropics and subtropics.

The construction of the new hospital is in charge of Major Edgar A. Bocock, Medical Corps United States Army, who is at present superintendent of the Santo Tomas Hospital, Panama, R. de P., and when it is completed he will assume charge of the new institution. Major Bocock has recently returned from France, where he was Assistant Commanding Officer of Mesves Hospital Center, which was the largest hospital in the world, having under treatment 22,000 patients when the armistice was signed.

Lutherans Want 200-Bed Hospital

A drive for $400,000 for the erection and equipment of the Lutheran Memorial Hospital, Chicago, will be made at once under the direction of William P. Schultz as campaign manager. The hospital will have a 200-bed capacity, and be located near Humboldt Park. Dr. George Leininger is president of the Lutheran Hospital Association, which is conducting the campaign. Worhmann and Steinbach are the architects.

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Significant Facts Seen in Hospital Survey

Illinois Report Shows Too Few Beds, Yet Only 60 Per Cent Efficiency in Use, Due to Financial Problems

*By John E. Ransom, Superintendent, Michael Reese Dispensary, Chicago.**

In 1918 a state commission known as the Health Insurance Commission was appointed in Illinois to make an investigation of sickness and non-industrial accidents among working people and their dependents of the existing provisions for meeting the losses occasioned thereby and to recommend ways and means of improving the health of employed persons and their families and of providing more adequate protection against sickness and accidents and their effects. The Commission gave considerable attention to existing medical facilities, and as a part of such study made a survey of the hospitals of the state. Information was obtained from practically all of the hospitals in Illinois as to the types of service rendered, the types of patients served, the number of beds, the distribution of beds in private rooms and wards, the use of the hospital by the community, rates for service, support, etc. A summary of the Commission's report is presented herewith:

HOSPITAL BEDS IN ILLINOIS

	Number of beds in general hospitals.	Number of beds in special hospitals.	Total.
Chicago	9,583	2,608	12,191
Illinois (exclusive of Chicago)	7,018	1,913	8,931
Total	16,601	4,521	21,122

These figures do not include the beds in the state hospitals for the insane, in hospitals connected with penal and correctional institutions and in hospitals maintained by the Federal Government for soldiers and sailors. In relation to population, Illinois has 3.3 hospital beds per 1,000 inhabitants. This is only 62 per cent of the average rate for the United States as a whole. The ratio for Chicago is 4.4 beds per 1,000 inhabitants and that for the rest of the state 2.2 beds.

Because of their relatively greater number and because of their relation to general community need, the Commission gave first attention to the privately conducted general hospitals. Most of these hospitals provide accommodations at rates varying from relatively high private room charges, through lower rates in two and four-bed wards to moderate fees and entirely free service in the larger wards. In nearly all hospitals of this class the private room patient has his own physician, whose fees for medical or surgical service are entirely separate from the fees paid the hospital for board, room, laboratory and operating room service and the like. On the other hand, the fee paid for a ward bed usually covers medical and general nursing service, as well as room and board.

*Mr. Ransom served as a member of the Illinois Health Insurance Commission.

DISTRIBUTION OF BEDS IN PRIVATELY CONDUCTED GENERAL HOSPITALS

	Number of hospitals reporting	Number of beds in wards of 5 beds or over	Number of beds in 3 or 4 bed wards.	Number beds in 2 bed wards.	Number of beds in single rooms	Total
Chicago	34	1,593	664	484	1,327	4,068
Cities of 10,000 population or over—exclusive of Chicago	27	502	311	288	813	1,914
Towns with less than 10,000 population	29	71	124	85	547	827
Total	90	2,166	1,099	857	2,687	6,809

RATES FOR SERVICE IN PRIVATELY CONDUCTED GENERAL HOSPITALS

Chicago

Type of service	Minimum weekly rate.	Number of hospitals.
Five bed ward or larger	$10.00 and under	14
	$10.50 to $14.00	17
	$15.00 to $17.50	6
		37
Three or four bed ward	$10.00 to $14.00	21
	$15.00 to $19.00	16
	$20.00 to $21.00	2
		39
Two bed ward	$12.00 to $14.00	4
	$15.00 to $19.25	28
	$20.00 to $24.50	5
		37
Single room	$12.00	1
	$15.00 to $19.25	15
	$20.00 to $24.50	16
	$25.00 to $29.00	12
	$30.00 to $31.50	2
		46

Cities of 10,000 Population and Over, Exclusive of Chicago

Type of service.	Minimum weekly rate.	Number of hospitals.
Five bed ward or larger	$10.00 and under	22
	$10.50 to $14.00	12
	$15.00 to $17.50	2
		36
Three or four bed ward	$ 6.00 to $ 9.00	11
	$10.00 to $14.00	23
	$15.00 to $19.50	6
		40
Two bed ward	$ 8.00 to $11.50	13
	$12.00 to $14.00	8
	$15.00 to $19.25	8
	$20.00 to $21.00	4
		33
Single room	$ 9.00 to $14.00	14
	$15.00 to $19.25	23
	$20.00 to $24.50	7
	$25.00 to $29.00	0
	$30.00 to $31.50	1
		45

Towns Under 10,000 in Population

Type of service.	Minimum weekly rate.	Number of hospitals.
Five bed ward or larger	$10.00 and under	9
	$10.50 to $14.00	5
	$15.00 to $20.00	4
		18
Three or four bed ward	$ 6.00 to $ 9.00	4
	$10.00 to $14.00	11
	$15.00 to $19.50	9
	$20.00 to $25.00	1
		25
Two bed ward	$ 6.00 to $11.50	5
	$12.00 to $14.00	6
	$15.00 to $19.25	9
	$20.00 to $25.00	5
		25
Single room	$ 5.00 to $14.00	11
	$15.00 to $19.25	13
	$20.00 to $24.50	7
	$25.00 to $29.00	8
	$30.00 to $35.00	4
		43

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From these tables it may be seen that Chicago has a much larger percentage of beds in the larger wards, hence at rates more easily within the reach of persons of moderate means than have the other cities and towns of the state. Cities of 10,000 population or over have a larger proportion of these cheaper beds than have the smaller communities. Rates for similar types of service do not vary greatly as between Chicago and the other cities and towns. Though in some instances rates are lower in smaller cities, the number of beds available at these lower rates is very limited.

PAY, PART-PAY AND FREE SERVICE IN PRIVATELY CONDUCTED GENERAL HOSPITALS

	Number of hospitals reporting.	Number of pay patients in last fiscal year.	Number of part pay patients in last fiscal year.	Number of free patients in last fiscal year.	Total.
Chicago	35	73,789	11,343	20,766	105,898
Cities of 10,000 population and over, exclusive of Chicago	35	49,851	3,379	4,582	57,812
Towns of under 10,000 population	36	12,312	752	468	13,532
Total	106	135,952	15,474	25,816	177,242

Stated as percentages, these figures yield the following:

	Pay patients, per cent.	Part pay patients, per cent.	Free patients, per cent.
Chicago	70	11	19
Other large cities	86	6	8
Towns	91	6	3

The number of hospitals having these three types of service is shown in the following table:

	Number of hospitals reporting.	Having only pay patients.	Having some part-pay patients.	Having some free patients.	Having no free patients.
Chicago	35	4	26	28	7
Other large cities	36	4	26	29	6
Towns	36	16	14	19	17
Total	106	24	66	76	30

These tables show that Chicago has practically twice as large a percentage of part-pay patients in its privately conducted general hospitals as have the other communities of the state. Its percentage of free patients is more than twice that of other cities of 10,000 population and over and more than six times that of towns under 10,000.

THE PROBLEM OF SUPPORT

Only one privately conducted general hospital in Chicago out of forty-six received any support out of public funds. Twenty of the forty-six received gifts during the year ranging from $250 to $209,360; twelve reported some income from endowment funds. Of forty-three, twenty-one stated that they were self-supporting. In other cities of 10,000 population or over, nineteen hospitals out of forty-one reporting received from public funds sums ranging from $72 to $3,000 during the last fiscal year. Sixteen out of thirty-nine received some income from endowments. In towns under 10,000 population, thirteen out of thirty-seven hospitals received support out of public funds ranging from $15 to $8,000. Nine out of thirty-six received contributions ranging from $10 to $5,620; five had small endowments.

These figures show that hospitals in the larger cities receive substantial support from other sources than patients, but that the hospitals in the smaller communities must depend very largely upon the fees received from patients. This is of course the reason why free and moderately priced service is limited in the hospitals in these smaller places. It is a condition which such a community must carefully consider as it plans the establishment of a hospital. After all, a hospital must pay its bills or close its doors.

UTILIZATION OF HOSPITAL FACILITIES

It is not the number of hospital beds in a community but the use made of those beds that measures the value of the hospitals to the community. The unit by which hospital service is measured is the hospital day—one day of hospital service for one patient. The following table shows the actual service of the privately conducted general hospitals of Illinois measured by this unit and compared with the maximum possible service for the last fiscal year.

	Number hospitals reporting	Number of beds.	Actual number of hospital days.	Maximum possible hospital days.	Percentage of use of maximum facilities.
Chicago	38	4,963	1,100,393	1,811,495	60.7
Other large cities	33	2,550	541,080	930,750	58.1
Towns	28	820	142,145	299,300	47.5
Total	99	8,333	1,783,618	3,041,545	58.6

These figures indicate that in the thirty-eight Chicago hospitals reporting the daily average number of vacant beds was 1,950, or forty per cent of the total number of beds available. The thirty-three hospitals in the other large cities of the state had a daily average of 1,071 empty beds or fifty-three per cent in the twenty-eight than 10,000 population there was a daily average of 434 empty beds or fifty-three per cent in the twenty-eight hospitals reporting. If the averages shown in the above table for ninety-nine hospitals are typical of conditions throughout the state, as they undoubtedly are, the number of hospital beds used during the fiscal year bear the following ratios to 1,000 population:

Chicago	2.67
The State, exclusive of Chicago	1.22
The State as a whole	1.95

We may well ask the question, Why this high percentage of unused beds? The fact that the hospital facilities of Illinois in relation to population measure up to but 60 per cent of the average for the United States as a whole suggests that that state is not over-supplied with such facilities.

A part of the answer lies in the problem of support to which we have already referred. Any hospital can afford to keep its beds filled with patients who pay rates covering or more than covering costs. Free and part-pay patients are cared for at a loss. The number of such patients a hospital can serve must be limited by the hospital's financial resources. Thus it is that there may be empty hospital beds and sick people unable to obtain hospital care in the same community at the same time.

Another cause which may obtain even in free public hospitals as well lies in the inflexibility of hospital organization and construction. Free and moderately priced beds are for the most part in the larger wards. In a general hospital there may be a men's medical ward, a women's medical ward, a children's ward, etc. There may be a long waiting list of patients for the men's medical ward and at the same time empty beds in the women's medical ward and in the men's surgical ward. If it were possible to construct hospitals with all or most of their beds in single rooms and to maintain them at a moderate cost, and some hospital authorities believe it can be

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done, this state of affairs would be largely obviated, and the use of the hospital would much more nearly approximate its capacity.

PUBLIC GENERAL HOSPITALS

Illinois has a number of general hospitals supported by counties and municipalities. Seven of these with a bed capacity of 2,936 cared for 17,283 patients during the last year. The service in four of these hospitals is entirely free; the other three have a limited number of beds in private rooms and small wards available for pay patients at rates ranging from $10 to $35 per week.

SPECIAL HOSPITALS

Of the 21,122 hospital beds in Illinois, 4,521 or 21.4 per cent are in special hospitals. The classification, capacity and location of these hospitals is shown in the following table:

Type.	Number	Number in Chicago	Number in other parts of Illinois.	Number of beds.
Tuberculosis	9	2	7	1,956.
Contagious	6	4	2	506
Eye, ear, nose and throat	4	2	2	285
Emergency	2	2	....	133
Children's	4	3	1	439
Nervous and mental	6	....	6	235
Maternity	6	6	....	225
Total	37	19	18	3,779

Though there are nearly as many of these special hospitals in other parts of Illinois as in Chicago, 2,471 of the 3,779 beds in this group of institutions are in Chicago hospitals.

THE COMMISSION'S RECOMMENDATIONS

The Commission concluded that its investigations showed that the hospital facilities of the state are inadequate and that the average daily use of the hospital facilities during the last fiscal year was but 60 per cent of the possible maximum. The small wage-earner needing hospital care either for himself or for some other member of his family can hardly afford individually to pay a rate sufficient to cover the cost to the hospital of the service it renders, to say nothing of paying a physician for his professional services. He must pay more than he can afford to pay, accept charity service if he can obtain it or go without hospital service altogether. With the exception of hospitals publicly supported and those having liberal endowments, few can afford to provide any considerable number of beds at rates which wage-earners seem able to pay.

COUNTY HOSPITALS RECOMMENDED

The Commission recommended that as a partial solution of the problem of the inadequacy of hospital facilities, especially the facilities available for wage-earners, county hospitals be established in counties not having such institutions. The report says:

"Such hospitals should be supported by the county out of public funds, should provide free service for those unable to pay, but should also be available for patients who can pay. The county tuberculosis sanitarium could to advantage to its patients and staff be made a unit of the county hospital. Such a hospital should have an obstetrical department the facilities of which should be available for any woman in the county needing such service. In the county hospital should be X-ray and laboratory equipment and service available for all physicians in the county—free for those patients needing it free and furnished for pay to others. Such diagnostic facilities may well be provided and maintained by the State Department of Public Health. Clinics should be held in these hospitals for the treatment of ambulatory patients needing free service and for others needing treatment which can be adequately given only in such an institution. Physicians who attend the free patients in such a county hospital should be compensated for their services. Such a hospital could well be the headquarters of the county health officer and the county public health nurses. Such an institution would naturally become the health center of the county, serving the people of the county in the solution of problems affecting their health."

1000 More Hospital Beds

Minneapolis Should Spend $2,000,000 to Increase Facilities, Declares Olson

George W. Olson, superintendent of the Swedish Hospital, of Minneapolis, and president of the Minneapolis Hospital Council, recently issued a public statement regarding local hospital conditions, in which he declared that there is a shortage of 1,000 hospital beds in that city, and appealed to the community to raise $2,000,000 for hospital construction purposes. His statement is interesting because it discusses conditions that are typical of most American cities.

Reviewing the situation, and emphasizing the need for more hospital facilities in order to take care of cases needing hospital attention, Mr. Olson said:

"Any family that has had occasion this winter to call upon any of our local hospitals for service must be impressed with the fact that there is a great scarcity of hospital accommodations in this city. This condition has existed for several years, but has grown steadily more acute until at the present time it constitutes a serious menace to the public and private health and well-being of our population.

"There is an immediate need of 1,000 additional hospital beds in Minneapolis. Reports received from local general hospitals within the last ten days show that every hospital is filled to overflowing, extra beds being placed in sun parlors, recreation rooms and corridors, and yet an aggregate number of at least 50 patients are turned away each day for lack of room.

"Statements of physicians indicate that there are hundreds of sick persons being cared for as best they can be in their homes, in rooming houses and hotels, who ought to be in hospitals, where they would receive the care of trained nurses and constant attention of resident physicians.

"Most pathetic are the conditions surrounding maternity cases in the pitifully small apartments. In many of these cases only expert hospital service can safeguard the lives of mother and child. Yet when the obstetrician pleads for admission of his case, he must be refused because there is not a hospital bed vacant nor an empty space in which to place a bed. It is certain that lives are sacrificed because of the utter insufficiency of our hospital accommodations.

"This situation, while alarming, is not due to any abnormal conditions respecting the health of the community. It is but the natural result of the growth of our city. The percentage of sickness is doubtless smaller than when our hospitals were built and considered ample,

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but the population is so much greater. A fairly safe proportion of hospital accommodations is one bed to each 100 of population. Minneapolis has 2,400 hospital beds, including the University Hospital, which is only partly local in its service. With a population of 400,000 we should have 4,000 hospital beds in order to even reasonably to provide for our local needs. Then, in addition, there is the great territory commercially tributary to Minneapolis. For this Minneapolis is or should be the medical center as well. We are losing that position, because of the inadequacy of our hospital facilities.

"'Why don't you hospitals build when you know how badly it is needed?' cries the applicant who is turned away in indignation and despair. 'Why in heaven's name don't you provide room for our patients?' echo the doctors, who in so many cases find their best efforts thwarted by the lack of hospital care and laboratory aids.

HOSPITALS IN DEBT

"These questions seem to imply that the responsibility lies with the trustees or governing boards of our hospitals. But does it? Practically every one of our hospitals is carrying a heavy burden of debt. These debts are the result of past building operations. Most of our hospitals have started with nothing more than a small plot of ground. The buildings have been raised on mortgages and trustees' notes. In ordinary times the revenues of the hospital would cover the operating expenses and leave a small surplus with which the mortgage could be gradually paid off. When one mortgage was paid, an additional building would be needed, and a new mortgage would be taken on.

"In the last five years no hospital mortgages have been paid. For let it be known that among Minneapolis hospitals there are no profiteers. Hospital rates in Minneapolis have been increased on the average 30 per cent since 1914. It is well known that the average cost of all food supplies have increased 90 per cent, that surgical cotton, gauze, antiseptics, drugs and medicines have increased from 100 to 300 per cent, that linens and bedding have increased 20 per cent and that wages of hospital employes have been raised 75 per cent. If our hospitals were operating on a commercial basis they would be amply justified in doubling the rates charged in 1914. But physical disability is a misfortune, and let it be said to the honor of Minneapolis hospital boards that they have steadfastly declined to profit by anybody's misfortune. By the strictest economy, our hospitals have been able to pay current expenses by the moderate increases made in their charges, but they have not been able to pay off capital indebtedness nor provide amortization funds for future construction loans.

WHOLE COMMUNITY MUST HELP

"In the judgment of the writer the practice prevailing heretofore, of requiring the sick to pay for hospital buildings and equipment, as well as for operation and maintenance, is radically wrong. It would be just as reasonable to require those only who suffer fire losses to build their own fire stations, supply equipment and maintain the fire department, or those only who are held up, beaten and robbed to maintain our police department. Hospitals are life saving stations of the most vital importance to the community. Persons who are well today and perhaps never gave thought to the existence of a hospital may be clamoring for its services tomorrow. Sickness or accident may overtake anyone and in either case the hospital becomes indispensable. Why then should not the people of the community as a whole build and equip the hospitals? Hospitals exist for the safety of life and health in the community. Everyone who possesses life and health owes it to himself to help provide these safeguards and keep them strong and adequate.

"But there are those who say, 'I don't need the hospital; when I am ill I remain in my good home and call a trained nurse.' Many would thus smugly absolve themselves from any obligation to the hospital. They do not stop to consider that every nurse worthy of the name received her training in a hospital; that nearly 2,000 nurses have graduated from Minneapolis hospitals since nursing schools were instituted, and that at this date 900 young women are receiving instruction in Minneapolis hospitals in the vital science of nursing the sick. And how many are there who realize that practically the entire cost of training these nurses is paid by those who pay hospital bills? Yet the community as a whole benefits by the presence among us of trained nurses, and only complains because there are not more of them.

"It is safe to say that neither the government nor the people of the United States can ever fully appreciate or adequately compensate the service of the hospitals of the country in furnishing the thousands of nurses needed for war service, reconstruction and public health work. These went forth at the nation's call ready for immediate duty without the expenditure of a dollar of government funds upon their further training. And they were the best trained nurses in the world. Surely the public owes something to the institutions who provided this training and struggled hard to find the means to pay for it.

"Returning to the question of inadequacy of local hospital accommodations, it is imperative that something be done before next winter. Hospital boards must bestir themselves, devise plans for new construction and go frankly to the people and demand the necessary funds. A thousand additional beds will cost approximately $3,500,000. If we cannot provide 1,000, let us make at least 500 this year and see if that will not give us some relief. A fund of $2,000,000 should be subscribed by the people of Minneapolis, collected in four installments over a period of two years and apportioned among the hospitals conducted by charitable organizations in this city according to their respective needs and room for expansion. Building operations could be started without delay, temporarily financed by the respective hospital boards' individual credit. Minneapolis has many needs, but none which should give her citizens greater concern at this time than the need of enlarged hospital facilities."

Prohibition Reduces Hospital's Work

Dr. William C. Hassler, of the San Francisco Hospital, told the finance committee of the city at a recent hearing that three wards had been closed due to the falling off in the number of patients. The decrease was attributed chiefly to prohibition. The number of patients now being cared for is 569, compared with an average of 700. He added that while prohibition is not the only factor, it is having a big effect. The number of emergency hospital cases, particularly those treated for alcoholism, has also decreased, he said.

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Essential Data for Case Record System

Write Facts Regarding History, Laboratory Work and Treatment Promptly—Requirements in Operative Procedures

By LeRoy Long, M. D., F. A. C. S., Oklahoma City.

The record should be a concise, systematic arrangement of the essential facts in documentary form.

In beginning the record the paramount question should be, "What is the matter with the patient?" All other procedures should be subservient to that question.

The exigencies of modern times require direct procedure, if we are to get anywhere. It is not a time for round-about methods. Bearing this in mind, the record should begin, after obtaining the purely clerical data, with the complaint of the patient. The history of its development should be set down in an orderly way, and it should be set down when the information is obtained.

The history should be definite. Such expressions as "about" and "some time ago" and "a few weeks thereafter," should be avoided.

It is needless to say that the value of the history will depend upon the adaptability of the history-taker to the duty in hand. The existence of certain significant symptoms will suggest many pertinent inquiries to the capable history writer.

The record should show concisely the history of former diseases, accidents, and injuries, but it should not be cluttered up with nonessential details.

FAMILY HISTORY BRIEF

The family history shouia, in most cases, be set down very briefly. It is usually information of secondary importance. The trained history writer should know when to go into intricate details, as, for example, in certain mental diseases, in suspected hemophilia, and so on.

The record of the physical examination should be set down while it is being made. It is easy to forget. The suspected area or organ is first examined, then the vital organs, and finally a brief survey of the body is made and all of it put into the record.

The record should show a complete examination of the urine and a complete blood count as a routine procedure. The condition of the patient may suggest other laboratory work, and when it is done the record should show it.

The record should show notes made on the condition of the patient by the attending physician or his assistant, such notes being put down daily, or at such times as it may be necessary to visit or treat the patient, and the notes should be signed. The record of the doctor's visits, and what he does should not be left to the nurse. If the notes or any part of the history of the patient are made by the resident staff, such notes should be corrected or verified by the attending physician, and such corrections or verifications should be signed by him.

SHOW THE DIAGNOSIS

The record should show the diagnosis written in, and the attending physician should be required to put the diagnosis on paper before any surgical operation or radical procedure is undertaken; or, if a diagnosis cannot be made, a statement to that effect should appear in the record. If operation or later developments show an error in diagnosis, it should appear in the record.

In surgical cases the record should show the condition of the patient before the anesthetic is begun, the time at which the anesthetic is begun, how long a time required to produce anesthesia, the anesthetic employed, the method of administration, the time at which the operation is begun, the condition of the patient during the operation, the length of time consumed by the operation, the pathology found at operation, the type of operation done, the particulars therewith being dictated by the operator during or immediately following the operation.

The surgeon should make a statement relative to drainage tubes, gauze, sponges, instruments, stating whether any such articles have or have not been left in the wound or in any part of the body, and, if left, the particulars as to their location, attachments or guards. The method of closing the wound should be mentioned. All this should be written in the record at the time by some capable person designated to perform that service. The record should show how the case terminated. If discharged from the hospital, the discharge order should be signed by the physician or his assistant, and a note should be made at the time setting forth the condition of the patient. The patient should then be followed up by the hospital to ascertain the subsequent history.

If the patient dies, the physician should write into the record what he believes to have been the cause of death, and this should be based upon autopsy when possible, the autopsy findings appearing in the record.

RESUME OF REQUIREMENTS

The following is a brief resume of important points:

1. A written history, corrected or verified by the attending physician if it has been written by the resident.
2. A written record of physical examination, corrected or verified by the attending physician.
3. A record of all laboratory work.
4. The diagnosis written in the record; or, if a diagnosis cannot be made, a statement stating the particulars.
5. A record of the visits of the physicians with notes on the condition of the patient, such notes to be signed by him. These notes should be a history of all complications or changes in the condition of the patient.
6. An explicit statement setting forth the particulars in connection with the administration of the anesthetic and the performance of the operation if the case is a surgical case.
7. Autopsy findings should be a part of the record.
8. A follow-up system under the direction of the hospital.

*A paper read before the Oklahoma State Hospital Association at its 1919 convention in Muskogee.

Tuberculosis Hospital to Cost $1,000,000

Plans have recently been completed for a municipal tuberculosis hospital which is to be erected at Northville, Mich., at a cost of $1,000,000. The building will house 230 patients.

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Methodist Convention Held in Chicago

Hospital Workers Discuss Extension of Church Efforts Money Raising Plans and Cooperative Methods

Plans to have the church recognize the cause of healing and supervise it as it does evangelization work were sanctioned at the second annual meeting of the National Methodist Hospital Association at the Hotel La Salle, Chicago, February 11 and 12. The Association admitted the National Methodist Home Association to membership, voted to invite all Methodist homes for children in, and changed its name to "National Methodist Hospitals and Homes Association."

The association passed a resolution endorsing the American White Cross and favoring its method of raising funds. Owing to objections by the Red Cross, the White Cross will replace its emblem of similar design with a Maltese cross.

E. S. GILMORE,
Superintendent of Wesley Hospital, Chicago, Who Presided Over Meeting of Methodist Hospital Association.

A clearing house for buying and handling all hospital and home material was favored and steps to standardize appliances and equipment of these institutions approved.

President E. S. Gilmore, Chicago; F. C. English, Cleveland, first vice president; W. A. Robinson, Cincinnati, second vice president, and W. H. Jordan, Minneapolis, secretary, were re-elected. C. W. Williams, Boston, and A. B. Hestwood, Wichita, were chosen third vice-president and treasurer, respectively.

President E. S. Gilmore, Wesley Hospital, Chicago, was in the chair as the first meeting of the convention was called to order February 11 at 10 a. m. Following prayer by Dr. F. E. Bauchop, the minutes of the meeting July 1 and 2 at Columbus, O., as read by Secretary W. H. Jorden, Asbury Hospital, Minneapolis, were approved.

The following members were present:

E. S. Gilmore, Wesley Hospital, Chicago.

C. D. Walker, Iowa Methodist Hospital, Des Moines.

C. C. Hurin, Iowa Methodist Hospital, Des Moines.

E. D. Samson, Iowa Methodist Hospital, Des Moines.

J. S. Meyer, Deaconess Hospital, Great Falls, Mont., and Deaconess Hospital, Bozeman, Mont.

Mrs. H. S. Hollingsworth, Bethel Hospital, Colorado Springs, Col.

Mrs. D. B. Street, Superintendent of Hospitals, W. H. M. S., Washington, D. C.

Mary C. Jackson, Graham Hospital, Keokuk, Iowa.

Mrs. M. A. Muratta, Burge Hospital, Springfield, Mo.

F. E. Morrison, Methodist Deaconess Hospital, Rapid City, S. D.

N. E. Davis, St. Luke's Hospital, Cleveland, O.

E. H. Eberhardt, Wesley Hospital, Wichita, Kan.

Charles W. Neitz, Methodist Hospital, Peoria, Ill.

W. H. Jordan, Asbury Hospital, Minneapolis.

George K. Belden, Asbury Hospital, Minneapolis.

G. F. Notson, Methodist State Hospital, Mitchell, S. D.

J. H. Hoagland, Methodist State Hospital, Sioux Falls, S. D.

Alice Thatcher, Christ Hospital, Cincinnati.

Blanche M. Fuller, Nebraska Methodist Hospital, Omaha.

N. A. Martin, Nebraska Methodist Hospital, Omaha.

N. A. Newing, Wisconsin Deaconess Hospital, Green Bay.

F. E. Bauchop, Wisconsin Methodist Hospital Association, Madison.

Bascom Robbins, Bethany Methodist Hospital, Kansas City, Kan.

W. C. Hanson, Bethany Methodist Hospital, Kansas City, Kan.

S. J. Rogers, Arizona Deaconess Hospital, Phoenix, Ariz.

A. B. Hestwood, Wesley Hospital, Wichita, Kan.

J. A. Diekmann, Bethesda Hospital, Cincinnati.

C. W. Williams, Deaconess Hospital, Boston.

T. A. Speckmann, Deaconess Hospital, Louisville, Ky.

James R. Harper, Missouri Methodist Hospital, St. Joseph.

Ray Allen, General Deaconess Board.

F. C. English, St. Luke's Hospital, Cleveland.

In the absence of L. O. Jones, Iowa Methodist Hospital, Des Moines, who was to talk on "The White Cross Movement," E. D. Samson, Des Moines, a member of the board of the hospital, spoke on that subject. He credited Mr. Jones with being the originator of the idea, which is intended to educate the laymen to contribute to hospitals just as they have been educated to give to missions, education and similar movements.

The White Cross plan, Mr. Samson explained, is based somewhat on the Red Cross membership scheme, adults being charged one dollar for membership and children up to fourteen years twenty-five cents. The contributors are

(*Continued on Page 76*)

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Advertising Impresses Value of Service

Eastern Maine General Hospital Uses Newspaper Space Every Day to Explain Work and Needs of Institution

Interest in advertising on the part of hospitals is growing.

The necessity for proper presentation of the work and needs of the hospital to its community is being recognized not only by administrators, but by boards of trustees, and investments in advertising space are being made for the purpose of presenting the facts in the most effective style.

Mr. Prescott H. Vose, president of the board of trustees of the Eastern Maine General Hospital, of Bangor, has supplied HOSPITAL MANAGEMENT with information regarding the newspaper advertising campaign which this institution is now conducting, and which is declared to have been successful in winning a better appreciation of the value and importance of the work done by the institution.

The Importance of Public Health

is becoming increasingly evident to the public mind. High standards of health bring material prosperity to any community. An important factor in public health conservation is the work of the general hospital.

The Eastern Maine General Hospital is an important factor in the public health work of eastern Maine; in fact, its work extends to nearly every county in the state. Under present conditions of high costs of maintenance, it cannot carry on this work in its present proportions without much larger financial support.

This advertisement is published by the authority of the trustees of The Eastern Maine General Hospital.

PRESCOTT H. VOSE, President. CHARLES H. ADAMS, Secretary.
JOHN WILSON, Vice President. CHARLES D. CROSBY, Treasurer.

"SELLING" THE HOSPITAL AS A PUBLIC HEALTH AGENT

The objects of the advertising, Mr. Vose writes, are as follows:

1. To correct a mistaken impression that exists in the community that the institution is amply endowed and not in need of further financial assistance.

2. To impress the public more deeply with the importance of the work of the general hospital, and to awaken interest in the subject.

3. To pave the way for the raising of a fund for the purpose of building a nurses' residence, probably to be undertaken in the near future.

The campaign started in November 10, and is to be continued indefinitely. With reference to results and the attitude of the board members regarding the advertising, Mr. Vose says:

"As to tangible returns, very little that can be said to be tangible was expected. There have been, however, very satisfactory responses. And the main objects desired appear to be in process of accomplishment.

"A few days ago a member of the publicity committee asked another member of the board of trustees, and a very conservative man, by the way, 'How long ought we to continue this advertising?' His reply was, 'As long as the hospital is in existence.'"

There are two daily papers in Bangor, the *Commercial*, an afternoon paper, and the *News*, morning. The advertisements are run on Mondays, Wednesdays and Fridays in the morning paper and on Tuesdays, Thursdays and Saturdays in the evening publication. In this way the message of the hospital is presented to the community every weekday, and there is little opportunity for anyone to escape getting the information that the hospital desires to present. As Mr. Vose points out, the papers circulate throughout Eastern Maine, so that the advertising reaches practically the entire section which the hospital serves.

The advertisements are invariably two columns wide by three to five inches deep. The newspapers quoted their lowest flat rates for the space, and have published the advertisements in preferred positions. Further, interest in the hospital has been so stimulated by the announcements that the editorial departments of the papers are giving more space to news about the hospital.

The "copy" which is being published deals with the work of the hospital from every standpoint—humanitarian, economic and educational. The fact that 881 patients out of a total of 2926 received during the past fiscal year were cared for free, furnished the material for several advertisements, while the value of the hospital in establishing higher public health standards suggested another. The financial burdens imposed on hospitals today, and the greater support required to maintain them, have been discussed, while the work the hospital is doing in training nurses has also been effectively presented.

It Cost $125,657.50

to run **The Eastern Maine General Hospital** last year 2926 patients received treatment and care and of these 881 were treated and cared for entirely free of charge. Did you realize the extent and importance of this work?

Owing to conditions resulting directly and indirectly from the war, the operation of the Hospital for the year showed a heavy deficit and this condition of excess of expenses over all income continues now.

You owe it to this community that the work of this institution be not curtailed. The trustees appeal to you for donations and bequests. This worthy work must continue.

This advertisement is published by the authority of the trustees of The Eastern Maine General Hospital.

PRESCOTT H. VOSE, President. CHARLES H. ADAMS, Secretary.
JOHN WILSON, Vice President. CHARLES D. CROSBY, Treasurer.

EMPHASIZING THE EXTENT OF FREE WORK DONE

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181 Trained Nurses

The Nurses' Training School of The Eastern Maine General Hospital has graduated during the twenty-eight years of its operation 181 trained nurses. One of the most important functions of the general hospital is the education and training of nurses. The community that today is without a group of competent nurses is unfortunate indeed And the pupil nurses during their period of training do nearly all the work in the care of the sick

The Eastern Maine General Hospital is doing a many-sided and very important work that affects materially the average vitality of the men and women of eastern Maine. It merits your support It needs it imperatively in much greater volume. Its Board of Trustees appeals to all friends of hospital work for donations and bequests for current expenses and endowment.

This advertisement is published by the authority of the trustees of The Eastern Maine General Hospital.

PRESCOTT H. VOSE, President. CHARLES H. ADAMS, Secretary
JOHN WILSON, Vice President. CHARLES D. CROSBY, Treasurer.

HOSPITAL AS EDUCATIONAL FACTOR

Each announcement closes with this statement:

"This advertisement is published by the authority of the Trustees of the Eastern Maine General Hospital."

Their names, signed below, include, besides Mr. Vose, John Wilson, vice-president; Charles H. Adams, secretary, and Charles D. Crosby, treasurer.

A direct appeal for financial support was made in the following announcement, which was No. 2 in the series:

"A mistaken impression in regard to the Eastern Maine General Hospital is somewhat widely prevalent in this community. The idea seems to be widespread that with its income from invested funds, its state aid and the many donations received, it is in comfortable financial circumstances. On the contrary, the operation of the hospital for the last year resulted in a heavy deficit, and this condition continues now.

"The trustees appeal for donations and bequests to all those who appreciate the importance of hospital work, and particularly the work of this hospital in Eastern Maine, that the work may be continued without curtailment."

The facts regarding the amount of free work done were stated in one advertisement as follows:

"Twenty-nine hundred and twenty-six patients were treated at the Eastern Maine General Hospital during the last year, and of these 881 were treated and cared for absolutely free of charge. As far as is possible, the hospital collects its regular charges from all those who are able to pay.

"Under existing conditions, however, an unusually large proportion of the patients treated and cared for are not able to pay the charges. Added to these burdens for the hospital is the abnormally high cost of maintenance caused by the high prices of food, clothing, coal, drugs and supplies.

"If this important work is to be continued in the future as in the past, and the high standards and unstinted amount of work are to be maintained, much larger financial support must be accorded and the trustees appeal to all those who are interested in hospital work for donations and bequests."

The hospital as a public health center was presented in this light:

"The importance of public health is becoming increasingly evident to the public mind. High standards of health bring material prosperity to any community. An important factor in public health conservation is the work of the general hospital.

"The Eastern Maine General Hospital is an important factor in the public health work of Eastern Maine; in fact, its work extends to nearly every county in the state. Under present conditions of high costs of maintenance, it cannot carry on this work in its present proportions without much larger financial support."

The value of the work done by the training school is described thus:

"The nurses' training school of the Eastern Maine General Hospital has graduated during the twenty-eight years of its operation 181 trained nurses. One of the most important functions of the general hospital is the education and training of nurses. The community that today is without a group of competent nurses is unfortunate indeed. And the pupil nurses during their period of training do nearly all the work in the care of the sick.

"The Eastern Maine General Hospital is doing a many-sided and very important work that affects materially the average vitality of the men and women of Eastern Maine. It merits your support. It needs it imperatively in much greater volume. Its Board of Trustees appeals to all friends of hospital work for donations and bequests for current expenses and endowment."

45 Per Cent. of It Was Free

Of the work done by **The Eastern Maine General Hospital** during its last fiscal year 45 per cent was entirely free. The Hospital collects its regular charges from all those able to pay, but conditions last year were such—and the same conditions continue now—that an unusual number of families found it absolutely impossible to pay the extra costs of sickness

The ablest hospital authorities in the larger cities say that $1.00 now buys only 48 cents worth of food, medicine and service.

For these reasons the Trustees of the Hospital ask for a liberal increase in your interest in and your support of this important work

This advertisement is published by the authority of the trustees of The Eastern Maine General Hospital.

PRESCOTT H VOSE, President. CHARLES H. ADAMS, Secretary.
JOHN WILSON, Vice-President. CHARLES D. CROSBY, Treasurer

The High Cost of Living in the Hospital.

To Establish Training School

A committee has been appointed to establish a nurses' home and training school for Goshen Hospital, Goshen, Ind.

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Diverging Opinions as to Nurse Training

More Nurses Needed and Short-Term Courses Favored, but Danger to Public and Need of Control Are Pointed Out

The nursing situation is so important that discussion from many angles is worth while, even though it includes views that you may not agree with. Here are two communications that have come o HOSPITAL MANAGEMENT, *one pleading for the short-term nursing course and the practical nurse, the other emphasizing the danger of allowing inadequately trained nurses to serve the public in the guise of thoroughly trained nursing experts. There are other views of the situation. What is yours?*

By W. F. Briney, M. D., Secretary and Treasurer, Douglas Park Hospital, Chicago

Again the nurse situation has become critical. Today, as I write this, I have just finished telephoning every registry for nurses in Chicago and have received the same answer from every one, "We have no one on the registry this morning; they are all out."

The thousands of graduates of the school operated by our Commissioner of Health have not relieved the situation, and the conditions which prevail discourage any young woman who might contemplate taking up nursing as a profession.

The graduates of the commissioner's school, after their course of lectures covering only a few weeks, are demanding $30 a week, while the compensation of the nurse who has spent three long years of hard work and thorough training is only $35 per week.

Graduates of our correspondence schools, who cannot even take the temperature of the patient or make a bed up decently, are being sent out by the nurses' registries in Chicago at $30 to $35 per week, and often as graduates.

Another fact which hinders the training school is students leaving before they have finished. Students who enter the training school often have no intention of finishing, merely intending to get a few weeks' experience and then going to some registry they are accepted on their statement, without credentials, and are sent out at $30 a week to impose upon the public and to endanger the lives of those who are entrusted to their care.

The Douglas Park Hospital, which conducts a special short-term course in maternity nursing, has had experience similar to that which other schools are having. Recently students have entered, and after the hospital spent time in instructing the young women, and in some instances advanced them money to help them finish their training, just at a time when they became valuable to the hospital, they left without notice, leaving the hospital without an opportunity to secure someone else to go on duty, and have found a registry eager to send them out without credentials and in some instances without even questioning them as to their qualifications.

Some of these same registries have informed us over the telephone when we sought some one to help us in these emergencies that they did not furnish hospitals with nurses.

So it is that the students are to be taken by the registry, and the very institutions which train the nurses are the first to be denied their services.

We need the practical nurse and those who have had short-term special training just as well as the three-year graduate, but the public should be protected, and those who have only slight training should not be allowed to go out on cases without furnishing to the attending physician and the patient satisfactory evidence as to their qualifications.

No one should be allowed to nurse for hire until after registration with the State.

If the nursing profession is not to be protected, it will be impossible to induce young women who are capable to enter training.

If young women from the factory can take a few weeks' lectures or correspondence course, or leave the training school after a few weeks and demand as much or almost as much remuneration as the educated young woman who has fully qualified, then the nursing profession is doomed.

We need new laws governing the nursing situation, but until these laws can be passed, the nurses can aid in correcting these abuses by refusing to register with the registries which place them on an equality with those who have little or no training.

The physician can do his part by demanding to see the proof of the nurses qualification and refusing to allow their patients to pay for a trained nurse while they receive only the care of one who has little or no training.

The trained and qualified nurse sets the price for which their services as skilled nurses is worth, and these parasites seek to profit by demanding the same fee.

It is time the nursing profession and the hospitals were waking up to these abuses and attending to their correction.

By J. H. Voje, M. D., President Waldheim Park Sanatorium, Inc., Oconomowoc, Wis.

War, and two epidemics of influenza, brought forcibly to our minds the scarcity of nurses in the United States.

This shortage was of course due largely to the war. Over one half of our nurses entered the army service, either at home or abroad. Had there been no further complications, the remaining civilian nurses probably would have been able to handle the situation, serious though it was. When, however, we were suddenly confronted by a country-wide epidemic of a severe form of influenza and pneumonia, the dearth of competent nurses proved very disastrous.

But neither the war nor the epidemics were primary causes of this shortage of trained nurses. They merely presented a crisis which brought vividly to the lay mind

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a fact already familiar to the medical profession, viz., that the supply of new nurses is not keeping pace with the increasing demand. Why not? There are plenty of intelligent, active young women in every state of the Union, capable of becoming competent nurses if properly trained. Why do not more of them train for nursing?

Experts—such as physicians, state medical boards and superintendents of nurses, who have an insight into the training school methods in the United States, have answered this question. For years they have maintained that the requirements for admission to our larger training schools for nurses have been too rigid and too advanced for practical purposes, and that the time required for training in these institutions has been too long. Furthermore, they are convinced that the laws under which these schools are permitted to operate in the different states are arbitrary and harmful. These conditions, in their opinion, are largely responsible for the present shortage of nurses, in that they prevent many a deserving and able candidate from entering the nursing profession.

NEED OTHER SOURCES OF SUPPLY

Assuming that these experts are correct in their contention that under prevailing conditions our established training schools for nurses have not, and are not likely to supply sufficient new material for the nursing profession, we must look about for some other reliable source of supply.

Go to any state in the Union, and in most of the towns of from five to ten thousand inhabitants you will find excellent hospitals, many of them thoroughly up-to-date in type and equipment. These institutions, with from thirty to fifty beds, have a staff of physicians who know the special requirements of a nurse for their community. Having learned from experience that the nurses trained in the larger schools and hospitals do not as a rule meet these requirements, they much prefer to train their own nurses. Today, many of these local physicians have established in connection with their hospitals practical courses of training for nurses. It is an extension of this practice which, in my opinion, will be a long step in the right direction toward a solution of the nurse problem.

Local training schools for nurses, operated in connection with the smaller hospitals, have many peculiar advantages. Such schools bear to the larger training schools much the same relation as small colleges bear to the large universities. In the latter, the student body, numbering sometimes as high as six or seven thousand, is too large to make possible an intimate relation between instructor and student. On the other hand, in the smaller institution, a professor comes to know each of his students personally, and can discover and develop each one's individual capacity and ambition. Ofttimes close friendships are the result. This personal contact and interest tends to bring out a student's latent talents, and inspires him to action. Then, too, in the small colleges there is an atmosphere of romance—a spirit of intimate fellowship and loyalty—lacking in the larger institutions. This twines itself about the student's heart, and follows him out into the world to linger with him a lifetime. These may seem small matters, but they go far toward the making of big men and women. Is it not a well known fact that a much larger percentage of the great men of our country come from the small colleges than from the large universities?

GET INTIMATE ASSOCIATION

As with the small college, so with the small hospital training school. Its student nurses have had the advantage of intimate association with the men and women from whom they have learned their profession; they have enjoyed their confidence, advice and friendship; and consequently they enter broader fields with more ambition, more loyalty, and a keener sense of their responsibilities than they otherwise would have had. And those who do not leave the community to take up the more advanced training still remain a decided asset to their neighbors by becoming veritable apostles, spreading the gospel of proper living and health in their own homes and home towns.

And this suggests one more point in favor of local training schools for nurses. These institutions, scattered over the states, would form excellent centers for the dissemination of a proper knowledge of hygiene, home economics, and the prevention of disease—subjects upon which the average community is woefully ignorant.

Another advantage of the local hospital training schools is that they will give the so-called "practical nurses" in a community an opportunity to complete their training without leaving home. During the last two severe epidemics of influenza and pneumonia, when far too few trained nurses were available, some of them—fortunately not many—took advantage of the situation, and demanded higher pay. The much maligned practical nurse came to the rescue. This scorned and persecuted branch of the nursing profession thoroughly redeemed itself. None appreciates more than do physicians its splendid service throughout the crisis. Again and again physicians have risen in county meetings to pay glowing tributes to the faithful service, and noble self-sacrifice of practical nurses, and to their eagerness to learn and to help. Some of these women proved veritable Florence Nightingales, Linda Richards and Clara Bartons. By their courage, their native ability, their untiring devotion to duty, they inspired even the doctors. Encourage these brave nurses in their desire to serve; give them a chance to complete their training in a home school, to graduate as full-fledged members of the profession; and not alone their community but the whole country will be the gainer.

FAVORS TWO-YEAR COURSE

The establishment of these small training schools in all sections of the country, with say a two-year course, would assuredly relieve the situation in their respective communiies; but it would do more than this. These local schools would furnish splendid material for the larger training schools and hospitals in the cities. From them would come young women unspoiled by city life, well trained in the fundamentals of nursing, resourceful, and fitted to get the most out of a third year training in the higher branches of nursing—such as hospital economy, administration, and management—for the teaching of which the larger training schools have the better facilities. And such candidates for advanced training, saturated with the wholesome atmosphere of their home schools, would be less likely to be adversely affected by

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their work in the wards of the city hospitals, where the hospital population and environment so often prove soul-hardening.

To sum up:

There is a dearth of trained nurses in this country.

The large training schools—excellent as they are in their line—are not keeping pace with the demand; and, as at present operated, are not likely to. Furthermore, large schools are not essential to the making of a good nurse.

In the small cities and towns throughout the country there are plenty of modern, well equipped hospitals with excellent teaching material now going to waste.

If these hospitals would make use of this material by establishing their own training schools, the trained nurse problem would soon be solved.

These local schools should be licensed by the state, and their graduates should be awarded a diploma at the end of their course. Where affiliation with a neighboring large hospital is feasible, a three-year course ought to be given, otherwise two years would seem ample, with the option of a third year of training in a large hospital for those graduates desiring to prepare themselves for higher positions.

These small hospital schools would possess the advantages peculiar to the small colleges. Intimate association between teacher and pupil, and personal attention and advice, would bring out latent talent, inspire action, and develop a keen sense of responsibility.

These schools would give the able and ambitious practical nurse an opportunity to complete her training in her own community and thus render the larger service she is so anxious to give.

The large city training schools and hospitals would benefit by the establishment of these local schools, for the latter would send out wholesome young women armed against the soul-hardening experiences of city nursing, and well fitted for higher training.

Such schools established all over the country would be of decided value to their respective communities as centers for the propagation of scientific knowledge of hygiene, home economics and the prevention of disease.

And last, but not least, the great middle class throughout the land—including the farmers—would be able to get a good, trained nurse when in need of one.

Hospitals and Bolshevism

Dr. Royal S. Copeland, Commissioner of Health of New York, was recently quoted on the subject of the hospital's influence in preventing industrial unrest such as leads to bolshevism. In making an appeal for Flower Hospital, New York, he said:

"The hospitals of New York not only cure the physical diseases of the immigrant classes to whom they give their free and unstinted service. But they also cure a far more vicious disease. It is the hatred of America, the hatred that expresses itself in the present day agitation for a cure all which its supporters call bolshevism.

"This hatred has its original source in the too great expectations which our immigrants cherished of America as a land of easy riches and golden luxury.

"Invariably, however, these foreigners in New York who have been sheltered and cared for by a hospital feel such gratitude that often their old distrust and bitterness is dispelled. One should see the long lines of women at a hospital dispensary waiting patiently for the doctor."

Training Hospital Dietitians

Course in Dietetics Should Include Preparation for Administrative Work

[EDITOR'S NOTE: This is a digest of a talk given by Miss E. M. Geraghty, New Haven Hospital, New Haven, Conn., at the American Dietetic Association meeting held at Hotel Gibson, Cincinnati, September 8 to 12, 1919.]

Dietitians are generally classified according to the branch of dietetics for which they are particularly qualified as teaching, administration, social welfare, and diet-otherapy. Each of these requires a background of a thorough training in home economics, to which must be added graduate training along lines in which one wishes to specialize.

When criticism is made regarding the dietitian, it is too often true that the distinction between these types has not been given, and a woman with teaching ability has been asked to assume a position requiring administrative ability, or vice versa. Again, the hospital may not be allowing the dietitian to assume the responsibility for which she is so well trained. However, I feel this last condition will very soon be remedied. About two years ago Dr. Joslan stated that it was very noticeable that the more modern the hospital and the more up-to-date the management, the greater the power of the dietitian, and it is a fact that in modern, well-organized hospitals, operating under a business-like management, an administrative dietitian has entire charge of the department of dietetics.

A good bit of the blame for the less desirable conditions is directly traceable to the training given to dietitians in the hospitals of the country. Some of the hospitals accept young women for training merely as a means to have skilled work done cheaply, with no real training being given. While much improvement has been shown in the last few years, we still have a long way to go, and it behooves every dietitian to realize her teaching responsibility.

May I be pardoned if I talk for a few minutes about the training we are giving at the New Haven Hospital?

The outline of the work given to student dietitians is as follows:

THEORETICAL WORK

Dietetics of special diseases—Department of Medicine, Yale University School of Medicine.

- Acute infectious diseases.
- Gastro-enteric.
- Cardio-vascular-renal.
- Metabolic.
- Cutaneous.

Pathological physiology } Department of Experimental
Pathology of nutrition } Medicine, Yale University School of Medicine.

Nutrition of growth—Lafayette B. Mendel, Sheffield Scientific School, Yale University.

Dietetics of Infancy and Childhood—Department of Pediatrics, Yale University School of Medicine.

Dietetics of Pregnancy—Department of Obstetrics—Yale University School of Medicine.

Dietetics of pre- and post-operative cases—Department of Surgery, Yale University School of Medicine.

(*Continued on page* 70.)

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Worcester City Adopts Cafeteria Service

New Plan for Service of Nurses Produces Threatened Strike, Which Fails to Materialize — Advantages of System

By Charles A. Drew, M. D., Superintendent, City Hospital, Worcester, Mass.

[EDITOR'S NOTE: The following paper was presented as a report to the trustees of the Worcester City Hospital following the establishment of cafeteria service for the nurses of this institution. At first there was some slight objection to the plan, and one of the Worcester papers reported that a strike of the nurses was threatened; but Dr. Drew shows in his paper that the idea was put into effect without serious difficulty, once those concerned realized the advantages which they would have as a result. The discussion is especially timely, in view of the shortage of help and the efforts that are being made to improve the living arrangements provided for hospital nurses.]

In HOSPITAL MANAGEMENT, for September, 1919, Eleanor Wells, of Teacher's College, New York City, writes under the caption, "Cafeteria Meets Hospital Needs." From this interesting article I beg to quote. After urging that nurses should not be required to stand during meals—which does not apply to any hospital cafeteria, so far as I know—Miss Wells adds:

"With the increasing difficulty of procuring satisfactory service, however, the cafeteria looms up again and again. With this fact facing us, a report on conditions in institutions where the cafeteria has been in successful operation, is worthy of note.

"In a study of nine hospitals in the East and Middle West, the fundamental facts in each case are identical—namely:

"1. The cafeteria form of service was introduced as a necessity to meet the help problem.

"2. The food waste has been materially cut down.

"3. The pay roll has been reduced.

"4. The nurses are satisfied with this form of service, preferring it to the other. The food is served better and more attractively. Service is quicker. They do not care to return to the former plan.

"To my mind this last point is the strongest argument."

GOOD REPORT CONFIRMED.

Miss Wells describes the methods of adapting the cafeteria system in the Woman's Hospital, New York City; the Brooklyn Hospital, Brooklyn, N. Y.; the Bellevue Hospital, New York City; the Woman's Hospital, Baltimore, Md.; and the Massachusetts General Hospital, Boston, as fair representatives of the nine hospitals included in her study. From personal observation and conversation with nurses in the Massachusetts General Hospital, I believe that Miss Wells' conclusions as applied to that hospital are entirely correct.

I do not presume that our trustees have had extensive experience in catering to large numbers. It will not take much imagination, however, to see what is likely to happen when 160 nurses fill a dining-room and wait to be served by eight maids, where the most distant tables are 60 feet from the serving-room and the steam-tables where the food is kept warm. When the waitresses are reduced to four or five you can see what would happen without any imagination. It is easy to imagine conditions if the food which should be hot is placed on the table before 160 nurses reach the dining-room.

The cafeteria system, in brief, replaces the waitress service and requires each person to take his or her tray, pass by the steam tables in the serving room, where several helpers are ready to dish out what each person chooses. The person then goes to his usual seat at the dining table, eats what he has selected and leaves his dishes to be collected and washed by the maids and kitchen helpers.

NEW PLAN INTRODUCED.

This is the new plan, new to the nurses' dining room, which caused a threatened strike at City Hospital, according to an evening paper one day last week. There was a temporary desertion of duty by the male nurses, who returned to their work before I had an opportunity to act in the matter. This made it possible to discuss the subject fairly when they called on me later. There was some evidence of a resentful spirit from a few graduate women nurses the first day.

I expected the first day's trial to result in some confusion. I have not heard any complaint since the first day. Some suggestions were made by the nurses to remedy small defects in the service, which were accepted as valuable. Other nurses were asked to make suggestions. The superintendent of nurses, the general matron, the dietitian, the laboratory technicians and the chief and assistant clerks have co-operated cordially without a growl or a scowl. A little squall occasionally is not a bad thing, because it shows defects in the system and proves who can be depended upon in time of real trouble.

The help question is not an easy one. The cafeteria system helps out. Warmer food, quicker service, the chance to select what you want and reject what you do not like—these are the chief advantages.

I can understand the other side. I recall what a sense of superiority it gave me when I was quite young to give my last quarter to an obsequious servant for a might poor hotel service. There is a sort of superior feeling when you are waited on, no matter how long you wait.

St. John's Building Program

A building program to cover a period of five years will be instituted at the St. John's Hospital Farm, near Springfield, Ill. Father Joseph Straub is director of the hospital and farm. A general utility building, to cost $130,000, will be completed in May. A portion of it will contain the dormitory for nurses. The entire expenditure will be approximately $750,000. Other structures to be erected are a building for crippled children, a home for mentally deficient girls, a hospital for the treatment of nervous diseases, and a building for convalescents.

Presbyterian Hospital to Build

The Presbyterian Hospital, New Orleans, La., has recently acquired adjoining property at a cost of $27,000 on which a new hospital building will be erected.

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THE HOSPITAL ROUND TABLE

Automatic Sprinklers in Hospitals

Those who attended the meeting of the Section on Construction of the American Hospital Association at Cincinnati last September will recall the animated discussion regarding the use of automatic sprinklers in hospital buildings. They will be interested in a book on this and related subjects issued by the General Fire Extinguisher Company, of Providence, R. I., on the subject, "Fire Tragedies and Their Remedy."

In addition to presenting some strong arguments in favor of sprinkler equipment, statistics regarding hospitals so equipped are given. According to a list published in this book, New York and Massachusetts leads in the number of hospital buildings equipped with automatic sprinklers, the former having fifteen and the latter twenty-six. Boston alone has fourteen.

The Boston institutions credited with sprinkler protection are the following: Bay State Hospital, Boston City Hospital, Boston Dispensary, Boston Home for Incurables, Peter Bent Brigham Hospital, Codman Hospital, Des Brisy Hospital, Eliot Hospital, Forest Mills Hospital, Huntington Memorial Hospital, Lying-In Hospital, Massachusetts General Hospital, New England Baptist Hospital and Reed Hospital.

The Weakest Point

What is the weakest point usually found in the service of a hospital?

A group of executives recently discussed this question, and most of them agreed that the food department is that which is hardest to maintain at the proper point of satisfaction.

The reason given by most was the floating character of the help employed, the difficulty of always having enough workers on hand, and the number of persons who must attend to each detail properly in order that the patient may be satisfactorily served.

A hospital with good medical and nursing service may easily get a "black eye" from its patients if the food service falls down, so that it looks as if it would pay to check up on this department as often as possible.

Must Have Good Service

Good service as a prerequisite for a successful campaign for funds is emphasized in a letter from Charles D. Folsom, of Will, Folsom & Smith, of New York, to Asa S. Bacon, superintendent of the Presbyterian Hospital of Chicago, who recently contributed an article to HOSPITAL MANAGEMENT on the subject of getting community support. The letter, which is printed here by permission, included the following:

"Personally we believe that the most effective method of solving financial problems is a campaign accompanied by publicity. We know of no other method; but your advice to 'improve the service' is an essential so frequently overlooked that it is certainly a pleasure to see it appear in an important magazine so strongly accented.

"During the present year, and for at least two years following, there will be many campaigns conducted throughout the country. Those hospitals will stand the best chance of success whose service has been improved, and which are able to show the public such improvement in service. One of the poorest policies and one which should be most strongly condemned is to let the service fall down and then run a campaign for money.

"Not long ago I watched the progress of a campaign for a hospital which needed new money. There was a strong committee, and there were many workers, but the just criticisms of the hospital management and service were such that the campaign produced hardly half the objective."

Free Work in New York

Some exceedingly interesting statistics regarding the work of New York hospitals are given in the annual report of the United Hospital fund, of which Frederick D. Greene is general secretary.

It is particularly impressive to note that 51 per cent of the hospital days furnished by the institutions which are members of the fund consisted of free work. The total number of days which no payment was received is 615,978.

The average cost per day in the wards is shown by the same table to be $3.17.

Seaside Tuberculosis Hospitals

The State Tuberculosis Commission of Connecticut recently reported the establishment of a hospital at East Lynn, Conn., located on Crescent Beach, which is to be used for the treatment of children crippled with bone and glandular tuberculosis.

"The tuberculosis experts of the world," the report states, "long ago observed that children afflicted with surgical tuberculosis, that is, tuberculosis of the bones and glands, recovered health and strength in a most marvelous way if they were permitted to live for a few months at the seashore."

Will Equip Nurses' Home

Memorial Hospital, Norwalk, O., has purchased a large residence and will equip it for use as a nurses' home.

Beth Moses Hospital Completed

The new $400,000 Beth Moses Hospital at Stuyvesant avenue and Hart street, New York City, is almost completed. It is a five-story and basement structure with a capacity of 160 beds. Another wing will be erected at a later date to accommodate a like number.

Alton State Hospital Expanding

Work has been started on a $500,000 addition to the Alton State Hospital, Alton, Ill. The plans call for six cottages, each capable of housing a hundred patients, an addition to the dining room and kitchen, the construction of two buildings to house tubercular patients and the erection of a hospital building. Dr. George A. Zeller is superintendent of the institution.

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round

JOHN F. BRESNAHAN, M. D.,
Who is On the Hospital Standardization Staff of the American College of Surgeons.

Dr. Bresnahan, who has been with the American College of Surgeons for several months, working under Director John G. Bowman in connection with the campaign for hospital standardization, has had wide experience in the hospital field. A graduate of the academic department of the University of Pennsylvania, he received the M. D. degree from the same institution in 1910. After an internship in one of the large Boston hospitals, he became instructor in anatomy and operative surgery in Tufts Medical School, Boston, and was also associated with Dr. John T. Bottomley. In 1914 he became assistant resident physician at the Massachusetts General Hospital, Boston, and superintendent of the out-patient department. In 1918 he entered the army, and was attached to the general staff at Washington as morale officer, being stationed at Campt Custer, Battle Creek, Mich. He was discharged in July, 1919, with the rank of captain, and later was commissioned a major in the M. R. C. He then joined the staff of the College, where he has been doing good work and rapidly broadening the circle of his acquaintance in the hospital field.

James U. Norris, assistant superintendent of Presbyterian Hospital of New York, has been appointed superintendent of the Woman's Hospital of New York, succeeding Dr. Elizabeth J. Van Slyke, who has resigned. It is a modern institution of 250 beds for gynecological and obstetrical cases only. Mr. Norris has been assistant superintendent and acting superintendent of Presbyterian Hospital for the past three years, and formerly was superintendent of the Polyclinic Medical School and Hospital, New York. Prior to that he was assistant manager of the Rockefeller Institute.

Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, has announced the appointment of Angelo Doherty as assistant superintendent, succeeding Dr. Walter E. List, whose appointment as superintendent of the Minneapolis City Hospitals was announced in January HOSPITAL MANAGEMENT. Mr. Doherty has been with the hospital for a number of years, first as pharmacist and later as chief clerk. He is a graduate in law, and has shown ability, which warranted his promotion to assistant superintendent.

Dr. George F. Stephens, the new superintendent of the Winnipeg General Hospital, has had hospital experience in the army, serving as a member of the C. A. M. C. during the war. The hospital has a capacity of more than 550 beds, and handles all types of diseases except contagious. There is a psychopathic clinic in a separate building with accommodations for thirty-two patients.

Dr. Irwin H. Neff, for five years superintendent of the Norfolk State Hospital, near Boston, Mass., has been appointed superintendent of the Oak Grove Hospital, Flint, Mich. Prior to his connection with the Norfolk State Hospital he was superintendent of the Foxboro, Mass., State Hospital.

Dr. Fred L. Rhodes has been appointed assistant physician at the Massillon, O., State Hospital. He is a graduate of the medical department of the Ohio State University, and was a captain in the medical corps during the war seeing service overseas with an evacuation hospital.

Miss Hilda Ebbert has resigned as superintendent of the Springfield Lake Sanitarium, of Ohio, in order to become superintendent of the Children's Home, of Akron. Miss Hulda Schmidt is acting superintendent.

Miss Laura M. Pierson has resigned as superintendent of nurses of the Knoxville, Tenn., General Hospital. Miss Dora Lee McClain is acting superintendent.

Miss Clyde Kitchens, superintendent of the Cotton Belt Hospital, Texarkana, Ark., has resigned to become superintendent of the new Josephine Hospital of Hope, Ark.

Miss Amy Hilliard has been appointed superintendent of the Samaritan Hospital, Troy, N. Y. Miss Alice Gilman was named assistant superintendent and principal of the training school. Miss Hilliard is a graduate of St. Luke's Hospital of New York, and has been superintendent of nurses at Jackson Sanatorium, Dansville, N. Y., and surgical supervisor at the Presbyterian Hospital, Chicago, as well as holding other important hospital positions. Miss Gilman was formerly superintendent of the training school of the Rochester, N. Y., General Hospital.

Dr. Charles B. Caldwell, assistant superintendent of the Peoria State Hospital, South Bartonville, Ill., has been appointed superintendent of the Lincoln State School and Colony, succeeding Dr. Thomas H. Leonard.

Asks $85,000,000 for Hospitals

Secretary of the Treasury Carter Glass has sent a blanket request to the House of Representatives for an appropriation of $85,000,000 to establish hospitals in the various states for the care and treatment of incapacitated soldiers, sailors and marines.

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Private Hospitals In Metamorphosis

The head of a private hospital in a Southwestern city recently asked HOSPITAL MANAGEMENT to publish an editorial dealing with the transition through which many hospitals in that section are going.

When the country was new, and before the great prosperity that has come to the Southwest increased wealth and population, the only available hospital facilities were those provided by the physicians and surgeons themselves. It was obviously a period when the private hospital was not only needed, but when it was the only kind of hospital the people could possibly get. Because communities lacked the money and the public sentiment that make public hospitals possible, the doctors established and operated them as private institutions—and through them rendered valuable service to their communities.

Now many of the towns and cities in the Southwest, notably Oklahoma and Texas, have reached the point where they are in a position to establish community hospitals. Their people are ready to support the work, and are prepared to take over the private hospitals which have been serving a useful and essential purpose.

That is what is happening. The hospital man referred to above has been asked to allow his institution to become a nucleus around which a community hospital may be built, and he has consented to the plan. His interest is in having hospital facilities for his patients, rather than in having a hospital that he may call his own.

The situation is interesting in emphasizing the important work of the private hospital and in showing how it is often the predecessor and forerunner of the community hospital.. The work done by the medical men who established private hospitals when no other hospitals were available forms a commendable and interesting chapter in the development of the American hospital field.

Promotion For the Deserving

A basic principle of hospital management should be to develop an organization from within.

This is not always possible nor practicable, but when there is an opportunity to fill a position by promoting someone already connected with the hospital, it should be taken advantage of.

There is nothing quite so discouraging to institutional workers as to have every vacancy filled by the selection of someone on the outside. It creates the impression that the institution is not a good training-ground for executives, and that consequently there must be something wrong, from the standpoint of the ambitious worker who is anxious to get ahead.

Not long ago the position of assistant superintendent in a large general hospital became vacant. HOSPITAL MANAGEMENT inquired regarding the appointment made for the purpose of filling it. The superintendent, one of the most efficient and successful administrators in the country, said frankly, in announcing the appointment, that the man selected was not ideal, but that he had earned the promotion by his consistent, intelligent, industrious service to the hospital in another position. Training will make him all that a new man, brought from without, might have been—and the assistant will have an enthusiasm and loyalty that only recognition of this sort can give.

HOSPITAL MANAGEMENT would suggest to boards and to superintendents that in organizing their administrative staffs they seek to encourage, recognize and reward earnest and enthusiastic devotion to the institution. Sometimes the right man or woman for the place cannot be found in the hospital—but make the search before looking elsewhere.

Such a policy will improve the morale of your hospital immeasurably.

Advertising For Hospitals

This has been called the age of advertising. Certainly the power of publicity is being used by more people for a wider variety of purposes than ever before.

Hospital advertising is not new, but it is growing. The pioneers who blazed the way and demonstrated that hospital service is an advertisable commodity rendered an invaluable service to the entire field by breaking down the artificial barriers which had previously prevented hospitals from making use of the power of advertising.

Originally advertising was relied upon solely to sell goods. Nowadays its prime function is to disseminate ideas—in other words, to perform an educational function. And it is for this purpose that most hospitals interested in advertising are considering it.

In this issue of HOSPITAL MANAGEMENT it is interesting to note the direction which advertising is taking.

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Hospital Convention Calendar

American Conference on Hospital Service, Chicago, March, 1920.
Ohio Hospital Association, Columbus, May 25-27, 1920.
Oklahoma Hospital Association, Oklahoma City, May, 1920.
American Medico-Psychological Association, Cleveland, June 1-4, 1920.
Minnesota Hospital Association, Duluth, June, 1920.
Catholic Hospital Association, St. Paul, Minn., June 23-25, 1920.
American Association of Industrial Physicians and Surgeons, New Orleans, La., June, 1920.
American Hospital Association, Montreal, October 4-8, 1920

The Eastern Maine General Hospital is conducting a campaign which is seeking to interpret to the community the work and function of the hospital. Such interpretation is usually needed. Most people think of hospitals as places where surgical operations are performed. The educational influence of the institution, its value as a public health factor, are seldom thought of or appreciated. The advertising of the Eastern Maine General Hospital will actually create an entirely new impression in the minds of the people of its community, a more accurate and complete impression, and for that reason a more favorable one. The work which Mr. Vose, president of the board of that institution, tells about in the article referred to is well worth the consideration of every hospital which feels that its community does not fully understand the value of the work that it is carrying on.

Even more interesting is the statement contained in the report of the organization of the Michigan Hospital Association that these institutions will co-operate in advertising the hospital training school. The shortage of nurses, which exists in Michigan as elsewhere, and the tendency of the young women of today to turn to other fields, can be met by means of advertising that will show the importance of the work of the nurse, and the value of the service that can be rendered both in the training school and afterwards.

Co-operative advertising is a new thing in the hospital field, and it has possibilities, because there are many problems common to all the hospitals that can be solved through the co-operation of all the institutions concerned. Hospital Management will be glad to note the steps taken by Dr. Babcock and his co-workers in carrying out this interesting idea.

Industries In Sanatorium Field

As great industries study the possibilities of health service programs for their workers, the tendency constantly is to expand.

Instead of limiting the work to surgical treatments in case of accidental injury, the industry finds it desirable and worth while to extend its plans to include medical and nursing and dental service, and to undertake to conserve the health of the employe in every possible way.

The establishment of sanatoriums is one of the directions in which the work is growing at present.

The Industrial Department in this issue of Hospital Management includes a description of the sanatorium of Crane Co., near Chicago, where convalescent employes are sent for building up, as well as a reference to the new tuberculosis sanatorium of the Standard Oil Company of New Jersey.

Work for convalescents is a neglected phase of hospital activity, and the Crane Co. policy in this respect is therefore all the most interesting. The Standard Oil Company policy is in line with that adopted by a number of other industries which have found that tuberculosis exists to a considerable extent among their employes. The question of whether the character of the employment was a factor in the disease is of less moment than the recognition on the part of the corporation of its opportunity and obligation to serve through establishing facilities for the successful treatment of the disease.

The rest of the community can learn by watching the work which industries are doing for their employes.

Maximum Efficiency in Use

There is no doubt that the United States is inadequately supplied with hospital beds. The eloquent statement of George W. Olsen, superintendent of the Swedish Hospital of Minneapolis, which appears on another page, is testimony of this.

But another view of the situation is given in the contribution of Mr. Ransom, who analyzes in this issue the findings of the Illinois Health Commission in so far as they relate to hospitals. The main element in this report from the hospital standpoint is that while there are not enough hospitals, the beds which are now established are not working at maximum efficiency.

That is, something like 40 per cent of the beds were found to be vacant all the time. This did not necessarily mean that there was no demand for the service, but that at the moment the particular bed which was vacant was not suitable for the particular case which was offered to the hospital.

Readers of Hospital Management have been made familiar with the Bacon idea of efficient hospitals, which emphasizes the requirement that each patient shall be cared for in a separate room. In addition to other advantages, such a plan has the great merit of bringing about absolute flexibility.

The trouble with the old ward system is that it is not at all flexible. On the other hand, it is so rigid as to develop highly inefficient use of the available facilities. The surgical ward may be filled while the medical ward is practically empty; or the medical ward may be overflowing into the corridor at a time when the surgical ward has vacant beds. Such an arrangement is not at all businesslike, because it means that expense for administration and other overhead charges go on just the same, even though the beds are not being used, thus contributing to the high cost of hospital maintenance.

The various factors referred to in this editorial are working to bring about an improvement in the design and operation of hospitals. The results ought to show both in greater hospital facilities and a larger use for each hospital bed. No bed should be vacant for more than one-tenth of the time. If it is, something is wrong.

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INDUSTRIAL DEPARTMENT

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Medical Service of Standard Oil Company

New Jersey Corporation Has Complete Organization, With Eleven Full-time Physicians — Scope of the Work

By W. J. Denno, Medical Director Standard Oil Company of New Jersey, New York City

Although the Medical Department was instituted early in 1918, its development was necessarily gradual, and it was not until the beginning of the year 1919 that it may fairly be said to have been in full operation. The department as now organized consists of the Medical Consultant, the Medical Director, ten full-time physicians, and four part-time physicians, as well as three hundred physicians employed on a fee basis for such examinations as they make from time to time.

Although not officially connected with the medical service, consultants are called upon for advice or treatment in special cases requiring very expert examination, as, for example, in the case of serious eye injuries.

Further, there are employed six women nurses, ten male nurses and four clerks, all upon a full time bases.

The work of the department in general falls under the following headings:

(1) The treatment of emergency accident cases.

(2) The examination of new employes.

(3) The rating of old employes based upon their general physical condition.

(4) Sanitary supervision of the plants.

(5) The planning and equipment of new medical and hospital quarters.

(6) Administration.

First: Treatment of emergency accident cases. These cases form an interesting group for analysis. The nature of the oil refining industry, as compared with many other industries, affords few special hazards. Very many of the accidents have been among those employed in construction work, such as are common to any class of laboring men doing structural building work. Some of this group of injuries have been practically unavoidable; others have been due to the carelessness of the workmen themselves, and a few to the carelessness of fellow-workmen. The injuries of this type are mainly from falls, or from heavy falling objects striking different parts of the body, especially the feet and legs. The accidents of this type result mainly in fractures, either simple or compound, and severe bruises and sprains.

Another large group of injuries consists in getting foreign bodies into the eye. While many of these accidents have been trivial and promptly relieved in the First Aid Stations, a few have been more serious and have required operative treatment.

Another group of injuries is that of burns resulting from explosions. Injuries due to extensive burns, after the immediate First Aid treatment, require hospital care. In some cases skin grafting must be performed to cover over the denuded surface, and very often extensive scar tissue forms which continues to contract and may produce serious deformity months after the original injury. If properly treated before too long an interval has elapsed,

FIRST AID ROOM AT CANTON WORKS

such deformities may very largely be prevented, and the scar tissue may be absorbed or removed. In such cases hospital treatment is required, and this has been furnished in hospitals adjacent to the plants, and, in a number of cases, special after-treatment for the relief of deformities has been given at the Hospital for Industrial Diseases (or "Functional Reeducation Clinic"), at 5 Livingston Place, New York City. In a few cases

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where burns have seriously affected the eyes, the services of an expert ophthalmologist have been required.

Second: *The examination of new employes.* The total number of physical examinations made of new employes is 15,090. This comprises examinations made at Eagle, Bayonne (including Case and Can), Bayway, Baltimore and Parkersburg.

FIRST AID ROOM AT THE EAGLE WORKS

The Medical Department early established in connection with the Annuities and Benefits Committee, standards of disability which should exclude the applicant for employment. Acting under these rules, of the total number of 15,090 applicants examined, 684 have been excluded.

It is unnecessary to specify all the causes of exclusion, as they are numerous, but the most important have been tuberculosis, organic heart disease, chronic disease of the kidneys, hernias liable to impair efficiency, serious defects of vision, incapacitating deformities, diabetes, goiter and epilepsy.

Third: *Rating of old employes based upon their general physical condition.* This work has been proceeding as rapidly as possible. It has required tact to convince some of the employes, especially foreigners, that such rating was for their benefit, and that if any diseased condition were found it would not necessarily exclude them from work, but they would merely be advised as to taking proper care of themselves, or possibly transferred to work involving less strain. It is also necessary so to conduct the examinations as to cause the least loss of time on the part of the workmen. No serious difficulty, however, from either of these circumstances has been encountered. As the work, in order to be thorough, required considerable time, it seemed wise to employ a special physician temporarily to relieve the company doctors, whose time is already fully occupied with routine duties. By co-operation in this manner, the work proceeded rapidly and smoothly, and has already been completed at the Eagle Works, Case and Can, and, at the close of the year is well advanced at the Bayonne Refinery. At the Baltimore Refinery this examination has also been completed, having been made by the company doctor without outside assistance.

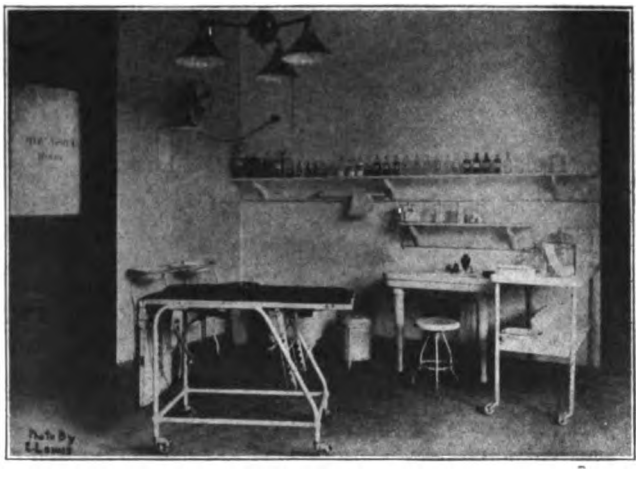
The chief results of these examinations of old employes for health rating have revealed upon the whole a very satisfactory condition. In a few instances cases of chronic diseases have thus been brought to light, the presence of which was often unrecognized by the patient. Such cases have comprised tuberculosis, organic heart disease, chronic kidney disease, defects of vision, large inoperable hernias, and extensive varicose veins.

Fourth: *Sanitary supervision of the plants.* It has been found that the increasing work of the medical staff in the various examinations and care of employes is so great that it has been impossible to give as much time to the general sanitary supervision of the plants as would be desirable. However, the Medical Consultant and Medical Director have made a number of general inspections and offered practical suggestions for betterment.

Fifth: *Planning new medical quarters, etc.* Much study has been given to the details of the plans for new medical quarters which are being erected at Bayonne Refinery, Case and Can, and Bayway, and the remodeling of the medical quarters at the Eagle Works and Baltimore Refinery.

In the new medical buildings it is designed to afford every modern facility for diagnosis, emergency treatment and general physical examinations. Special diagnostic facilities are being provided at Bayonne, the intention being to refer there employes from the adjacent plants who may need the more elaborate diagnostic facilities for investigation. Such, for example, will be a large X-ray outfit, and a laboratory equipped for bacteriological, serological and chemical examinations.

Sixth; The tuberculosis plan. The early recognition of tuberculosis admits of many cures when proper treatment can be secured, and in several instances tuberculosis employes of the company have been so treated and the



ANOTHER VIEW OF FIRST AID EQUIPMENT AT EAGLE WORKS

disease so far arrested that they have been enabled to return to work.

The general tuberculosis plan is as follows: As soon as an employee is found to be tuberculous, if he is an "open" (infectious) case, he is suspended from duty, and immediate efforts are made to obtain his admission to a sanatorium. A few cases, however, which are found too far advanced for sanatorium treatment are cared for at home. A careful social survey is made with a view to determining the budget of the family, and such financial assistance as is necessary to maintain the family while the wage earner is incapacitated, is provided by the Com-

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pany. The patient is thus relieved of worry, and placed in the best possible mental condition to receive the greatest benefit from his treatment

So soon as the chief medical officers had had sufficient experience to enable them to form an estimate of the probable number of tuberculosis cases to be dealt with, and also had realized the difficulty of always finding suitable sanatorium accommodation for these patients, it was recommended that the company establish its own tuberculosis pavilion. Much study was given to the selection of the proper site for such a pavilion, and that of the Loomis Sanatorium at Liberty, Sullivan County, N. Y., was finally selected as presenting every advantage, first, from the admirable medical care there obtainable; second, from the exceptional climatic advantage; and, third, from its accessibility. Further detailed study was given to the best type of tuberculosis pavilion, and it is believed that the one which the company is erecting at Liberty will be a model in every respect.

This pavilion is designed to accommodate twenty-two patients, and is adapted for use by both men and women. Unfortunately, owing to building conditions, this will not be available before the middle of 1920. Meanwhile, however, arrangements are made for sending patients to the existing buildings of the Loomis Sanatorium.

Eighth: *Administration.* The work of the administrative department, conducted by the Medical Director, has its headquarters at the office building, 26 Broadway, but its duties call him to all of the various plants of the company, as it is necessary to keep in close touch with their work. The Medical Consultant and Medical Director hold frequent consultations in the nearby plants over employes who are grouped for examination by appointment with the company doctors. In this way many important conclusions as to the proper dispositions of the cases are decided.

The Medical Director, further, during the past year has had the selection and recommendation for appointment of various members of the Medical Staff, and has had referred to him many administrative problems not only from the nearby plants, but from other divisions of the company, both from remote parts of this country and also from foreign countries. One of these problems has been the consideration of plans for a hospital in Tampico, Mexico.

Frequent consultations are held by the Medical Director with the Assistant Secretary of the Annuities and Benefits Committee regarding the examination of individual cases.

After a careful survey of the medical needs of both the Western and Eastern Divisions of the Carter Oil Company, the Medical Director succeeded in obtaining the services of a thoroughly competent physician to direct this work under his supervision. It has thus been possible to improve materially the sanitary conditions in the producing fields as well as to carry on the routine examination and First Aid work in accordance with the accepted plan of the New Jersey Company.

The Medical Director has provided physicians for the Transcontinental and the Gilbert & Barker Mfg. Company, and stands in an advisory relation to the medical departments of those companies.

During the current year the Medical Department anticipates further growth. The completion of the new medical buildings with their modern and adequate equipment will enable a much more satisfactory type of work to be accomplished. The contemplated establishment of the Tuberculosis Pavilion is a unique experiment in industrial medicine, and the experience of the past year in all departments of the medical service will form a substantial basis on which to build future progress.

It is manifestly impossible to strike an exact trial balance in definite figures between any industrial medical department and the financial value of the results achieved, but in the experience of the Medical Department of the Standard Oil Company, brief as it has been, it is possible to point to very many definite instances in which the period of disability of employes has been so far shortened as to save the company great expense; and, in many other cases permanent disabilities have been obviated through prompt and careful treatment, disabilities which would have proved exceedingly expensive under the existing compensation laws

It has been observed, moreover, that absence from work because of chronic diseases has been confined almost entirely to the group of men employed previous to the adoption of the present system.

Asphyxiation From Charcoal or Coke Fires

How the asphyxiation of eleven men under unusual circumstances was narrowly averted is described by one of our members, reports the National Safety Council. Twelve tinsmiths were working on a scaffold just below the peak of the roof; on the scaffold were also ten fire-pots filled with charcoal. The building was under construction, and the doors and windows were nearly all open, but there was very little movement of air up under the peak of the roof where the men were working. Two and one-half hours after starting work, one of the tinsmiths became very dizzy and nearly collapsed, so that an ambulance had to be called. A little later, another tinsmith was similarly affected and had to be taken to the hospital; within two hours, eleven of the twelve tinsmiths had to report for treatment. The Safety Department was at first unable to account for this apparent poisoning, and it was only after the doctor's investigation and consultation with the Chemical Department that the accident was definitely attributed to carbon monoxide and carbon dioxide given off by the burning charcoal.

Before resuming work on this job, a portion of the roofing above the scaffold was taken off and two electric fans were placed just below the scaffold to insure proper circulation of air.

Investigation of the tinsmith shops disclosed the fact that a number of men complained of severe head aches at times when the windows and the doors were closed. Feeling that this was due to the same conditions described above, the Safety Department succeeded in having the coke and charcoal furnaces taken out and gas furnaces substituted.

Fatal cases of asphyxiation are occasionally reported, among building workmen using coke fires for temporarily heating buildings under construction, and practically every construction man has witnessed non-fatal cases, more or less severe, from the same cause. This hazard is one that deserves serious consideration wherever coke or charcoal fires ares are use, whether permanently in shops, or on construction jobs during the winter.

Plans Campaign for $300,000

A campaign for $300,000 is to be launched very soon by the Maryland Hospital, of Baltimore. A new nurses' home is to be erected with about $50,000, and an addition will probably be erected.

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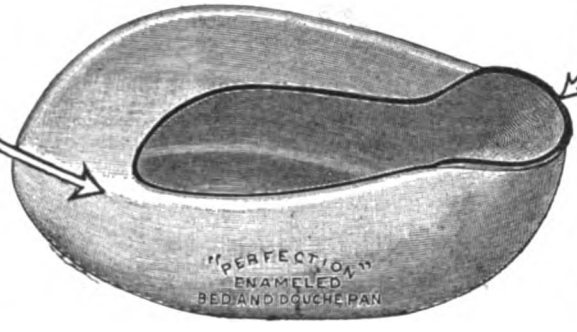
ADVANCED SPECIALTIES *for* HOSPITALS

Standard Seamless Hospital Utensils Used *in* Over 3000 Hospitals *in the* U.S.

"Perfection" Bed and Douche Pans
New Seamless Hospital Style with High Back-End

NO CORNERS OR SEAMS WHERE FECAL MATTER CAN COLLECT. ALL HOSPITAL UTENSILS COMMENCE TO CHIP AND RUST AT THE SEAMS. THIS IS THE ONLY REALLY SEAMLESS PAN ON THE MARKET



HIGH BACK-END OR POUR-OUT PREVENTS SOILING OF BED LINEN, OR SPILLING OVER WHEN CARRYING. THIS FEATURE IS ALSO VALUABLE IN ENEMA WORK

Patented May 4th, 1909. Also Patented in Great Britian
Trade-Mark "Perfection" Reg. U. S. Pat. Office

Made in Standard Size in White Enameled Steel Ware, and Designated No. 40
Made in Standard Size in Gray Enameled Steel Ware, and Designated No. 30
Also Made in the Hospital Style with High Back-End in Porcelain in both the Standard and Child Sizes, and Designated No. 1 and No. 2

The "Perfection" is also made with Seam and Low Back-End at a little lower price in White Enameled Steel Ware (No. 4) and Gray Enameled Steel Ware (No. 3). These Pans are intended for Home Use. For Hospital Use we recommend the Seamless Pans. In addition to being more Sanitary they are more economical as the Seamed Pans commence to rust at the Seams.

The Seamed Pan in the White Enameled Ware is also made in the Child's Size. If you want the Pans which are anatomically correct, and which are actually Seamless, always specify the Seamless White No. 40, or the Seamless Gray No. 30. *Look for the name "Perfection" on each Pan.*

"Perfection" Male Urinal
Much Superior to the Old Style Duck Shape

The Only Seamless Enameled Urinal
Entire Interior Visible and Accessible for Cleansing

HOLDS A FULL QUART IN ACTUAL USE. ALMOST DOUBLE THE CAPACITY OF ORDINARY URINALS

Prevents Wetting of Bed Linen
Easier to Handle

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Made in Seamless White Enameled Steel Ware
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Plain Glass and Glass Graduated

STANDS FIRMLY ON END WHEN NOT IN USE SO THAT CONTENTS WILL NOT SPILL

Can be Used in Conjunction with the "Perfection" Bed Pan

MEINECKE & CO., 66-70 PARK PLACE, NEW YORK

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Crane Co. Sanitarium for Convalescents

Beautiful Location at Buffalo Rock, on Illinois River, Gives Opportunity for Improving Health of Employes

GENERAL VIEW OF THE CRANE CO. SANITARIUM AT BUFFALO ROCK

An interesting feature of the health service work of Crane Co., Chicago, is the sanitarium which it maintains at Buffalo Rock, on the Illinois river, about 80 miles from Chicago. Here employes who are convalescing from sickness or injury are sent for the purpose of giving them an opportunity to regain their health and strength under the best possible conditions.

The sanitarium is located on a bluff overlooking the river, and occupies a site which is heavily wooded. There are numerous birds and other wild life, and the place is especially interesting and refreshing to those who have been jaded by continuous living in the crowded communities of the city.

The average stay of those who are sent to Buffalo Rock is from two to three weeks, depending on the condition of the patient. Sometimes a patient remains there for months, and many request to be allowed to spend their vacations there. The general effect of the stay is nearly always excellent, inasmuch as improved health, increased weight and a general toning-up of the individual are noted.

Most of those who go to the sanitarium are men, though provision is made for both men and women. Workers from both the factory and office are included, and a very excellent family spirit has developed. All of the expenses of maintaining the institution are paid by the company, and as the fare consists largely of products of the farm maintained in connection with the Buffalo Rock sanitarium, including fresh vegetables, milk and eggs, the employe who is sent there has every opportunity to make progress along health lines.

The sanitarium has a capacity of about twelve, though this can be increased as needed. There are some substantial tent structures, which can be used when necessary, so that on occasion there are as many as twenty-five or thirty at Buffalo Rock. Most of the patients, however, have quarters in a building which consists of a series of one-room structures connected by a corridor with the main building, which includes the dining-room, kitchens, etc.

Each of these rooms has a screened porch, which is glassed in in winter, enabling light and sunshine to be enjoyed at all seasons. Bath and toilet rooms are located on the other side of the corridors. All of the rooms face south, insuring a maximum of sunshine. The equipment of the rooms includes hardwood floor, steam heat, enameled bed, chiffonier, rocking chair and straight chair and electric light. The rooms are attractively painted. A closet opens off each room. The sun porch contains a comfortable reclining chair.

On the opposite side of the main building is a long room which is equipped for games and other amusements, and is regularly used by the patients. A systematic course of gymnastics, including breathing exercises, is given here under the direction of the superintendent of the institution, and this is genuinely enjoyed.

A splendid supply of water is obtained from an artesian well located a short distance from the buildings.

The sanitarium is under the superintendency of Miss Abby L. Preston, R. N., who is credited with Dr. A. M. Harvey, chief surgeon of Crane Co., with being one of the most efficient hospital executives to be found anywhere. Her staff includes a cook, a farmer and a general helper, a man. Some of the patients voluntarily help with the gardening and farming operations. The sanitarium is under the general supervision of Dr. Harvey's department, and is visited at intervals. In case medical service is required on emergency, a local physician is called in. Miss Preston is qualified to take care of whatever nursing is required, as she has had long experience as a trained nurse.

"The work done by the sanitarium is constructive as

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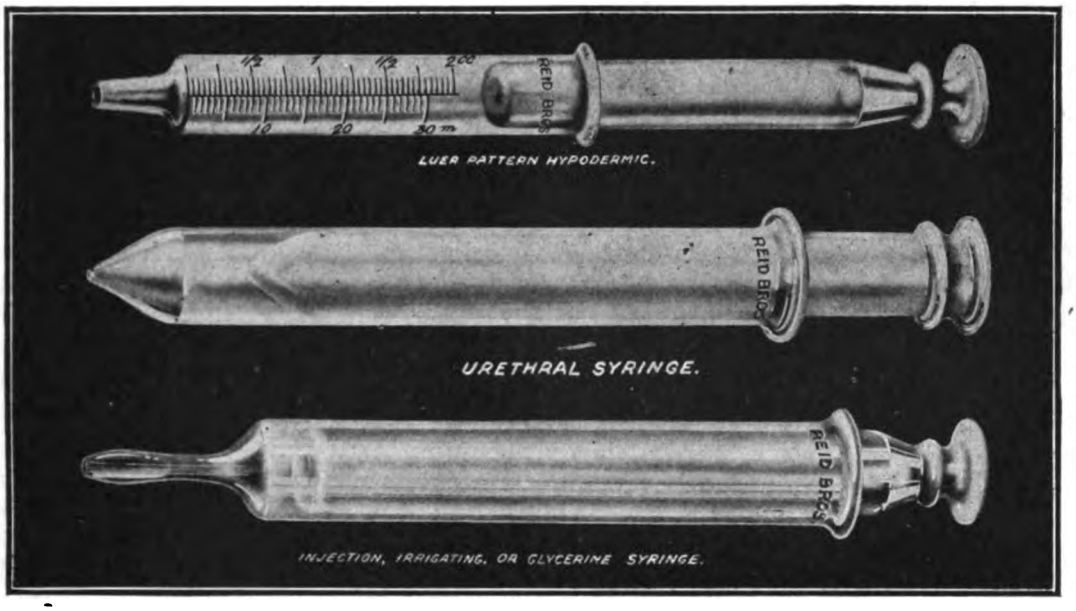
REID BROS. HOSPITAL SUPPLIES OF MERIT REID BROS.



The "Reibro" All-Glass Syringe

"Superfine in every particular"

Reibro Luer Pattern Hypodermic Syringes are made of the highest quality syringe glass, skillfully annealed. They possess extraordinary tensile strength. Both the barrel and plunger are ground to perfectly fit and no extra metal part is required to hold plunger at any desired point of graduation. The same careful attention is given the slip point to insure a precise fit at the needle hub.

The indelible pigment in the scale is an exclusive feature. It is easily read and innumerable sterilizations will not efface it.

Every "REIBRO" syringe is tested in every conceivable way. Tested in boiling water against breakage—tested with needle against leakage under pressure—tested for accuracy of graduation. The result is a uniformly perfect product.

1½ CC—25 Minim	Per Doz.	$ 6.00	20 CC	Per Doz.	$19.60
2 CC—30 Minim	Per Doz.	7.50	30 CC	Per Doz.	36.00
5 CC	Per Doz.	10.80	50 CC	Per Doz.	52.00
10 CC	Per Doz.	15.00	100 CC	Per Doz.	66.00
1 CC—Tuberculin	Per Doz.	$12.00			

Reibro Urethral Syringe with cone shaped barrel and plunger point. Made of the best syringe glass; barrel and plunger ground and fitted with the utmost precision. May be subjected to repeated sterilization in boiling water.
¼ Ounce Capacity.....Per Doz. $4.50

Reibro Injection, Irrigating or Glycerine Syringe. Plunger and barrel are ground and fitted with the same care as with the Hypodermic Syringe above. Made of heat treated glass with catheter points. May be sterilized in boiling water without fear of breakage.
½ Ounce Capacity.....Per Doz. $6.00
1 Ounce Capacity.....Per Doz. 7.50

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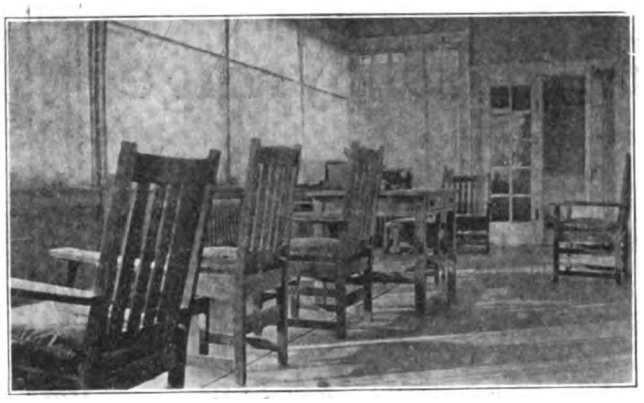
THE CHEERFUL DINING ROOM

well as reconstructive," said Dr. Harvey recently. "The patients not only are built up physically, but their stay gives them an opportunity to learn how to live; they come back with a better knowledge of personal hygiene, and know how to care for themselves and their families to better advantage. We regard the sanitarium as a



A GLIMPSE OF THE SUN PORCH

splendid investment, and while it is costly to maintain, it has a very definite and valued part in our health service program."

The sanitarium is operated all the year round, and all classes of cases, except contagious diseases, are taken care of.

Materia Medica for Nurses

Materia Medica for Nurses. By A. L. Muirhead, M. D., Professor of Pharmacology, Creighton Medical College, Omaha, Neb. Published by the C. V. Mosby Co., St. Louis. As Dr. Muirhead states in his preface, the schedules of studies in training schools for nurses allow an average of about twenty-four hours for Materia Medica during the entire course, and the ordinary text-books on the subject are wholly impractical on account of their bulk. This text consists of twenty-four short chapters, written for the undergraduate nurse and designed to give the information which she should have. The book is well illustrated and indexed.

Ellensburg Hospital Starts

The new Ellensburg, Wis., General Hospital has been opened to receive patients. The hospital was erected at a cost of $70,000.

Establishes Private Hospital

A private hospital has been opened at Lynchburg, Va., by Dr. Don Preston Peters, formerly of Boston.

I. H. C. Mutual Benefit Plan

Insurance Against Sickness Provided Through Association—11 Years' Success

The discussion which has arisen during the past few years regarding the desirability of State health insurance has been based largely on the obvious need for some means of assuring workers who become incapacitated from illness or injury that they will be taken care of financially as well as physically. Workmen's compensation now very largely takes care of the injured man as to finances and payment for treatment, plant hospitals and first-aid stations look after him at the time of the injury, and there is an increasing tendency to provide also some form of co-operative health insurance, such as the system in vogue in the plants of the International Harvester Company.

This company, whose hospitals and emergency treatment stations are probably as well-equipped as any of the sort in the country, has established and encouraged by substantial cash payments an Employes' Benefit Association, which was started September 1, 1908, and has been in successful operation ever since. The really tremendous scope of its operations, as reported by F. E. Chapman, who is in charge, may be gathered from the fact that up to date it has handled 49,116 claims, of which 1,955 were for death losses, and has disbursed $3,430,566.

INCLUDES ALL EMPLOYES

A feature of the association which at once distinguishes it from State measures designed for the benefit of the man who works with his hands as against the office employe is that it takes in all employes of the company, who are, for this purpose, divided into two classes. Class A includes all members not employed at the manufacturing plants, mines or mills, and all others who, as the Association's regulations put it, "are not entitled to benefits under any workmen's compensation law or the Company's industrial accident plan." Class B covers those employed in the company's plants who are entitled to workmen's compensation or to compensation under the company's industrial accident plan, and they are entitled to compensation from the Association only for sickness or for accidents occurring while they are off duty, whereas members of Class A are entitled to compensation for sickness and accidents occurring on as well as off duty.

The distinction made is for the obvious purpose of providing compensation for certain classes of employes not otherwise provided for, and of providing compensation for all employes for illness and for accidents occurring outside of working hours. Thus every member employe is assured of assistance in success, or injury, no matter what the circumstances under which he became sick or was injured; and this assistance involves both medical and financial aid.

ASSOCIATION HAS EXAMINERS

Medical aid is provided by the Association independently of the company's hospitals and plant physicians and surgeons, through medical examiners employed by the Association itself. They are appointed by the superintendent of the Benefit Association, who is himself appointed by a board of trustees of thirty-two members,

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A Silver Germicide in Convenient Form

SILVOL is an extremely soluble, non-irritating silver germicide. Silvol Capsules represent one of the convenient forms in which this silver germicide is supplied. Silvol Capsules enable a physician to prepare a fresh solution of Silvol quickly. The contents of one capsule, dissolved in two fluidrachms of water, makes a five-per-cent solution of Silvol.

Silvol is indicated in the treatment of acute inflammations of the mucous membrane of the eye, ear, nose, throat, urethra and vagina. Silvol is employed in solutions ranging from five to fifty per cent.

SILVOL CAPSULES

6 grains. Bottles of 50 capsules.

NOTE.—Silvol is also supplied in these forms: Granular powder, ointment, bougies, and vaginal suppositories.

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DETROIT

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and who also appoints physicians and visiting nurses to look after the welfare of the Association's members, and has "general supervision of all medical and surgical affairs of the Association," as the regulations prescribe.

These regulations also define in detail the duties of the medical examiners, which are of a nature evidently intended to safeguard the Association's funds against improper claims as well as to insure care for members needing attention. It is provided, however, that "each member must choose and pay for his attending physician, surgeon or hospital service, except when serious physical examiner of the Association to provide different or cal examier of the Association to provide different or additional medical or surgical treatment, or hospital or other service to make possible reasonably prompt recovery, the expense of such service will be assumed by the Association, provided the member is unable to pay his own expenses, and, further, that such service shall be in accordance with a previously signed order of the local medical examiner and upon the authority of the superintendent of the Benefit Association or chief medical examiner."

Physical examination of applicants for membership in the Association is required, but defects revealed by such examinations do not bar the applicant if he will waive benefits for disability growing out of such defects.

Contributions from members are based upon the pay which they receive, members of Class A paying on the first and fifteenth of each month one and three-quarters per cent of the pay due on those dates, and members of Class B paying one and one-half per cent. The company's contribution is made annually, and amounts to $25,000 if the membership in the Association for the preceding year has equalled 50 per cent of the average number of employees, and $50,000 if the membership has averaged 75 per cent of the total.

IS COOPERATIVE INSURANCE

The regulations referred to, which may be amended from time to time by the board of trustees, provide in effect, as may be gathered from what has been said, for a cooperative system of insurance for all employes who care to take advantage of it, dovetailing with the compensation laws as well as with the company's own plan of compensation for injuries and its free medical and surgical aid for injured employes.

The continuous successful operation of the Association's work for a period of over eleven years indicates with sufficient emphasis both the need for something of this sort, on one hand, and the entire practicability of securing the desired results by cooperative and voluntary methods, on the other.

Gas Masks Adapted for Industrial Use

Some of the Limitations Which Must be Placed on Their Employment by Workers

By A. C. Fieldner and S. H. Katz

Workmen no longer need put up with inadequate and partial protection against corrosive acid fumes, chlorine, bromine, oxides of nitrogen, ammonia, etc., by tying a moist towel or handkerchief over the mouth and nose. The army-type gas mask with a suitably filled canister for the gas in question provides complete protection for both lungs and eyes.

However, the gas mask is not effective in every gaseous atmosphere. It has serious limitations which should be thoroughly understood by every user. Important recommendations which will aid materially in keeping the masks in good order and will lead to their use under proper and safe conditions, follow:

1. Know the nature of the atmosphere in question so far as possible and be certain that you have the proper canister, as shown on the label, before entering the gas. A list of atmospheres where army gas masks *will not protect*, appears in the accompanying table.

2. Read the label on the canister and use it only for the gases indicated thereon.

3. Before entering a poisonous atmosphere, adjust the gas mask with care and make sure of the tightness and fit by holding the hand over the lower canister opening and inhaling. If there are no leaks a vacuum should be maintained for at least 15 seconds.

4. Enter the suspected atmosphere cautiously; if a tickling sensation in the throat or irritation of the eyes is felt, retreat immediately to a safe place and readjust the mask to the face, or, if the face piece was tight, change the canister. This statement applies to irritating gases only; nonirritant gases, such as carbon monoxide, give no warning.

5. Never enter a room where a lantern will not burn; such atmospheres are likely to be suffocating from lack of oxygen. Oxygen breathing apparatus or air helmets must be used in atmospheres deficient in oxygen.

6. Always ventilate a confined place as much as possible before entering with a mask. A smoldering fire in such a place may have used up the oxygen and produced dangerous quantities of carbon monoxide against which the ordinary gas mask furnishes no protection.

7. Do not use the army gas mask for protection against blast furnace gas, producer gas, illuminating gas, coal gas, natural gas or any atmosphere containing carbon monoxide.

8. For hygienic reasons, gas masks should not be worn by more than one person without sterilization of the face piece. They should be cleaned and sterilized after use by washing the mask in two per cent of lysol in a bucket of warm water, then hang the mask up to dry with the lysol solution adhering.

9. Wearers of gas masks should be given careful instructions in their use and maintenance and regular drilling in adjusting gas masks.

From a bulletin issued by gas mask laboratory, chemical section, Pittsburgh experiment station of United States bureau of mines. The authors, A. C. Fieldner and S. H. Katz, are supervising chemist and assistant physical chemist, respectively, of the Pittsburgh station.

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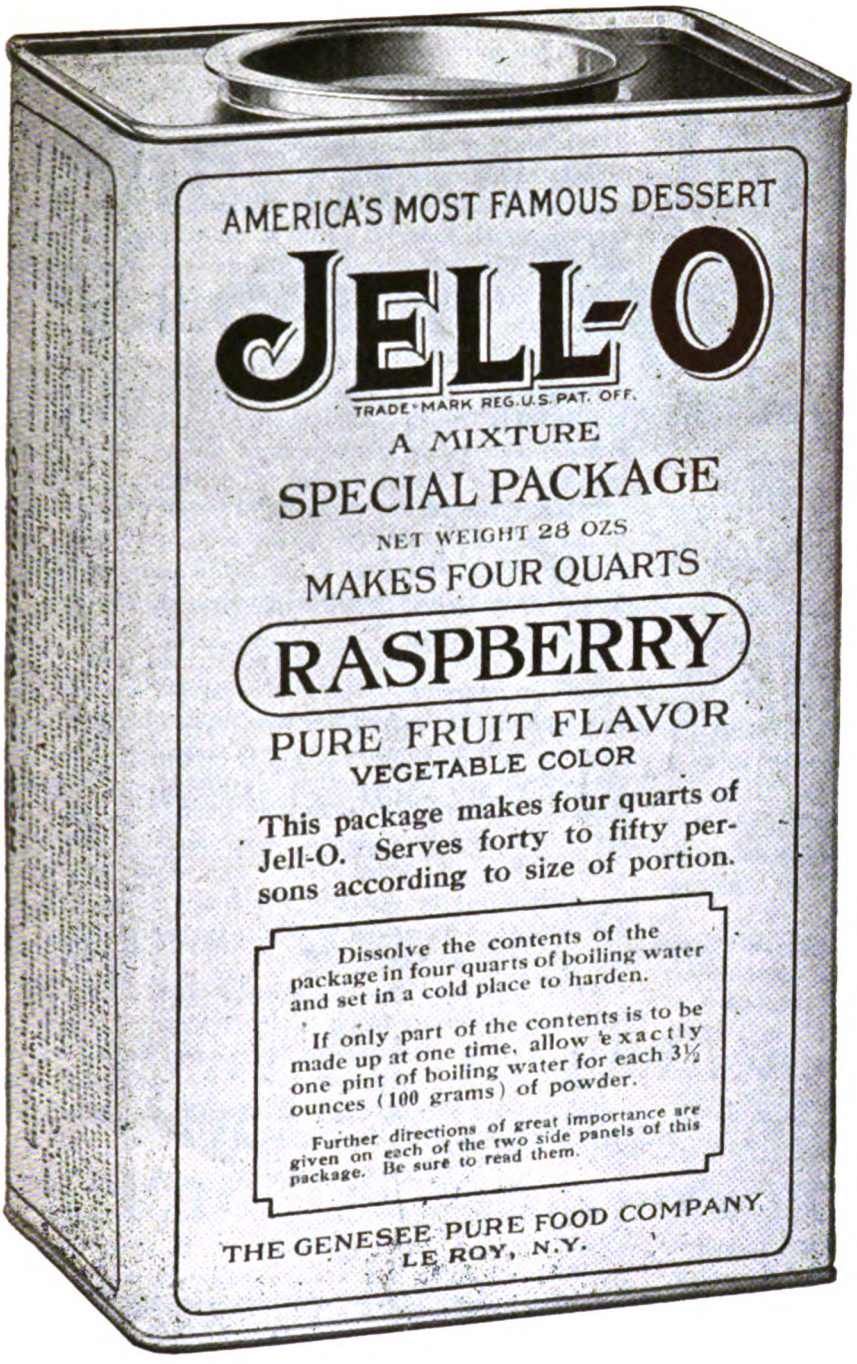

The Special Size for Hospitals

One gallon instead of one pint of Jell-O is made up from the new Special Package of Jell-O, saving nine-tenths of the time required for opening and emptying the common small size.

This change eliminates the last remaining bit of real work connected with the preparation of Jell-O dishes.

The Strawberry, Lemon, Orange, Raspberry and Cherry flavors are made in this special size regularly and the Chocolate flavor when desired.

THE GENESEE PURE FOOD COMPANY
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10. Remember that the rubber materials in the gas masks will deteriorate. They are best kept in a closed box to protect them from the action of light and moisture.

11. Regular inspections at least once a month should be made to detect deterioration of rubber, cuts, and folding cracks. Valves and canisters should be inspected and the mask tested for tightness and adjustment.

12. Keep extra closed canisters on hand for quickly replacing exhausted canisters.

13. Keep the canister closed when not in use and avoid getting water into it; wet canisters must be discarded.

Safety and the Doctor

Accident Prevention Viewed From Standpoint of the Industrial Physician

By H. Dewire Martin, M. D.,
Medical Director of the Pollak Steel Co.,
Cincinnati, Ohio

Did you ever hear of Utilitarianism? It was a doctrine which held that the standard of morality is general utility, the happiness of mankind. Though the utilitarian philosophy can no longer claim the prize, we must not refuse to acknowledge the great benefits conferred by it on the world. "All philosophies remain," says the thinker; "though they may be shorn of their glory, they retain their place in the organism of knowledge." The idea enunciated by Bentham was, "The greatest happiness of the greatest number."

Many rules of morals are more definitely based on the principles of utility than any other; the question "Will such and such an action promote the happiness of myself, my family, my country, the world?" may check the rising feeling which would cause a quarrel, an estrangement, a war. How can I contribute to the greatest happiness of others?

Synonymous with the above, is the same spirit, to a degree, consciously or unconsciously, being manifested daily by humanity. The accurate accountance of such actions would be an equation of great magnitude. Commensurate with the modern war of thinking: commended by public opinon: heard on the great highways, the byways, the shops, the mills, a command, a warning, "Be careful —Safety First," Which means your safety—first—then go ahead. Indeed it can be truly termed a part of the whole of our great philsophy of life.

DEVELOPING INDUSTRIAL MEDICINE

The significance of this is of such magnitude that colleges over the country are developing departments in industrial medicine, accident prevention and employment.

The common school: What an important work it could do if it would, the instruction of the child in what it means to be careful and the result if it is not. This truly is a mission which our Creator will give his greatest benediction. We can look with much pride to the city of St. Louis, Mo., the pioneer, which has set a wonderful example for the entire country to follow.

The public press should devote more space to such work. However, much has been accomplished through the medium of the papers of the United States. Just at this time a word to the foreign language press: You foreign language press truly are in a position to do much for the people who do not read the English papers; you have a mission of great importance just ahead. Advocate teaching in every school in the country what it means to be careful.

"To Holders of Automobile Licenses: I wish to call your attention to the large number of persons whose lives are unnecessarily sacrificed in accidents on railroad grade crossings each year. It seems to me that many of these accidents can be prevented if the drivers of automobiles will use ordinary care when crossing at grade." This is an excerpt from a circular issued and signed by the Secretary of State of Michigan.

Incidentally it might be well to direct your attention to the story which grim experience relates. The estimated accumulative totals present to us a story which cannot be well comprehended. Ten thousand accidents per day; three million accidents per year; the equivalent to one-half the population of the state of Ohio. Losses through death, twenty thousand. How many of the victims of three million accidents consign themselves to the "human scrap heap?"

The municipality should enforse its traffic laws. I have noticed in some cities there is an active interest taken in the pedestrians as well as other traffic, though in many other cities little or no attention is seemingly directed to the pedestrians; the attention is centered on the motive traffic. The schools of every city should teach the children, first why they should be careful, and how they should be careful. Public electric cars and the like should be watched by the Accident Prevention Council, to see that they are not starting their cars too quickly, etc. Are elevators safe in your city?

Every individual should adopt the safety habit; it is a habit which does not require deep thought to see its value, though some people will never be able to cultivate enough interest to protect themselves, not mentioning the other fellow. Some persons are able to warn one subjected to danger, but can't take care of themselves.

SAFETY IS GOOD BUSINESS

Why should the manufacturer interest himself? He should interest himself because it is good business procedure; because it is a moral requirement; because it increases production, reduces the operating cost, increases the amount of profit. Whichever way the situation is viewed, you can't get away from the fact that it is an obligation due humanity.

The philosophy of any business must include accident prevention, proper employment and medical supervision. Now this not only is applicable to the larger company, but the small one as well. By careful study the situation may become a simple one. It is in most instances the small manufacturer who is developing a number of infections, permanent partial impairments, total impairments and fatalities. These are not good performances for any company to record. Many managers don't take the time to digest the portion of the state compensation code which applies to their plant. If such is the case why not place some one in charge to care for this work?

To prevent, we must understand and learn the best point of contact. The first move to be entertained in an accurate tabulation of all accidents, which must include, cause, type, diagnosis, amount spent for compensation,

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Sherman's Influenza Vaccine Number 38

Will abort Colds, Grippe, Influenza and Pneumonia

EACH MIL. CONTAINS

Influenza B. strains from present epidemic and others	200,000,000
Streptococci, many haemolytic and other types	100,000,000
Pneumococci, type 1, 2, 3 and 4, in proper proportions	100,000,000
Micrococcus Catarrhalis, leading members of the group	200,000,000
Staphylococcus Albus, many strains	200,000,000
Staphylococcus Aureus, many strains	200,000,000

This Vaccine is also used with success in the prophylaxis of these diseases

Write for Report on 300,000 INOCULATIONS of INFLUENZA VACCINE in the present epidemic

Write for literature

MANUFACTURER OF BACTERIAL VACCINES

G. H. SHERMAN M.D.
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Our Representative will be pleased to call on you and make a practical demonstration.

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A Battleship's deck is the cleanest floor surface known. It is scrubbed every day with the greatest care. 100% floor cleanliness is important everywhere and should be the fixed rule of your establishment.

The Finnell System of Power Scrubbing—the 100% method now used with remarkable success in hundreds of factories, mills, office and public buildings, hotels, Y. M. C. A.'s, etc.—is directly suitable to your needs.

It is cleaner, less expensive and more thorough than hand methods. A great time and labor saver. Write today for complete information.

American Scrubbing Equipment Co.

General Offices: 180 N. Wabash Ave.
CHICAGO
Factories: HANNIBAL, MO.

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FINNELL SYSTEM
OF POWER SCRUBBING

medicine, care at the hospital, etc., to be set up in a ledger like all other expenses.

A word about charging the account of "Safety". This account should be charged, more especially with reference to guards, etc., to improvements. Why not? With the addition of guards, proper sanitation, etc., have you not improved your plant? Not only have you improved your plant, but you have improved your working conditions. So order comes out of chaos.

Let us classify our accidents according to cause:

First, trade hazard.

Second, engineering defect.

Third, human factor.

Regarding the third classification, "human factor," most plants that classify their accidents, have a class under the heading of "carelessness." This, I am afraid, does not cover the need. The question is, what was the contributing factor that produced this mental condition?

To solve the equation (accidents) we must make our records very comprehensive, though simple. It is now necessary to exhibit the type of accident. The following is a very practical procedure, which has been used with much success.

1, medical attention (no lost time).
2, temporary disability (no compensation, 1-7 days).
2b, temporary disability (compensation, over 7 days).
3, disability with permanent partial impairment.
4, disability with permanent total impairment.
5, fatality.

TABULATION OF ACCIDENTS

With the above systematic record of accidents, a basis upon which to begin work is presented. Our exhibit now presents cause and type; though very essential, it is at times misleading, inasmuch as the consideration of the number of men employed has not been entertained. It is therefore necessary to develop a basis upon which you can compare; through this it will be possible to ascertain the progress being made in accident prevention work:

A, ratio of the total number of accidents to the total number employed.

B, ratio of compensable accidents to the total number of accidents.

C, ratio of compensable accidents to the total number of men employed.

D, departmental ratio.

E, collective ratio.

The information collected by the above classifications, such as exhibits A, B, C, will be displayed according to the indicators D and E.

We must realize that most of the contributing factors causing accidents are correctable, though it means persistent efforts on the part of the management, as the mature human mind is not as receptive as the young developing mentality.

It is to be understood that remarkable work has been done in hundreds of industrial plants, and it was only twelve years ago that the large steel plants and their allied mines, transportation, etc., started to see the great task which was before them, and this vision gave birth to the great movement which is now saving so many lives. The advancement is evidenced by a recent publication. This article shows the emergency of the steel industry from the hazardous class of occupations. An announcement of some of the largest and most conservative in-

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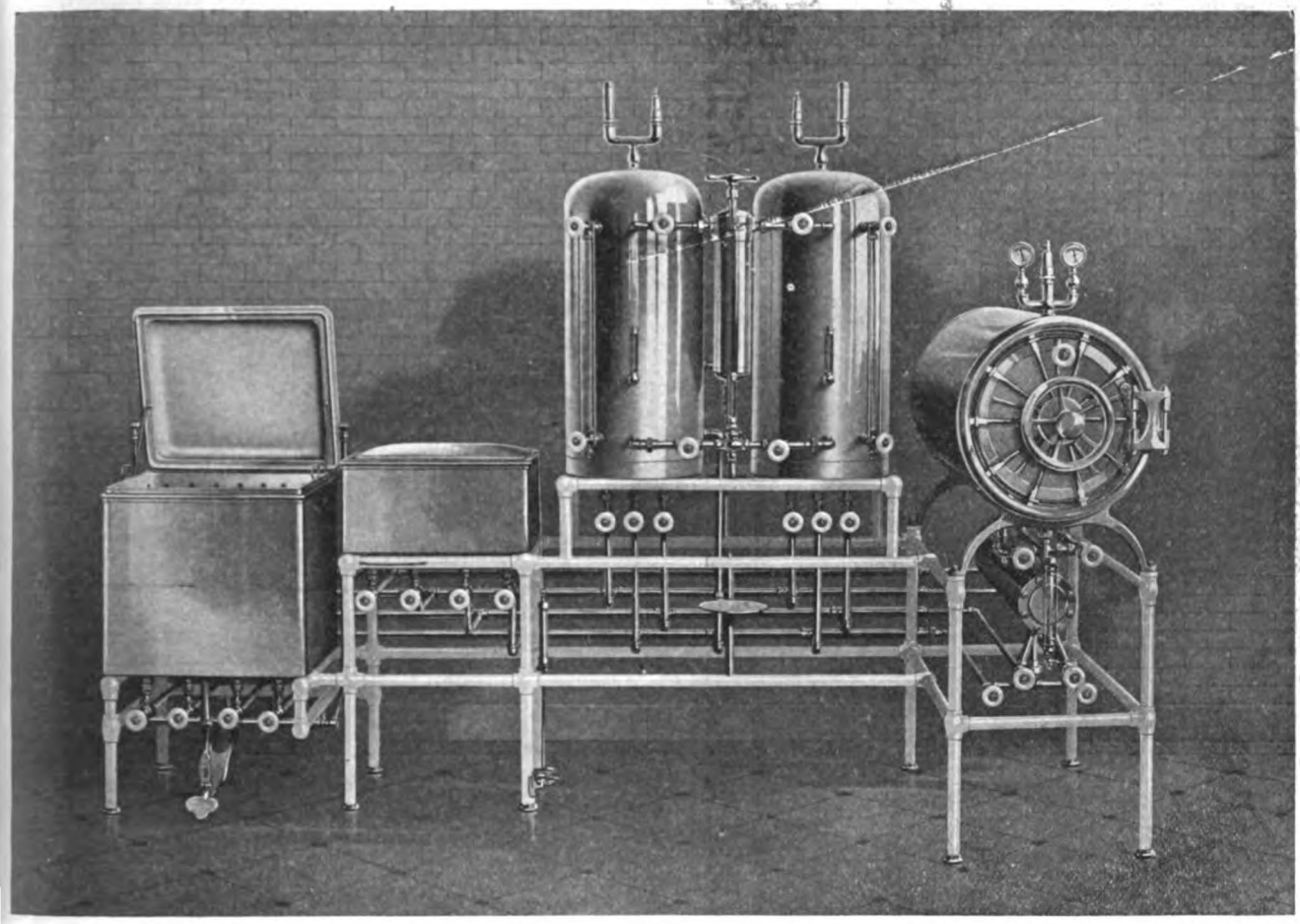
"THE WHITE LINE"



Battery of "White Line" High Pressure Sterilizers

INTO the construction of "White Line" Apparatus only such materials are permitted to enter as we know from years of experience will serve the purpose intended to advantage. "White Line" Equipment is built to give long years of highly efficient service. Upon request, our Engineering Department will furnish layout plans and submit specifications.

SCANLAN-MORRIS COMPANY
MADISON, WIS., U.S.A.

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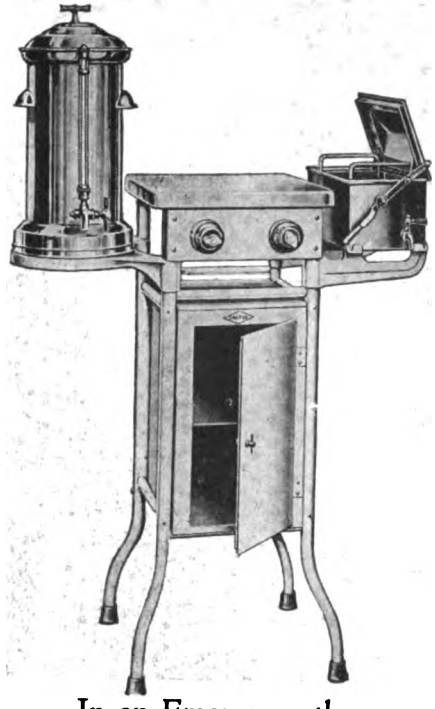
CASTLE STERILIZERS



In an Emergency the

CASTLE ELECTRICALLY HEATED SPECIALISTS' OUTFIT is Essential

Emergency Hospitals and First Aid Rooms require exceptionally efficient equipment. Instruments must be handy, and material quickly arranged, so that treatment may be administered without delay.

Castle Specialists' Outfit

Composed of

Instrument Sterilizer, 11" x 6" x 3½"
Water Sterilizer of 2 gallon capacity
Porcelain Enamel Top Table, 14" x 14"
Cabinet, 9½" x 16" x 14"
Floor space, 19" x 31"

is highly efficient in an emergency. The simplicity of its design, its compactness and convenient arrangement make it easy to operate quickly. It is also extremely durable.

Complete illustrated catalogue, describing all types and sizes of Castle Sterilizers, together with prices, sent on request.

WILMOT CASTLE COMPANY

1154 University Avenue, Rochester, N.Y., U.S.A.

"There's a *Castle* Sterilizer for Every Purpose"

CASTLE

surance companies in the country shows a radical downward revision of the extra premium rates charged for insurance on the lives of workmen in the steel industry, because of the supposedly hazardous character of their occupations.

The following is a comparative table which shows the revision which has been made:

	1908	1919
BLAST FURNACE		
Blower	$13.22	Regular
Keeper	13.22	$2.77
Stove tenders, gas washers, keeper's helper, cinder snapper, water tender.	13.22	5.67
BESSEMER PLANT		
Cupola melter, liner, vessel man, ladle man, stopper setter	$13.22	$5.67
Blowers and regulators	2.96	2.77
OPEN HEARTH PLANT		
Melter	$13.22	$2.77
Melter's first, second, third helper	13.22	5.67
CRUCIBLE STEEL PLANT		
Melter	$13.22	$2.77
Pot filler, shaker, pourer, molder lifter.	13.22	5.67
ROLLING MILLS		
Roller	$ 2.96	Regular
Soaking pit heater	5.92	$2.77

An opportunity is again afforded to review the phrase, "The major costs of war consist of the thousands of crippled and disabled men which are left in its train." Much is being done to rehabilitate the war cripple. But what about the so-called "human scrap heap," which is being added to year by year—its greatest contributor, *Industry?*

"Suffer little children to come unto me." Can it be true that this should mean pain, even death? However, ten thousand, five hundred and thirty-four little children under ten years of age, gave their little lives to the cause of public accidents. Moreover, two hundred and fifty thousand children under the age of ten suffered under the reign of public accidents in one year, 1916.

"Footprints in the sands of time." Are these lines relating to human suffering? May each one take heart; thus the thesis of the philosopher of old will be true in a great measure, "The greatest happiness of the greatest number."

To Cooperate With Employees

The New York City Department of Health has arranged for its Division of Industrial Hygiene to make surveys of factories, mercantile establishments, or office buildings in order to discover conditions injurious to the health of employes or which may reduce their efficiency. When a large group of employes is concerned, special clinics will be established for the purpose of making physical examinations and advising individuals about their health. Provision will also be made for visiting them in their homes to ascertain if there are conditions there which affect their health or efficiency adversely. This announcement is part of a general offer which the department is making to employers, inviting any who are interested to confer with the superintendent of the Division of Industrial Hygiene about sanitary problems in their establishments.

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20

Indispensable in the Hospital

20 MULE TEAM BORAX SOAP CHIPS contain 30% of Borax and have twice the cleansing and antiseptic value of ordinary bar laundry soap. They contain no powerful chemicals which have a tendency to rot fabric and fiber. Borax Soap Chips are hygienic and economical and are very efficacious for washing sheets, garments, towels, etc., that have been stained with chemicals or blood.

Sample gratis upon request.

Pacific Coast Borax Co.

New York Chicago San Francisco

HOSPITALS and SANITARIUMS

SHOULD USE

THE ARISTON LINE

Brosia Meals
Baking Powders
Spices and Herbs

Gelatine Desserts
Flavoring Extracts
Cocoas and Chocolates

and our complete line of

COFFEES and TEAS

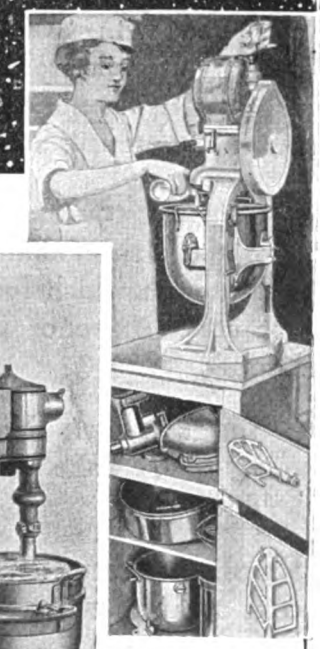
Try our Ariston Coffee-Cereal Blends. They are good coffee, in addition to being nourishing. and, they cost less

Calumet Tea & Coffee Company

409-411 W. Huron Street
CHICAGO, ILL.
"Dealers Direct With You"

The Hobart Does the Hard Work

Saving Hours and Men and 20% to 30% on Materials



HELP daily becomes more difficult to get—and you know what wages it expects! Why not do as lots of hospitals are doing—put in

The **Hobart**

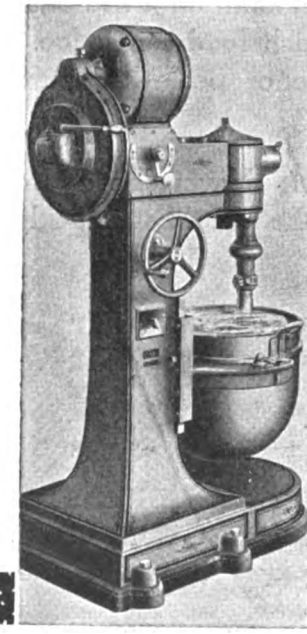
ELECTRIC MIXER
With Attachments

It does twice as much work in a day as any kitchen helper can do and about twice as well. It knows no time clocks and never quits. Besides, it saves materials by increasing the volume of eggs, cream, potatoes, bread dough, etc. You will be delighted with this time-saving machine. Any one at all can run it.

What does it do? Handles up to 125 pounds of bread dough; mixes pie, cake, and pastry; beats and whips eggs, cream, icings, meringue, marshmallow; mashes potatoes; chops meat and food and nuts; granulates and pulverizes coffee; slices vegetables and fruits; strains soups; makes sauces.

Toledo State Hospital, Toledo, O., is among those Hobart-equipped

THE HOBART MFG. CO. 47-67 Penn Ave. TROY, OHIO



The Hobart Kitchen Aid is for smaller hospitals. Duplicates on a smaller scale each of the more than 20 operations of the large Mixer. Send for booklet A.

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KITCHEN NO. 2

Rochester State Hospital

Rochester, N. Y.

is equipped with

"Wear-Ever"

Aluminum Cooking Utensils

Visitors to the kitchens of a hospital equipped with **"Wear-Ever"** aluminum cooking utensils are impressed by the high standard of cleanliness which these bright, silver-like utensils suggest.

"Wear-Ever" utensils are made from hard, thick, sheet aluminum without joints or seams in which food can lodge. Cannot crack, flake or peel—are pure and safe.

Save money! Never need tinning. *Save fuel!* Take the heat quickly and hold it.

Replace utensils that wear out with utensils that "Wear-Ever."

WEAR-EVER ALUMINUM TRADE MARK

The Aluminum Cooking Utensil Co.

NEW KENSINGTON, PA.

In Canada, "WEAR-EVER" utensils are made by The Northern Aluminum Company, Limited, Toronto, Ont.

THE QUESTION BOX

Problems in Hospital Administration
Dealt With From the Practical Side

To the Editor: How many nurses and doctors should be required to care for the patients in a 500-bed tuberculosis hospital? The patients are all advanced cases.

An Illinois Superintendent.

The report of the special committee appointed by the Mississippi Valley Sanatorium Association to study the standardization of tuberculosis hospitals, headed by Dr. Robinson Bosworth, stated that there should be a resident physician for each fifty patients, and that a nurse should be provided for each ten patients. This would require ten resident doctors and fifty nurses for a 5600-bed institution.

It is understood that nurses need not all be graduates. In many tuberculosis hospitals operated by municipalities there are several classes of nurses employed, these including graduate registered nurses, who are head nurses in charge of wards and floors, nurses who are not registered, but who have succeeded in passing the necessary examinations, and attendants who are without hospital training, but work under the supervision of graduate nurses.

The character of the cases undoubtedly has an influence on the number of nurses employed, but the recommendations of the standardization committee are pretty well in line with average requirements in the tuberculosis hospital field.

To the Editor: We are most anxious to learn how satisfactory oil burning in boilers for power has been. Any information you can give us on this subject will be very welcome.

A Connecticut Superintendent.

Oil is being very widely used for fuel purposes at present, and both industrial power plants and others have been equipped in number for oil burning.

One of the most enthusiastic supporters of oil as a fuel for boilers is Dr. John M. Peters, superintendent of Rhode Island Hospital, of Providence, who read a paper before the American Hospital Association a few years ago on this subject, in which he declared that oil was more economical and more satisfactory than coal in other ways.

The main question for an institution which is considering change in its boilers to take into account is the available supply in its own territory, and the price delivered, as compared with coal. Conditions vary so widely that a method which is satisfactory in one locality might be just the reverse in another.

To the Editor: Will you please tell me where our superintendent can go to take a short course in hospital management and training school methods?

A Mississippi Board Member.

This is a question which many are interested in, for it has often been answered by Hospital Management. Among the hospitals which have courses open for those

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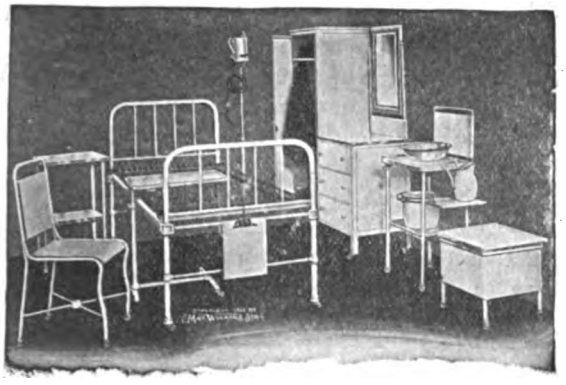


Modern Sanitary Hospital Room No. 3

All White Enameled.

Send for description.

We equip hospitals complete. Many new designs of ward, private room and operating sanitary furniture.

Send for literature showing modern furniture and hospital requisites.

The Max Wocher & Son Co.
19-27 West Sixth St., Cincinnati, Ohio

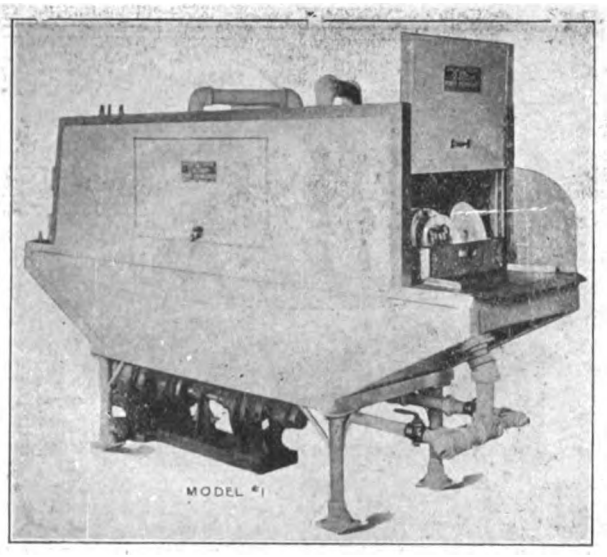
The True Test

of value and quality in citrus fruits is the juice content, always indicated by the heavy weight.

Sealdsweet oranges and grapefruit are extremely juicy; the climate and soil of Florida combining to make them so.

Good dealers sell Sealdsweet fruits. Specify Sealdsweet, identified by the trade-marks shown herewith, to be found on boxes and wrappers.

ORANGES Sealdsweet GRAPEFRUIT — FLORIDA CITRUS EXCHANGE — ORANGES Sealdsweet GRAPEFRUIT



HAUSTETTER Victor

Dish Washing Machine

The Best Hospital Endorsement

The best Hospital Endorsement for any Dish Washing Machine is the 3 in 1 feature in the Haustetter Victor.

It washes, rinses and sterilizes on one operation.

There are no doors to open or shut. It pays for itself and is a perfect dishwashing machine in every way

Some of the leading hospitals and hotels using Haustetter Victor are

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City and County Hospital, St. Paul
Pennsylvania Hotel, 11 Machines
La Salle Hotel, 2 Machines
Traymore Hotel, 3 Machines
New York University
Mt. Sinai Hospital
Walter Reed Genl. Hospital
Toronto Genl. Hospital
Waldorf Astoria 2 Machines
Statler Hotels 6 Machines
New Willard Hotel
Columbia University
Wesleyan University

Ask Us to Explain the Victor Further

F. G. STREET & COMPANY
60 Broadway, New York

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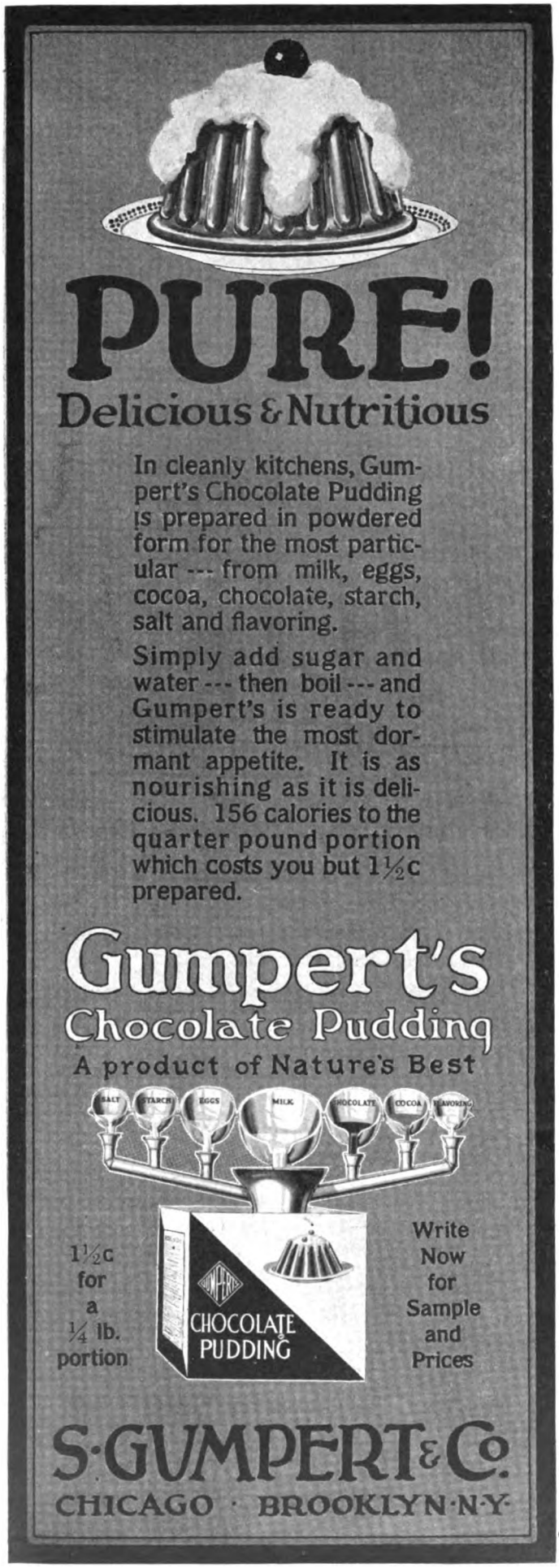

desiring to study hospital administrative methods are the Cincinnati General Hospital, Grace Hospital of Detroit, and Massachusetts General Hospital of Boston.

Teachers' College of Columbia University, New York City, gives an excellent course in training school methods, and this includes some theoretical work in hospital management, though students are urged to supplement this with practical work in hospitals.

The Cincinnati General course is recommended, on account of the fact that an arrangement with the University of Cincinnati permits practical and theoretical work on this subject to be dovetailed.

Training Hospital Dietitians

(*Continued from page* 46)

Physiological seminary—Lafayette S. Mendel, Sheffield Scientific School, Yale University.

Dietary Administration—E. M. Geraghty.

1. General principles of hospital dietetics.
2. General principles to be observed in buying dairy products.
3. General principles to be observed in buying meats.
4. General principles to be observed in buying staples.
5. General principles to be observed in buying canned goods.
6. Contracts.
7. Equipment.
   - Manufacture.
   - Value.
   - Placement.
   - Care.
8. Factors influencing efficiency of employes.

PRACTICAL WORK

Diet Laboratory (2 months).

Dietetics of special diseases.

1. Planning, preparing and serving of food for patients requiring dietetic treatment.
2. Computing and recording value of food intake of above mentioned patients...
3. Preparing feeding for infants.

Kitchen (One month).

- Supervision of requisitioning of food supplies.
- Supervision of preparation and distribution of food.
- Supervision of care and utilization of left-overs.
- Supervision of cleaning of kitchen.
- Supervision of employes in kitchen.

Serving-room (One month).

- Inventory of dishes and silver.
- Supervision of care of stationary equipment.
- Organization of work of waitresses and pantry workers.

Office (One month).

- Dietary studies.
- Menu making.
- Cost accounting.
- Preparation of outline for teaching nurses dietetics.
- Outlining equipment for dietary department of 250-bed hospital.
- Routine office work.

(*Continued on Page* 72)

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Standardized Case Records
Used in
A Thousand Hospitals

Our catalogs contain the following records:

American College of Surgeons Pennsylvania Bureau Medical Education.

Catalog No. 5 — Miscellaneous Charts.

We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

Hospital Standard Publishing Co.
Baltimore, Md.

In What Form Do You Use Iodine?

Industrial Hospitals, Physicians and Surgeons in general practice are getting splendid results with

IOCAMFEN

Iocamfen is extensively used in Military Surgery in the management of deep, jagged, soiled and infected wounds, as well as by numbers of surgeons in charge of workers in large industrial institutions, railroads, mines, stores, etc.

Iocamfen is an interaction product of Iodine, Camphor and Phenol. Contains about 7½% free Iodine, held in perfect solution without the aid of alkaline iodides, alcohol, or ether solvent.

Has greater stability and higher antiseptic action than Tincture of Iodine with better adhesion, greater penetration and healing qualities.

Camiofen Ointment (formerly called Iocamfen Ointment) is prepared with IOCAMFEN and used where additional emollient action is desired.

Both products accepted by the Council on Pharmacy and Chemistry, American Medical Association.

Information and Literature from

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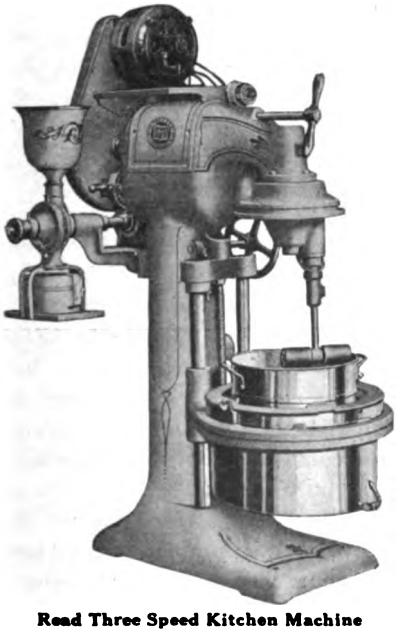
150-152 Maiden Lane New York



Read Three Speed Kitchen Machine

It is very significant that a great majority of America's leading hospitals use Read's Three Speed Kitchen Machines for the mixing of their pastries, cakes and batches and bread dough and for general kitchen purposes as mixing, crushing, sieving, beating or creaming.

A "Read" is unequalled for general service. It meets every requirement and stands up under heavy, continuous duty.

Investigate these features, centralized control; automobile transmission and splash lubrication; quick action safety beater attachment; mechanical adjustment of bowls; three speed auxiliary drive; operating attachments for grating, slicing, cutting, etc.

Practical demonstration arranged on request or see a "Read" in action in any prominent hospital.

READ MACHINERY CO., York, Pa.

Kitchen Machines and Bakery Outfits

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Therapeutic Lamp
"The Light That Heals"

Has proved one of the most efficient methods of relieving pain; its effect is soothing and analgesic; its rays are germicidal. The warm, soothing, soft rays penetrate and vitalize every cell and tissue, new cell growth is stimulated; the body is refreshed and vitalized.

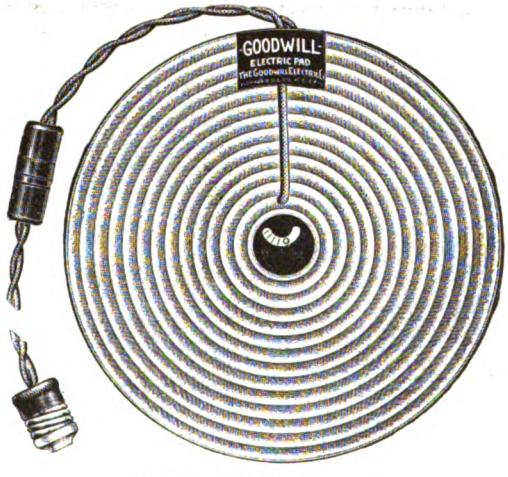
In rheumatism, neuralgia, neuritis, lumbago, in nervous conditions and a score of other symptoms and diseases, including skin and scalp disease, the Sterling Therapeutic Lamp is invaluable for the relief from pain, inflammation and for corrective purposes.

Scientific—Efficient—Economical

With stand it is ideally adapted for additional use as a spot light for operations and examinations as illustrated. Widely used in sanitariums, physicians' offices and hospitals; special sizes are adapted for the use of patients under the supervision and direction of the family physician.

Write for our interesting Illustrated Booklet showing the various sizes and uses of the Sterling Therapeutic Lamp.

Sterling Therapeutic Lamp Co.
Dept. 2, 546 Garfield Ave., Chicago, Ill



EXPOSURE

resulting from changing hot water bottles is dangerous.

BURNS

from freshly filled hot water bottles are frequent.

The temperature of the GOODWILL ELECTRIC PAD is more constant than that of your operating room. It will last as long as 8 hot water bottles. It is absolutely safe.

All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price $8.00.

Use it 30 days at our risk—return it if it doesn't make good.

THE GOODWILL ELECTRIC COMPANY
61 E. Van Buren St. CHICAGO

Training Hospital Dietitians

(*Continued from Page* 70)

While here, do some problem in hospital dietetics; nature of problem to be determined by need of individual.

Visits to other hospitals, followed by report on dietary departments.

Visit to Feed Inspection Laboratory at State Experiment Station.

Study of milk industry in New Haven.

Study of market conditions in New Haven.

Study of ice cream industry in New Haven.

We are allowed eight students at a time. They spend two months in the diet kitchen. During this period they have an opportunity to come in touch with the patient and each patient is not merely "a case of diabetes", but a real person who is ill and needs the best efforts they can give. They are able to study the probable food habits of these various patients and must adjust the special diet to these findings. This training in itself is very valuable.

One month is spent in the dietary department office (when possible the first month). Two months' additional training is given in some of the other branches of the department best suited to the needs and strong points of the individual. For instance, we have at present a student with a splendid background and a very good mind, who would be most unhappy as either a teaching dietitian or an administrative dietitian. She has had two months in the diet laboratory (it is really a kitchen, but I call it a laboratory, hoping some day we may have a laboratory) and will have three months doing an entirely new work which she will develop for us. There is nothing to be gained for her to spend a month in charge of the kitchen or the serving-room.

The work given by Yale University is required of all students as is the two months in the diet laboratory. All other is elective, except for administrative dietitians who are required to take everything given. We hope next year to make this a six months' course, and to have much greater development by that time.

FOR DIETARY ADMINISTRATION

Under dietary administration we shall teach: Principles of feeding hospital patients, doctors, nurses and employes; food habits as influenced by national and religious customs and the principles to be observed in buying foodstuffs and equipment. I feel that since the dietitian is held responsible for the resulting product and the per capita cost, she should be given the privilege of supervising the purchase of the foodstuffs and equipment used in cooking and serving food. Since she is expected to keep the overhead expense down as low as possible, she should have a voice in the planning of any new buildings for her department and the placing of equipment in it.

We have talked on suggestive outlines for colleges who are training young women to be dietitians. May I ask that they provide a very good course in mechanical drawing, as this is so valuable in work in kitchen plans, etc.?

We cannot expect to have a standard training for

(*Continued on page* 74)

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DIX-MAKE No.400

Dix-Make No. 400 Exceptionally well-made uniform of snow-white Dixie Cloth. Price $6.00

DIX-MAKE UNIFORMS

To the busy nurse whose uniform must retain its trimness and fit under long, hard wear, the Dix-Make label has become a veritable boon.

Experienced nurses have sought this label consistently for twenty-three years. It has stood every test for the reliability and quality which it represents.

Ask for Dix-Make by name.

Catalog S sent upon request, also folder of house and porch dresses, together with list of dealers.

For sale at the leading department stores.

HENRY A. DIX & SONS CO.
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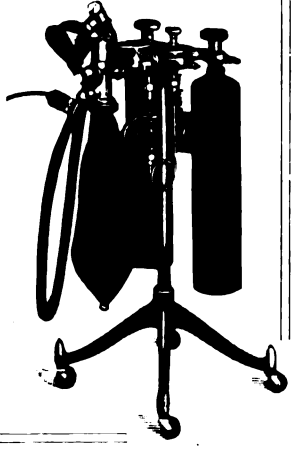
S. S. White Gas Equipment

(*Patented*)

Embodies every feature for the safe and effective administration of Nitrous-Oxid-and-Oxygen anesthesia. Its use insures control as to depth and duration of effect, and prevents post-operative complications.



Literature on Request

The S. S. White Dental Mfg. Co.

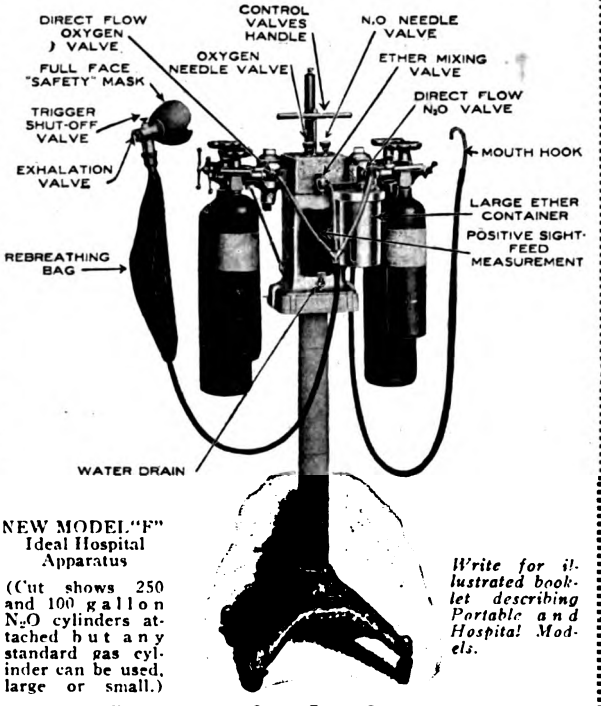
"Since 1844 the Standard"

PHILADELPHIA

Certainty vs. Guesswork

Every hospital executive knows that errors in anaesthesia occur largely through the inability of anaesthetists to judge of the dosage and control the flow of the mixture; and this fault is a fault of the apparatus used, not of the persons using it.

Here's the Machine You Need



NEW MODEL "F" Ideal Hospital Apparatus

(Cut shows 250 and 100 gallon N_2O cylinders attached but any standard gas cylinder can be used, large or small.)

Write for illustrated booklet describing Portable and Hospital Models.

Reasons for Its Success

1. It can be *successfully operated* by any competent anaesthetist.
2. Once used the *SURGEONS DEMAND* it constantly.
3. It is *ECONOMICAL* to operate, using from 40 to 60 Gals. N_2O per *HOUR*.
4. It does *not*, with ordinary care, *get out of order*.
5. It has proved a *good revenue producer* wherever used, both directly and indirectly.

Used in Hundreds of Hospitals. It Has a Place in Yours

There is a hospital near you which has had experience with the Safety Anaesthesia Apparatus, and we shall be glad to refer you to it for detailed information regarding our machine. Actual test of satisfied users is its best endorsement.

Use the coupon and find out.

SAFETY ANAESTHESIA APPARATUS Concern

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COUPON

Safety Anaesthesia Apparatus Concern,
1652 Ogden Ave., Chicago, Ill. 6

Please send me the name of one or more hospitals in this vicinity using your apparatus, and full information concerning it, without obligation to me.

Hospital .....

Individual .....

Address .....

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Qualityweight Linens
and kindred goods meet all hospital requirements.

Our present stock offers selections for the

BATHROOM—bathmats, towels, and wash-cloths.

BEDROOM — blankets, bureau covers, comforters, curtains, pillow cases, sheets, mattress protectors, rubber sheeting, washstand covers, and window shades.

CAMP EQUIPMENT—everything in linen, for this purpose.

CURTAIN fixtures.

DINING ROOM — table-cloths, table tops, napkins, waiters' side towels, linen marking ink, asbestos table pads, table oilcloth, table felt, doilies, French curtains or shades, lambrequins or top panels, and lace curtains.

KITCHEN—cheesecloth, dish towels, scrub or floor cloths, toweling of all kinds.

TOILET-ROOM—bath towels, face towels, face wash-rags.

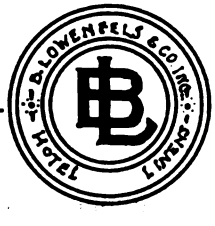
Qualityweight Linens
have a standard of excellence that makes them very desirable. They can be had in various weights as may be most suitable for the purpose.

The quality is guaranteed as represented—the price is consistent—the delivery can be made immediately.

Prices and Samples on Request

B. Lowenfels & Co., Inc.

Importers of Linens 38 Cooper Street New York City



Resident Salesmen: Cleveland, O. Phoenix, Ariz. Syracuse, N. Y.

Training Hospital Dietitians

(Continued from Page 72)

these young women, as hospitals differ as much as dietitians differ. We need to train dietitians for these various hospitals. However, we can arrange matters so that the students graduating from the same type of hospital will have approximately the same type of training. Unless you can give the students the necessary attention do not attempt it. The training must be individual. If then have close co-operation with your schools of home economics, and let the heads of these departments select young women best suited to the type of position for which you train. Again I ask you to give them real training. The training should be systematized in such a way that no time will be spent to disadvantage and it should follow in logical order. The first month can best be spent in the office of the department, allowing the student to become familiar with the various branches, to know who the hospital officials are and to know something of hospital etiquette.

SHOULD HAVE LIBRARY PRIVILEGES

They should have library privileges offered in the city and should have access to all the hospital offers in the way of books or journals devoted to subjects closely related to their work. They should have time to take advantage of civic opportunities. There should be a definite time each week for round table talks, either on the subject matter in the books and journals or on the problems of the day. Do not expect them to relieve you of the necessity of having paid supervisors of the various branches of your department. You would, in this way, have twelve heads of each branch each year, and where would your system be? Do not require them to do clerical work or any detail work which can be done by someone else. It is very important that they be familiar with all details of office routine, but they gain nothing by doing this work day after day.

Adequate living quarters should be provided and attention paid to means of recreation for your students. I think one reason for many dietitians, both graduate and student, remaining in hospital work for so short a time is because of lack of proper attention to these items. Give this attention and I am sure that the student dietitians will be the most loyal alumnae your hospital can have, and the course will be a source of satisfaction to all.

Hospital As Roosevelt Memorial

A Jewish hospital known as the Theodore Roosevelt Memorial Hospital and Dispensary will be erected at Bridgeport, Conn. It will be under the management of local Jewish doctors. The organizers are Drs. Harry Neumann, Louis Smirrow, M. Carl Beck, Benjamin I. Hart, Morris Horwitz, Fred Bernstein, Jacob Gerber and Charles H. Shapiro, president of the Union of Orthodox Jewish Congregations of America.

Leaves $1,000,000 to Hospitals

The will of the late Samuel E. Haslett, of Brooklyn, which has been offered for probate, disposes of an estate whose estimated value is $1,000,000. The Brooklyn Hospital and the Church Charity Foundation are the chief beneficiaries.

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New Shades for Old!

That is literally what the Paris Process accomplishes for you, by enabling you, without the employment of expensive outside help, to renovate your old shades and make them like new, or to replace them with new ones at remarkably low cost.

Make Us Show You How

Full details will be sent to you promptly, on request, without obligation to you. Our service has proved economical and satisfactory to many hospitals—it can make good in your hospital.

Your Request Brings the Story.
Eliminate Shade Worries—Now

The Paris Manufacturing Company

General Offices and Laboratories

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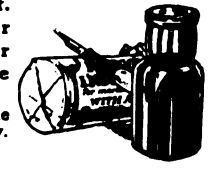
CLEVELAND, OHIO

SAVE time and avoid mistakes, delays and losses, by marking all articles that go to the laundry—linens, patients' clothing, uniforms of your staff, etc. Only a small inconspicuous letter or figure is necessary on each piece. A mark made with

PAYSON'S INDELIBLE INK

lasts as long as the fabric itself. Payson's will not spread, fade or wash out of cotton, linen, silk or woolen goods and will not injure the most delicate fabric.



Be sure to get Payson's—the old reliable—in continuous use for nearly a century. Sold to hospitals direct.

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Payson's Indelible Ink Co.
Northampton, Massachusetts

For Wheel Goods---COLSON

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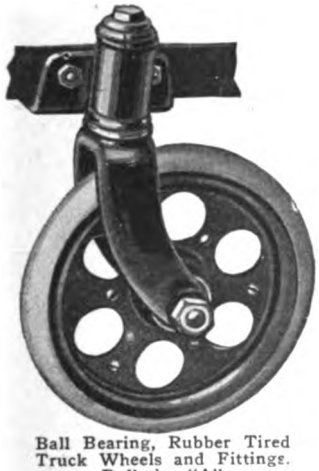

Ball Bearing, Rubber Tired Truck Wheels and Fittings. Bulletin "A"

The two biggest requirements of good hospital service—the comfort of patients and efficiency of operation—rest to a considerable extent upon the question of whether your wheels and casters are the best that can be had. And the difference between the cost of the best and the other kind is so small, considering the importance of this difference in service that it is hardly worth thinking about. See that your wheels and casters, and the equipment they go with, are of the best.

The famous Colson Trade Mark Protects You.

Self Propelling, Reclining, Invalid Rolling Chair. "U. S. ARMY STANDARD." Bulletin B

In replacing wheels for service carts, wheel stretchers, food wagons, wheel chairs, and other equipment, it is the truest economy to see that the new wheels are all that they should be. Our Bulletin A tells you about them.

There are wheel chairs and wheel chairs. Are your patients given the most comfortable and easily-propelled sort? The kind we make have the highest indorsement, and give the greatest satisfaction in use. Bulletin B, free on request, is an interesting treatise on wheel chairs.

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ELYRIA, OHIO, U. S. A.

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Is The
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"To be Certain—

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Two Popular Models.

Made of the finest grade of heavyweight pliable paper, thoroughly treated and highly finished. Will not crack or break when FOLDING. Burnitol cups have turned-in flaps with interlocking corners to prevent spilling of contents—a very practical feature, as experienced nurses know. Although pliable, they possess remarkable stiffness and rigidity.

Note Our Complete Line and Ask for Samples of Our

Sputum Cups	Green Soap
Paper Cuspidors	Surgical Soap
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Paper Bags	Soap Powders
Paper Hemorrhage Boxes	Scouring Powder
Paper Handkerchiefs	Sweeping Compound
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Deodorants	
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Burnitol Manufacturing Co.

Chicago Office: 37 N. Market St.
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General Office and Factory: Everett Station, Boston, Mass.

SEE THAT THUMB HOLD?
An added convenience for the easy withdrawal of fillers.

This covered holder model in polished nickel or lacquer finish.

National Methodist Convention in Chicago

(*Continued from page* 41.)

given buttons on which is stamped a white Greek cross, encircled by the words, "American White Cross."

Mr. Samson cited an instance of what the White Cross had accomplished for the Iowa Methodist Hospital as a result of a campaign conducted Sunday, November 30, 1919, when $18,500 had been obtained by memberships. For three weeks before the day of the drive the ministers of the four Iowa Methodist conferences had been designed with literature, explaining the White Cross plan and urging them to make a special appeal to their people November 30. Despite a snowstorm and the coal strike crisis that closed many churches, Mr. Samson asserted, $18,500 was raised, but equally valuable, he added, was the widespread publicity given the movement by the 400 sermons preached by the pastors on hospital work.

Mr. Samson explained that the money was raised in cash, obviating the expense of bookkeeping, time payments and similar delay and costs.

Mr. Jones, the founder of the movement, the speaker said, had devised an ingenious and practical method of obtaining the membership subscriptions. This was in the form of an envelope, stamped with the seal of the American White Cross and also the following matter:

BANK CHECK—Fill in Name of Your Bank
.....Iowa, ... 19
To the .....Bank
Pay to the order of the
AMERICAN WHITE CROSS
..... dollars $.....
Name.....

This envelope only needs the insertion of the name of the member's bank to be converted into a check.

Besides the annual memberships, the White Cross provides life memberships for contributors of $100 and life patrons for $500 donors.

The American White Cross, Mr. Samson pointed out, has been incorporated in Iowa, but the articles of incorporation provide that the plan may be used by all the hospitals of Methodism, together with the shield, check-envelope and all literature prepared by the Iowa conferences. In the discussion that followed, it was the opinion that the White Cross memberships, instead of interfering with obtaining donations of large sums, would stimulate more laymen to contribute greater amounts to hospitals by arousing their interest in this cause.

An example cited was the case of a layman who had contributed $100 to the White Cross some time ago and little more than a week later donated another $1,000 to hospital work.

It also was developed that the Northwest German Conference had put on a White Cross drive similar to that of the Iowans in which, despite very unfavorable conditions, $3,000 had been raised and the White Cross work explained to the laymen in 110 sermons. The White Cross movement, it was declared, had done more to educate the people of South Dakota to giving to hospitals in three months than in all previous years.

At the afternoon session, Secretary W. H. Jordan, Asbury Hospital, Minneapolis, spoke on "The Relations of Methodist Hospitals to the General Conference." He

(*Continued on page* 78.)

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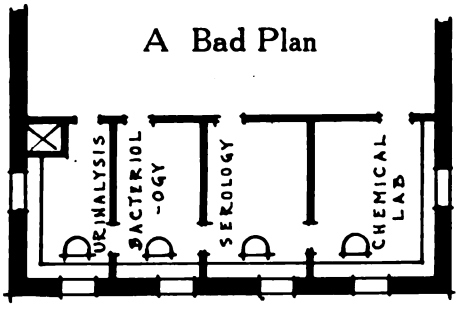
LABORATORIES

A Bad Plan



The above layout has been incorporated in a hospital just completed. Note the connecting doors are in line with workers seated at the microscopes.

A multitude of similar possible errors can be avoided by consulting the

HOSPITAL and INSTITUTIONAL BUREAU of CONSULTATION

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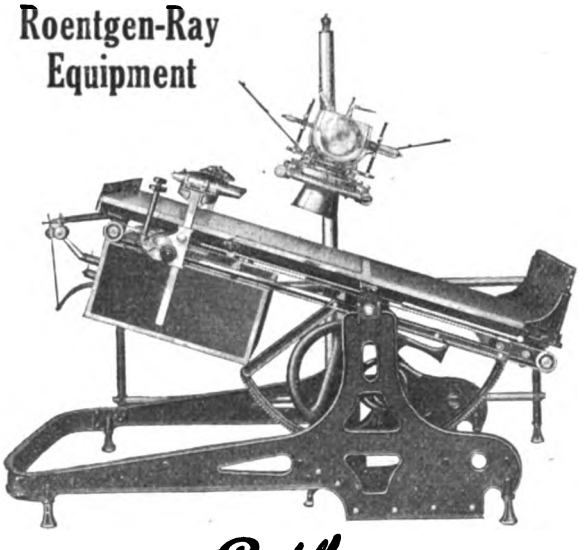

Surex

INTERRUPTERLESS TRANSFORMER

Campbell

TUBE TILT TABLE

CAMPBELL ELECTRIC CORPORATION, LYNN, MASS.

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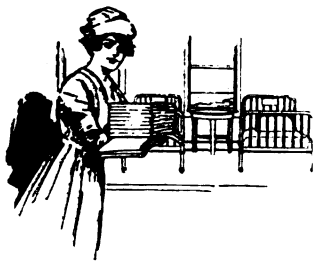

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The satisfaction obtained from using "bargain linens" is only in the original cost.

BAKER LINENS

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Baker linens wear longer because they are made stronger. We have spent 23 years in the development of better weaves and stronger fabrics, and are in a position to give you variety and excellence of design without sacrificing the good wearing quality.

Our clientele is made up of representative hospitals throughout the United States. We are anxious to demonstrate the economy of Baker Linens and the convenience of Baker service to every hospital. We can give price because we eliminate the middleman.

We can give service because we deal directly with you. Everything in textile furnishings for Hospital use.

We are pleased to submit estimates covering complete textile furnishings for new hospitals or institutions and are equally glad to submit prices and samples for replenishing present stock.

H. W. BAKER LINEN CO.

41 Worth Street, New York City

Boston **Los Angeles**
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National Methodist Convention in Chicago

(*Continued from page 76*)

termed the year that had elapsed since the formation of the National Methodist Hospital Association, February 7, 1919, an epochal one in hospital work, because it marked the awakening of the church to the cause of Protestant hospitals. The three factors in this awakening, Dr. Jordan said, were the organization of the National Methodist Hospital Association, the recognition of the Association by the Centenary and the co-operation of the Inter-Church movement with the hospitals. Dr. Jordan asserted that from now on Protestant hospitals would have a recognized position in Inter-Church activities, and that powerful assistance would be rendered the hospitals by that organization. Just what form this aid will take is unknown at present, but, the speaker said, the Inter-Church recognizes that the cause of hospitals and healing is extremely vital.

Dr. Jordan quoted a statement made by John D. Rockefeller, Jr., at the Atlantic City meeting of Inter-Church leaders to the effect that no church can lay claims to giving adequate service that does not recognize the cause of hospital and humanitarian work.

Adoption of the reports of committees on General Conference legislation and architecture followed. The committee on legislation recommended that at the General Conference of the Methodist church at Des Moines in May a committee from the Association present a memorial asking that the hospital and home work of the church be taken over by a board, similar to the home mission board.

This board is to be composed of thirty members, elected by the General Conference for eight years, the officers to be elected by the board. The board shall give help, in an advisory capacity, in such matters as superintendents, nurses and other hospital and home employes, provide a bureau of architecture and other bureaus that will assist each hospital or home in the church.

The committee on architecture submitted a report on standardization with the following thought in mind:

"A standardized unit is the result of an analytical study of the minute details of the most modern theories of treatment and appliances perfected to give the treatment, together with the best approved finish and detail of construction."

This committee also recommended that plans be worked out for a clearing house for buying and handling all hospital and home requirements so as to obtain best possible prices.

The first afternoon's session closed with a paper by Frank Clare English, a representative of St. Luke's hospital, Cleveland, and superintendent, American Hospitals and Homes Division, Inter-Church World Movement, New York. He outlined preparations of the Inter-Church leaders to hold a campaign in the spring and listed Methodist hospitals and homes that had affiliated themselves with this drive to obtain about $10,000,000 for maintenance and operation for a year.

Superintendent English continued his paper when the February 12 session was begun at 10 a. m. telling of the plan of the Inter-Church Movement to build the following hospitals and homes at a cost of $25,400,000:

(*Continued on page 80*)

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McCRAY REFRIGERATORS FOR ALL PURPOSES

THERE is a McCRAY for every refrigerator need. In those Hospitals and Institutions where Quality of product and length of satisfactory service are the considerations, you will find McCRAY Refrigerators.

More money is invested in McCRAY Refrigerators each year than in any other kind. This evidence of leadership is positive proof of McCRAY Quality.

The particular point of excellence which distinguishes all McCRAY Refrigerators is the McCRAY System of Refrigeration—perfected through thirty-five years' experience. The convenient arrangement of food compartments and their commodious storage capacity are McCRAY features.

We manufacture a complete line of Refrigerators and Cooling-rooms in the stock sizes, to meet the requirements of Hospitals and Institutions—*these are arranged for either ice or mechanical refrigeration.*

OUR SERVICE DEPARTMENT will gladly furnish plans and suggestions for special, built-to-order equipment. Let us know as to your requirements.

SEND FOR CATALOG—which shows many new designs for Hospitals and Institutions. No. 52 for Hospitals and Institutions. No. 71 for Grocers and Delicatessen Stores. No. 63 for Meat Markets. No. 95 for Residences.

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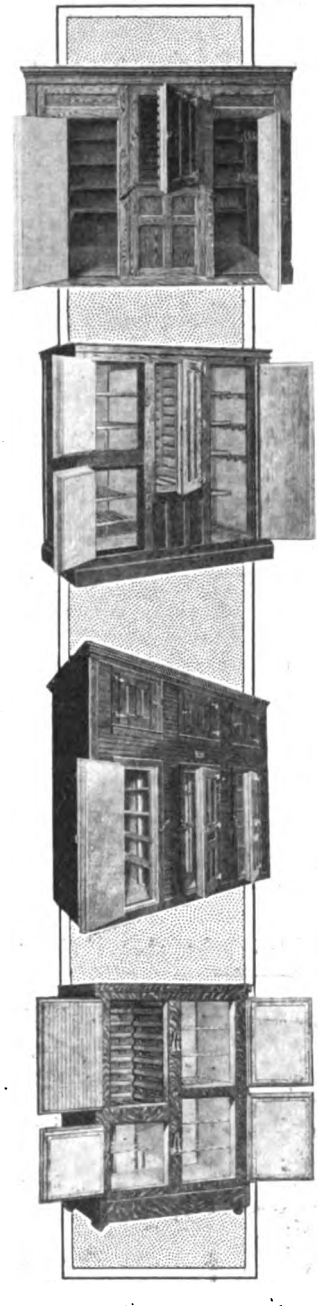

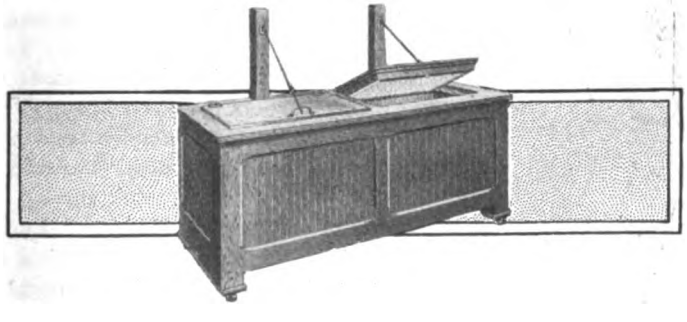

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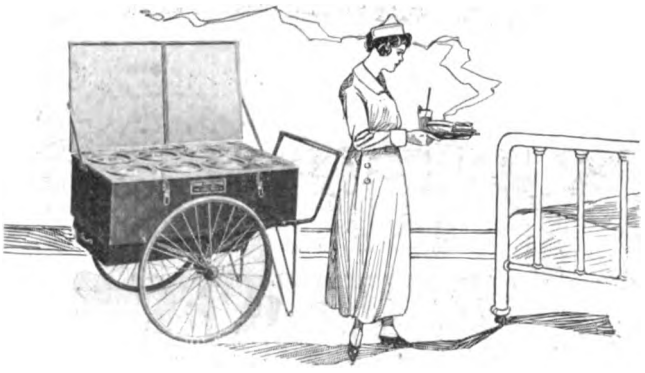


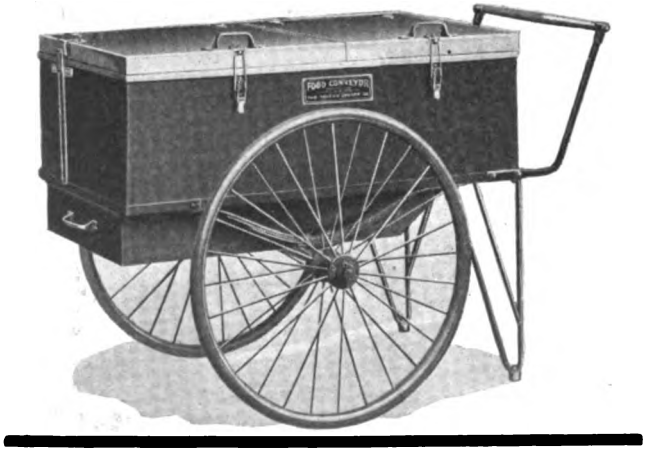
Tempting Hot Meals For Listless Appetites

No matter how well cooked the food, no matter how dainty the service, a meal that is carried long distances through drafty corridors on a tray is not as appetizing as it should be. It reaches the patient lukewarm, and his fickle appetite finds it unappealing. The same carefully prepared food, if served piping hot from an "Ideal" Food Conveyor would be tempting and delicious.

"IDEAL"
FOOD CONVEYOR

is a rubber-tired cart, built on the fireless cooker plan of heat retention, with containers to keep warm for hours food enough for seventy or eighty patients. It can be filled in the general kitchen and taken direct to wards where the food is served hot and reaches the patient in its most appetizing form. The Ideal Food Conveyor is indispensable where food has to be transported considerable distances before being served. It lessens waste, saves time and work in serving, preserves the freshness and moisture of foods. It is lightly but strongly constructed, is easily handled, requires but one attendant for meal service. Write for book of information.

TOLEDO COOKER CO., TOLEDO, O.



National Methodist Convention in Chicago

Continued from page 78

General hospitals in twelve states.

General hospitals for colored in twelve states.

Tuberculosis sanatorium in Arizona.

Four hospitals for incurables in four states.

Three children's orthopedic hospitals (in New York, Minnesota and Texas).

Ten training schools for hospital executives.

Three homes for retired ministers and missionaries.

Four homes for missionaries on furlough.

Three homes for colored children.

Seven homes for aged, including one for colored.

F. A. Bauchop, president of the National Methodist Homes Association, requested that his body be admitted to the hospital association, and this request was granted. Then came the carrying of motions inviting all Methodist children's homes to join and changing the name of the organization.

C. W. Williams, Boston, for twenty-five years hospital consulting engineer, featured the final session in the afternoon with a talk on "Sidelights on Hospital Administration."

He said his experience was that a hospital board of managers should not interfere with a superintendent after a definite plan for operating a hospital had been adopted. In the same way, superintendents should never interfere with the operation of the various departments after the departmental heads had been instructed on the general policy of the institution. Daily or weekly conferences between superintendents and their aids are indispensable, the speaker added.

Mr. Williams then talked of a retiring age for superintendents, suggesting that 65 was hardly fair, since many superintendents were doing their best work at that age. He, however, asserted no superintendent should be employed after he had reached his seventieth year.

Social service work in keeping track of patients, especially the poor, was suggested, and Mr. Williams stated all patients should be followed up for at least one year.

A definition of "part pay" service, the speaker pointed out, was difficult. He suggested that "part pay patients" include all whose reimbursement of the hospital does not meet the cost of their care.

The speaker urged his hearers to do as much free work as possible, but to guard against abuse of this service. He told of a case he observed in which a man, after successfully pleading for free care of his wife, ordered a taxi to carry him to his office.

Mr. Williams approved the idea of a clearing house for all Methodist institutions so those in various sections could combine and obtain best prices on drugs, food and furnishings.

In the discussion following, Mr. Williams said he was opposed to hiring lawyers to collect bills. Others differed with this view and one superintendent said his institution had a collector whose letters, under the title, "attorney," seldom failed to bring overdue remittances.

Just before adjournment, Chairman English of the publicity committee told of plans to install a hospital and home exhibit at Des Moines during General Conference modeled after the one the Association had at Columbus last July in which 1,200 patients were cared for during the Centenary program.

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This action of Hyclorite has been demonstrated successfully in a large number of injury cases in industrial hospitals.

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It is always ready for use.
Just add water and apply.
No waste. No waiting.
Non-irritating properly diluted.

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Double Coated, White or Maroon

36"	$1.25 yard
45"	1.65 yard
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Adopted as standard by State Institutions.
Rolls 25 and 50 Yards.

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New York City

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Try For Yourself This Absorbency Test For Cellucotton

Suspend equal amounts of Cellucotton and absorbent cotton over a bowl of water, immerse about ¼ inch of the end of each in the liquid. At the end of 15 minutes you will find the fluid drawn to the very top of Cellucotton and not more than an inch and a half up the cotton. We will be glad to send a sample of Cellucotton for this test.

Cellucotton is more economical than cotton for many kinds of hospital work. Send for our prices.

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Lewis Manufacturing Co.

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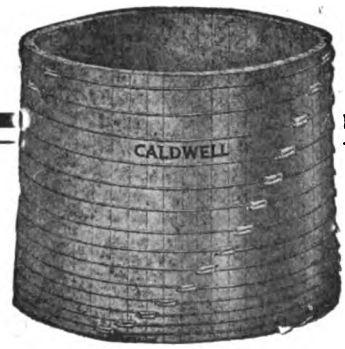

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Superintendents - Dietitians - Nurses

Here Is a Book That Tells

What To Cook How To Cook It

"Institution Recipes"
(Third Edition)

Differs from the cook-books you have had to worry with in the past, in that it was prepared by an institutional dietetic expert expressly for institutional use.

The author, Emma Smedley, is Director of Public School Luncheons, Philadelphia; Formerly Instructor in Domestic Science, Drexel Institute, Philadelphia; Instructor in Dietetics, The Johns Hopkins Hospital Training School for Nurses, Baltimore, Md.

All recipes call for quantities to serve 50 to 150 persons, and all are practical and economical. Caloric values indicated. Typical balanced menu for one week shown.

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May Save You Its Cost In One Day
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Miss EMMA SMEDLEY

Front Street Media, Pa.

Supply Markets Remain Firm

Government Offerings Have Not Had the Effect of Causing a Lowering of Prices

Virtually every department of the supply markets has been characterized during the past month by the same difficulty in securing deliveries and the same shortage of goods which has been in evidence for some time. The offerings by the United States Government of various surplus stocks of material accumulated during the war, referred to in detail elsewhere in this issue, give some opportunity to hospital and other buyers not only to secure goods, but to accomplish substantial savings, but there seems to be no expectation on the part of those familiar with conditions that these sales will affect the markets materially.

It is pointed out by these persons that the shortage of goods is such that the Government offerings can readily be absorbed, still leaving a considerable unsatisfied demand, of a volume which there is no immediate probability of taking care of. In brief, shortage of production is such that it will be along time before supplies catch up with demand, as far as can now be seen.

PRICES HELD IN CHECK

It is a fact, however, that in at least one item of the canned goods market, that of tomatoes, Government offerings are credited with keeping prices much lower than would otherwise have been the case. The pack of tomatoes in 1919 was not large, and only the fact that surplus Army supplies have been available at relatively low figures has prevented prices from going soaring. Incidentally, prices for other canned goods for immediate delivery are decidedly lower than those of futures based on the 1920 pack, as higher contract prices for fruits and vegetables of the coming crop, as well as much higher figures for cans, boxes, and supplies and labor of all sorts, make it certain that canned goods packed this year will bear extremely high prices, even should crops be much larger than there is any reason to believe they will be.

It is worthy of note that in addition to the purely medical and hospital supplies which the Government is offering to the hospitals, the War and Navy Departments are also disposing of considerable quantities of other goods used in the hospitals, notably textiles, such as blankets, duck, shirting flannels, yarns and the like.

As far as dealers in bed linens and similar goods are concerned, the sole question remains that of securing deliveries from the mills, as their customers, including hospital buyers in need of supplies, are demanding goods in such volume that dealers' stocks are at a low level. Prices quoted at mills are without exception higher, such standard items as sheetings, pillow cases, tickings, toweling and so forth being notably affected. Manufacturers, in fact, are themselves in many cases unable to look very far ahead, as they are unable to secure their customary supplies of cotton yarn, even at remarkably high prices.

COTTON PRICES FIRM

Staple hospital supplies, notably cotton and gauze, participate in the firmness and activity common to other departments of the supply markets, gauze being reported as especially in demand, at around $6.75 per 100 yards for good grades, while cotton is selling at 38 cents.

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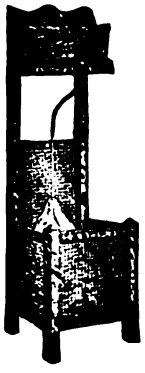
For the Nurse



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A Nurse must keep clean. She must wash her hands many times a day. Give her the best towel service by installing an Individual Service Locked Bar Cabinet and the soft, clean, Individual Service Towels.

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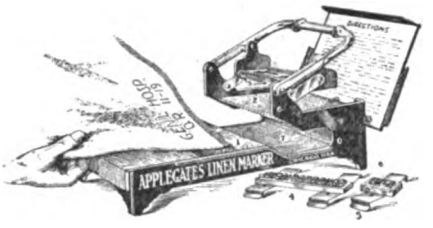

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Prices on floor coverings of all sorts have been advanced, and quotations are even now subject to change without notice, and to ability to deliver by March 31. Linoleums in some instances remain at former prices, however.

Referring again to the prospects for canned goods, the high price and scarcity of sugar will remain an element of considerable importance. Just now the sugar situation is easing up somewhat, improved supplies from Cuba helping both the supply and the price. With the approach of the canning season, however, the normal increase in the demand will of course tend to force prices upward again, especially in view of the limited reserve stocks available in the larger centers.

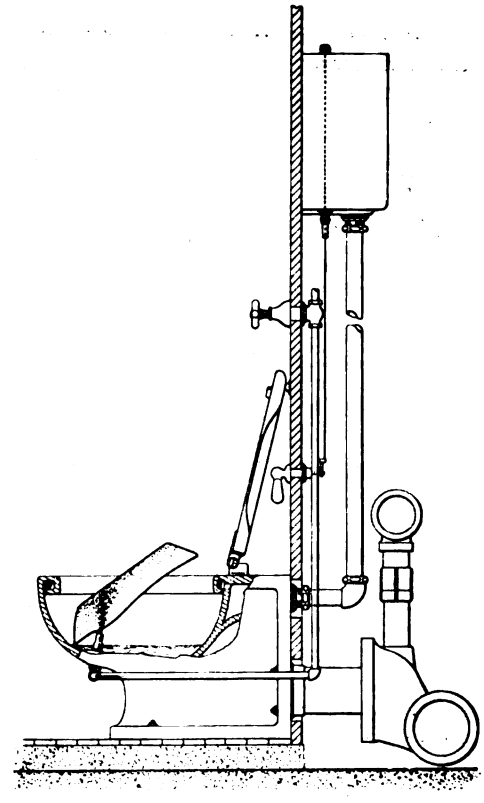
Goes to Owensboro City Hospital

Miss L. M. Justice, who has resigned as superintendent of the Cynthiana, Ky., City Hospital, will go to the Owensboro, Ky., City Hospital as matron. Her successor has not been named.

Combination Closet and Bed-Pan Cleanser

Crane Co., Chicago, is putting out an interesting type of combination closet and bed-pan cleanser for use in private rooms of hospitals. The description of the fixture is as follows:

The syphon jet closet is made of vitroware china and is fitted with "Whalebonite" open front and back non-fouling seat. The tank, also of vitro ware and having china-ball flush valve, is concealed behind the wall and is operated by a convenient lever connected through the wall. The rim opening in the bowl is extra large and is



designed to hold the bed-pan in position to be thoroughly cleansed while the top of the bed-pan extends above the bowl, making it convenient to handle. The cleansing jet, with supply from the wall, is operated by a compression stop valve connected through the wall.

All exposed metal parts are nickel-plated brass, which, in addition to the clean, white, china trimmings, makes this fixture pleasing in appearance. Nearly four hundred of these closets are installed in the new Henry Ford Hospital in Detroit.

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No. 1 With Sodium Chloride 2% for General Use in Infant Diets.

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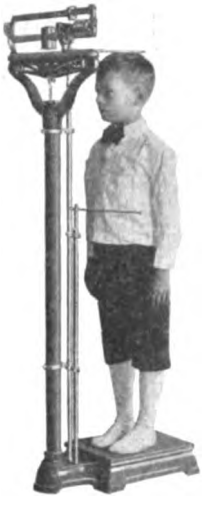
The "Continental Special" is a platform scale of the highest quality; absolutely accurate, with inlaid cork platform and special lever check attachment preventing the levers from becoming disengaged when the scale is moved. Full length nickel plated measuring rod. 300 lbs. capacity. No loose weights.



Ask your dealer or write direct for descriptive booklet regarding the "Continental Special" and other exclusive hospital scales.

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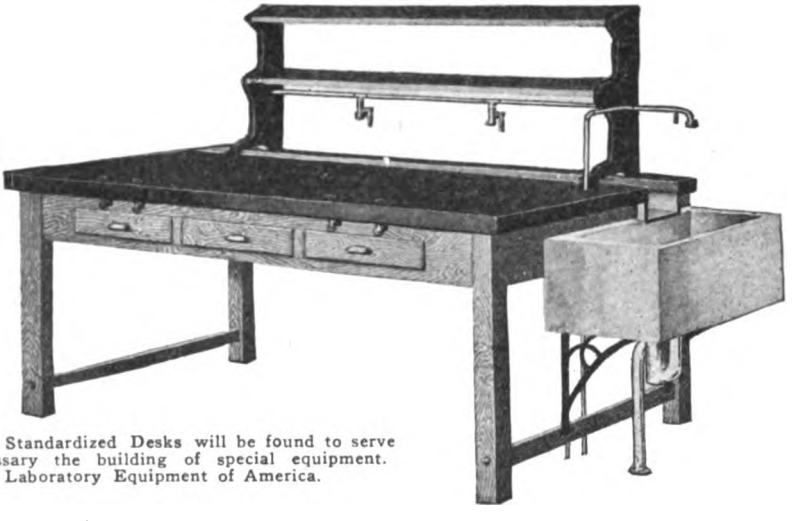
Special Laboratory Equipment Often is Unnecessary



For the Hospital Laboratory, Kewaunee Standardized Desks will be found to serve **economically every need, making unnecessary** the building of special equipment. **Kewaunee is the Standardized High Grade** Laboratory Equipment of America.

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The correct manufacture of modern laboratory furniture requires an exactness and special attention to detail that cannot be performed by untrained or inexperienced workmen. Our years of experience devoted exclusively to the production of laboratory furniture, our complete factory equipment of modern cabinet-making machinery, with skilled cabinet-makers trained in this special work, our extensive floor space and vast dry-kiln and tempering-room capacity, enable us to extend intelligent service and to supply laboratory furniture of the very best type of construction, of quality and of adaptability.

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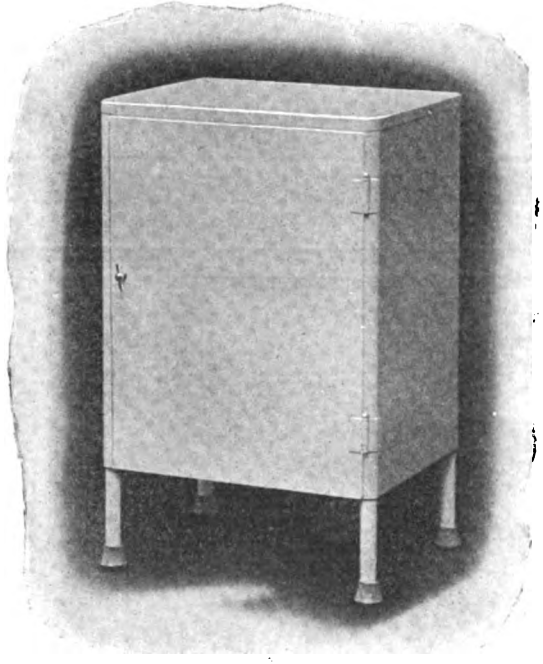

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A New Bread Slicer

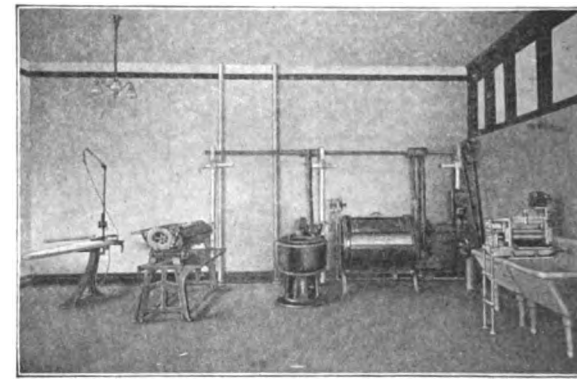
The Liberty Bread Slicer Company, of New York, has developed two new models of its bread-slicing machines, both so constructed as to enable the loaf to be placed vertically, causing the slices to drop below into whatever receptacle may be provided. They are known as the "Liberty Baby" and the "Liberty Junior," the former taking a loaf up to four inches square and the latter one up to five and a half inches square. The machines may be operated either by hand or by electricity, and have a speed, when run by electricity, of 200 slices a minute, of any desired thickness. Other practical features of these machines are the ease with which they may be attached at a convenient point, and the small amount of space which they occupy.

Some Dental Essays

Modern Dentistry for the Laity (Third Edition). By Alfred A. Crocker. Cloth, 112 pages. Published by The Dental Register, Cincinnati, O. A collection of essays on various phases of modern dentistry and dental practices, those on the increasing application of dentistry in industry being of special interest and value. Suggestions for the equipment of dental clinics in hospitals and industrial plants are given in detail, with lists of supplies needed.

A Handy Book of Recipes

Food For the Sick and the Well; How to Select It and How to Cook it. By Margaret P. Thompson, R. N. Cloth, 82 pages. Price $1.00. World Book Company, Yonkers, N. Y. This is a practical little volume, based on actual hospital experience, which enabled Miss Thompson to collect a number of extremely practical recipes, the whole comprising a useful guide for the hospital dietitian. In addition to the food recipes the book contains a number of directions for treatments, such as baths, douches poultices, mustard plasters, etc. An index is provided.



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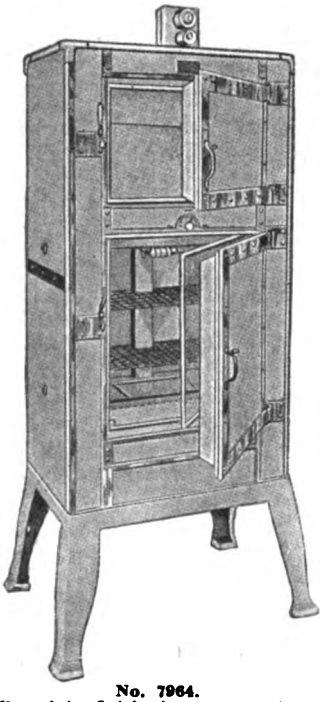

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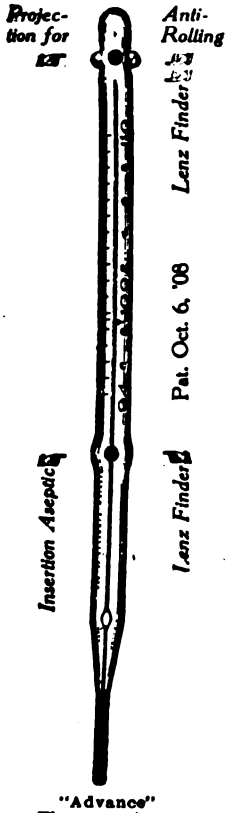

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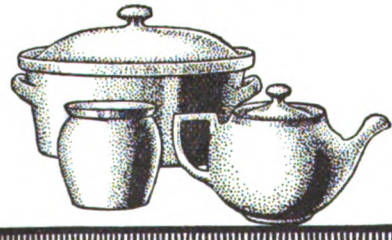

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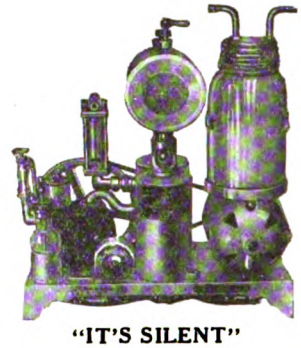

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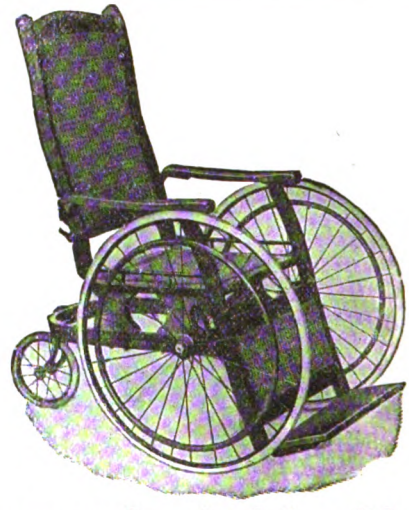

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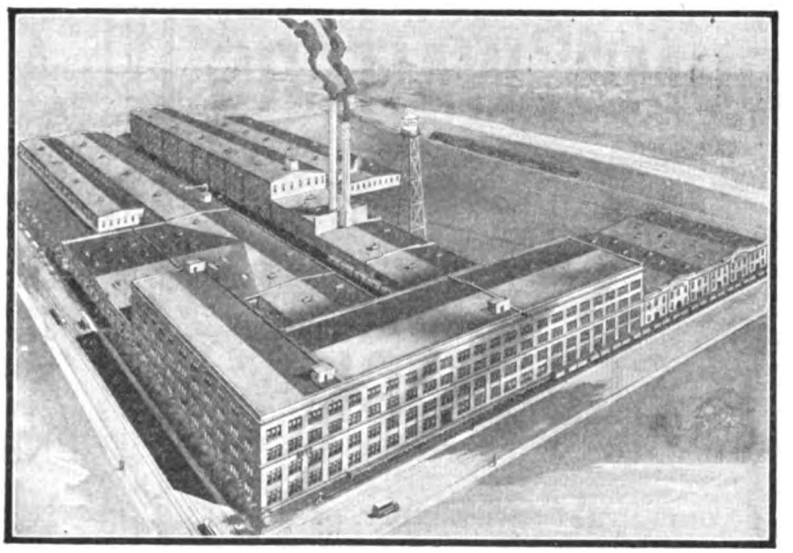

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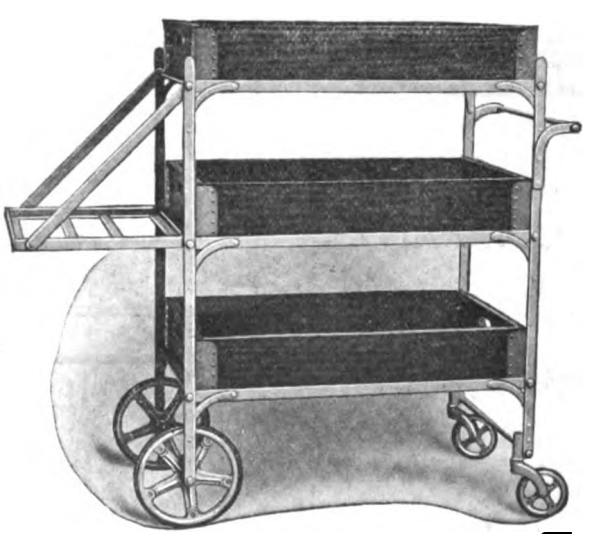

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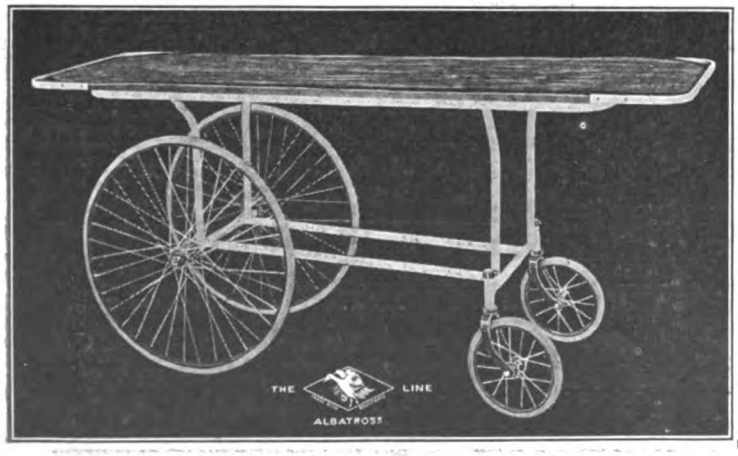

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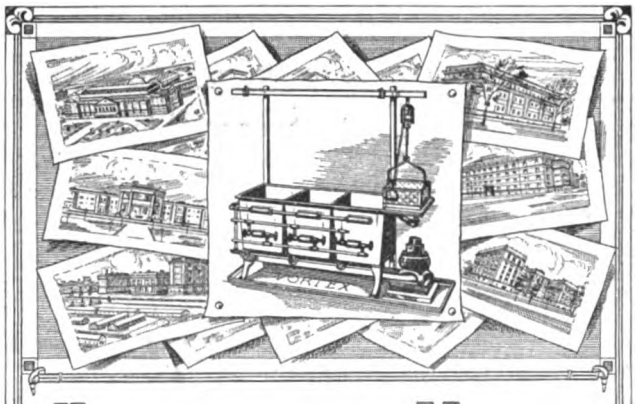

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Washes and rinses every kind of a dish, metal or china, flat or hollow. *Write us for other Vortex reasons.*

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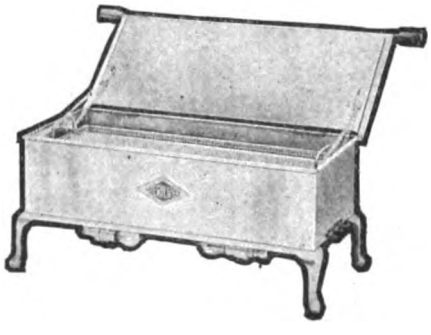

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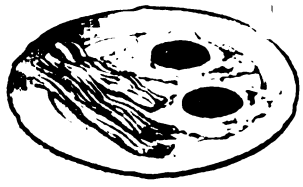

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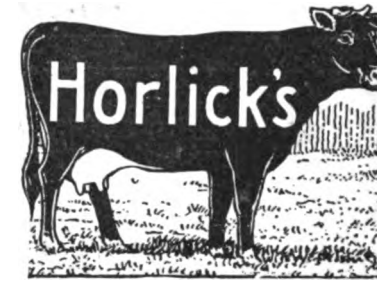

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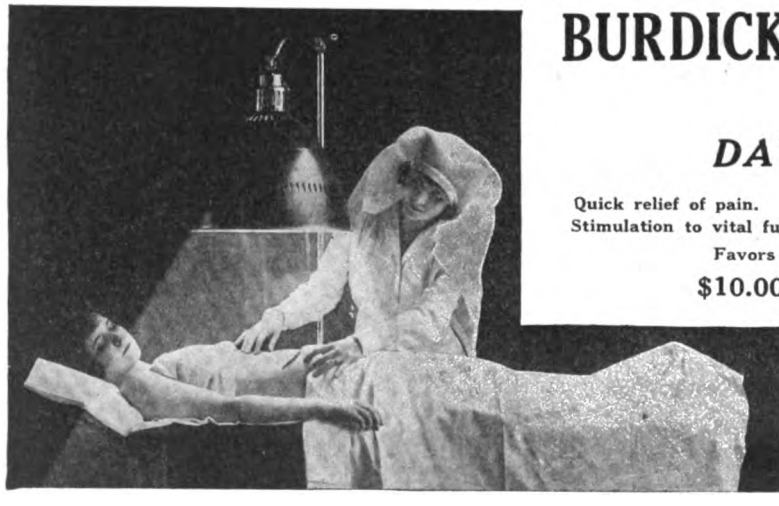

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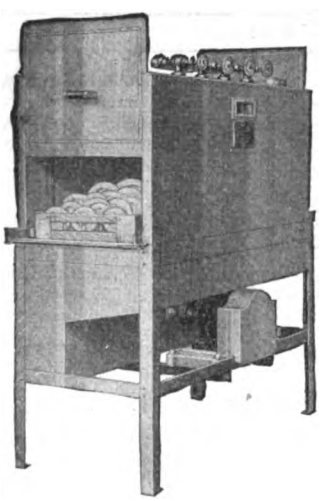

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HOSPITAL MANAGEMENT

Vol. IX March, 1920 No. 3

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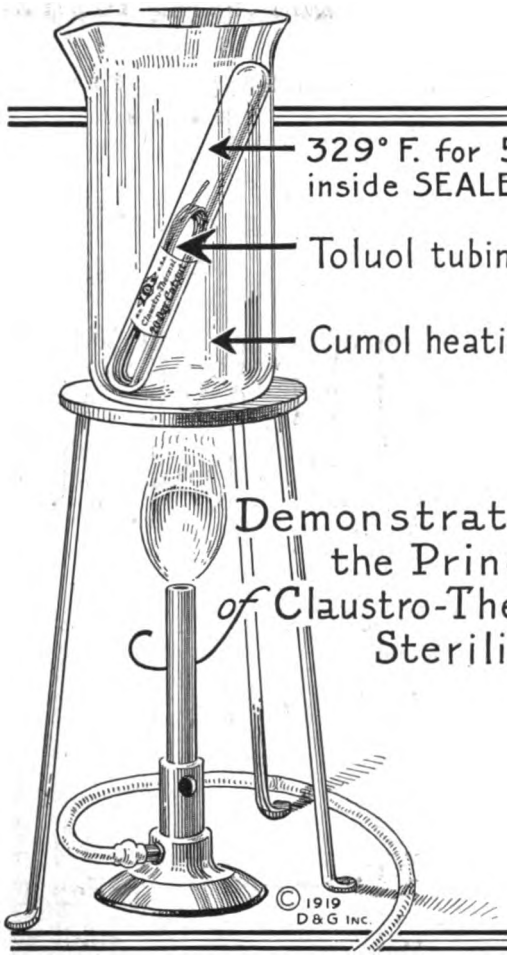

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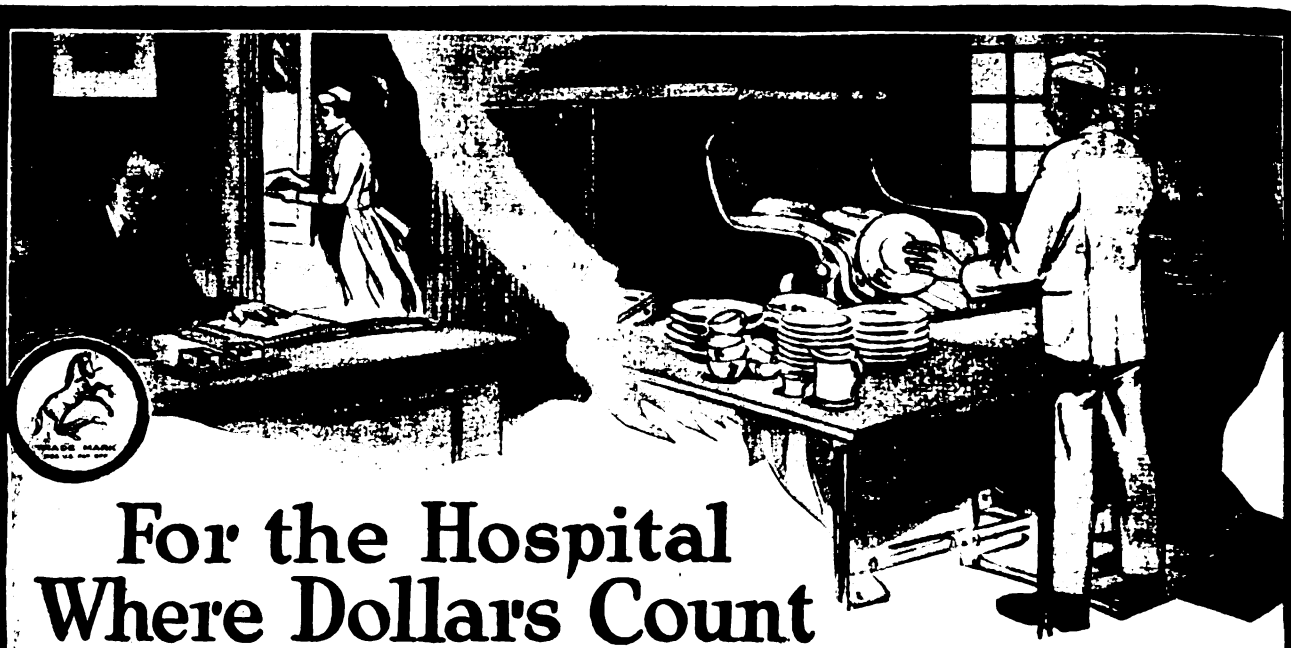

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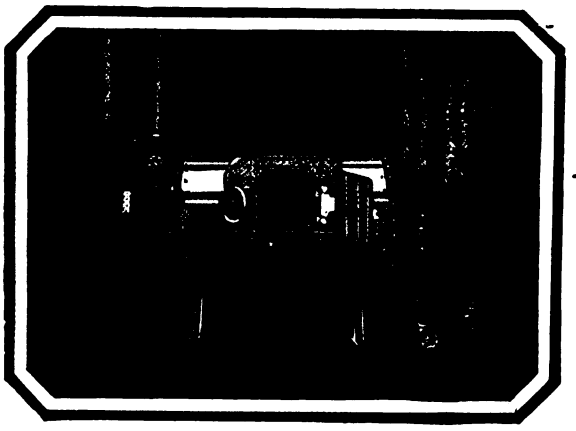

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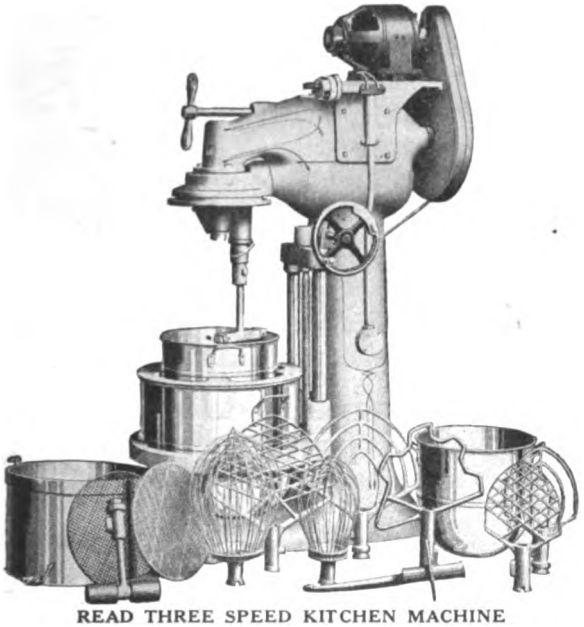

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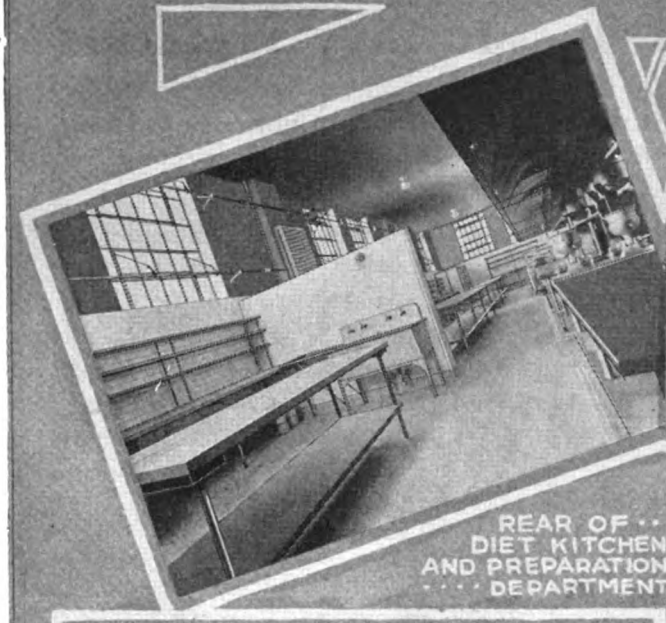

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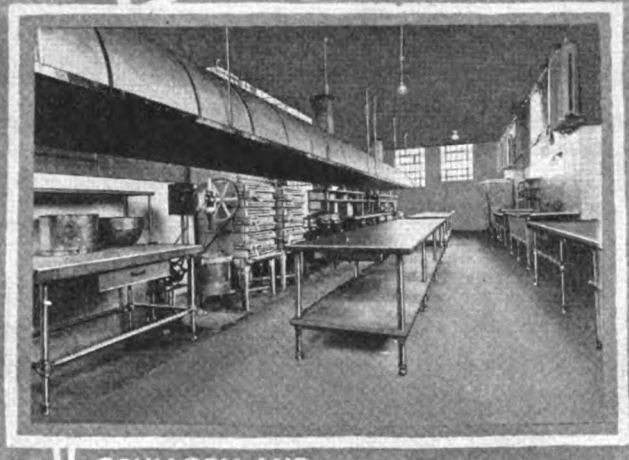

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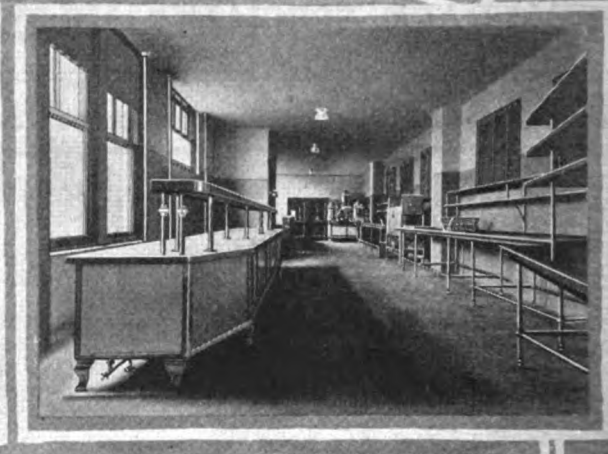

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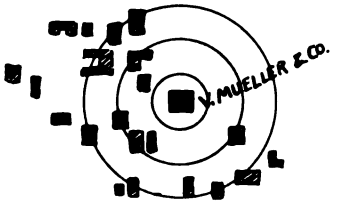

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has had remarkable and almost unique opportunities for the past 25 years to work with hospitals and medical men in the development of instruments and appliances best suited for their procedures.

Located in the heart of the wonderful hospital and medical college district of the West Side of Chicago, V. Mueller & Co. are surrounded by no less than twenty-one institutions, including hospitals, nurse training schools, dispensaries, medical colleges, dental colleges, etc. This has created an opportunity for service in the development of better surgical equipment that this house has taken full advantage of.

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For nearly twenty years Climax Sterilizers and Disinfectors have been giving satisfactory service to their users in every part of the world. Designed by pioneers in the sterilizing industry they have reached a stage of perfection where for quickness of operation, simplicity of control and durability they occupy a commanding position.

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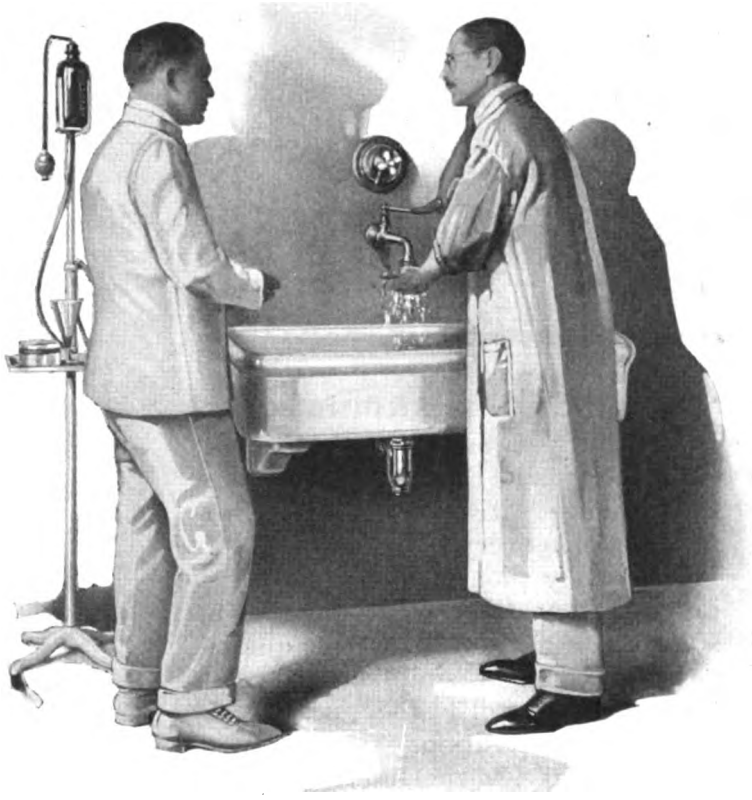

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Equipped with The Leonard Jr. Thermostatic Mixing Valve

A turn of the lever to the desired degree and the temperature is fixed. The volume is controlled separately without affecting the temperature—an important feature.

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Little brother to the well known Leonard Thermostatic Mixing Valve of established reputation.

The little fellow has all of the characteristics that have made the elder brother famous.

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It is designed to build into the wall or set against the wall while all parts are removable from the front.

Let us tell you more about this wonderful little valve.

The Built-in or Concealed Model

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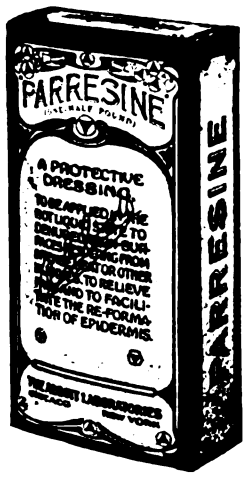

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Also the Abbott Parresine Atomizer and Parresined Lace Mesh Dressing.

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(Phenylcinchoninic Acid) is probably the best of all remedies for Gout and the many affections of uric-acid origin.

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PRICE....$75.00....EACH

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Catheter, posterior, urethral, silver, to fit standard Luer syringe No. 1.

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Director, silver, Arnott's No. 1.

Filiforms, gun linen, with standard screw fittings for La Fort sound or Maissoneuve Urethrotome and catheter. No. 6.

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Forceps, lithotomy, curved, screw lock, Lewkowitz' No. 1.

Gorget, lithotomy, Teale's No. 1.

Nozzle, for urethral irrigator No. 1.

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The Cleansing Powder of a Hundred Uses

For the Hospital and Institution Laundry, Kitchen and general all round cleansing. Use Victory powder for best results for all purposes.

For scrubbing and cleaning floors, painted woodwork, etc., dissolve about 4 oz. of VICTORY POWDER to one gallon of water.

For washing clothes: Add one pound of VICTORY POWDER to a boiler of warm water, soak clothes well, then boil for 15 minutes and thoroughly rinse. When VICTORY POWDER is used, no rubbing is required.

To make finest soft soap: Dissolve one pound to 12 quarts of hot water. When cool, it is ready for use.

For cleaning silverware: Dissolve in each gallon of boiling water, in a tin, aluminum or galvanized vessel, two cups full of VICTORY POWDER. Be sure to have enough of the solution to cover silver entirely.

Leave the pieces in the boiling solution and in contact with the vessel, for at least one minute. Remove, allow to dry, then polish with a soft cloth.

VICTORY POWDER when used according to directions destroys all disease-germs, and is absolutely hygienic.

VICTORY POWDER dissolves readily in cold water.

VICTORY POWDER makes hard water soft. Removes dirt and grease easily and quickly.

VICTORY POWDER cleans without scratching. Cleans kitchen utensils, porcelain, aluminum, glassware, enameled ware, tinware, woodenware, floors, sinks, oilcloths, linoleum, bathtubs, refrigerators, marble stairs, tile floors, pots, dairy utensils, milk cans, etc.

Try Victory Powder today. Put up in 300 lb. barrels, 9½c per lb., and 100 lb. kegs, at 11c.

We can effect great savings in Soaps, Solvents and other laundry supplies and accessories of all description. Let us quote you. We can solve your laundry problem if you will let us.

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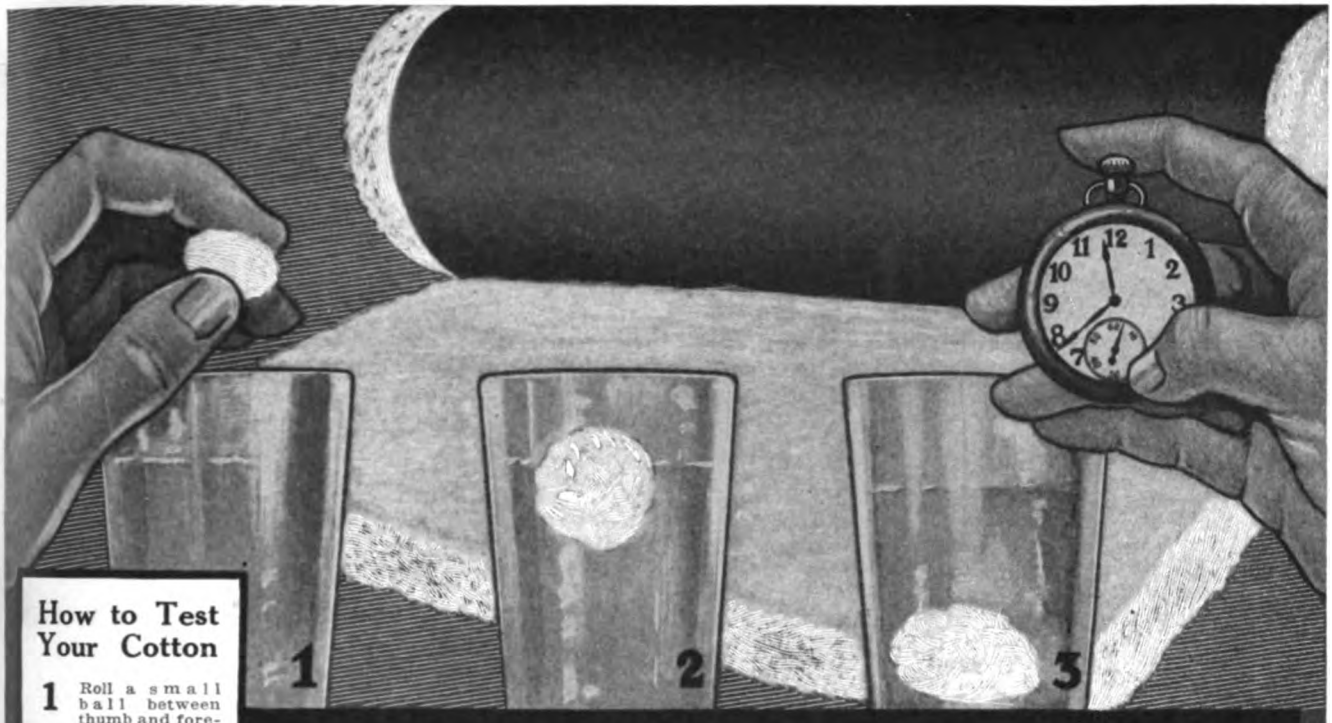

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1 Roll a small ball between thumb and forefinger. Drop it into a glass of water.

2 Time it by the second hand on your watch. How quick will it sink?

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SPEEDY absorbency means seconds saved in the operating room; fewer anxious moments for the Surgeon and greater comfort and safety for the patient. Test your cotton for quick absorbency. Try the test shown above and satisfy yourself that the cotton you are using is the best obtainable. Compare it with Hygienic-made Absorbent Cotton.

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WHY does your jobber prefer to sell you small orders often, rather than larger orders at longer intervals?
BECAUSE he realizes as well as you that every day roasted coffee stands in your storeroom it loses a large portion of its aroma and strength, due to evaporation of volatile oils.
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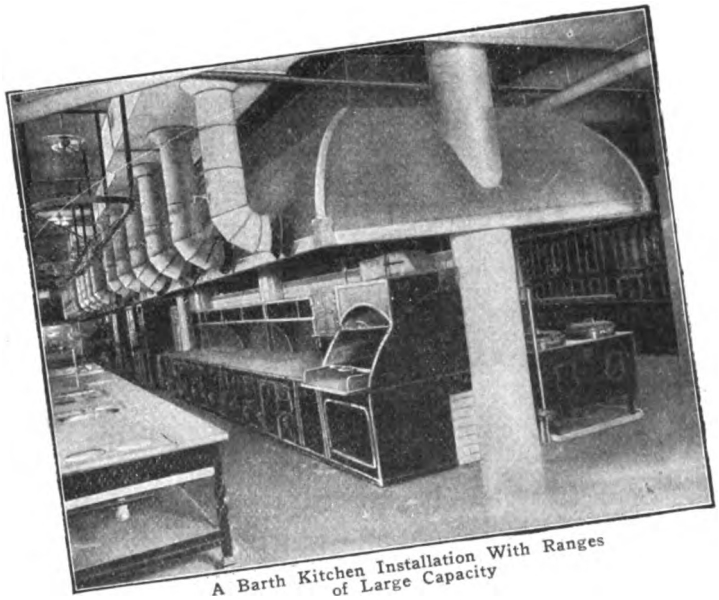

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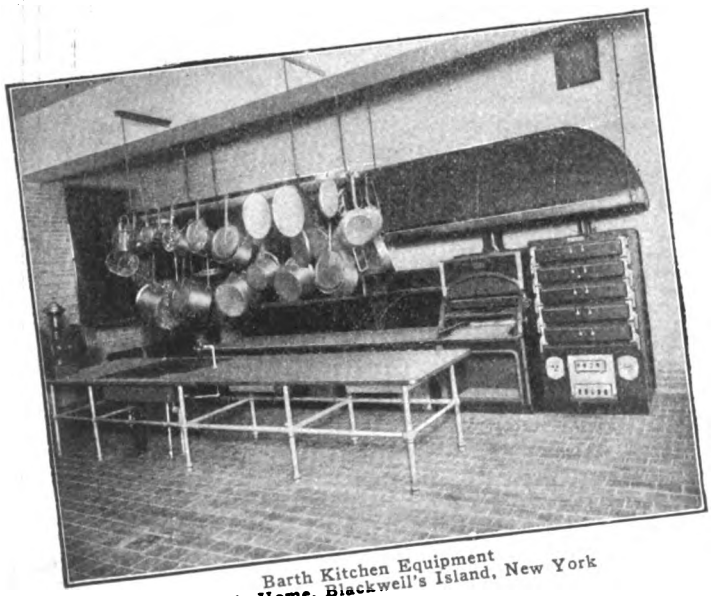

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The Barth Diet Table is very desirable for Hospital use. It is fitted with Steam Table, non-absorbent white porcelain Vegetable Jars, Hot Plate, Meat Pan, Plate Warmer, Toaster, and Storage Compartment.

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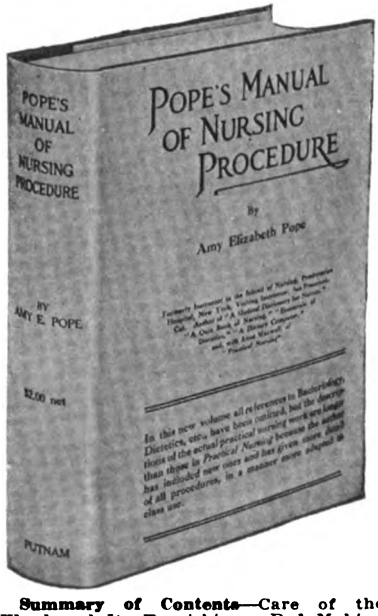

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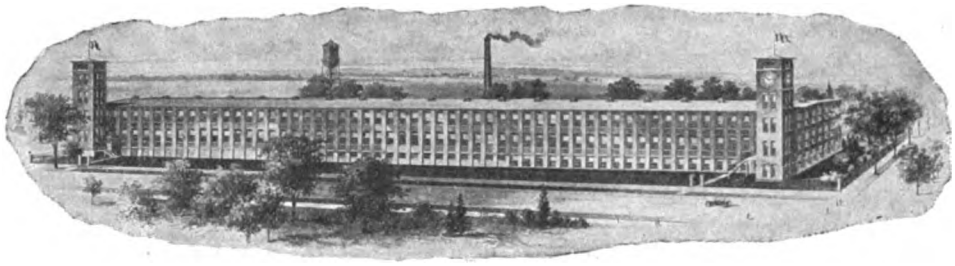

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Vol. IX, No. 3
March, 1920

HOSPITAL MANAGEMENT

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Published in the Interest of Executives in Every Department of Hospital Work

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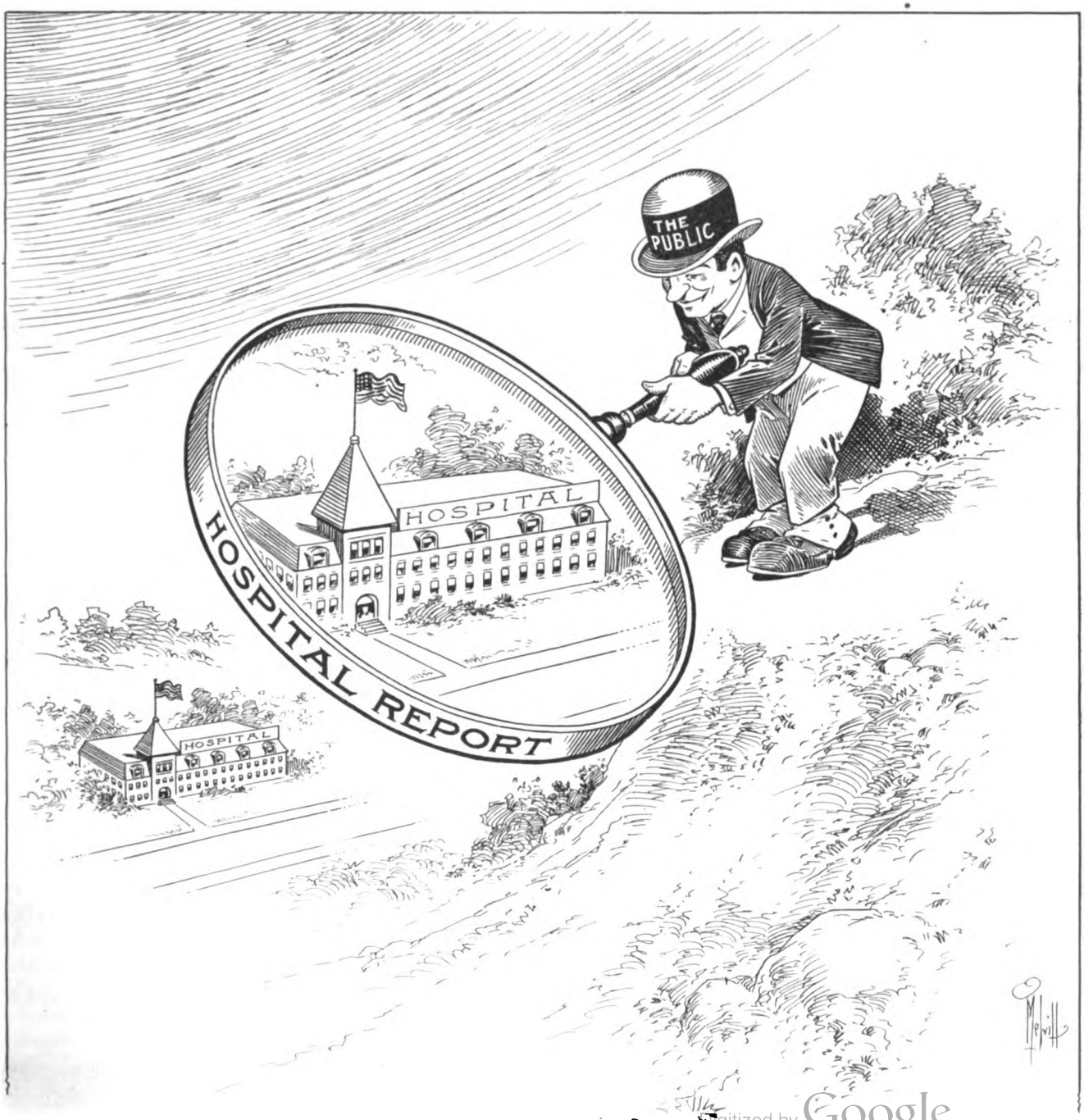

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Status of Nurses' Assitants Discussed

American Conference on Hospital Service Opposes Lowering of Training School Standards, but Would Simplify Courses

Because of the illness of Dr. A. R. Warner, first vice president of the American Conference on Hospital Service, who had charge of the program for the conference meeting at the Congress Hotel, Chicago, March 3, delegates from the member associations discarded previous plans and used the meeting for a general discussion of all phases of nursing.

The principal points considered were the problem of the assistant to nurses, nurses' training and the curricula of training schools.

The following conclusions were drawn by the Conference from a digest of the talks:

1. That there is a real need for women trained in nursing fundamentals to go into homes to care for and assist the sick in cases where the illness is not serious.
2. These special workers should not be designated as "nurses," nor as "nurses' assistants."
3. Standards of training schools for nurses should not be lowered, nor should the period of training be curtailed.
4. The curricula in most of the training schools should be revised so as to give students less theory and more practical training in nursing in its broadest aspects.

REFERRED TO COMMITTEE

On motion by Dr. John M. Dodson, delegate from the American Medical Association, the whole problem of nursing was referred to the committee on nursing, which was instructed to consider the conclusions and report at the meeting of the Conference at Montreal, October 4, relative to a solution of the matter. Rev. Charles B. Moulinier, delegate from the Catholic Hospital Association, in seconding the motion, insisted that the committee must obtain the balanced judgment of all member associations and vision the entire nursing problem in the report along the basic line of the daily service of nursing.

Delegates from the following organizations, members of the Conference, attended the meeting:

American Association of Industrial Physicians and Surgeons,
American Association of Hospital Social Workers,
American College of Surgeons,
American Hospital Association,
American Medical Association,
American Nurses' Association,
Association of American Medical Colleges,
Catholic Hospital Association of U. S. and Canada,
Federation of State Medical Boards of U. S.,
Medical Department, U. S. Army,
Medical Department, U. S. Navy.

Dr. Dodson, in the absence of Dr. Warner, called the meeting to order and Dr. Alexander Lambert acted as temporary chairman. Dr. Dodson and Dr. Harry E. Mock, treasurer, told of the organization of the Conference at Cincinnati in September, and explained how the affiliated associations hoped to bring about improvement in hospital service throughout the United States and Canada.

Four committees had been suggested at the Cincinnati meeting, and it had been planned that they should report at the Chicago gathering, but owing to delay in filling the personnel, the delegates moved that these reports be deferred until the next meeting of the Conference in connection with the American Hospital Association convention at Montreal October 4-8.

Th personnel of these committees as far as they have been named is:

Committee on Interns, Dr. John M. Dodson, chairman, A. M. A.; Dr. John Baldy, Philadelphia, F. S. M. B.; Dr. Guy M. Cushing, Chicago, F. S. M. B.; Lt. Col. L. J. Owen, M. C., U. S. A., Washington; Miss Bena M. Henderson, Chicago, Children's Memorial Hospital, N. L. N. E.; Rev. P. H. Mahan, Loyola Medical School, C. H. A.; E. S. Gilmore, Wesley Hospital, Chicago, A. H. A.; Miss Edna G. Henry, A. A. H. S. S. W.

Committee on Nursing, Miss Mary Wheeler, Illinois Training School for Nurses, Chicago, A. N. A., chairman; Lt. Col. Floyd Kramer, M. C., U. S. A., Washington; Miss Louise M. Powell, University Hospital, Minneapolis, N. L. N. E.; Rev. M. P. Bourke, Ann Arbor, C. H. A.; Dr. Louis H. Burlingham, Barnes Hospital, St. Louis, A. H. A.; Miss Elnora Thompson, Illinois Mental Hygiene Society, N. O. P. H. N.; Miss M. Antoinette Cannon, A. A. H. S. S. W.

Committee on Hospital Service, Record and Standardization, John G. Bowman, Chicago, A. C. S., chairman; Col. William N. Bispham, M. C., U. S. A., Washington; Miss Mary Wheeler, A. N. A.; Dr. B. F. McGrath, Milwaukee, C. H. A.; Dr. Clarence D. Selby, Toledo, A. A. I. P. S.; Asa S. Bacon, Presbyterian Hospital, Chicago, A. H. A.; Miss Edna G. Henry, A. A. H. S. S. W.

Committee on Social Insurance, Dr. Otto Geier, Cincinnati, A. A. I. P. S.; Miss Minnie Ahrens, Chicago, A. N. A.; Dr. Watkins, University of Cincinnati; Miss Elnora Thompson, N. O. P. H. N.; Rev. Maurice F. Griffin, C. H. A.; Miss Edna Foley; Miss M. Antoinette Cannon, A. A. H. S. S. W.

EXAMINATIONS TOO SEVERE

In the discussion on nurses' training school curricula, some of the speakers criticized state examinations for registered nurses, contending that some of the questions pertaining to medicine and physiology could not be answered by the average physician. These papers sometimes ignored the problem of preparing food for the sick and similar work in which a nurse must be thoroughly trained to be of the greatest service.

"Don't make a poor doctor and spoil a good nurse," was the consensus of opinion regarding curricula. The delegates also pointed out that if a nurse desired special training the time for that was after she had finished her general course, just as a doctor becomes a specialist by a course of study after he has taken his degree. Similarly, nurses who desired to do special work in public health nursing, in the laboratory, or dietetics, should study these subjects after the training school period was completed.

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It also was suggested that the word "nurse" be applied only to those fit to care for sick in the worst stages of their illness. War, epidemic or similar disturbances should not be made the excuse for lowering the standard of the profession. Nurses should continue to be trained thoroughly and the training curriculum should be built around the idea of making efficient, sensible nurses and not for turning out an inferior grade of physicians.

Another point generally agreed on was that while there is a definite need for specially trained women to assist the nurses, these aids must be distinguished from the professional nurses so that there would be no injury to the profession.

On March 4 a meeting of trustees of the conference was held, attended by Dr. Mock, Mr. Bowman, Rev. Charles B. Moulinier, Miss Henry and Col. James Glannan, as representatives of their respective member organizations. Father Moulinier was chairman.

The trustees voted to have each member association report its work for the year and outline its idea of its special functions in improving hospital service. This report is to be presented to the delegates to the Conference at the Montreal meeting. A summary of these reports will be presented to the American Hospital Association by a committee composed of Dr. Dodson, Miss Wheeler, Miss Henry, Col. Glennan and Father Moulinier.

Before adjourning the trustees voted to direct the first vice-president to appoint a committee to arrange a joint meeting between the Conference and the Council on Medical Education of the American Medical Association during the October convention, this committee also to prepare the program for the joint session.

Japanese Architect Studies American Hospitals

Japan is turning to America for ideas on modern hospital construction and operation, according to Yasuo Namie, architect of Osaka, who has been in this country for two months studying institutions with a view of applying latest theories and principles to two hospitals at Osaka now being built.

One of these institutions is the Osaka Fu Hospital, a state institution of 600 beds, and the other a smaller hospital being built for Dr. Yamaguchi, who accompanied Mr. Namie on his inspection tour.

Most of the hospitals in Japan, Mr. Namie said, are built on the Continental plan, consisting principally of large one-story frame buildings, but Japanese hospital authorities now are adopting American architecture and all future institutions will be constructed on modern lines.

High costs are just as much a factor in interfering with building operations over there as in the U. S. A., Mr. Namie explained, adding that because of prohibitive costs hospital construction is almost at a standstill.

Compared with what he has found in hospitals in New York, Montreal, Pittsburgh, Boston, Cincinnati, Chicago and other large cities, hospitals of Japan are crude and primitive, the architect said. Every institution he has visited in America has been a revelation to him, and the trip has given him a mass of information that he will incorporate in the construction of the Osaka building.

Among institutions studied by Mr. Namie and Dr. Yamaguchi were the Massachusetts General, Boston; Montreal General and Royal Victoria, Montreal; St. Luke's, New York; Allegheny General, Pittsburgh; Cincinnati General, Cincinnati; Illinois Central, Chicago. Hospitals in Detroit, Cleveland, Buffalo and other cities also will be studied.

Is Appointed Chief Nurse

Miss Hay Named to High Post with Red Cross Commission to Europe

MISS HELEN SCOTT HAY,
Chief Red Cross Nurse in Europe.

To Miss Helen Scott Hay, of Savannah, Ill., has fallen one of the highest honors eligible to a woman, in the American Red Cross Commission to Europe. According to a cable just received from Paris at National Red Cross headquarters, Miss Hay has been appointed Chief Nurse of the American Red Cross Commission to Europe, succeeding Miss Alice Fitzgerald, of Baltimore, Md., now Chief of the Division of Nursing, League of Red Cross Societies, Geneva.

As Chief Nurse of the Red Cross Commission to Europe, Miss Hay will have charge of all Red Cross nursing activities in Poland, the Balkans, Czecho-Slovakia and France. She has already assumed her duties at Paris.

A graduate and afterwards Superintendent of Nurses of the Illinois Training School for Nurses, Chicago, Miss Hay had been appointed, even before war was declared, to organize a school for nurses according to American standards under the patronage of Queen Eleanore of Bulgaria. But when these plans were interrupted by the war she sailed for Europe in September, 1914, where she headed one hundred and twenty-six Red Cross nurses on the relief ship *Red Cross* on active duty in Europe.

After serving for two years in Kiev, Russia, Miss Hay was sent to Philippopolis, Bulgaria, where she served as chief nurse of the American Red Cross Commission to the Balkans. Upon her return to this country in 1917, she accepted the directorship of the Bureau of Instruction at Red Cross headquarters, Washington, D. C.

In recognition of her services Miss Hay has been decorated by the Russian Government with the Gold Cross of St. Anne, and by the King of Bulgaria with the Bulgarian Royal Red Cross.

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Would Educate Public on Nursing Field

Chicago Hospitals Organize to Promote Campaign Intended To Overcome Objections to Nursing as a Vocation

An extensive "advertising campaign" to "sell" the ideals of the nursing profession to parents and the general public was outlined at a meeting of the Illinois Council on Nursing Education in Chicago, March 8. The Council is composed of leading hospitals of Chicago and the Evanston hospital, and was conceived to combat general beliefs unfavorable to nursing as a vocation.

Miss Katherine M. Olmsted, a graduate of Johns Hopkins hospital, and executive secretary for the council, who will have charge of the "campaign," described in detail the proposed means of focussing public attention on the profession. Movies, magazines, newspapers, lectures, postal cards, stickers and other mediums and forms of publicity will be used, and a complete "follow up" system will be prepared to furnish further information for those who desire it.

HOW TO USE THE MOVIES

Miss Olmsted classed the movie publicity as of two kinds, a recruiting film showing various phases of a student nurse's career in school, living conditions, and opportunities for amusement, and a news film of about 200 feet, based, she suggested, on the Nightingale centennial celebration to be held this year, which would be run as part of a "screen telegram" and shown all over the country. A lecture would accompany the recruiting film which would be of greater length and, according to the speaker, would be in demand by clubs, business organizations and schools as an educational feature.

Miss Olmsted asserted that the council could obtain the co-operation of physicians, business men and others in the public eye to prepare and sign articles on the ideals of nursing, these articles to be supplied newspapers and magazines for publication. Because of the prominence of the writers, Miss Olmsted said, the items would have editorial value and would be printed.

A direct appeal to girls graduating from high schools of Chicago and surrounding cities should be made by postal cards, the speaker continued. She suggested that a dignified card be obtained, possibly one showing a photograph of Florence Nightingale, inviting correspondence with the council by any girl to whom nursing might appeal.

Miss Olmsted also said that the council should prepare leaflets giving full information regarding the profession to be forwarded to inquirers and that each hospital should prepare a similar leaflet describing its school and course in detail so that the girl could decide which school she would prefer.

Stickers on the order of the Red Cross Christmas seals, but dealing entirely with nursing and including the name and address of the institution should be prepared for each hospital in the council, it was suggested. Not only could these seals be put on hospital mail, but they could be supplied to trustees for their business letters, thus carrying the message of the council into fields that might not be covered in other ways.

While the council still is only in the formative stage, Miss Olmsted declared, news of its organization has spread to surrounding states, and a number of inquiries have come from hospitals outside Illinois that plan similar organizations. The speaker suggested that instead of having these states form separate units that might work along different lines and create some confusion, the Illinois council ought to take them into a central body and have all the institutions work uniformly toward the same goal.

At the meeting a report was read from the nursing organizations in charge of the program for the Florence Nightingale Centennial celebration May 12. Details of the program have not been worked out to any great extent, but the committee has arranged to rent Orchestra Hall on that evening for an entertainment and memorial, a feature of which is to be songs by the Nightingale Chorus, composed of student nurses from a number of Chicago hospitals.

Representatives of the following institutions, members of the council, were present: St. Luke's, Presbyterian, Michael Reese, Illinois Training School, Evanston, Lying-in, Wesley, Children's Memorial and Passavant.

Before Miss Olmstead's paper, the council unanimously voted that each hospital should forward a letter to Governor Lowden telling him that the organization is a unit for a three-year period of training for nurses and for making the standards of the profession as high as possible.

WOMEN WORKERS SCARCE

Miss H. M. Bennett of the Collegiate Bureau of Occupations told the council that the shortage of girls and women for nursing schools wasn't a local condition nor confined to nursing. She said that the ratio of vacant positions was about eighteen for every woman unemployed and attributed the scarcity of women for business and professional requirements to conditions following the war. Married women who became wage earners while their husbands were in service have returned to their household duties and others who went into business houses and factories during the war have quit work because of the inequality of their pay compared to that of men holding the same positions. Another factor in decreasing the number of women in industry is that heads of families are earning a great deal more than ever before and are sending their daughters back to school. Miss Bennett asserted that she had many proofs of this in her visits to schools throughout the country, some institutions turning away as high as 125 applicants where previously the enrollment was far below capacity.

Mrs. Ira Wood, a lay member of the council, told of a recent luncheon of a committee of the Rockefeller Foundation in New York attended by physicians and nurses at which she spoke of the aims of the council. The subject of nurses' schools was discussed in detail, according to Mrs. Wood.

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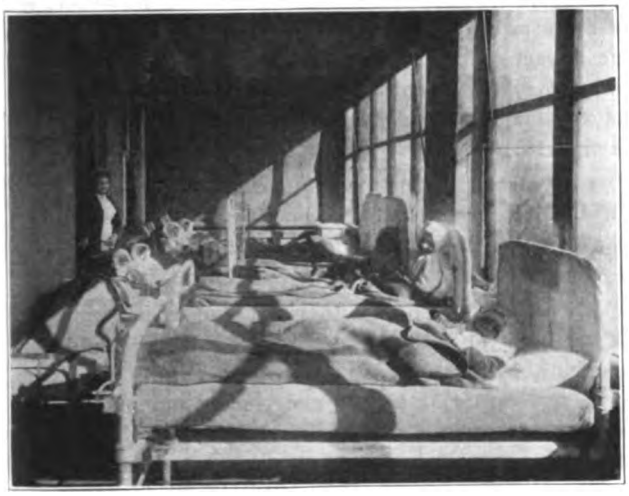
Rainbow Hospital for Crippled Children

How Cleveland Institution Has Developed Summer Activities Into All-Year-Round Service of Little Patients

By Mary B. Wilson, Superintendent Rainbow Hospital, Cleveland, O.

Rainbow Cottage, founded in 1891 for summer work with children, has grown into Rainbow Hospital for crippled and convalescent children. The former name has ceased to exist since 1913, and the hospital, with a running capacity of seventy-five beds, 50 for cripples and 25



SUN PORCH AT RAINBOW HOSPITAL

for convalescent medical cases, is kept open all the year, enlarging its capacity to 100 beds in summer.

The ages of Rainbow children range from the one tiny baby (an extra) always kept here for prophylactic feeding, to the 12-year-old boys and 14-year-old girls. The types of cases treated are various. Owing to the abundant facilities for administering fresh air, sunshine and a generous diet, certain cases needing a protracted hospital treatment do very well and show none of the signs of a long institutional confinement, but are strikingly ruddy-cheeked and high-spirited, and make considerable gain in weight.

During the past year we have had an increase in the number of tuberculous spines and hips. We have given treatment to 64 such cases, having as many as 40 in the house at one time. The length of treatment for such children is one year, and in certain instances where the disease made great progress before the treatment was started, it has been necessary to keep the patients from three to five years. One boy of 12 was discharged in the summer of 1917 after five years' treatment with six running sinuses healed and getting about in quite active fashion without crutch or brace, showing only a slight limp.

Other types of orthopedic work are convalescent infantile paralysis and rickets, which get general hygienic treatment, massage and muscle training. Bone infections are showing marked benefit from local sunning, rest and good food. The Benjamin Rose Foundation has contributed to the support of 5,423 hospital days during the past year for such cases.

Convalescent heart cases, malnutrition and children suffering with St. Vitus dance and rickets, those recovering from pneumonia, pleurisies and bronchitis, show decided gains in weight and general tone after a few months of

CHILDREN'S SCHOOL WORK IS NOT NEGLECTED

treatment, and during the past year 17 eye patients, long standing cases of conjunctivitis, have been discharged apparently cured.

All these children come to Rainbow from many different sources. At least seven different hospitals, aside from dispensaries and other social agencies, contribute to our wards. The affiliation with the medical staff of Lakeside Hospital, effected in 1908, and with the Western Reserve Medical School, supplies Rainbow with a visiting staff of doctors and two resident doctors.

A generous gift has recently provided a long needed X-ray apparatus, and the orthopedic gymnasium has also added to the facilities for the work. Every child of school age, whether bedridden or able to go to the school room, receives instruction daily in ordinary grade work, and a manual training teacher keeps all little hands busy

KEEPING PATIENTS PLEASANTLY EMPLOYED

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in making many attractive and useful articles. Knitting has, of course, been the rage since the war. They are also taught loom-weaving, modeling and the making of small wooden toys.

With the aim of keeping the children well after they leave the hospital and adding to their value as future citizens, a staff of two visitors for constructive medical social follow-up work in the homes is provided, and all convalescents needing it are provided with sun treatment and happy outdoor life during the summer months.

A TYPICAL WARD SCENE

Our daily average number of patients for the year just ended was 67 and hospital days numbered 24,521. The per capita cost was $1.67. Funds contributed by beneficiaries $917.75.

This institution is planned and run by a corporation of women with a most active working board, thoroughly in touch with every detail of the work. Some of the plans for the further development have been curtailed by the exigencies of the times, but the hope is cherished that some day Rainbow may meet all the demands of the community and that no child needing the care it can give need be denied admission.

There is a solarium, screened and protected by awnings, which roll up entirely. There is room in this for 26 bed patients. A porch room accommodates 14 bed patients. During the summer months the open ward takes care of 25 to 30 additional patients.

Officers are Mrs. Robert H. Crowell, president; Miss Marion Parsons, first vice-president; Mrs. S. Lewis Smith, treasurer; Mrs. Irving Bolton, recording secretary; Mrs. Andre T. Chisholm, financial secretary.

Building Government Hospital

The Dawson Springs Construction Company has received the contract for the three main buildings of $1,500,000 Public Health Service hospital at Dawson Springs, Ky., to be used for discharged soldiers, sailors and marines. The hospital and administration buildings and nurses' quarters, for which the contracts were signed, will cost $680,666. Contracts for nineteen other buildings for which the Dawson Springs company was lowest bidder have been held up because the amount of these bids, added to the bid for the main buildings, exceeds the $1,500,000 appropriated. Treasury Department architects are revising the plans that the bids may be reduced within the limit of the appropriation.

Like Accustomed Food Best

Children in State Institution Prefer Diet They Have Been Used To

By Irene Swift, Housekeeper and Dietitian, State Institution for Feeble-Minded, Polk, Pa.

The institution is situated in the middle of a farm of twelve hundred acres, on which is raised an abundance of fruits and vegetables in season. The institution dairy, with two hundred and fifty registered Holstein cows, produces an enormous quantity of milk, but notwithstanding the fact that we make no butter whatever, we use more milk than is raised on our own farm and procure a part of our milk supply from the outside. Eggs and poultry are furnished from the institution hennery and an abundant supply of pork and smoked meats from the piggery.

To augment this, all food not produced on the institution farm is procured on competitive bids on specifications prepared by the steward, and all foods must come up to a high standard to be accepted.

For breakfast we have either rice and milk, granulated hominy, with milk and sugar, rolled oats with milk and sugar, or cornmeal mush, with either milk or syrup. Bread and butter is served every morning, and so is a coffee substitute, and there is always milk to drink. The cereals are cooked in large steamers for a considerable length of time, so that they will be thoroughly done and made more digestible. We have been very fortunate this winter in having had enough sugar for all.

The main dishes for dinner this winter have been meat stews, with different vegetables in them; roasts of pork, sausage, scrapple, and either pea or bean soup. For vegetables we have had potatoes, pumpkins, squash, turnips, parsnips, beets and cabbage, as well as sauer kraut, canned corn and string beans. There are also the dried vegetables, split navy beans and peas used for soup, and also lima, kidney and Roman beans. Crackers are served with the soups, and there is bread and apple butter every noon. The desserts are chocolate, cocoanut, or plain cornstarch puddings, boiled rice and raisins, tapioca and dried peaches, and every Sunday we have either dried apples, peach, raisin, or mince pie with cheese. We also have raw apples once or twice a week.

The suppers are very plain, usually stewed apples, peaches, figs, apricots, plums, prunes or raisins, or else rice and raisins, stewed tomatoes and macaroni, or codfish. There is always bread and peanut butter and tea, besides plain cake.

The children seem to like the food they are getting and do not like things they are not used to, such as chicken for Thanksgiving and other changes which have been made from time to time.

There are some children who do harder work than the rest, to whom extra dishes are served.

P. H. S. Has 43 Hospitals

The United States Public Health service is now operating forty-three hospitals for the care of discharged soldiers, sailors, marines and war nurses who are beneficiaries of the War Risk Insurance Act.

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Consider Food Preferences of the Patients

Personal Contact by Dietitian May Bring About Better Conditions—Views of Many Hospital Executives

One of the stock problems of hospital administration is to have food so well prepared and so appetizingly served that complaints will be eliminated. This is an ideal condition that is seldom arrived at, for nearly every institution has occasional objections regarding either the variety, quality or method of preparation of its food. But it is important to keep this department constantly in mind, and to endeavor to overcome the difficulties that are presented.

Hospital administrators who have commented on this subject recently for publication in HOSPITAL MANAGEMENT emphasize the following methods of maintaining a high standard in the food department:

Use of high-grade materials.

Employment of experienced, qualified cooks.

Use of garden and dairy facilities owned and operated by the hospital whenever possible.

Personal attention by dietitian to likes and dislikes of individual patients.

Careful supervision of handling of food from the time it leaves the kitchen until served at the patient's bedside.

Planning of menus so as to introduce sufficient variety.

BUY ONLY THE BEST

"I believe that all hospitals experience, at times, complaints about food," writes Dr. H. P. Barton, superintendent of Clara Barton Hospital, Los Angeles, voicing the sentiments of practically every other executive who entered the discussion. "In our case nothing is bought in the culinary department but the very best. True, the food may occasionally be spoiled in the cooking or serving, but that sometimes occurs in the best regulated homes.

"Sick people are petulant and finicky, and they attribute their lack of appetite to some one or some thing, besides themselves and their condition.

"We have observed that the majority of 'kicks' come from patients in the lower walks of life. They are not accustomed to the better things and are paying $4 to $6 per day for their care and board, and feel they must 'kick' to get the full worth of their money."

Miss Blanche M. Joseph, field dietitian, Michael Reese Dispensary, Chicago, who has had experience as a dietitian in hospitals East and West for ten years, suggests that the methods of conveying food from the hospital kitchen to the floor diet kitchen has a great deal to do with the problem.

"Even if the best food be purchased and prepared and the diets made according to the best scientific knowledge," she writes, "it may become cold by the time it reaches the patient's room, and then all the effort made in the diet kitchen is spoiled. In this case, the fault is not with the nurse nor the dietitian, but with the methods of conveyance."

The following interesting suggestion is made by Miss Joseph:

"An ideal way to meet the demands of the hospital patient is for the dietitian to visit the patient in his room. A personal interview will give the dietitian a better idea as to his likes and dislikes, and a personal supervision of his tray will bring comfort and a better appetite to the patient. It is a case of personal social service added to dietetics.

PREPARE MENUS WEEK AHEAD

Miss Edith G. Bartsch, dietitian, Lakewood Hospital, Lakewood, O., describes food service at that institution as follows:

"The menus are prepared a week in advance, and we try to give the patients as much variety as possible, having all the fresh fruits and vegetables in season.

"It is impossible to please each individual, but on the whole we have few complaints."

The St. Francis Hospital, San Francisco, makes up its bill of fare daily following a consultation of the dietitian, chef and the assistant superintendent, who has direct supervision of the food service.

"We have, generally speaking, given satisfaction and reduced to a minimum complaints as to food service," writes Superintendent John J. O'Connor. "It has been the policy of St. Francis Hospital to have as little restriction as possible in the matter of diets consistent with the proper feeding of the patient, and it is our policy also to have the food prepared by high-class cooks. We further endeavor to pursue a liberal policy in the matter of purchasing food, buying only the best available.

"The result is appetizing, properly prepared foods, with little dissatisfaction.

"We do not try to economize at the expense of service," Mr. O'Connor adds, "and this is particularly true of kitchen output."

Mr. O'Connor explains that after the day's bill of fare has been approved at the conference it is placed in the hands of the supervising nurses and the daily diet of the patients is based on it. Patients on full diet are permitted to order foods not on the bill of fare without extra cost as long as this is done in a reasonable way and on a requisition signed by special or house nurse and approved by the superintendent or assistant superintendent.

The bill of fare also covers suggestions for patients on restricted or soft diets. Additions to it are allowed only on the approval of attending physicians.

HAVE REFRIGERATION PLANT

Establishment of a stock farm and the installation of a refrigeration plant are solutions of the food problem tried successfully at Dr. Kenney's Sanatorium, San Antonio, Tex. Concerning the food service there, Dr. John W. Kenney writes:

"A solution of the food problem at my sanatorium has been brought about in two ways:

"1. By the establishment of a sanatorium stock farm, from which the greater part of the milk, butter, eggs, poultry, meat, honey and vegetables are obtained.

"2. By the installation of a refrigerating plant for the preservation of this food at all seasons.

"Good, fresh food improperly served is not satisfac-

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tory; therefore, I find it necessary to have an intelligent woman solely to look after the proper preparation of meals."

Dr. Kenney also has found that people from the poorer classes are chronic kickers.

"It is my experience," he adds, "that those accustomed to the least are the most difficult to please in a hospital. Complaints will be made, no matter how careful the management. However, as patients are the most important elements in a hospital's success, my entire force is constantly urged to strive to please them. Special attention is given each meal and all complaints are given prompt consideration.

"It always has been my desire that food served in my institution vary from any set hospital method and that individuality should be attempted."

St. Catherine's Infirmary, Amityville, L. I., operates a farm of more than fifty acres, which furnishes all the vegetables for the institution and fodder for the stock, consisting of five horses, eighteen cows, twenty pigs and 300 chickens. St. Catherine's has fresh milk and eggs and also makes its own butter and preserves its fruits and vegetables for winter use. In addition, stock is occasionally killed for the table and the meat is prepared in a small curing plant according to home ideas.

IS DIFFICULT PROBLEM

Dr. Nathaniel W. Emerson, Emerson Hospital, Jamaica Plain, Mass., says that food and its serving is one of the most difficult problems facing hospitals, but that his institution is working it out more satisfactorily than ever before.

"I reasoned out the matters as follows," Dr. Emerson explains:

"Patients do not come to a hospital because of the food, they come to get well in the simplest and quickest manner possible. Catering to individual appetites is in no way necessary to secure quickest and best results.

"We, therefore, have determined to serve the best food obtainable in the simplest way and cooked in the best manner. Everything is cooked plain, but appetizingly, and the result is that complaints are very rare. In fact, for months, the only protest I have had is that a ward patient did not like fish. There was no complaint about the fish served; it was simply she was averse to fish of any kind.

"It is a common thing to have the food commended because it is so satisfying."

The Champlain Valley Hospital, Plattsburg, N. Y., has given much attention to the subject of serving appetizing food, and the superintendent writes that its service is entirely satisfactory to doctors and patients. The general menu in the wards is:

Breakfast. Cereal, toast, roll or bread, butter, tea or coffee.

Dinner: Soup, meat, potatoes, vegetables, dessert, tea or coffee.

Supper: Cold meat or croquettes, cake, dessert, tea or coffee.

To this is added for private room patients:

Breakfast, bacon, eggs.

Other meals, salads, fruit and extras.

Plenty of fresh fruits, vegetables, milk, cream and eggs, well prepared and attractively served, form the basis of menus at the Memorial Hospital, Owosso, Mich.

Favorable comments on food service are regularly heard at Wellesly Hospital, Toronto, an institution for private patients only, according to Audrey C. Bullock, B. T., head dietitian. Two nurses in training and two pupil dietitians help prepare the special diets, desserts, salads, cakes, etc., in the diet kitchen, while the chef has charge of the meats and vegetables.

At Idylease Inn, Newfoundland, N. J., the standard of excellence of food service is maintained by a careful balance of food values, variety and combinations which the palate dictates should go together.

At Still Rock Spa, Waukesha, Wis., a diet hospital, the food problem is carefully studied and the food is prepared specially for each individual case.

The following menus, submitted by different hospitals, have given satisfaction and are offered as suggestions to others:

Essex County Hospital for Contagious Diseases, Tuberculosis Department, Belleville, N. J.
(Submitted by Dr. Henry B. Dunham, Superintendent.)

SUNDAY

Breakfast. Cereal, eggs, toast, postum.

Dinner: Soup, roast beef, mashed potatoes, string beans, ice cream or lemon jelly.

Supper: Cold meat, potato salad, canned fruit, cake or hot biscuits.

MONDAY

Breakfast: Same each day.

Dinner: Soup, corned beef and cabbage, potatoes, turnips, rice pudding.

Supper: Liberty steak, potatoes with jackets, spaghetti and tomatoes, fruit and cake.

TUESDAY

Dinner: Soup, lamb stew with potatoes, onions, carrots and tomatoes, tapioca pudding.

Supper: Corned beef hash or meat pie, fried potatoes, cake and stewed prunes.

WEDNESDAY

Dinner. Soup, roast lamb with gravy, mashed potatoes, peas, bread pudding with raisins in the winter, ice cream in the summer.

Supper: Cold meat, creamed potatoes, cold slaw, fruit and cake.

THURSDAY

Dinner: Soup, pot roast, potatoes, succotash, lemon jelly.

Supper: Liberty steak, baked potatoes, fruit and cake.

FRIDAY

Dinner: Clam chowder, cod fish, halibut or Spanish mackerel, boiled potatoes, stewed tomatoes, corn starch pudding.

Supper: Baked beans creamed potatoes, fruit and hot biscuits.

SATURDAY

Dinner: Soup, roast pork with apple sauce in winter, roast lamb in summer, corn or peas, mashed potatoes, rice pudding.

Supper. Meat pie, potatoes, fruit and cake.

Note.—In season, spinach, beet tops, carrots, tomatoes, strawberries, watermelon, occasionally.

St. Luke's Hospital, Fargo, N. D.
(Submitted by Superintendent A. O. Fonkalsrud and Miss Burmeister, dietitian.)

Sunday, February 8, 1920.

Breakfast	Dinner	Supper
Grape fruit	Clear tomato soup with crackers	Baked potatoes
Post Toasties with cream and sugar	Lamb roast	Bread and butter
Toast	Mashed potatoes and gravy	Cr. meat on toast
Bacon	Creamed peas	Beet salad
Coffee	Coffee	Baked banana
	Ice cream and wafers	Cake
		Tea

Wednesday, February 11, 1920.

Breakfast	Dinner	Supper
Apricots	Macaroni soup with crackers	Scalloped potatoes
Cream of wheat with cream and sugar	Beef roast	Baked eggs
	Potatoes and gravy	Rice boiled in milk

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Poached egg on toast Buttered toast Coffee	Buttered carrots Bread and butter Washington pie with whipped cream Coffee	Baked apples Coffee or milk Bread and butter

Friday, February 13, 1920.

Breakfast	Dinner	Supper
Oranges Oatmeal with sugar and cream Toast Bacon Coffee	Vegetable soup with crackers Baked halibut steak Mashed potatoes Rutabagas Bread and butter Chocolate blanc mange Coffee	Creamed potatoes Cold meat Fruit salad Pear sauce Bread and butter Cocoa

The Alabama Insane Hospitals. Tuscaloosa.

(Submitted by Dr. W. D. Partlow, superintendent.)

Menu—February 10, 1920, Diet Kitchen.

Breakfast: Grits, biscuit, steak, coffee with milk and sugar.

Dinner: Roast beef and dressing, boiled meat and cabbage, Irish potatoes, corn bread and light bread.

Supper: Tea with milk and sugar, grits, biscuit, roast meat, molasses, butterine.

Menu—February 10, 1920, Main Kitchen.

Breakfast: Hash, grits, light bread, and coffee with sugar.

Dinner: Boiled meat, cabbage, corn bread and light bread.

Supper: Grits light bread, molasses and butterine.

Menu—February 13, 1920, Diet Kitchen.

Breakfast: Coffee with sugar and milk, rice, steak and biscuit.

Dinner: Roast beef, boiled meat and cabbage, lye hominy, pickle, corn bread and light bread.

Supper. Roast meat, tea with milk and sugar, rice, biscuit, molasses and butterine.

Menu—February 13, 1920, Main Kitchen.

Breakfast: Coffee with sugar, beef hash, rice and light bread.

Dinner: Boiled meat, lye hominy, corn bread, light bread, molasses.

Supper: Tea with sugar, rice, light bread, butterine and molasses.

By Louis Boonshaft, M. D., Assistant Medical Director, Oaks Sanitarium, Los Gatos, Cal.

Feeding sick people is one of the most serious and difficult problems confronting dietitians in hospitals the world over.

It is almost impossible for any hospital to satisfy each and every patient as far as food is concerned.

I believe that nearly every hospital buys the best food supplies that can be had on the market, and endeavors to prepare the food in the best possible manner, so that the patient will derive the greatest amount of nourishment.

Some patients will complain about the food, no matter what you give them or how well it is prepared, because they have been accustomed to home cooking, which is prepared especially for them.

We know that it is difficult for hospitals to prepare foodstuffs for individual tastes, because of the different classes of people whom they are called upon to handle. Different nationalities are accustomed to their peculiar kinds of cooking, and no hospital is prepared to do cooking for the individual taste. Certain conditions or diseases require special foods, such as the patient has never had, and if it is not to his liking he complains, without taking into consideration the fact that that particular foodstuff is to help him combat his disease.

My experience has been largely with the tuberculous patient in private institutions, and the food problem is one of the most important things we have to deal with; the kitchen is the real laboratory of the institution.

People with tuberculosis who remain in a sanitarium for a long period soon get tired of the food that is served if the menus are not constantly changed and if there is not a large variety of food. The patient who is improving and who has good power of digestion very seldom complains; it is the individual who is not improving, whose power of digestion is poor, who is irritable and nervous, that is constantly complaining about the food; but it is not the fault of the food; it is the fault of the individual himself and his condition.

The medical director or superintendent of a hospital should frequently discuss the food problems with the dietitian and the chef, in order to obtain the best methods for preparing and serving food.

The small private hospital has the advantage over the large public hospital in the matter of satisfying the individual's desire for certain food, because the dietitian can visit patients frequently and discuss their diets with them. The method pursued at our sanitarium is as follows:

The chef makes up a menu for dinner and supper for the day and for breakfast the following morning. All patients that are on regular diet are visited daily by the dietitian and they are allowed to choose what they want from the menu. All special diets are prescribed by the physician.

By allowing the patient to make his own choice from the menu, we avoid practically all complaints.

We use tray service exclusively.

A great many patients with tuberculosis who are treated at home and are given all sorts of food will, in spite of home cooking, gradually become worse; they are then moved to a sanitarium and after a few months they will improve and gain weight, in spite of the fact that they are constantly complaining about the food served them.

In conclusion:

Hospital food in general is of the best quality and well prepared.

Patients sometimes complain without there being any cause.

Private hospitals can cater to the individual taste much better than public hospitals.

Chicago Dietitians Elect

Owing to the influenza epidemic and illness among the members as well, the February meeting of the Chicago Dietitians' Association was not held. Action to this effect was taken at the meeting January 21 in the Red Cross rooms, Garland building, at which the following officers were elected for 1920:

President, Miss Emily Milliken, dietitian, Wesley Memorial Hospital; vice president, Mrs. Madeline Mehlig, chairman Central Commitee, Red Cross; secretary, Miss Rose Straka, assistant dietitian, Presbyterian Hospital; treasurer, Miss Emma Aylward, stewardess, nurses' home, Presbyterian Hospital.

Miss Florence Olmsted, who has charge of the Northwestern University Medical School dispensary, spoke at the January meeting on dietetics, illustrating her talk with pictures of children before and after they had been benefited by the treatment. The Infant Welfare Society was praised by the speaker for its assistance in connection with the work among children.

A discussion followed which included a review of the course of study for student dietitians. This had been taken up in detail at the previous meeting as efforts are being made to standardize the course.

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Vocational Training for the Tuberculous

New Plan of Municipal Tuberculosis Sanitarium Of Chicago Is Developing Excellent Results

By John Dill Robertson, M. D., Commissioner of Health, Chicago

For many years the treatment prescribed for tuberculosis was complete rest and fattening foods. The sanatoriums insisted upon the patient's sitting still or lying still all of the time. They fed him great quantities of milk and eggs. For a while it was generally believed that this treatment had solved the problem of tuberculosis; the patients made amazing gains in weight, and it was assumed that every gain in weight meant a corresponding gain in resistance to disease.

THE CLASS IN TAILORING

Time proved that such was not the case. When these patients left the institution and returned to active life, one of two things happened in the great majority of cases: either they reactivated their disease, or they soon succumbed to some other disease because of their lack of resistance to contagions or infections.

Herman Brehmer included graduate exercise in his treatment of tuberculosis at his sanatorium some sixty years ago. Later, Dr. Patterson, of Frimley, England, tried out a system of graduated labor with his patients, most of whom were from very wealthy families. He had them carry stones from one place to another and back again; carry a basket of earth back and forth, etc.

Dr. Patterson found that the exercise stimulated the cells of the body to create antibodies that were antagonistic to the tubercle bacillus and the products of its metabolism. He found, too, that exercise produced deeper breathing, and gave tone to muscles and to blood vessels.

Dr. Edward S. McSweeny, of the New York State Department of Health, decided that if carrying a stone from one place to another was beneficial, there was no reason why properly selected useful work should not be beneficial. While he was superintendent of the Otisville Sanatorium, he worked out a system defining some sixty occupations to which patients were assigned in work units. All work was done, of course, under the close supervision of the attending physicians.

Most of the sanatoriums of the country have departed from the program of absolute rest. Some of them have instituted a program of graduated labor, others a system of graduated exercise. The results so far all tend to show that the majority of cases arrested by means of treatment that includes some form of graduate exercise during the interval following the febrile stage, whether exercise proper or labor, are likely to remain quiescent as long as the patient adheres to a common sense program of living; while a case arrested by means of the absolute rest treatment is more likely to become reactivated when the patient leaves the sanatorium.

It is generally conceded nowadays that almost everybody becomes infected with tubercle bacilli at some time during his life. This does not mean that everybody has tubcerculosis at some time during his life, for being infected with the tubercle bacillus is one thing, and having tuberculosis is another.

The probabilities seem to be that we are infected with the disease during the early years of childhood; that this infections provides all that survive it with a varying degree of immunity; and that this immunity breaks down under undue strain such as is caused by overwork, malnutrition, period of too rapid growth, illness, dissipation, etc.

When the Directors of the Municipal Tuberculosis Sanatorium of Chicago decided, in the summer of 1917, to depart from the absolute rest treatment, they instituted a system of graduated labor. They began by having the patients that were well enough to live in cottages take care of their own cottages. There are eighteen of these cottages, and the Sanatorium had always employed six janitors to keep them clean. The work of these six janitors was divided among twenty-five patients.

These twenty-five patients were under the close supervision of the sanatorium physicians. No one of them worked more than two hours per day, yet it was soon evident that they were keeping the cottages cleaner than the janitors had done. It was also evident that the discovery that they could do a little actual work without physical injury to themselves cheered them tremendously, and materially assisted in their cure.

The present age is marked as an age of utilization of what was once thought waste. Often the income from by-products in the industrial world is greater than the income from the product itself. The Standard Oil Company advertises that it produces more than three thousand by-products—dyes, explosives, drugs, etc.

All of the great countries of the world have been paying especial attention to the undertaking of so utilizing the period of enforced rest on the part of their wounded that these men might be able to return to the industrial world better equipped than they were when they left it.

The Directors of the Chicago Municipal Tuberculosis Sanatorium felt that there was no reason why those

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crippled in the industrial world should not have the same chance as those crippled in the military world. They believed that the man wounded by shrapnel is no more surely wounded than the man wounded by the tubercle bacillus. They consequently established a Vocational School at the Sanatorium.

COMMERCIAL SUBJECTS ARE INCLUDED

This school did not meet with particular favor from the patients. They were suspicious of it, and seemed to think that some attempt was being made to exploit them. Some of them had been in the Sanatorium more than three years, and their morale was the sort that could be expected under the circumstances. They had had nothing to do except eat, sleep, and sit around discussing their cases and their grievances; and they were Bolshevistic in disposition.

People suffering from tuberculosis are naturally inclined to be melancholy. Idleness breeds discontent and irritability even in the well. Tuberculosis people that are compelled to be absolutely idle are most difficult to deal with.

Unless the patient brought with him some strong incentive to get well, the physicians at the Sanatorium worked under difficulties in attempting to cure him. It was hoped that the interest of studying a new subject, together with a desire to return to the outside world able to be self-supporting, would create an incentive to get well on the part of all enrolled in the Vocational School. The results have justified this hope.

The school started out modestly with classes in dressmaking, tailoring, and dietetics. These courses were opened first because they required no equipment other than that already on the Sanatorium grounds. The classes in dressmaking and tailoring found the material for their work in the roomful of slightly worn clothing collected for the use of needy patients by the Service League.

Some of the patients at the Sanatorium have been there for years, unable to earn anything. Many of them had spent every cent of their savings before they sought institutional care. Many of them are the wage-earners of the family. All of these people must be clothed. The Service League collects clothing for this purpose, but almost every garment needs altering to make it fit. A patient that had been an expert tailor was put in charge of altering and remaking the men's garments; one that had been a dressmaker was put in charge of remaking the women's garments.

There was, also, plenty of material at hand for a course of dietetics. When you consider that the Sanatorium feeds each day twenty different nationalities; that each of these peoples has been accustomed not only to eat different kinds of food, but also to prepare it in different ways; that food must be served day after day upon a weekly or a monthly schedule; that it must be cooked in large quantities when you are feeding over a thousand people per meal; and that the Sanatorium attempts to give each patient a balanced ration in line with the best modern scientific thought for the feeding of tuberculosis patients: when you consider all this, you will realize that the student of dietetics would not want for material to work on. Then you will have to consider the further facts that there are patients varying in age from a few weeks to sixty years; that some of these patients have nephritic conditions, diabetes and other metabolic and constitutional diseases as well as tuberculosis; that these patients vary from the bedfast, through all stages of the ambulatory to those almost ready to be dismissed as cured.

You will have to consider, also, that these patients not only want different foods, prepared in different ways; but also meats killed in different ways, for many of the patients are Jewish and must have kosher meat, as well as unsalted butter, and foods free from lard or other porcine products.

As soon as possible the directors secured telegraph equipment and installed as instructor a patient that had been a telegrapher. The telegraph companies were then approached, and they readily promised to give employment to all that finished the course. The railroads, in turn, promised to place those that desired it in localities that are considered particularly beneficial to the tuberculous—parts of Colorado, Arizona, New Mexico and Southern California.

With this encouragement many patients enrolled. It soon became evident, however, that only the young were able to master the subject. So far two patients have graduated from the course and have been given work, and there are five others ready to graduate as soon as the physicians pronounce their cases arrested.

An interesting incident occurred in this department recently. There was in the class a fourteen-year-old orphan girl who was making unusual progress. Just two weeks before she would have finished her course, she was pronounced cured by the attending physician in charge of her case. She asked permission to stay long enough to finish her course, because without it she had no means of support. This permission could not be granted, because the waiting list of those desirous of entering the Sanatorium is always so long that no one can be retained after his case is arrested. The authorities in charge, however, gave the girl a pass that enabled her to attend her classes each day.

A course in typewriting and stenography was started about the same time as the course in telegraphy. This course is another that has appealed particularly to the young patients. One of the first students finished his course before his case was arrested, and he is at present in charge of the work. He is so well aware of the benefit

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that he derived from the course that he is a most enthusiastic missionary for the school. He has gone out into the cottages and urged the merits of the course upon the skeptical, until he now has an enrollment of thirty pupils, with the prospect of many more in the near future. As one talks to him, one gets the impression that he can think of nothing more fearful than sitting still on the porches wondering what you can possibly do for a living if you ever do get well.

STUDYING CABINET-MAKING

Two courses that contribute greatly to the morale of the patient body are the courses in barbering and in beauty culture. The pupils in these classes get their necessary practice in work on the patients. It is easy for anyone to realize the value to the pupils of learning such lucrative and comparatively easy work as these two vocations offer; but only a psychologist can properly appreciate the value of their ministrations to the patients.

Any patient that wants his hair cut or that wants a shave need only go to the barber shop to get it for nothing. He will get more, too, for one cannot get near the patient in charge of this work without being affected by his enthusiasm for his work. The school world outside would give much to secure instructors with such absolute faith in their mission in life.

Any woman that wants her hair shampooed or curled, that wants her nails manicured, or that wants her face massaged need only go to the lovely, white-tiled beauty shop to get the desired service free.

In addition to the work in the shops, both of these departments send their advanced students into the wards to minister to the bedfast patients. There is nothing that will so put heart into a bedfast patient as a little beautifying, whether by means of massaging, hair-dressing, manicuring, shaving, or hair cutting.

All work done in the school is under the direct supervision of the attending staff of physicians. They decide when the disease has reached such a stage that it is safe for the patient to depart from the absolute rest treatment —for absolute rest is still believed necessary during the febrile stage of the disease. They determine the number of hours that a patient may study, and they keep close watch of each student to determine whether the course is benefitting him or not.

Each prospective student has the advice of the Director of the School and of the staff of Vocational School instructors as to what course he can most advantageously take up. If he tries a course and finds that he cannot adapt himself to that particular work, he is allowed to transfer to another course. If the physicians feel that his previous employment was such that he can return to it after he leaves the Sanatorium without danger of reactivating his case, he is encouraged to take up some course that will interest him as a hobby.

The School is much handicapped at present by the fact that it has to be housed in corners here and there instead of in properly equipped schoolrooms. This is a condition, however, that the Board of Directors of the Institution hope soon to rectify.

One of the most useful courses given is that in English. The patients at the Sanatorium are largely foreign. Many of them do not speak English to enable them to enter the regular vocational courses.

At present the greatest problem confronting America is the assimilation of the foreign-born portion of the population. This problem would be greatly simplified if all of these people could speak and could understand English. It really seems a waste of opportunity to allow any of these people to be present in any institution belonging to the city or to the government without teaching them something of the English language. Tuberculosis would be far from a calamity for many of our patients if they learned the language of their adopted country while being treated for the disease. It really seems as if it would be desirable to require every patient that has passed the febrile stage of the disease to spend at least an hour daily in the study of the English language or in the study of civics.

As a matter of fact, the Vocational School bids fair to make of tuberculosis a blessing in disguise. One of the predisposing causes of the disease is overwork. Many of the adults among the patients at the Sanatorium were removed from school at an early age and put to work. Often they were not allowed time even for the learning of a trade. As a result many of them are from the ranks of the unskilled laborers.

The government estimates the average length of stay of the tuberculous soldier in the government hospitals as a little more than seven months. There is, of course, this difference between the government hospital and our Sanatorium—most soldiers are kept in the hopital until their cases are cured, or arrested, while in many cases patients are kept in our sanatorium only long enough to implant in them the habit of so taking care of themselves as not to endanger those with whom they come in contact. The chief reason for this difference lies in the difference in the number of persons concerned—the entire number of tuberculous soldiers in the United States hospitals was only about a sixth of the number of tuberculous persons in the city of Chicago. Because of the great number of tuberculous persons in Chicago, and the time and expense incident to a cure, our idea is rather to protect others from infection than to cure all those afflicted.

Nevertheless our treatment does result in a cure in practically all of the cases that we receive in the early stages of the disease (and all cases in the army were detected in the early stages, on account of the frequent and thorough physical examinations). It is fair to assume that

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the average stay at our Sanatorium of those whose cases are arrested is at least as long as the stay in the army hospitals. This being the case, there is sufficient time for a patient to learn a trade, such as tailoring, barbering, carpentering, telegraphy, animal husbandry, etc.

During the short time our school has been in existence there have already been cases where patients have left the Sanatorium prepared to make their living in easier fashion than they did before they entered the institution.

THE COURSE IN TELEGRAPHY

The barber school has graduated six men, one of whom had been a hod-carrier, another a janitor, and another a day laborer. These men are now able to make from fifteen to twenty dollars a week by working two evenings a week and Saturdays.

The school does not overlook the man of exceptional ability. He may go into the drug room where the druggist mixes up prescriptions calling for anything from an ounce of medicine to a barrel of it, and there he may study pharmacy under the most favorable conditions. He may go over to the X-ray room where he may learn photography and X-ray work. He may study electricity; or he may study routine laboratory work. Other courses will be added as a demand arises for them.

The Vocational School does not spend all of its energies upon those that can be returned to the regular life of the community. There are some cases of tuberculosis admitted to the Sanatorium in advanced stages where the patient remains a positive sputum case. It is not safe for these patients to go out into the city where they are a menace to the health of thousands of people that may come into contact with them at work, on the streets, in the street cars, etc. This, however, seems no reason why these persons should be condemned to a life of uselessness that will so depress them as to hasten their deaths. One such case recently graduated from the barbering school and secured a paying position as barber to the tuberculous patients of the Cook County Hospital.

Nor does the School neglect those too young to take up the study of a trade. They are taught, in addition to the regular school subjects, toy making, rug making, and such like. It is planned to introduce these subjects into the wards for the benefit of the bedfast patients, for the object of the School is therapeutic, although so closely interdependent are the divisions of our modern life that there can be no therapeutic value without its corresponding economic value.

Just what the patients themselves think of the School now may be inferred from the following incident:

A student in the school of pharmacy received a legacy and decided to take a rest. After he had returned to the absolute rest treatment for a month or so, he had his first hemorrhage, followed in a day or two by a second.

"If that guy had stayed in school that wouldn't have happened to him," is what his cottage mates had to say about the occurrence.

The attending physicians did not, of course, concur in this opinion; but the incident shows how radically the patients have changed their attitude toward the school now that they have had a year in which to observe its workings.

In theory there is nothing new about the School, for theory is everywhere ahead of practice. Two hundred and fifty years ago, John Evelyn advocated the abolishing of the smoke nuisance as a means of combatting tuberculosis—although he called it by its old name of consumption.

For many years the theorists have held that the effects of mental condition upon disease have great influence—we are all familiar with the classic example of the man who became desperately ill, after a half dozen people told him he looked ill. And for years we have known that inactivity bred discontent and despair. For years there has been discussion of the sorts of activity that could safely be introduced into tuberculosis sanatoriums.

The departments in which vocational training is now being given include the following: Laboratory work, pharmacy, X-ray and photography, nursing, dietetics, English, commercial training, telegraphy, electricity, agriculture and horticulture, needle work, tailoring, hairdressing, barbering and shoe repairing.

Government Returns Hospital

St. Mary's Hospital, Hoboken, N. J., which was taken over by the government during the war as Embarkation Hospital No. 1, has been released by army authorities and has resumed operations for the city.

1,000 Bed Hospital for Detroit

Plans have been submitted to the Detroit department of health for a new general municipal hospital of 1,000-bed capacity which is to cost $3,500,000. The institution will serve as a health center for the entire north end district, according to Dr. Henry F. Vaughan, health commissioner.

Mt. Sinai Addition to Cost $700,000

Plans for a $700,000 addition to Mount Sinai hospital, New York, have been filed by A. W. Brunner, architect. The building will be seven stories high and located on the east side of Fifth avenue, between Ninety-ninth and One hundredth streets.

New Lutheran Hospital for Chicago

Plans are being prepared for a 200-bed hospital, costing $350,000 to be erected on Haddon and Kedzie avenues for the Lutheran Hospital Association, Chicago.

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Meeting the Problems of Standardization

"Sell" the Idea to Hospital Personnel and Obtain Cooperation—Suggestions as to Laboratory and X-Ray Service

By Frank E. Chapman, Superintendent, Mt. Sinai Hospital, Cleveland, O.

The term "Standardization of Hospitals" is more or less of a misnomer, as, strictly speaking, the operation of hospitals cannot be standardized by very reason of the nature of their work, and the different fields of activity covered in various parts of the country. As a matter of fact, all standardization programs have had in mind, primarily, not the *standardization* of hospitals as the term "standardization" is understood by the world at large, but the *improvement* of hospitals.

By far the most important factor in the standardization of a hospital, or in the improvement of its practice, is the establishment of a morale in your personnel that will make such an improvement possible. This morale can be established only by a very intensive educational program, carried on through a period of months, and possiby years, by your administration. It is, therefore, incumbent that your administrative officers be thoroughly imbued with the ideals of the program and the necessity for it, and that they formulate a policy for the purpose of attaining these ideal conditions, not only among the medical staff, but among the nursing and other personnel of the institution, thoroughly imbuing them with the purpose of the work, taking them into your confidence, explaining the various steps necessary, and insisting that there be a thorough co-ordination of thought toward a common end.

If your program is successful, there will be no necessity for insisting, because you will have instilled in the minds of all the fact that if the institution is to succeed (and incidentaly the personnel working within its walls), and if it is to render a maximum of service to its clientele, the fundamental points laid down in any program must be adhered to strictly.

HAVE STAFF MEETING

It is suggested that one way of accomplishing this is by calling together all of the medical men practicing within the institution, and, to use a commercial expression, selling them the idea or the ideal that you are working to, asking them to elect from their own membership a representative group of, say, three men, these men to have the power to arrange with the administrator for the establishment of very definite technique for given procedure, to the end that the institution's performance may be uniform for all working in the institution. This group may also be empowered to work up rules and regulations for the medical care of patients, the establishment of certain laboratory technique, etc., in order that the administrator may know what the desires of the staff are.

Please understand that this does not necessarily mean a closed staff organization. If these men are chosen wisely, a great part of the problems of the administrator are solved, in so far as the medical staff is concerned, for by the very reason of the fact that they feel that they have representation in the formulation of a medical policy, they will be more willing to comply with the law as laid down, after it has once been formulated. This is a fundamental that applies in hospital work, just as it applies in any other walk of life.

By the very nature of the work, the medical phase of the situation offers the greatest number of difficulties, and I am, therefore, going to present seriatim the various problems that I think are necessary of solution before much improvement can be hoped for in hospital practice.

By far the most important of these problems is the securing of the proper kind of medical men to practice in the institution. Hospitals are looked upon by communities as offering the last word in medical practice for the community. It is essential that the hospital accept its obligation in full, and know that the men practicing medicine within its walls are efficient, conscientious, and of such caliber generally that there be no apologies necessary for any of their performance.

SURVEY DOCTOR'S WORK

It is important, therefore, that hospitals select very carefully the men who are to be given the privilege of practicing in the institution. This cannot be done in a slipshod manner. Such a selection must be based upon a continuous surveillance of the work of the members of the staff, and an analysis of their end results, based upon a recorded statement of their performance, and not by the analysis of isolated, unfavorable conditions. If this is to be done, we automatically go to the next step in the medical problem, i. e., the proper medical records.

Is your imagination sufficiently vivid to conceive of a manufacturing establishment doing a business of over ten thousand dollars a year without proper records? It is hardly possible to do so. Yet the statement is made without any possibility of contradiction that not 25 percent of the hospitals of this country maintain a medical record worthy of the name. The handling of inanimate things, such as steel and coal, require exhaustive cost sheets, production sheets, statements of bills payable and bills receivable. Any expense necessary to secure such statements of performance is perfectly justifiable in the mind of the administrator. If there is demonstrated a need for such production sheets, statements of cost and balance sheets in the handling of human life, would not any expense commensurate with the good received be justifiable? Is it not just as important to evaluate the product of a hospital as it is to keep a record of its financial performance, which, after all, is only incidental to the real function?

Assuming that it is important that these things be done, the next question, is, how are they to be done? In the large metropolitan hospital of apparently unlimited means, the solution of this problem is a very simple one, by reason of the fact that there are interns, medical stenographers and a full equipment of personnel. There-

From a paper read at the 1919 convention of the Ohio Hospital Association.

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fore, I do not propose to attempt to solve the problem for them. The problem hardest to solve is that of the small institution that finds it difficult by reason of the scarcity of young medical men, to secure interns, and has to rely upon the routine medical practice being performed by members of its staff. It cannot be expected that the busy practitioner of medicine do all the detailed recording that is necessary in the care of the simplest of medical or surgical cases.

HANDLING MEDICAL RECORDS

It is in such a performance that the trained hospital worker can be employed with exceptional results. It is not meant that any one can do this character of work, but if a young woman (preferably a nurse) who is interested in this line of work can be properly trained, her services could be made almost invaluable to an institution. The detailed part of the initial history, such as a statement of previous and present illness, can very easily be taken by such an assistant. In addition she can accompany the physician on his rounds, take notes and transcribe in detail his physical findings. A great many physicians employ such assistance in their own offices very satisfactorily. It is equally satisfactory in institutions. If the institution is too small to supply such an individual with full-time work, her services can be used in the laboratories. As a matter of fact, plenty of use can be found for all of her time.

It is only in this manner, or by the use of a dictating machine (and such a machine requires an individual to transcribe the notes), that one can hope to get a detailed statement of the patient's condition as a matter of record in the institution.

To do all this it is necessary that there be an absolute accord on the part of the medical men as to the necessity for it. To make these records efficient, a minimum requirement would be about as follows:

1. Complaint, in patient's own words.
2. Family history.
3. Personal history in detail.
4. Physical examination in detail.
5. Detailed operating room notes.
6. Detailed progress notes.
7. Detailed laboratory and X-ray findings.
8. Bedside and nursing notes.
9. Discharge notes and diagnosis.

If these are secured, visualize if you please the ease with which the patient's progress in the institution can be watched. If this is a fact, are the records not productive of a more efficient performance?

Furthermore, if the institution is to do scientific medical work and report it, a recorded performance is an absolute necessity, for it is only by observation in detail of a series of cases that a medical fact can be established. It is assumed, of course, that all institutions will want to do a greater or lesser amount of this work.

LABORATORY SERVICE ESSENTIAL

Medical practice has made such rapid strides in the past few years that it has been exceedingly difficult for hospitals to keep abreast of the times, and this is especially true in the laboratory phase of the work. A few years ago there was very little, if any, necessity for laboratory confirmation of clinical findings, but today the up-to-date practitioner of medicine insists upon every known means of checking his clinical findings before subjecting his patients to a radical medical procedure.

Therefore, by reason of the fact that hospitals are the medical center of the community, it is incumbent upon them to furnish to the medical man all of the pertinent requirements for confirmation of diagnoses. To do this, the very mediocre laboratory development that exists in most hospitals is absolutely inadequate to meet the demand, and must be enlarged very materially if the hospital is to improve its performance.

Again it is the small hospital that offers the hardest problem. In the large institutions, where the volume of work is great, the services of a competent laboratory man can be secured very easily. In the small institution, howers, with a small volume of work, the type of man that would be attracted by the position is not the type of man that your attending staff can place absolute confidence in, and, therefore, it is necessary that some other solution be offered.

First, let us take up the routine work. Most large laboratories today depend in a very large measure upon technical assistance to do certain work. Ordinary urine work, some blood work, Wasserman, etc., are for the most part done by technicians. There is no reason why this cannot be done in small institutions. If there is no one in the community capable of doing the more delicate work, such as chemical and section works, etc., then it is incumbent upon the hospital to make working arrangements with some laboratory in near-by centers, either connected with hospitals or otherwise, for the rendering of such laboratory service as they are incapable of furnishing themselves.

Can you conceive of a hospital constructed without an operating room? Do you realize that the maintenance of the operating room is very expensive and a considerable part of your per capita cost? Will you not admit that with today's high standard of medicine a properly equipped laboratory is just as essential as a properly equipped operating room? Therefore, if the operating room expense is necessary, so is the laboratory expense.

CHARGE ALL FOR SERVICE

It is suggested that if it is necessary to make some definite financial arrangement, an estimate be made of the per capita cost for laboratory service for a year, and that every patient admitted to the institution have this charge assessed on admission, with an explanation of why it is made. As an illustration, if your laboratory will cost $4,000, and you admit 2,000 patients, if you will add two dollars to the per diem rate for your patient at the time of admission, and then give those patients everything that is indicated, you will be in as good financial condition at the end of the year as before, and in addition to this render a medical service that cannot be compared with a previous performance.

It is further suggested that it is not right to penalize scientific medicine. To specifically illustrate what is meant: Patient A may need a stomach analysis. Patient B may need the same procedure. Patient A is perfectly able to pay, and the doctor has no hesitancy whatever in ordering that a stomach analysis be made. Patient B, in all probability taken care of by the same doctor, is not in

(Continued on Page 70)

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Number of Ward Pay Patients Increasing

Report of United Hospital Fund of New York Shows Effect of Industrial Conditions—Ward Costs Up to $3.17

The fortieth annual report of the United Hospital Fund of New York, for the year ending September 30, 1919, is worth particular study by hospital administrators throughout the country because of its exactness and uniformity and the great amount of detail used in its compilation, and also because of the sidelights it throws on service, management, operating expenses, revenue and other important subjects in connection with hospitals.

Hospitals which are members of the United Fund include forty-six institutions.

Significant facts brought out by the report include the following:

The number of paying ward patients has practically doubled in the past seven years, due to improved economic conditions, and during the same time the number of free patients has decreased by about forty-one per cent. The percentages for private patients and public charges have maintained about the same relative proportions.

The cost of service to all patients has increased 58 per cent in five years.

During the war the cost of ward patient service jumped 30 per cent, from $2.33 per day for general hospitals in 1916 to $3.17 in 1918.

Administration expenses have dropped twenty-five per cent, and dispensary costs about ten per cent, but expenses for professional care and house and property maintenance have risen, while the total earnings of institutions in five years have increased only about three per cent.

The total cost of operation of the hospitals reporting to the United Fund in 1918 was $9,073,065.05, and the income $8,821,203.50, leaving a deficit of $251,861.55.

The United Hospitals' free service in 1918 amounted to 1,282,079 hospital days, 52 percent of the service being of this nature. The total number of hospital days was 2,443,562.

The ratio of hospital beds to population in Greater New York is one to 212. There are 134 hospitals, with 28,208 beds, the ratio being based on a population of 6,006,794.

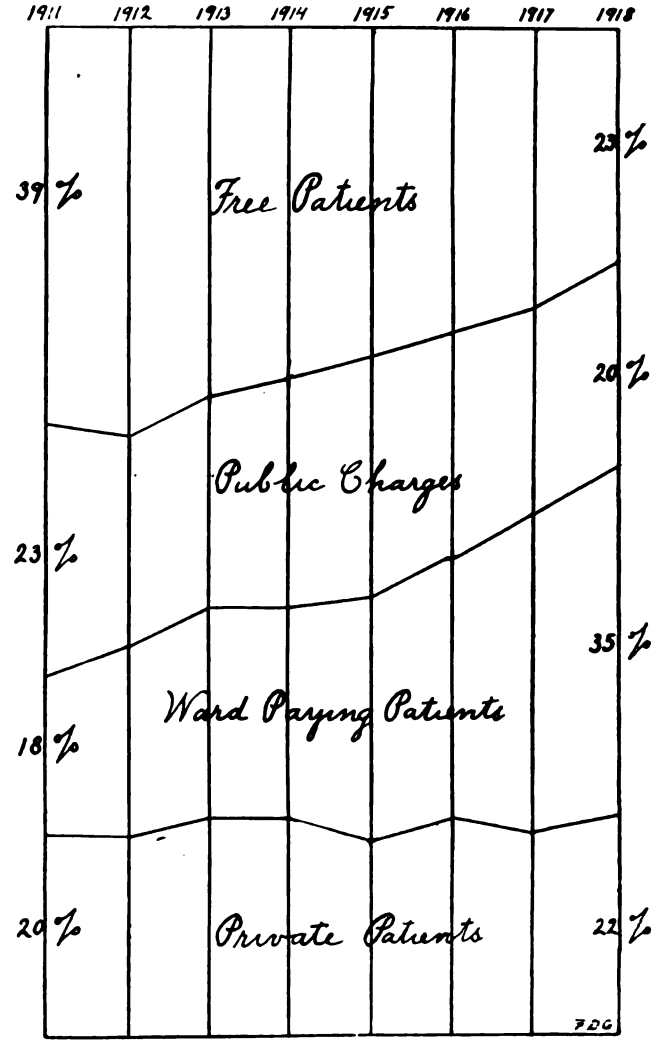
DECREASE IN FREE SERVICE

The 41 percent decrease in the number of free patients served in 1918 is ascribed to two causes, the inadequate support given hospitals in the face of rising costs, which forced a curtailment of free service, and improved economic conditions among those who formerly sought free service.

These improved conditions, including an abundance of work at good wages, have brought those who formerly were free patients into the wards as pay patients.

"This shows," says the report, "that working people are not inclined to impose on the hospitals. Unfortunately, thousands who need hospital care fail to seek it because they feel unable to pay full rates, and do not wish charity."

The report points out that the splendid facilities of the hospitals have hitherto been at the service chiefly of the well-to-do and the poor. The former can have their private rooms and pay large professional fees. The latter are treated in the wards, where no professional fees are allowed. For the great middle class, who would gladly make a moderate payment for medical and surgical care, in addition to the ward rate, there is no middle ground. An attempt to meet this through semi-private wards has been begun and should be extended, adds the report. Similar provision for people in moderate circumstances who are now forced to accept free dispensary service should be made in pay clinics, which have been successfully tested.



THIS CHART SHOWS CLASSIFICATION OF PATIENTS

In the space of seven years free patients in the hospitals have dropped from 39 percent of the total percentage to 23 percent. This change in the relative proportion of patients is exceeded only by the change in ward paying patients, who have almost doubled in relative numbers since 1911. In that year those paying for service in wards were 18 percent of the total number of patients, while 1918 saw an increase in this class of patients to 35 percent, nearly 100 percent more than seven years ago.

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Practically no change was noted in the number of public charges, which was 23 percent in 1911 and 20 percent in 1918, or in private patients, who numbered 20 percent in 1911 and 22 percent for the year of the latest report.

The following analysis of hospital patients as to payment is taken from the United report:

	Private Patients		Ward Paying		Public Charges		Pay Nothing	
1911	18,814	20%	16,510	18%	21,184	23%	37,599	39%
1912	22,180	20%	19,031	19%	20,636	21%	43,772	40%
1913	25,253	22%	23,545	21%	23,443	21%	41,195	36%
1914	26,348	22%	25,169	21%	28,388	23%	41,086	34%
1915	26,561	20%	31,140	24%	32,130	24%	42,784	32%
1916	30,384	22%	33,433	25%	31,855	23%	40,741	30%
1917	31,477	21%	47,343	31%	30,847	20%	41,988	28%
1918	31,732	22%	52,089	35%	29,245	20%	34,356	23%

The United report is based on figures from annual reports of affiliated hospitals, which are submitted on uniform schedule blanks showing in detail the work, income and expenses of the institution for the preceding year. Standards of the Fund provide that the hospital

1. Must be duly incorporated.
2. Has had for three years not less than thirty-five ward beds.
3. Has given during the same period not less than 5,000 days of free service per year.

The report of the executive committee of the Fund states that the organization, starting with 19 hospitals in 1879, now embraces 46. The number of patients treated the first year was 6,688, compared with 147,422 in 1918. The annual receipts have grown from $26,455.07 to $221,535.14. The total amount raised from the beginning is $3,285,413.33.

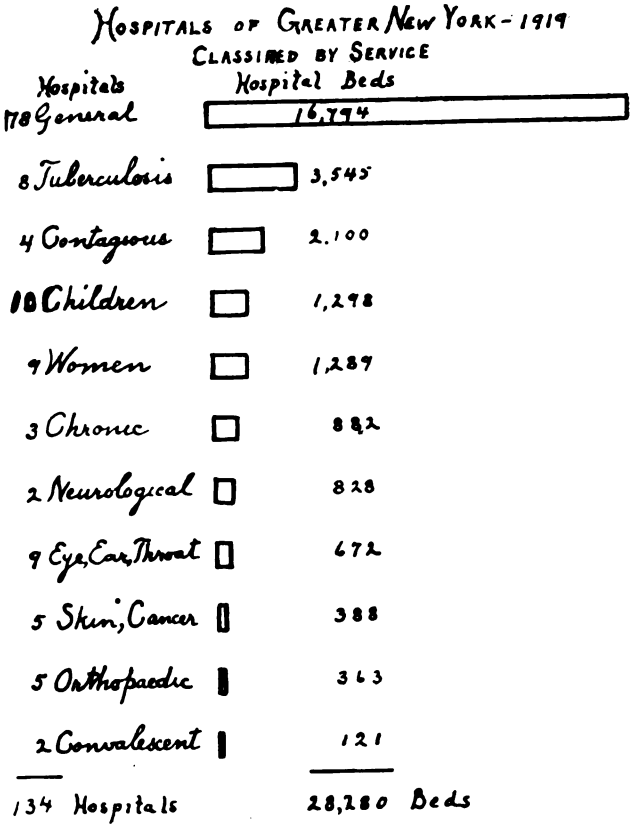
HOSPITALS NEED GIFTS

"And yet," continues the executive committee report, "this large total is equal only to about the sum which the United Hospitals now must raise annually in voluntary gifts to supplement their receipts from paying patients and from endowments, and thus make their income equal to their expenses."

The report explains that the moderate sums raised in previous years do not represent all the service the Fund has rendered the hospitals. It has done valuable educational work by promoting accurate hospital records and clear financial statements on a uniform basis which permit intelligent comparison. It has gathered and published annually the significant facts as to the work and needs of the hospitals, and has thus also stimulated giving to the hospitals.

Regarding the magnitude of the hospital problem in New York the report points out that 180,000 people, on an average, are sick every day, and it is estimated that only one in ten who now need hospital care gets it. Although there are 28,208 hospital beds in New York and new hospitals are continually being established, crude equipment and poor management, it is declared, are nullifying much of their efficiency.

"As the need of hospital care is far beyond hospital facilities," says the report on this point, "it is imperative that there be wise hospital planning for the whole city and the largest return for every dollar spent, whether tax money or gift."



HOW HOSPITAL BEDS ARE DISTRIBUTED

The United Fund classifies the hospitals of Greater New York for 1919, according to service, as follows, omitting, however, U. S. naval hospitals (1,350 beds), private sanatoriums (1,309 beds), and institutions for the insane (8,004 beds), a total of 10,663 beds:

Service	Hospitals	United Hospitals	Municipal Hospitals	Other Hospitals	Total Beds
General	79	4,473	6,612	5,733	16,818
Tuberculosis	8	138	1,934	1,473	3,545
Contagious	4	.....	2,100	.....	2,100
Children	10	488	.....	810	1,298
Women	8	1,159	.....	34	1,193
Chronic	3	882	.....	.....	882
Neurological	2	88	740	.....	828
Eye, Ear, Throat	9	501	.....	171	672
Skin and Cancer	4	188	.....	200	388
Orthopedic	5	310	.....	53	363
Convalescent	2	121	.....	.....	121
	134	8,349	11,386	8,474	28,208

The amount distributed in 1918 was $211,510.53, $50,000 more than in 1917 and exceeding the 1916 total by $85,000.

The following statistics illustrate the work of affiliated hospitals in 1918, in comparison with the previous year, but on account of the government taking over Polyclinic

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EXPENSES OF UNITED HOSPITALS

	Administration	Professional Care	Departments	House, Property	Dispensary	Corporation	Total
1914	$445,954 (8%)	$1,427,290 (25%)	$2,179,639 (38%)	$ 834,754 (15%)	$493,320 (9%)	$278,464 (5%)	$5,687,194.60
1915	407,052 (7%)	1,634,358 (27%)	2,313,932 (39%)	855,547 (14%)	436,558 (8%)	286,185 (5%)	5,960,636.15
1916	485,673 (8%)	1,873,947 (27%)	2,648,855 (39%)	946,504 (14%)	578,727 (8%)	328,651 (4%)	6,862,359.59
1917	573,321 (7%)	2,332,914 (27%)	3,326,553 (38%)	1,338,134 (17%)	752,632 (8%)	306,298 (3%)	8,633,739.75
1918	569,621 (6%)	2,526,504 (28%)	3,493,654 (38%)	1,464,285 (17%)	699,790 (8%)	319,209 (3%)	9,073,065.05

INCOME OF THE UNITED HOSPITALS

	Earnings	Contributions	Interest	Total Income	Total expense	Deficit
1914	$3,113,534.82 (59%)	$1,153,726.43 (22%)	$1,030,394.49 (19%)	$5,297,655.74 (100%)	$5,687,194.69	$389,538.95
1915	3,475,879.98 (59%)	1,343,027.89 (23%)	1,079,870.30 (18%)	5,898,778.17 (100%)	5,960,636.15	61,857.98
1916	4,025,001.68 (62%)	1,367,318.75 (19%)	1,093,182.09 (19%)	6,485,502.52 (100%)	6,862,359.59	376,857.07
1917	4,807,418.09 (58%)	1,890,607.98 (23%)	1,579,281.32 (19%)	8,242,307.39 (100%)	8,633,739.75	391,431.36
1918	5,358,522.82 (61%)	1,925,750.82 (22%)	1,536,929.86 (17%)	8,821,203.50 (100%)	9,073,065.05	251.861.55

this institution is not included in the report for either year:

	1918	1917	*Gain †Loss
Total hospital days	2,443,562	2,411,213	*32,349
Free hospital days	1,282,079	1,357,862	†75,783
Free hospital patients	34,356	41,426	†6,890
Public charges	29,245	30,234	†989
Ward paying patients	52,089	44,869	*7,220
Private patients	31,732	28,709	*3,023
Total patients	147,422	145,058	*2,364
Out patient cases	524,554	629,484	†84,930
Out patient visits	1,753,552	1,988,647	†235,095
Ambulance calls	32,870	37,988	†5,118
Beds in hospitals	8,364	8,106	*258
Beds occupied daily	6,691	6,600	*91
Nurses	2,914	2,956	†42

WARD SERVICE COSTS MORE

A 30 percent increase in the expense of caring for ward patients is noted in the report from 1916 to 1918, the war period. This percentage is arrived at in the following table:

Average Cost Per Day for Ward Patients	1918	1916	Increase
18 general hospitals	$3.17	$2.33	$0.84 or 36%
11 special hospitals	2.64	2.07	.56 or 27%
10 for women, children	2.29	1.82	.47 or 26%
5 for chronic, convalescent	1.69	1.57	.14 or 8%
Average for All Hospitals	2.69	2.06	.63 or 30%

A 58 percent increase in the cost of caring for a patient has come in five years, the report shows, basing its estimates on the expense of all patients, private and ward, in the affiliated institutions. The table showing comparative costs follows:

	——Classes of Hospitals——				
	General	Special	Women and Children	Chronic and Convalescent	United Hospitals
1914	$2.44	$1.79	$1.71	$1.34	$2.02
1918	3.84	3.09	2.86	1.78	3.20
Increase	1.40	1.30	1.15	.44	1.18
Pct. of Inc.	57%	73%	67%	33%	58%

In contrast with rising costs for the care of patients the figures covering hospitals in the United Fund for the same five years show a decrease of 25 percent in administration expenses. In 1914 this outlay represented 8 percent of the total cost of operation, while for 1918 the administration expense was down to 6 percent.

Professional care in 1918 cost approximately 12½ percent more than in 1914, and maintenance of house and property was 14 percent greater than five years earlier. Dispensary expenses dropped about 11 percent over five years, while departmental costs, ambulance, housekeeping, kitchen, laundry, etc., were proportionately just what they were in 1914.

For the same five year period earnings of the 46 affiliated hospitals increased a little more than three percent and while contributions maintained the same average as in 1914, interest on endowments was reduced about 10 percent.

An analysis of hospital earnings, as made by reporting hospitals, shows that income from patients' payments has increased about 23 percent, as compared with 1914, but city payments, miscellaneous earnings and dispensary income have dropped materially. A 30 percent decrease in proportionate payment from the city occurred in the five years with which this part of the report deals, while miscellaneous earnings dropped about 60 percent, from 4 percent of the total earnings in 1914 to 1.2 percent of the total for 1918. Dispensary earnings have come down from 5 percent of the total earned revenue to 4.4 percent. The earnings as a whole have increased from 59 percent of the total income to 61 percent.

The United Hospitals' analysis of hospital earnings follows:

	Patients' Payments	City Payments	Miscellaneous
1914	$2,101,852.21 (39%)	$522,678.89 (10%)	$200,282.28 (4%)
1915	2,387,865.45 (40%)	540,162.47 (9%)	221,471.42 (4%)
1916	2,824,056.44 (44%)	630,280.26 (10%)	231,707.26 (3%)
1917	3,677,522.40 (45%)	594,064.18 (7%)	126,762.14 (1.4%)
1918	4,247,440.99 (48%)	616,644.52 (7%)	103,497.39 (1.2%)

	Dispensary	Total Earnings
1914	$288,721.44 (5%)	$3,113,534.82 (59% of total income)
1915	326,380.64 (6%)	3,475,879.98 (59% of total income)
1916	338,957.72 (5%)	4,025,001.68 (62% of total income)
1917	409,069.37 (5%)	4,807,418.09 (58% of total income)
1918	390,939.92 (4.4%)	5,358,522.82 (61% of total income)

Under the caption "How to Interest the Public," the United report says:

"The public to which the hospitals appeal for support naturally desires to be assured:

"1. That the service given by an institution is up-to-date, with the best facilities for diagnosis, treatment and restoration to health, under a competent professional and nursing staff;

"2. That the plant and facilities of a hospital be fully utilized so that as many as possible may be helped;

"3. That the management be thoroughy efficient and as economical as is consistent with the best interests of the patients.

"4. That the institution be pervaded by a spirit of human sympathy, refinement and cheer, so much needed by those who are weak, suffering or depressed."

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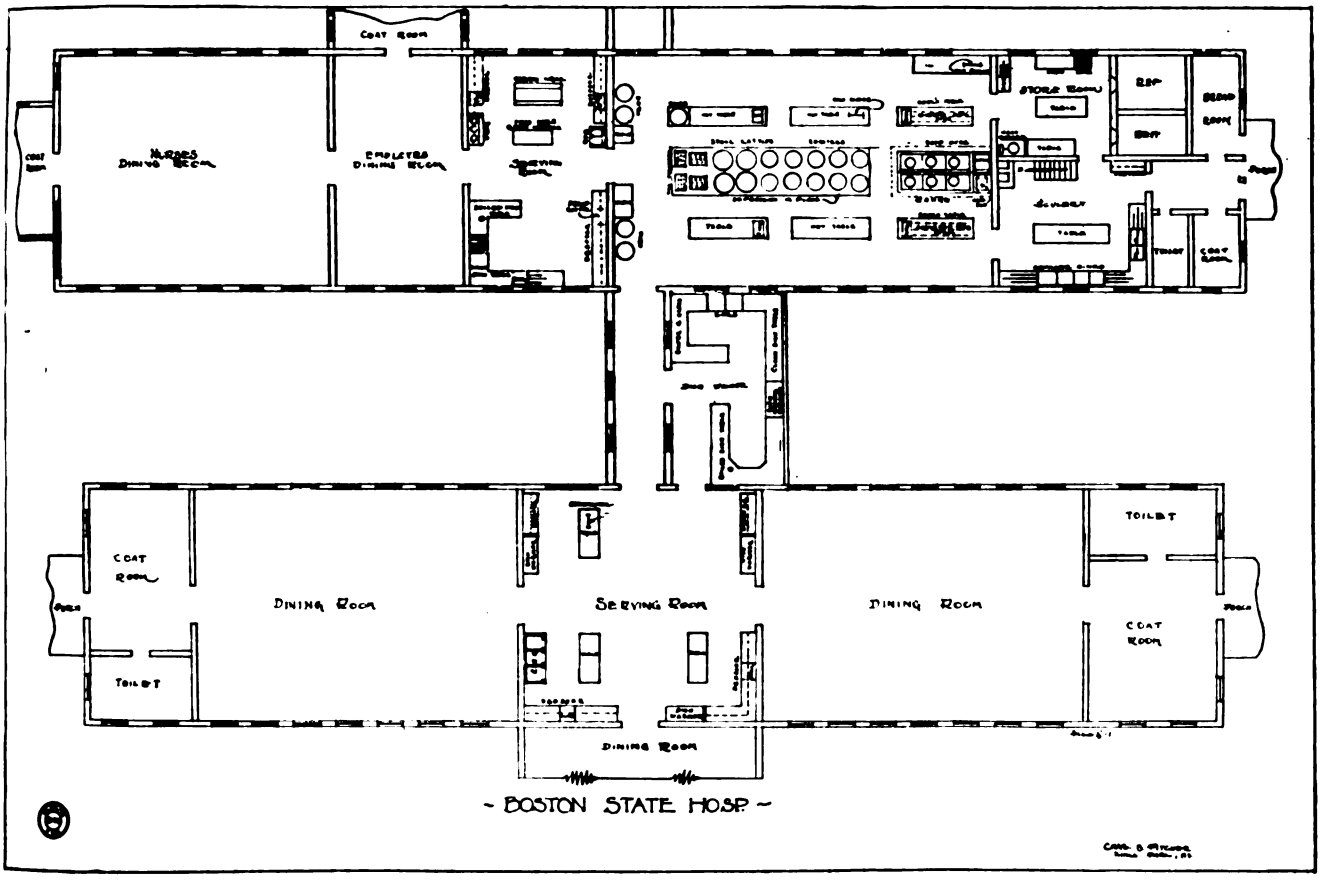
Plans and Specifications for the Kitchen

Detailed Requirements for Important Service Department Emphasize Complete Equipment for Labor Saving

By Charles S. Pitcher, King's Park, N. Y.



PLAN FOR KITCHEN AT BOSTON STATE HOSPITAL

Last year the superintendent of the Boston State Hospital requested the writer to suggest what equipment would be needed, also its location, in two of the proposed kitchens of that institution. With his kind permission, a reproduction of the floor plan of one is shown herewith, giving the location of the equipment in the kitchen, serving rooms, and dining rooms. The accompanying illustration of Plan A shows the equipment of a kitchen for general cooking for 800 patients and 200 employes.

The equipment shown on the above plan, unless otherwise stated, is as follows:

GROUND FLOOR

One Duplex Range 10 feet long, having four fires and six ovens, with single or double plate shelf.

One 30-inch coal box.

One 30-inch space, top covered, for coal truck.

One coal truck for fuel.

One Duplex hood over range and coal bin, approximately 14 feet long.

Four round Keystone pattern steam roasters, 35-gallon capacity, with cone tops and polished Monel metal spun covers.

Four 60-gallon aluminum steam jacketed kettles with hinged covers. (The "Wear-Ever" types No. 1 and No. 3 are more generally used in institutions).

Two 3-compartment cast iron sectional steam vegetable cookers with steam tight doors, and perforated block tin baskets.

One three-speed mixing machine.

Two cooks' tables, each 10 feet long, 3 feet wide, with polished steel tops, iron frames and galvanized shelves underneath. To have one drawer with suitable lock. Each table to have a galvanized sink 16 inches wide, 22 inches long and 10 inches deep set in underneath the top. (Sink may be omitted).

Two Triple Bar sauce pan racks, each 7 feet long, 2 feet wide, suspended on polished columns over cooks' tables.

One No. 95 Sterling Meat Slicer, fastened on top of one cook's table. (There are more expensive slicers manufactured, i. e., the American and the United States).

Four hot tables, each 6 feet long, 36 inches wide, 36 inches high, with polished steel tops, bodies made of polished black iron, having two shelves heated with steam coils, and to have sliding doors on both sides, to be set up on legs 10 inches high included in the height of the table.

Two copper or Monel metal coffee urns, each of 50 gallon capacity, each urn to be of Geyser pattern, with percolating pump, to have steam coils, glass gauges and

(Continued on Page 72)

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THE HOSPITAL ROUND TABLE

What One Clerk Costs

"Let us not have any unnecessary duplication of effort," said a veteran hospital superintendent recently in addressing the members of the administrative force. "The addition of one clerk represents a considerable increase in our expense."

Putting it graphically, and assuming that one clerk would get at least $1,000 a year, the addition of such an employe would consume the interest on endowment of $20,000. When it is realized that the interest on a considerable sum is absorbed in this way, and that other apparently minor expenses and leaks are using up the interest produced by large amounts, those connected with hospitals can realize the importance of apparently small economies. They are larger than they seem.

Social Service for the Hospital

Social service is established for the benefit of hospital patients, but did you ever stop to think that the work of this department may often be directed for the benefit of employes of the hospital itself?

If you have a hundred or more people working in the kitchen, in the laundry, as cleaners and in other minor positions, you have a group which, including relatives, is a considerable body. Cases of illness among them would seem to justify the friendly interest of the hospital through the social service department.

That is the view of one successful superintendent, who during the recent epidemic of influenza sent social service workers to the homes of all those who were detained on account of illness. In many cases it was illness of some member or members of the family, rather than the worker, that was responsible for the absence. In all instances where help was needed, it was furnished, and incidentally the pay of the employe went on during this time of enforced absence.

The interest and help given by the hospital to its employes during a time of trouble are bound to be reflected in more loyal and contented workers.

Finding Extra Space

In times of stress, when the demands on the hospital are greater than usual, the superintendent is often hard put to find places for additional beds. It is often a matter of life and death to be able to receive patients, and when every bed usually available is filled, the hospital authorities begin to study ways and means of enlarging the ordinary bed capacity.

One hospital which has a large number of attractive sun parlors added about thirty beds to its capacity a few months ago by making use of this space. The sun parlors are enclosed and heated, and light is controlled by blinds, so that the patients placed in these beds were kept comfortable and given every possible attention.

The use of corridors is resorted to in some hospitals, but the only difficulty here is that it is hard to enclose the space as it should be. During the war many of the base hospitals at cantonments had to put beds in the corridors, but temporary doors were put up and additional stoves installed in these temporary wards.

A View of the Nurses' Home

Many hospitals which are planning to build nurses' homes will be interested in this view of a superintendent of nurses of long experience, who has been familiar with conditions in hospitals where the nurses sleep under the same roof with the patients.

"Disregarding the matter of food, accommodations and conveniences in other respects," she said, "I regard it as a great mistake for a nurse to remain constantly in the hospital atmosphere. She should be perfectly relaxed when she goes off duty, if she is to regain her strength and be perfectly prepared for work when she is called on again.

"When she is in the hospital, even though off duty, she remains under much of the strain that she experiences when she is at work. When she is in an entirely different building, cut off completely from the sights and sounds of the hospital, she has every opportunity to enjoy her rest period, and it is a splendid thing for her, for her patients and for the hospital.

"The institution which is housing the nurses in the hospital building should by all means arrange to have the students cared for outside."

More Physical Examinations

Hospital training school administrators can take a leaf from the book of the big industrial corporations, which have generally adapted physical examinations as a prerequisite to employment. Most superintendents of nurses and training school principals require applicants to present certificates of good health signed by their family physicians, but there is reason to believe that in many cases their examinations are superficial at best.

The hospital is in the best possible position to make its own examination. It has the necessary personnel and equipment to make a complete and accurate survey of each individual who applies for admission to the training school, and in view of the severe demands made upon the student nurse from a physical standpoint, it is essential that she be in good condition.

It is humiliating, for example, to accept a pupil only to find after a few months that she has a heart lesion which unfits her for further training. It is unfair to the student and to the hospital not to give her the benefit of a complete examination before hand.

It's "Minneapolis General Hospital" Now

The board of public welfare of Minneapolis has authorized the change of name from Minneapolis City Hospitals to Minneapolis General Hospital, according to announcement by Dr. Walter E. List, superintendent. The city hospital, hospital for contagious diseases and Hopewell Hospital constitute the Minneapolis municipal institutions.

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round

MISS LYDIA H. KELLER, R. N.
Who Is Now Studying at Nanking University, Nanking, China.

Miss Keller, who is one of the best known and most popular women in the hospital field, went to China last fall to undertake hospital work there. She writes HOSPITAL MANAGEMENT under date of January 3, "I am enjoying the study of the Chinese language here at the Nanking University, and expect to go to the Wuhu General Hospital a year from now. This seems a long time to be inactive, when the need for nurses as executives is so great and the sick left in the streets to die without aid from anyone.

"I have no regrets, and am happy to be here in China."

Miss Keller's address, it may be added for the benefit of her friends, many of whom will doubtless be glad to get in touch with her, is Meigs Hall, Nanking, China.

Dr. Roy Miller will be in charge of the Lutcher Memorial Hospital at Orange, Tex., which is being built and equipped by Mrs. H. J. Lutcher, who will give it to the city.

Miss Mary G. Hedden, has been made superintendent of the new Harrison, Ill., hospital, and took up her duties February 10.

Miss Edith Mead, a graduate of the Chester, Pa., Hospital Training School, has succeeded Miss Annie K. Sutton as superintendent of Chester Hospital, following the resignation of Miss Sutton, who has gone to Wilmington, Del.

Dr. J. B. McKnight is entering on his seventh year as superintendent of the State Tuberculosis Sanitarium at Carlsbad, Tex. When he became superintendent six years ago the institution had only sixty beds and its investment was $80,000. At present there are 340 patients and the institution and equipment represent an expenditure of $1,000,000.

Col. H. D. Thomason, army medical corps, who recently retired, has assumed the duties of superintendent of Flower Hospital, New York.

Dr. J. Allen Jackson, new superintendent of the State Hospital for the Insane at Danville, Pa., and Mrs. Jackson were guests of honor at a reception given by the trustees of the institution and a citizen's committee. Among those who arranged the reception was H. B. Schulz, who for thirty-eight years has been steward at the hospital.

Miss Katharine Daugherty has been appointed director of the school for nurses of the Minneapolis General Hospital and Miss Edith A. Barber instructor in nursing. Miss Daugherty after graduation from the Minneapolis General Hospital in 1909 was head nurse at University Hospital from 1910 until 1917 and was with the State Board of Health until entering military service June, 1918. She was chief nurse at Camp Custer and at General Hospital No. 6, Fort McPherson, Ga., until July, 1919, and became connected with Minneapolis General Hospital in February, 1920. Miss Barber is a graduate of Garfield Park Training School, affiliated with the Illinois Training School, Chicago, class of 1912. She was a member of the training school staff, University of Minnesota School for Nurses, for three and a half years, and director of the bureau of nursing, Northern Division, American Red Cross, during the war. In 1919 she attended Teacher's College, department of nursing and health.

Lewis Cooper Levy, for four years superintendent of Mount Zion Hospital, San Francisco, has resigned to take charge of the Jewish Hospital of Cincinnati. Mr. Levy is a former newspaperman and was chief of the "special days" committee at the Panama Pacific International Exposition. He also has served as secretary of the board of health of San Francisco and secretary of the board of public works and at one time was manager of the exposition auditorium where the national Democratic convention will be held this year. Mr. Levy has developed a wide knowledge of hospital administration, which will be particularly valuable to the Jewish Hospital, since it plans to erect new buildings soon. Mr. Levy will assume his new duties April 1.

Florence McLennan, R. N., who for eight years was superintendent of the Josiah B. Thomas hospital at Peabody, Mass., has resigned and after a vacation will take up industrial work.

Want County Hospital for Tulsa

Tulsa, Okla., with a population of 75,000, has hospital beds for only one out of 500 people, according to Dr. Ralph V. Smith, president of the Tulsa Lions' Club, who spoke at a meeting supporting a campaign to raise $1,000,000 for a county hospital. "There is not a single endowed bed in any hospital in Tulsa," he asserted. Dr. Smith put the ratio of hospital beds to population in other cities at: Wichita, 70,000 population, one bed for every 200; Oklahoma City, 100,000 population, one bed for every 200; Kansas City, 350,000 population, one bed for every 280.

The Oklahoma legislature at its last session approved the hospital project provided a referendum showed twenty-five per cent of the voters in favor of the institution.

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Hospital Management

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What Is In Your Hospital Report

Considerable space is given in this issue to a review of the annual report of the United Hospital Fund, of New York. It is given attention not only because of the fact that a large number of hospitals are included in the report, and not only because New York is an important hospital center, but because the contents of the report should be suggestive to hospitals generally.

There is much discussion from time to time of what the hospital report should contain. If the report is to be used for the purpose of general distribution, and if its function is to make friends for the hospital, it is evident that laying too much emphasis on the medical statistics of the institution is a defect which will result in few giving it the close and interested attention that it would otherwise merit. Medical records are important, and medical statistics should be prepared, but they can be given a place in a separate document, or kept on file for the benefit of the staff and others interested in this particular information.

What the public is chiefly interested in, and what the trustees and donors are primarily concerned with, is the work of the hospital in terms of human service. How many people were helped? How much free work was done? How did the hospital spend the money that it had available? How did it prove worthy of the faith and support of the public?

Answers to these questions, presented in an interesting and non-technical way, make good reading, and the report which reflects the work of the hospital in such a way as to create human interest and arouse human sympathy is a valuable document from every standpoint. Not every report deserves this description.

The purely financial aspect of hospital work is another subject which can be handled in a way that will be far from dry. As suggested by the material taken from the report of the United Hospital Fund, the analysis of figures to show changing conditions regarding operating costs, to indicate the relative proportions of beds of various kinds maintained in the community, and thus to suggest avenues for the development of future work, is always worth while, and gives the person interested in hospitals something tangible and significant to ponder over.

As far as the public is concerned, your report is your hospital. The impressions gleaned from the report are likely to form the impression of the institution and its service. Because so few reports present an adequate, clear picture of the splendid work which the average hospital is doing for its community, HOSPITAL MANAGEMENT believes that a little more care and effort along this line will prove a splendid investment, because of the improved impression of the institution which the public will receive from this means.

Supply and Demand in Nursing

"The nursing problem" is discussed wherever there is a group of hospital people, of nurses or of medical men. It is the most popular topic of the time. Everybody has a different view regarding the solution of the problem, and nobody agrees exactly with anybody else. That is why it is possible for a body composed of representatives of various classes concerned to meet for an all-day session, and at the end of that time be exactly where they were when they started.

The suggestion has been made that one of the reasons why the nursing situation remains a problem is that a fundamental feature of the proposition has been given little attention. That is the economic law of supply and demand. The supply of nursing material, due to competition from various other directions, has been decreasing; the demand, due to the war, the influenza epidemics and other unusual conditions, has been greatly enlarged. The result is that the disparity between the number of nurses available and the number who could be made use of has become great, and hospitals and the public generally have been discommoded, while the nurses have been overworked.

The solutions offered for the problem thus presented have nearly all had to do with a change in the present nursing courses. The idea has been that if the courses were shortened and the requirements lowered, the nurses could be turned out faster, and thus the supply increased at a greater rate. Without stopping to debate the desirability of making these changes, it may be pointed out that these measures are mere expedients, and do not really touch the basic problem, that of increasing the supply of nursing material.

Until there is a change in the attitude of the young women who are relied upon to offer themselves as candidates for admission to training schools, and on the part of their parents, the present shortage of nurses will con-

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Hospital Convention Calendar

Ohio Hospital Association, Columbus, May 25-27, 1920.
Oklahoma Hospital Association, Oklahoma City, May, 1920.
American Medico-Psychological Association, Cleveland, June 1-4, 1920.
Minnesota Hospital Association, Duluth, June, 1920.
Catholic Hospital Association, St. Paul, Minn., June 23-25, 1920.
American Association of Industrial Physicians and Surgeons, New Orleans, La., June, 1920.
American Hospital Association, Montreal, October 4, 1920.
American Conference on Hospital Service, Montreal, October 4, 1920.
American Dietetic Association, New York City, October 25-27, 1920.

tinue. It may be relieved by temporary measures such as those suggested, but it will not be disposed of permanently. It will continue to come up as demand increases, and other expedients will have to be found to meet the situation. The real question is how to increase the permanent supply.

It appears to be a fact that nursing as a vocation is less attractive to the rank and file of young women than it formerly was. Perhaps one reason is that with so much discussion of nursing going on, articles are constantly being published dealing with the hardships of the student nurse, with her burdens and with the drudgery which she is compelled to endure. These discussions are "poor advertising," and because they are likely to be one-sided, they give a picture of nursing conditions that tends to convince the girl and her parents that it would be a mistake for her to adopt nursing as her vocation in life.

Many of the best nurses in the world entered training in spite of parental objections. Most nurses now in training probably did not receive enthusiastic approval from their parents when their plans were announced. But it would be better for the nurses, better for the parents and decidedly better for the hospitals and the public to have a more favorable view generally held regarding nurse training methods and the chances for health, happiness and success of the girl who enters a training school.

Thus the real question is, How can we substitute for the negative or unfriendly views of the public toward nursing positive and friendly sentiments? How can we make young women want to become nurses, make their parents and friends eager to have them begin training, earnest in their support of the desires tentatively and perhaps timidly expressed by the potential nurse?

It is a problem in education, and, if you please, publicity.

The Illinois Council for Nursing Education, a recent meeting of which is reported in this issue, has decided to provide the necessary educational effort to create improved conditions in its territory. The leading Chicago hospitals are members of the Council and are financing its work. Doubtless similar organizations will get under way in other states.

HOSPITAL MANAGEMENT believes that a program of this kind, which steps far beyond the controversial field in which nursing discussions have been restricted in recent years, is constructive, far-reaching and promises well for success. It goes to the bottom of the problem, and because it aims to increase the supply of nurses, it will come closer to meeting present demands than any other plan thus far proposed.

Supervision As A Management Factor

The best system ever devised will not run itself.

The most efficient organization ever formed requires a responsible head.

In other words, supervision must be supplied in order that results may be achieved, and in order that it may be known in advance that results will be satisfactory.

The hospital superintendent who has good department heads, and whose system has been worked out completely, still has plenty to do in supervising his system and in checking up the work of his assistants, for without such constant supervision the results would almost certainly deteriorate.

Supervision is such an important factor in management that it is remarkable that not more attention is given to it.

Under the supervision of experienced and skilful workers, green helpers will render fairly good service; without such supervision they are certain to meet with disaster.

In the development of efficient hospital service, the superintendent should both maintain personal supervision insofar as possible, and insure that each department is properly supervised by those in a position to give direction and correct errors, if not to anticipate them.

The better the supervision, the better the results.

The Public and Hospital Charges

Every hospital superintendent knows that it is costing more to furnish hospital service than ever before; that rate advances are in order, and that, in proportion to increases in cost, advances in hospital charges have been less than for any other commodity or service under the sun.

Every hospital superintendent knows this, but the public appears not to know it; for it is almost the rule at present to hear complaints regarding the charges made by hospitals for the care of their patients. Complaints are so common on this score, in fact, that it seems that not enough pains have been taken by hospitals themselves to show the public why the advances have had to be made.

The tendency is usually for the patient to compare the charge with that for a hotel room—and a room in a hotel operated on the "European" plan, where nothing is given in the way of service outside of the room, and no meals are provided. A traveler pays $4 to $6 for a bare sleeping room in a good hotel, and thinks nothing of it; yet when this amount is asked for a hospital room, which includes also meals and nursing service, and a great many other items connected with the care of the patient, a question is immediately raised.

It would be well worth while for hospitals to keep their local public advised regarding the facts.

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INDUSTRIAL DEPARTMENT

HOSPITALS—DISPENSARIES—HEALTH SERVICE

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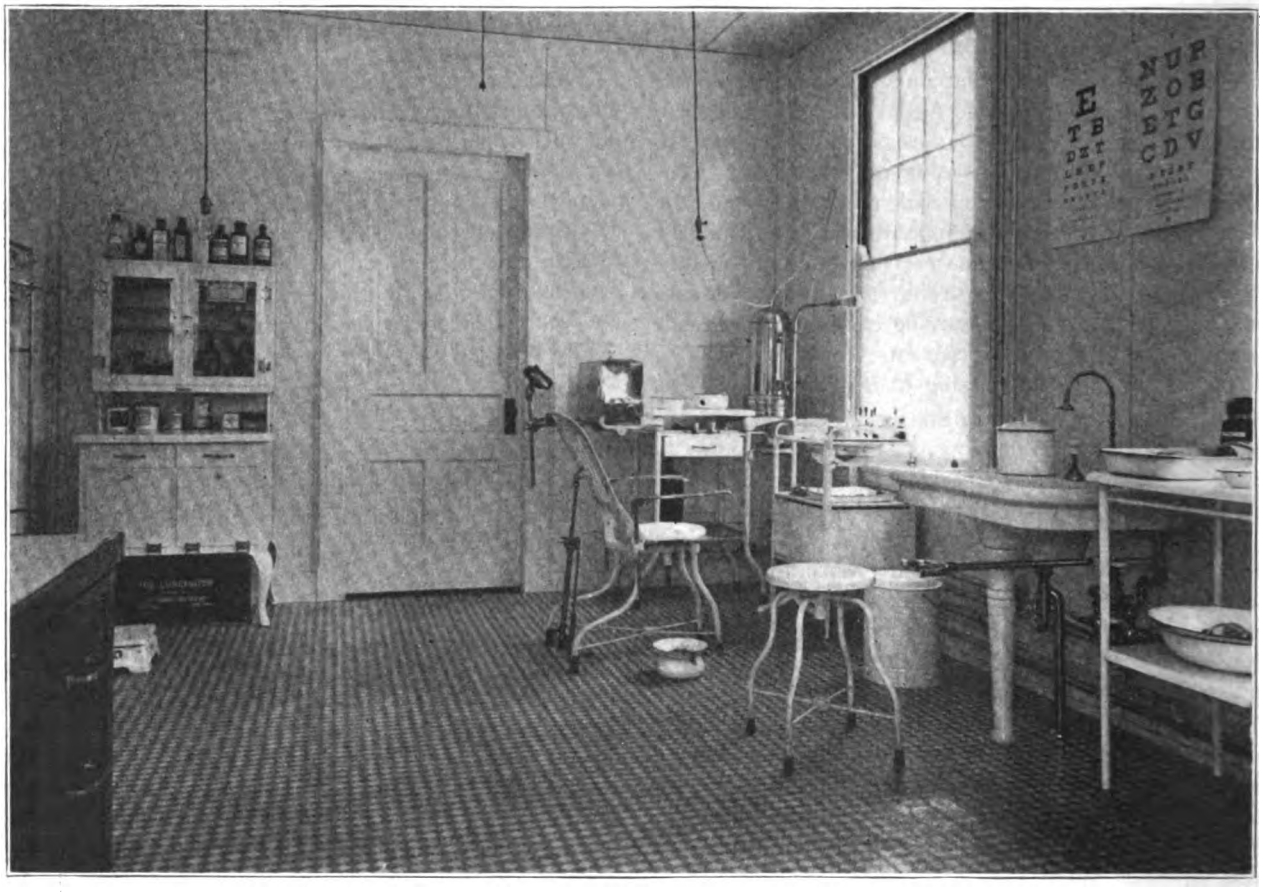
Medical Service of Richardson Company

Personnel Consists of Five Full-Time Workers, Including Physician—Scope of the Department and Its Results

By Charles S. Dryer, M. D., Medical and Surgical Director, The Richardson Company, Lockland, O.



DISPENSARY EQUIPMENT OF RICHARDSON COMPANY

The first attempt at any work of this nature was begun in 1918, with a small first aid department under the supervision of a trained nurse. Nothing was attempted in the way of medical or surgical treatment, except the relief or treatment of *minor* medical and surgical cases.

A small room was fitted up with a medicine cabinet, scales, a few instruments and a bed, where reclining patients could be taken care of until they could be transferred to a hospital or to their homes.

A certain amount of home visiting was done and relief work of other nature was carried out among the employes. All of this work was accomplished by one nurse, under whose efforts the necessity of some such department, with enlarged personnel, working in a more elaborate and definite manner, was established.

In December, 1919, a full-time physician and surgeon was employed, and the personnel has been increased until at present it consists of the full-time physician, one trained nurse, one matron of the girls' club house, one

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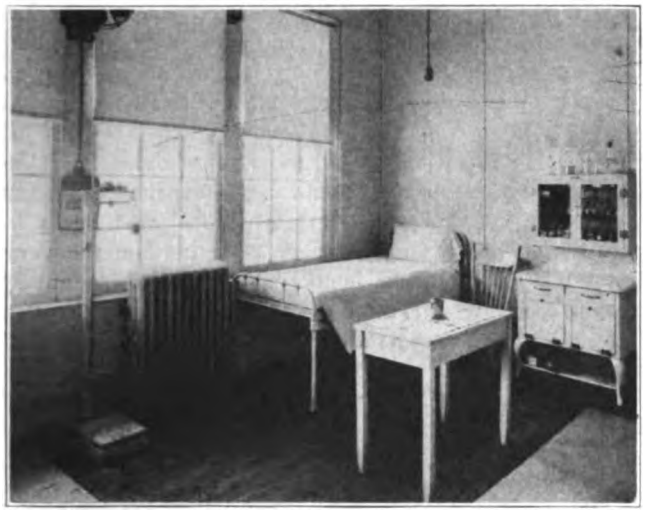
first aid man and one service worker. This seems to be an ideal combination for a factory of 1,000 employes.

A portion of a new building was set aside as the emergency "hospital" (rather a misleading name, as we do not keep patients longer than circumstances make necessary before removing them to their home or to a hospital). This hospital is divided into a waiting room, a private office for the physician, and the surgery and dispensary proper.



ANOTHER VIEW IN THE DISPENSARY

The surgery is equipped with a sterilizer for water, instruments and dressings, an operating table, medicine and instrument cabinets, foot bath, dressing table, chair for eye, ear, nose and throat work, wash bowls and the many smaller pieces of equipment necessary to care for any type of injury incident to the industry.

In all cases where there is the slightest indication for expert consultation, in eye work, for instance, the patient is referred for that expert advice at once.

Our intention is only to relieve the emergency illness and give first aid to the injured. The patient is then advised and encouraged to consult his family physician, whose co-operation is sought and usually received.

All new employes must submit to physical examination. This is absolutely necessary if a fair basis upon which to determine the value of the worker is to be established.

Shortage of labor makes it necessary at times that men or women be employed who are below the standard set, but generally speaking we are employing only the physically fit. This may seem a harsh rule, but by the term "physically fit" is meant those whose health will not be menaced by this type of industry.

For instance, those working in the roofing department are subjected to the constant inhalation of a certain amount of "talc" powder. Naturally we do not permit an applicant with bronchitis, asthma or other disease of the respiratory tract to work here, but if possible he is given work in another department. If such a position is not open we do not hire him.

So the term "physically fit" truthfully means, in our plant, physically fit or adapted for this or that position. That amount of restriction or elimination is fair, both to the applicant and employer.

Our Service Department, administered by the hospital personnel, cares for the "mental ills," so far as we are permitted to become acquainted with them. This work is of immeasurable value.

Efficiency is dulled as often, or possibly oftener, by mental sickness as by physical ailment. One scarcely realizes the magnitude of this branch of the service until "underneath the crust".

The worries, the fears, the "thorns" that keep the man's mind from his work (and a man whose mind is away from his work is easily injured) are hundredfold, and of many kinds.

We attempt to relieve this mental state by some form of assistance which is compatible and consistent with the type of distress.

Our visiting Service Worker calls upon the absent on the second day they are off duty. To visit them on the first day is useless, for many are only off one day, and resent being "trailed," as they used to term it.

We assure them that our only interest is for their health and happiness, that we only come to offer our services and not to spy upon them. One cannot possibly be too careful in selecting someone with the proper personality, tact and diplomacy for this branch of the work. We do not feel that one trained in the nursing profession is necessary, especially in a factory whose employes for the most part live in a restricted community or area, as embarrassing circumstances are bound to arise when the plant has a full-time physician under whose direction the nurse is working.

We have a Mutual Aid Society which has bred a feeling of relationship among all the employes, besides paying benefits to the sick and injured. It is administered entirely by and for the men and women themselves. In connection with this we are developing the plan (already in operation) of paying a percentage of wages for time lost due to illness or injury, this percentage being based on the length of time the employe has worked for us. It increases the desire of our men and women to remain with us, and labor turnover is materially reduced. Our only "string" to the plan is that the beneficiary must be a member of the Mutual Aid Society and must have worked for the company at least four months.

In addition to these plans the company offers death benefits based in amount on length of service. Some of these ideas may seem unrelated to medical or surgical direction or conditions, but a moment's thought will clearly show that they apply directly or indirectly to the physical or mental equilibrium of the individual. Production depends to a large extent upon physical efficiency, and health (both mental and physical) is an absolutely necessary condition of the human machine, if it is to perform capably and smoothly.

We hope eventually to employ a part-time dentist and install an X-ray department. Fortunately our community is blessed with numerous clinics under the supervision of the best specialists, and we are able to obtain the most expert consultation in uncertain cases. We make constant use of these clinics.

That the department is a success is certain; it repays its "overhead" many times in preventive medicine, elimination of infection in injuries, and above all in the wonderful opportunities such a branch of administration offers for creating a feeling of understanding between employe and employer. Innumerable chances are offered for putting in a good word for everyone, foreman, superintendent, general manager, president. If a man feels his company is interested in his family, his children and his work, he is certain to give his best to that company.

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Human Equipment in Hospital Important

Service Industrial Unit Renders Depends Most on Its Personnel—Opportunities of the Nurse to Win Friends

By J. C. Davis, Employment Manager Cincinnati Abattoir Company, Cincinnati, O.

The failure or success of a plant hospital depends more on the *service* it renders than it does on the equipment that it has. It may be true that clothes make the man, but equipment does not make a successful plant hospital.

Sure, there is a hospital in our plant—not one of those "garden variety" plant hospitals—it is a real physical service station, where human equipment comes for repair. It is not an elaborate place at all, and the men in their dirty working clothes do not hesitate to come in.

CLINIC OF CINCINNATI ABATTOIR COMPANY

It is housed in three small rooms—on the ground floor, too—in the center of the plant population. One is a "reception room," which is provided with a settee and few chairs; you know, the kind of chairs the men have out in the plant. One is a rest room, where employes who must, may lie down on some convenient wicker couches that are covered with a pad and rubber sheeting. This room is very convenient, too, when someone faints or is seriously hurt, and it is necessary that he be kept quiet for a while.

There is a treatment room, or clinic, supplied with the usual mechanical conveniences, medicine chests and sterilizers. Here is where the injured and ailing are treated. We have no minor injuries or ills in this plant; they are all serious enough to warrant the most careful attention. No cut is merely "tied up"—they are all thoroughly cleaned and dressed in the most approved manner.

I have recently read the work that is done by some of the larger industrial hospitals. The percentage of employes who apply for treatment to some of these well equipped medical emporiums is small as compared with the applications which are made at our little service station. During 1919 there were nine thousand treatments here. The very nature of our industry is such that every scratch or broken place in the skin of any kind will be an infection if left alone. It is important to us that injuries be treated at once, but we do not force our employes to report for treatment early. Compensation paid by the state for injuries at our plant during 1919 was 50 percent of what it was during 1918. Our present plans were started in October, 1918. Employes now report their injuries promptly and of their own accord, and here's the reason why:

Whom do you have in charge in your hospital? Who is the person to greet the applicants when they come for treatment? Is the employe made to feel that he is in good hands and is going to have done for him the very best thing that could be done, and that the attendant is complimented to serve him, or is yours that dreaded "hospital" that serves as a harbor for one of the few real crabs of the plant?

How about the human equipment of your hospital? This being a small plant in number of employes, we have only a small place, but a really big person is in charge; one who is full of human sympathy and has a desire to be of service to the people rather than merely do enough to keep the position. In this place the nurse in charge outranks the doctor that we have to come in for a few hours each day. This is not an arbitrary rank that the company has conferred, but rather one that the employes themselves have thrust upon her, by being more amenable to her leadership and respectful of her wisdom.

It is amusing sometimes to see a man beg the nurse to sew up a cut or set a broken arm when there is a doctor standing by waiting to do the work. They *know* the nurse; to them she is more than that—she is their advisor and their one most-relied-on friend. She enjoys their complete confidence, for she has never taken their troubles lightly. Patience, and many daily demonstrations that the attendant is there to *serve them,* will make the men respond when asked to report to the hospital at once when injured or ill.

The most important equipment any plant hospital has, and on which its success depends most, is the human equipment.

Example of Industrial Rehabiliation

A recent instance of successful rehabilitation is the case of Samuel E. Harper, former electric lineman, of Poughkeepsie, N. Y., who was forced to discontinue this trade after an accident in which his left ankle and right heel bone were broken. Mr. Harper made several attempts to resume his occupation as lineman after the fall, but his feet became worse and at times he was unable to stand.

Further medical examinations proved that he would be unable to continue his trade, but would have to do something requiring less standing and walking.

The company Mr. Harper had worked for was a member of the Utilities Mutual Insurance Company, of New York City, and in line with the Utilities Mutual's policy of rehabilitating employes, the injured man was induced to take a course in oxy-acetylene welding offered by the Red Cross Institute in New York. His abilities as a welder were at once noticeable, his previous experience in electrical work and the handling of metals standing him in good stead.

Mr. Harper returned to Poughkeepsie after the course, obtained the position of welder with Frederick Hart & Company, Inc., and now is making more than his original earnings as a lineman.

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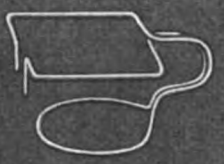
SIMPLEX SANITARY

NOTE
THE AUTOMATICALLY CLOSING COVER, THE GRADUATION MARKS, THE ABSENCE OF UNSANITARY INSIDE FLANGES, THE ABSENCE OF UN-SANITARY HINGES ON THE HOLDERS.

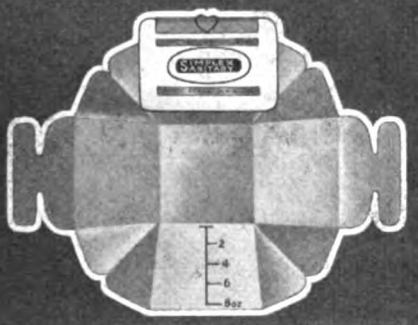
SHOWS CUP IN WIRE HOLDER WITH COVER RAISED

TRADE SIMPLEX SANITARY MARK

NICKEL-PLATED METAL HOLDER
Stamped from One Piece of Metal



WIRE HOLDER



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1. Each cup has a cardboard cover attached with a paper hinge, and both Cup and Cover are burned after being in use a day.
2. The Cover is quickly and easily raised and closes antomatically.
3. The wide opening and absence of flanges allow free entrance of sputum. With the ordinary tin holder, which has a hinged cover, the sputum very often lodges in the crevices of the hinge, thus making the Holder unsightly, unsanitary, and not only very objectionable, but very difficult to clean.
4. Each Paper Cup is graduated in ounces.
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6. It can be used with either the Wire Holder or the Nickel-Plated Metal Holder. The latter, being heavier, is useful on the porches or verandas of Hospitals and Sanatoriums.

Free Samples on Request to Sanatoriums and Hospitals

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Building Contractors Operate Dispensary

Construction of $12,000,000 Durant Building in Detroit Safeguarded by Maintenance of Complete First Aid Service

Herewith are shown photographs of the dispensary established on the construction job of the Durant Building in Detroit. The Durant Building is to cost $12,000,000, and will house the central offices of the General Motors Corporation. It will be the second largest building in the world, faced with stones weighing from 2,000 to 6,000 pounds, and thus carries special building hazards.

EMERGENCY HOSPITAL AT DURANT BUILDING

The contractors, the Thompson-Starrett Company, of New York, are believers in "safety first." They apply first aid to the injured as a valuable part of the safety work. This dispensary and service was installed by Drs. Davis and George, Schofield Building, Cleveland, who make a specialty of industrial medicine and surgery.

The equipment consists of electric lighting, with special diagnostic lamps; modern office furniture, plumbing, Rochester sterilizers, stretchers, instruments, etc., sufficient to handle all first aid work and subsequent treatment on all minor injuries. The seriously injured are removed to Detroit hospitals after receiving first aid.

This dispensary is in charge of Miss Corness, a registered nurse, who is on duty daily. She gives first aid, treats minor injuries, and keeps the records under the supervision of Dr. Glen B. Carpenter, who makes daily and emergency visits to the dispensary. There is an understanding on this job, from the superintendent down, that *all employes* who receive an injury are to report to the dispensary for treatment, no matter how trivial the injury may seem. This system of co-operation has worked fine, as the dispensary records show. Real prevention work is being accomplished, to the satisfaction of the builders, the employes and the dispensary staff. During the first six months of construction there were 800 men employed. This number is to be increased to 2,000 before the job is completed in September.

Herewith is given a summary of the work, which costs less than $1,000 per month. The object of this full treatment of the subject is to give builders an idea of the practicability of the service. So far as we know, this is the first time such a service has been installed on a city building.

The report covers the period from July 1 to December 31, 1919:

Number of men employed	800
Number of accidents	768
Number of examinations	768
Subsequent treatments	1,881

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Examinations and treatments	54	85	188	198	144	99	768
Subsequent treatments	173	173	483	512	342	250	1,881

NATURE OF INJURIES

Laceration and contusion of fingers	272
Laceration and contusion of forearms	29
Laceration and contusion of hands	87
Abrasion of wrists	31
Abrasion of elbows	6
Abrasion of hands	3
Electric burn of fingers	6
Punctured wounds of fingers and hands	35
Punctured wounds of forearms	2
Sunburn of arms	1
Punctured wounds of feet	44
Sprained ankles	10
Laceration and contusion of knees	14

INTERIOR AND ITS EQUIPMENT

Laceration and contusion of legs	46
Laceration and contusion of feet	3
Laceration and contusion of toes	15
Contusion of legs	5
Contusion of testicle	1
Contusion of abdomen	5
Contusion of chest	4
Contusion and strain of back	14
Contusion and strain of shoulders	6
Contusion of hips	6
Laceration and abrasion of nose	7
Laceration and contusion of ears	4

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McCRAY

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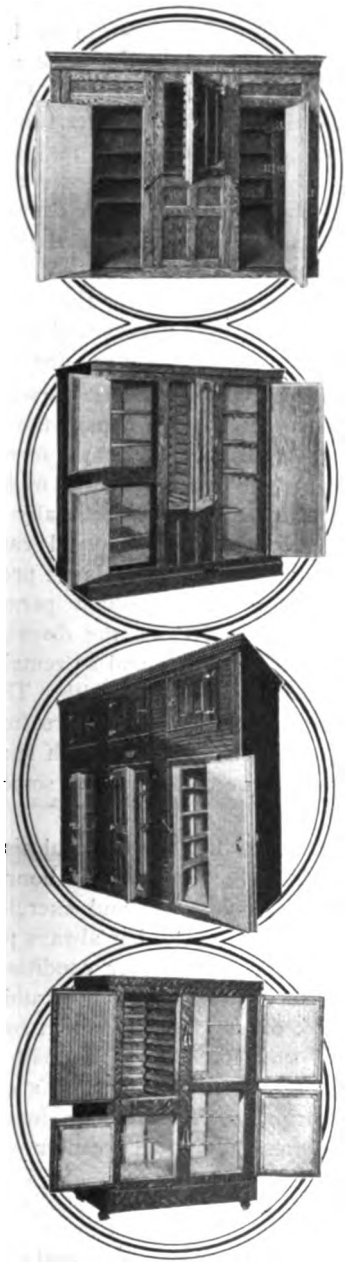

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The styles illustrated herewith are designed for Hospitals and Institutions but this is not our complete line. Our catalog No. 52 shows many more refrigerators and coolers. Get a copy of this catalog—it will tell more about the McCray.

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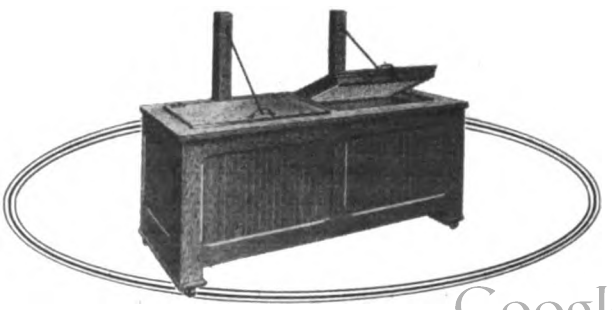

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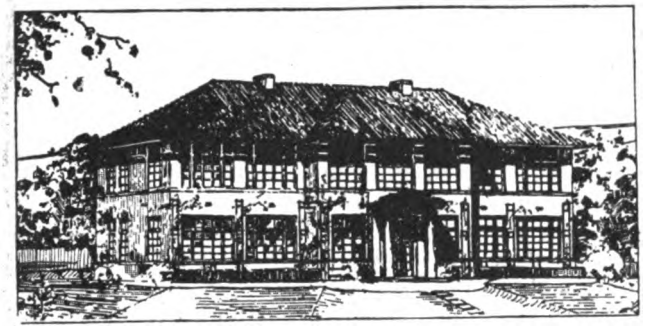
Laceration of cheeks	17
Contusion of eyes	8
Conjunctivitis	8
Foreign bodies in eyes	50
Laceration of lips and jaws	2
Laceration of forehead	8
Scalp wounds	26
Fracture, external mall. and sprain frac. tarsal bones	1
Compound fracture of tibia and fibula	1
Compound fracture of scaphoid	1
Fracture of fibula	1
Dislocation of finger	1
Amputation of thumb	1
Inguinal hernia (occupational)	1
MINOR INFECTIONS	
Finger	1
Hand	1
Forearm	2
Legs	2
Average number of accidents daily	5
Average number of redressings daily	24

New Tuberculosis Cottage

Standard Oil Company of New Jersey is Establishing Sanatorium Near New York



TUBERCULOSIS COTTAGE PLANNED BY STANDARD OIL COMPANY

At Liberty, N. Y., on the Loomis Sanatorium grounds, the Standard Oil Company (New Jersey), is building, for the afflicted among its employes, a new tuberculosis cottage, which is to include every new departure in its planning, and which promises to be one of the most perfect plants for health building that has yet been erected in this country.

The choice of site for the new sanatorium was made on account of its altitude of two thousand feet, a dry climate, and its convenience to the city, enabling friends of patients to run out to see them without any extended trip or great loss of time.

The institution is named after Alfred L. Loomis, M. D., who was an authority of national reputation on lung diseases. At this sanatorium there are already all of the cases suitable for sanatorium treatment which the medical department of the company now has under supervision. As is usual with such institutions, however, there is always a waiting list, as a consequence of which delays may result in taking the patient into the sanatorium, and these delays may be prejudicial to the patients' chances of recovery and dangerous to the inmates of the home in which he lives. It is to prevent such a situation from arising that the new building, upon the Loomis grounds, is being erected.

The cottage, providing accommodations for twenty patients, is of fireproof construction, two stories, with basement. It has dressing rooms, sitting room, library, bathrooms, toilets, office for the doctor and rooms for the nurses.

The model sanatorium building is constructed with regard for well established principles which the test of time has proven most efficacious, and to these principles most careful attention has been paid in planning. The patients will sleep in covered alcoves, so arranged as to give abundant fresh air, with protection from unfavorable weather. At the rear the alcove opens into a warmed corridor, so that the patient can step directly from his cozy bed in the outdoor air to a comfortable dressing room behind. Half of the upper story is for women patients, who will enjoy on their side of the house every convenience the institution affords.

Under the direction of the doctors of the Loomis Sanatorium, who are men of long experience in the handling of tubercular cases, this new building will be available primarily for employes of the Standard Oil Company, any of whom, so unfortunate as to contract tuberculosis after one year's service with the company, may go there, at the company's expense, with the confidence that they will have the best attention, with favorable climatic conditions and every advantage of situation and equipment that it is possible to provide.

The company also makes provision for the care of dependents, so that the patient may be relieved of anxiety and thus have the most favorable conditions for recovery.

The frequent occurrence of tuberculosis raises one of the most important problems connected with the medical service of every large industrial plant, but, fortunately, the means for combatting the disease are well understood. Tuberculosis, in most cases, begins gradually and is chronic in its course, but when discovered early and brought under proper treatment a very large proportion of cases are arrested and many remain permanently cured; even in some advanced cases the diseased lung may become healed with scar tissue and so remain while the patient recovers a fair degree of health. The absolutely necessary conditions for successful treatment are fresh air, sunlight and nourishing food, with such occasional medicines as may be needed to relieve some special symptoms.

It is most important also, that the tuberculosis patient should learn how to live; to keep regular hours, avoid exposure, regulate properly his rest and exercise, keep in the open air as much as possible, but always protected from sudden variations in the weather conditions; that he should learn what foods are best for him, and that he should learn to protect others from infection by always properly disposing of such material as he may expectorate. These things are best learned through a course of treatment in a sanatorium such as Loomis, located in a part of the country where favorable weather conditions may be obtained.

Movie Studio Building Hospital

Work is nearing completion on a two-story steel and concrete building at the Brunton Studio, Hollywood, Cal., to replace the old medical quarters. The hospital will be fully equipped for emergency work with an X-ray outfit, latest appliances for surgery and an ambulance, with resuscitation device and emergency kit.

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SILVOL is an extremely soluble, non-irritating silver germicide. Silvol Capsules represent one of the convenient forms in which this silver germicide is supplied. Silvol Capsules enable a physician to prepare a fresh solution of Silvol quickly. The contents of one capsule, dissolved in two fluidrachms of water, makes a five-per-cent solution of Silvol.

Silvol is indicated in the treatment of acute inflammations of the mucous membrane of the eye, ear, nose, throat, urethra and vagina. Silvol is employed in solutions ranging from five to fifty per cent.

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6 grains. Bottles of 50 capsules.

NOTE.—Silvol is also supplied in these forms: Granular powder, ointment, bougies, and vaginal suppositories.

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DETROIT

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Mock On Industrial Medicine

Monumental Work of Pioneer In New Field Fills an Important Place

By John E. Ransom, Superintendent Michael Reese Dispensary, Chicago

INDUSTRIAL MEDICINE AND SURGERY, by Harry E. Mock M. D., F. A. C. S., Assistant Professor of Industrial Medicine and Surgery at Rush Medical College. Octavo volume of 846 pages with 210 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth $10.00 net.

A man is better than a machine. The human element in industry is far greater importance to industry than is any other factor in production. The conservation of life and health is a far more vital public policy than is the conservation of any other form of national wealth. The discovery of these truths marks the beginning of a new epoch in industry and has given great impetus to the public health movement. Industrial Medicine and Surgery is the organization and application of medical science and skill in relation to the maintenance at its highest efficiency of the human element in industry. The problems, the function, the methods, the accomplishments and the future of this new specialty in medicine make up the greater part of the subject matter of Col. Mock's monumental work.

It is primarily a reference work and as such rightly contains in addition to a detailed presentation of the various phases of industrial medicine, discussions of such related subjects as Accident Prevention, the National Safety Council, Health Insurance, Employes' Mutual Benefit Associations, Americanization of Foreign Employes, and the Conservation of Disabled Soldiers and Civilians.

The book contains specific and detailed instructions as to the establishment, organization and equipment of medical service in industrial plants and outlines the principles and practice of industrial medicine and surgery.

Significant of the trend of modern medicine is the emphasis the author places upon prevention. Valuable as is the work of the industrial physician and surgeon in the care of the victims of industrial accidents and of industrial health hazards and in the selection and placement of employes, his greatest service lies in the field of plant sanitation and in the education of workers in personal and industrial hygiene. An example of the hygiene that industrial surgeons teach industrial workers is the care of minor injuries. That the skin abrasion, the sliver, the foreign body in the eye, and other seemingly insignificant injuries may, if neglected, be the cause of serious disability and loss of working time but that, if given early surgical attention rarely cause trouble, is a matter of common knowledge in many a plant because of the educational work of the medical staff.

The book meets several needs. It will serve as a text book for medical school courses in industrial medicine and surgery, as a reference work for physicians practising in this field, and as a guide in the establishment and development of medical departments by industrial concerns. It is helpfully illustrated and carefully indexed. A comprehensive and exhaustive bibliography adds greatly to its value for reference purposes.

Dr. Mock is especially well-qualified to undertake the authorship of such a work. He was one of the pioneers in Industrial Medicine and Surgery and was for years in charge of one of the best industrial medical departments in the United States. He had much to do with the organization of the American Association of Industrial Physicians and Surgeons. During the war, as a member of the Staff of the Surgeon General of the Army, he rendered valuable service in relation to the rehabilitation of disabled soldiers.

Problems of Women in Industry

How great a weight should a woman be permitted to lift?
What occupations are dangerous for women?
How much time is needed for the lunch period?

These are a few of the many problems confronting the employers of 12,000,000 women in the United States which are to receive the attention of the Women in Industry Section of the National Safety Council during the ensuing year, in accordance with a decision of the Executive Committee, it is announced at the headquarters of the Council in Chicago.

The program of activities for this section presented by its chairman, Miss Tracy Copp, formerly of the Wisconsin Industrial Commission and now labor manager for Strouse & Brothers, Baltimore, was introduced by the following statement of the problem:

"From the employer's standpoint, the problem is to so order the work performed by women and to so regulate the conditions under which they shall work that a maximum of production may be attained without impairment of the health and efficiency of the woman workers."

The growing importance of this problem was emphasized at the Eighth Annual Congress of the National Safety Council by Miss Mary Anderson, Director of Women's Bureau, United States Department of Labor, who pointed out that the number of women wage-earners had increased 50 per cent within the last ten years and that now almost one-third of the total number of workers in America are women.

The activities for the Women in Industry Section approved by the Executive Committee of the Council include the transmission of information to industrial concerns and others on all phases of the safety problems of women in industry: the preparation and distribution of special pamphlets on various health and safety problems involved in the employment and supervision of women workers; the preparation and distribution of bulletins especially suitable for posting in departments where women are employed. Specifically, the subjects to be covered in this program include the following:

What occupations are dangerous for women? Keeping absenteeism down to a minimum. Practical methods to reduce fatigue. Requirements or specifications of a proper factory chair for women. Summary of evidence and authoritative opinion on the limits of weight which women should be permitted to lift. How much time is needed for the lunch period? Practices of member companies employing large number of women, with respect to safety, sanitation, supervision. Modifications of processes or equipment which have resulted in greater comfort for employes and greater production. How to overcome objections to physical examination—when and how should physical examination of women be conducted? Factory uniforms and clothing for woman workers. Americanization of woman workers. The safety and health aspects of night work for women. First aid rooms for woman workers.

Cleveland Industrial Nurses Organize

An industrial nurses' club has been organized in Cleveland with a charter membership of thirty, with the object of discussing problems pertaining to nurses' work in industries and to obtain the co-operation of employers to promote better health conditions and increase efficiency of employes. Mrs. Carrie B. Correll, R. N., industrial nurse, Cleveland Telephone Company, is president. Besides Mrs. Correll, the membership committee consists of Mrs. Gertrude Ellsworth, R. N., American Multigraph Company; Miss Gertrude Foster, R. N., Parish Bingham Company; Miss Janet Schlobohm, R. N., Standard Tool Company; Miss Flora Mathey, R. N., Standard Parts Company, and Miss Lenora Mignin, R. N., Cleveland Telephone Company.

Plan Industrial Hospital

Stockholders of the Crystal Springs Bleachery Company of Chickamauga, Ga., have decided to build and maintain a hospital and day nursery for the benefit of employes.

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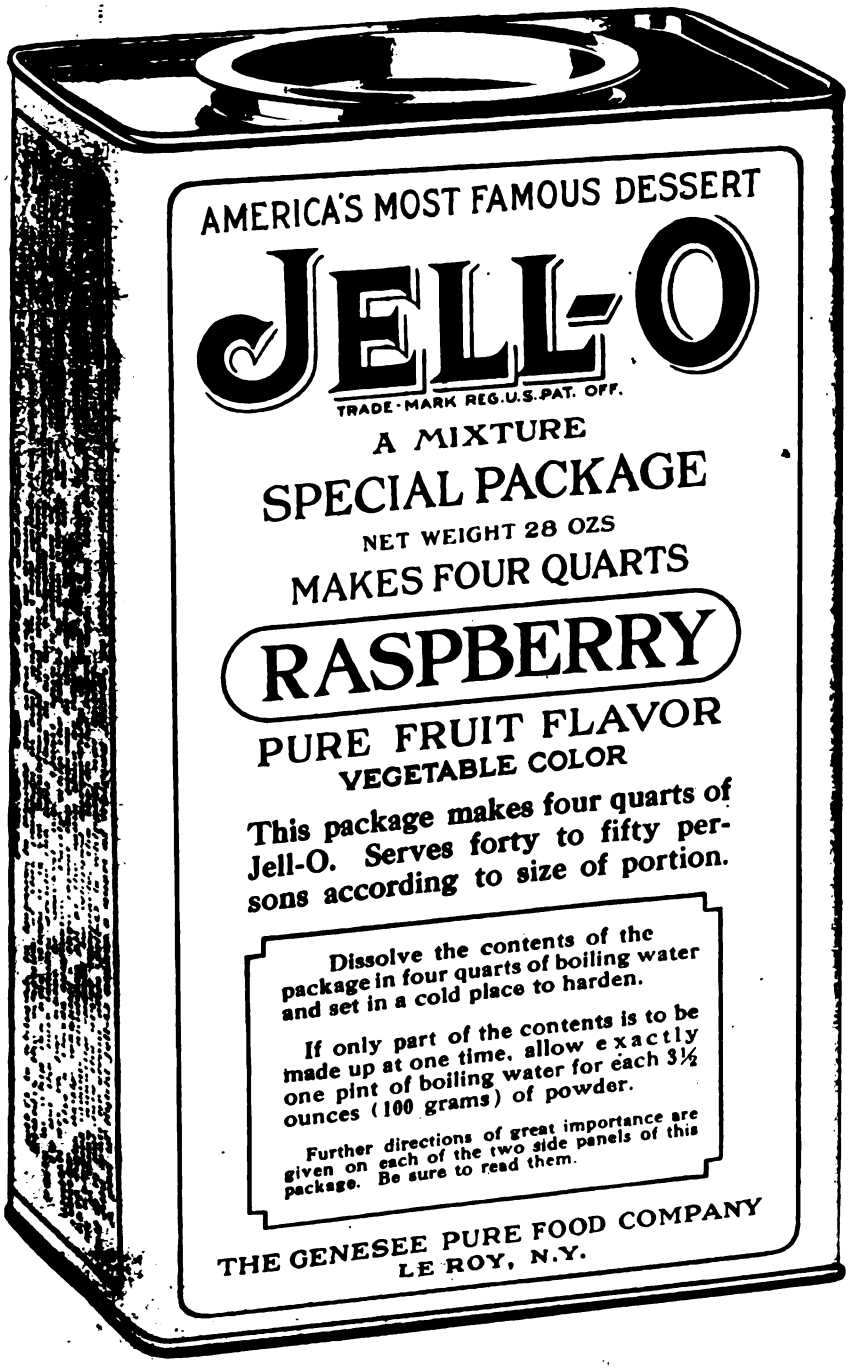

The Special Size for Hospitals

One gallon instead of one pint of Jell-O is made up from the new Special Package of Jell-O, saving nine-tenths of the time required for opening and emptying the common small size.

This change eliminates the last remaining bit of real work connected with the preparation of Jell-O dishes.

The Strawberry, Lemon, Orange, Raspberry and Cherry flavors are made in this special size regularly and the Chocolate flavor when desired.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y.

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Salvation Army Working Men's Hospital

People of Limited Means Given Opportunity to Pay for Beds at Rates of $5 to $7 Per Week

By Elmore Leffingwell

Some one once said that everyone looked out for the very rich, the Salvation Army looked out for the very poor, and only the workingman had to look out for himself.

This has been true of hospitals in many cases, as in most other things. When a wealthy man falls ill, he is hurried away to the largest and most comfortable private room in the best hospital in the city, and his own physician is rushed to his bedside. When the ambulance clangs through the crowded slums, it bears the destitute patient to the most scientific care in the free ward of the city hospital. But the workingman can neither quite afford the one nor quite tolerate the other. Private rooms are entirely outside his means, for the next part, and his spirit chafes at a charity bed in a public ward. He is too poor and too rich for the hospital system.

BOOTH MEMORIAL HOSPITAL

The Booth Memorial Hospital at Covington, Ky., the only general hospital with a training school for nurses that the Salvation Army maintains in this country, is a direct answer to this need of the workingman who insists upon paying as he goes, even when he goes to the hospital. It belongs pre-eminently to the workingman and to the workingwoman, having been created in their behalf. It is a distinct experiment which has already justified itself.

For many years the Salvation Army had carried on its work for the very poor, the people who were down, but never out, according to the creed of the organization. Its maternity hospitals, its day nurseries, its hosteleries for the penniless, its dispensaries, were all founded upon the love for the poverty-stricken, and its sympathy with them.

Without abating its services to the destitute in any detail, the Salvation Army has added to its institutions for them this other building, which has for its foundation a knowledge of the sturdy self-respect of the working classes, and an appreciation of their intensely independent spirit. The Booth Memorial Hospital owes its existence to the Salvation Army's sure understanding of the human heart—to its understanding that a free hospital isn't quite good enough for Jimmy Jones' new baby to be born in, that Mrs. John Smith likes to feel that if the neighbors came to see her while she is sick, they will find her in a pay hospital, just like anybody; that the best is none too good for Mike O'Grady, Jr., while he has a broken leg, and that his parents enjoy the feeling that they are sacrificing something to help make it well.

The Booth Memorial Hospital began its work as a maternity hospital when the Amos Shinkle property in Covington was given to the Salvation Army five years ago. A year later the plan to establish a general hospital in Covington, with low rates, and an undenominational management, was adopted. After much consideration, the Salvation Army decided that the Booth Memorial Hospital might be a greater gift to humanity used in this way.

"Though it is not our express wish to conduct a general hospital, if by so doing we can do a greater service to the community and to the state, we venture the enterprise," the authorities announced.

Thus the Booth Memorial Hospital was inaugurated as a general hospital, where anyone who entered might retain the services of his own physician, at rates of from five to seven dollars a week. This made it a possibility for people in the most modest circumstances. Over night it became the hospital of the workingman and the workingwoman, and they pointed to it with pride as their possession.

It must be understood, of course, that patients who could not afford to pay were welcomed also, just as they had always been, and accorded exactly the same treatment that the others received. If the Salvation Army has ever turned anyone away from any of its institutions,

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Will abort Colds, Grippe, Influenza and Pneumonia

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Influenza B. strains from present epidemic and others	200,000,000
Streptococci, many haemolytic and other types	100,000,000
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Micrococcus Catarrhalis, leading members of the group	200,000,000
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Staphylococcus Aureus, many strains	200,000,000

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because he had no money, the case is yet to go on record. The records of the Booth Memorial Hospital in Covington show that in the course of a year it has about the same number of free and of paying cases.

Dr. J. Risk Meek, a physician and surgeon from John Hopkins University, one of the leading younger physicians of the United States, became the chief of staff of the new general hospital. He surrounded himself at once with thirty of the most able physicians of the county, many of them specialists in their branches. Miss Catherine Webb, R. N., Superintendent of Nurses, and Acting Superintendent, pro tem, a graduate of two of the largest hospitals in the East, took her place there, and almost immediately began to be known by the patients as "the lady who's always on the job."

Two classes have already finished the Booth Memorial Training School for Nurses, and another will be graduated in June. This training school had long been a dream of the Salvation Army, which is forever encountering the need of trained workers in its industrial, rescue and settlement work in every city. The course of instruction is a complete one, complying with the usual state requirements, and consisting of 300 lectures, arranged by Dr. Meek and conducted by the staff of physicians, and of the usual amount of practical hospital work.

Already the graduates of the Booth Memorial Training School have brought glory upon the institution that prepared them to aid the world. Seven of the eleven became Red Cross nurses during the war. Two were among the Salvation Army lassies who carried doughnuts and cheer to the boys at the front in France.

The many-sided nature of the work done by the nurses in this hospital is suggestive. They learn far more plain cooking than is usually taught in training schools, because they will need this knowledge more, in their work among the poor. They cooperate with the Anti-Tuberculosis League, and thus receive additional training. They are in close touch with the three Salvation Army institutions for women just across the river from Covington, in Cincinnati. They work there in the Salvation Army settlement house, in the heart of the slums.

A case in point was that of a father, mother, and seven children, all down with the influenza, whom one of the Salvation Army social workers came upon in the slums. She saw to it that the father and four children were sent to the hospital immediately. After a five weeks' battle between life and death the father died. The mother and the seven children were taken to a farm by the Salvation Army in Cincinnati, where they remained for three weeks. At the end of that time, their church was instrumental in placing all the children except the baby in a good school in Kentucky.

Because it is a hospital for the workingman and for the workingwoman, for those who do not have an excess of brightness in their lives, the Salvation Army feels that everything possible should be done to make the Booth Memorial Hospital as attractive a place as possible. The grounds and the old mansion are charming in themselves, and the latter has been renovated without destroying its original character, so that it is a cheerful and delightful place. The large sitting room with its comfortable lounging chairs, and its sunny windows is one of the places that a millionaire might envy the patients of the Booth Memorial Hospital.

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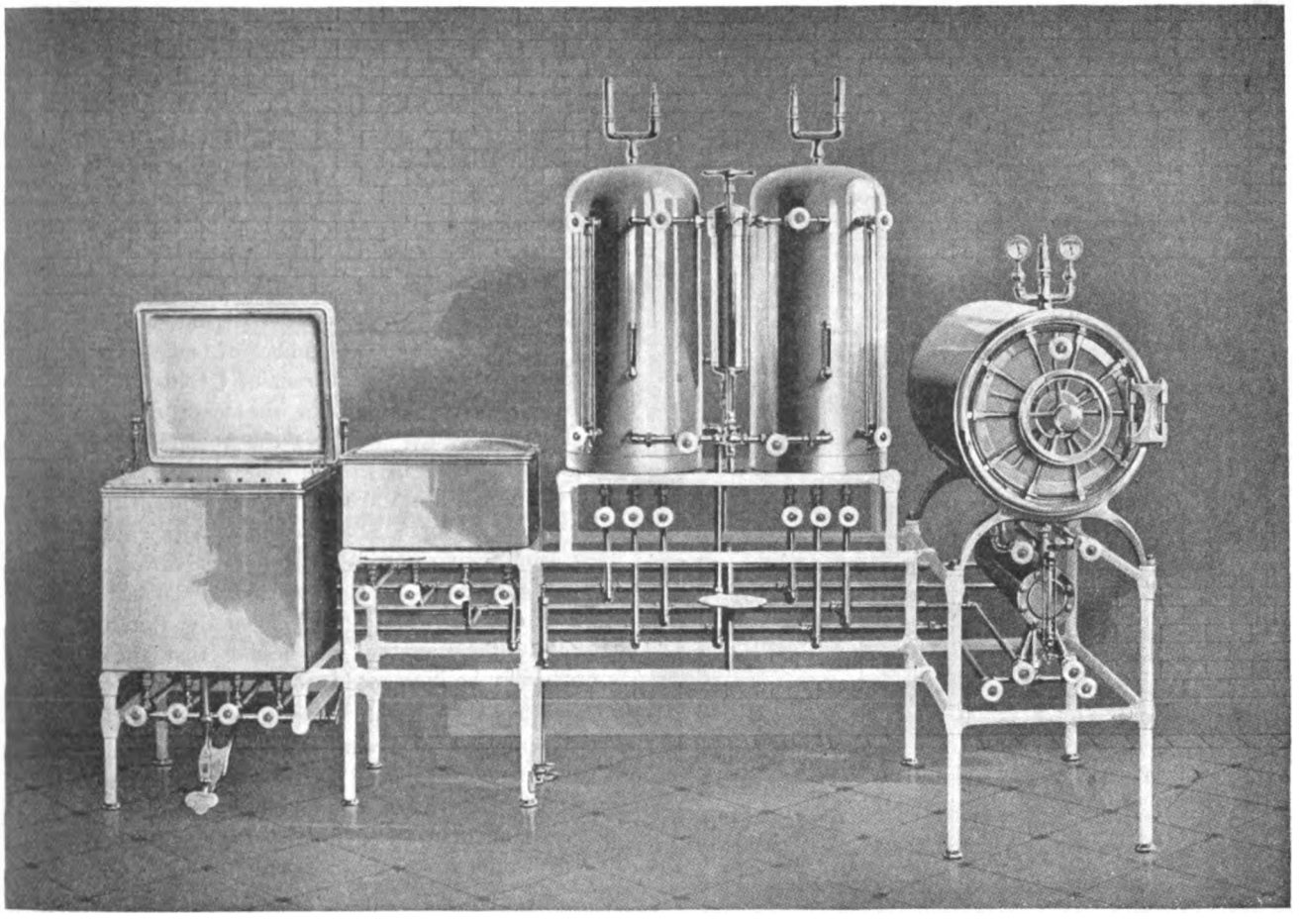
"THE WHITE LINE"



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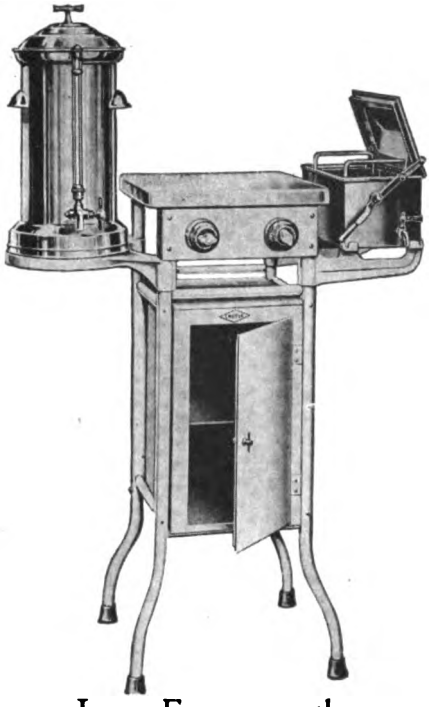

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is highly efficient in an emergency. The simplicity of its design, its compactness and convenient arrangement make it easy to operate quickly. It is also extremely durable.

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CASTLE

The hospital as it stands today is largely the fulfillment of the dream of one woman, Major Mae Morgan, its first superintendent. At present she has retired from active work there, because of ill health, but for three years she labored constantly toward the end of making this hospital for the working classes the equal of any other pay hospital in the country. Matron Amelia H. Benjamin, who is also the dietitian, is another person who has done a great deal to make the hospital what it is. It is her theory that sick folks are like children, and should be humored as much as is good for them, and she loves to see that each one gets on his tray the little, special home-made thing he craves.

At present, the workers are confronted with the difficulty of limitations in the number of private rooms. The Salvation Army and the citizens of Covington are putting forth every effort to enlarge the scope of the work by an extension which will give the hospital a capacity of one hundred and fifty beds and thirty trained nurses. This additional hospital space is badly needed in Covington. A check for $25,000 to endow a private room has been promised to one of the other Salvation Army hospitals. Another is on its way for $100,000, to endow a ward of six beds. The workers at the Booth Memorial Hospital in Covington are hoping that their own resources may be increased in some such way.

The Booth Memorial Hospital there is the only general hospital for both men and women that the Salvation Army conducts. There is a Salvation Army woman's hospital in New York, run on similar lines, for both free and pay patients. The Salvation Army also has twenty-five maternity hospitals in charge, with accommodations for 1,311 patients, and a number of other hospitals in missionary fields. It is now almost ready to open a woman's hospital and maternity home in Boston on West Newton street, with a surgical and medical staff supervised by Tufts College. Another is hoped for in Greenville, S. C.

Alton Additions Cost $500,000

Work has been begun on $500,000 additions to the Alton, Ill., State Hospital. A hospital building, six cottages, each capable of housing a hundred patients, an addition to the kitchen and dining room and two buildings for tubercular patients, are to be provided.

Sisters to Operate Mitchell Hospital

A $200,000 hospital at Mitchell, S. D., to be operated by the Presentation Sisters, is contemplated. George Hughill Boyce, Sioux Falls, is the architect.

Patients' Produce Nets $120,000

Produce and fruit raised by patients of the Massillon, O., state hospital will be valued at $120,000, according to Dr. Arthur G. Hyde, superintendent, who reports that this is $20,000 more than the value of the previous year's production. The hospital owns 850 acres and leases 525 acres.

Free Work Amounts to $21,000

Free work amounting to $21,977 was done by the Brokaw Hospital, Bloomington, Ill., in 1919, according to the annual report, which also showed that the average cost of caring for patients was $3.25 a day.

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DUSTLESS, SANITARY
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are used by Hospitals, Sanitariums and other institutions in all parts of the country.

BECAUSE wherever used they are known for their purity and quality,

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Our Teas and Coffees Are Leaders in Beverage Qualities.

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Hobart ELECTRIC MIXER

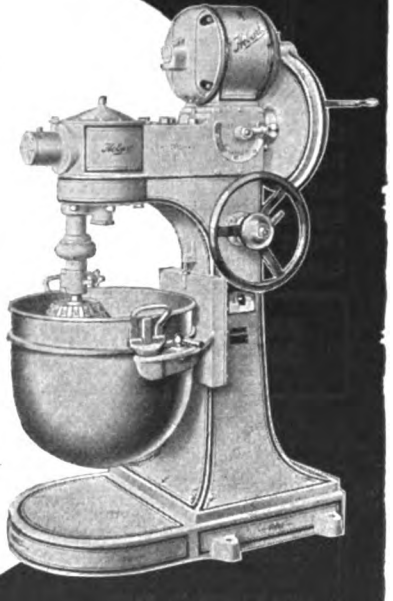
Foods Prepared in less time — at less cost

THAT'S what the Hobart Electric Mixer is accomplishing for thousands of hospitals. Quickly does away with the drudgery and at the same time actually increasing volume because the Hobart mixes more thoroughly. Attachments for coffee grinding, meat chopping, etc., etc. Almost every hour in the day you will find the Hobart busy for you—earning a good profit on its time.

The Hobart Kitchen Aid

It does on a smaller scale the work of the larger Hobart Mixer—often an invaluable auxiliary in the preparation of food delicacies. Weighs only 85 pounds and attaches to light socket.

Ask for complete information regarding the "Hobart Electric Workers" for your business. Ask for booklet A.



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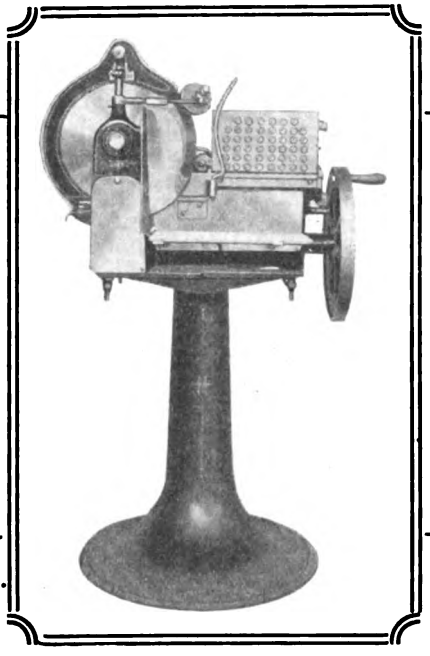
A Sanitary Meat Slicer

Regardless of appearance, **cost, or construction, a meat slicing machine must be sanitary and practical, or the entire fixture is worthless.**

This is not a new fact **about meat slicers. We have recognized this fact for sixteen years and built our machine accordingly.**

The AMERICAN SLICING MACHINE STRICTLY SANITARY.



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More Slices	***Better Slices***	***More Appetizing Slices***

We will be pleased to give more information and send our booklet, "How to Bone and Slice Cured Ham at a Profit."

AMERICAN SLICING MACHINE COMPANY

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Medical Service in Bank

The Fort Dearborn banks, including the Ft. Dearborn National and the Ft. Dearborn Trust & Savings, of Chicago, have opened a medical department for their 400 employes. A room has been fitted out with first aid equipment and a graduate nurse put in charge. Two physicians have been retained. Besides caring for those who are ill or injured at work, the nurse visits sick employes in their homes. To prevent spread of contagious disease, a physician examines all who have been absent on account of illness before they are permitted to return to work. Dr. Harry E. Mock and Dr. John Ellis are the physicians in charge of the department. Miss M. Redfern, a graduate of St. Luke's Hospital, who saw service in France, is the nurse on duty.

The Fort Dearborn banks are the second group of Chicago's financial institutions to inaugurate a medical department. The Federal Reserve Bank opened its medical department a year ago. Four nurses are on duty there, as the employes number 1,200.

Westmoreland Superintendent is Dead

Hiram Grove, for four years superintendent of the Westmoreland Hospital, Greensburg, Pa., died of pneumonia February 19, after three days' illness. He formerly was assistant superintendent of the Western Pennsylvania Hospital at Pittsburgh for eight years and had thirty years' experience in hospital work. His widow, who was Miss Mary Martha Jones, R. N., a graduate of Western Pennsylvania Hospital and the Pittsburgh Eye and Ear Hospital, and a son, eight years old, survive Mr. Grove.

$4,000 of Hospital Bonds Retired

The retirement of $4,000 of the bond issue of the Mercy Hospital, Benton Harbor, Mich., during the past year was credited to the efficient work of Miss Mae Fye, superintendent, by the hospital association at its annual meeting.

Hospital for Negroes Planned

A hospital for colored patients at Seventeenth and Long streets, Columbus, O., is expected to be ready for use shortly. Accommodations for eighteen to twenty patients will be provided. Drs. W. A. Method and R. M. Tribbitt are the owners.

Buy Kelso Hospital

The Mennonite Sanitarium Association has purchased the Kelso hospital at Bloomington, Ill., to continue public hospital work upon a larger scale. Benjamin Rupp is the superintendent.

Negro Clinic Successful

The Springfield, Mo. Clinic and Infirmary for Negroes was conducted successfully in 1919, according to the report to the board of directors. Mrs. William Hancock, matron, is in charge.

Beth David Plans Filed

Beth David Hospital, New York, has filed plans for a six-story hospital to be erected at 1322 and 1324 Lexington avenue, adjoining the present institution. The cost is estimated at $150,000.

County Infirmary Completed

The new $50,000 county infirmary at Lexington, Ky. has been completed.

Contracts Let for Nurses' Home

Contracts have been let for a new nurses' home at Wabash County Hospital, Wabash, Ind. The building will cost $100,000.

Will Establish Railroad Hospital

Definite announcement has been made that the hospital for M. K. & T. railroad employes will be located at Denison, Tex., this town having been favored by three different votes of the employes.

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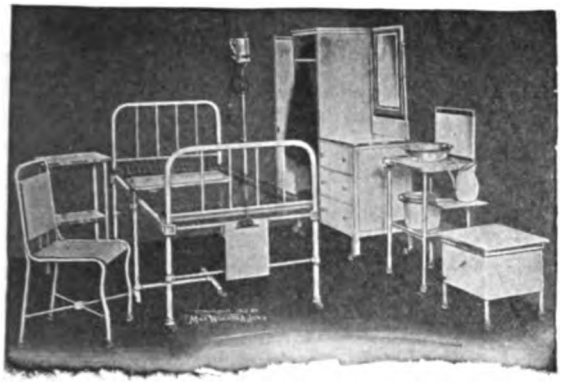


Modern Sanitary Hospital Room No. 3

All White Enameled.

Send for description.

We equip hospitals complete. Many new designs of ward, private room and operating sanitary furniture.

Send for literature showing modern furniture and hospital requisites.

The Max Wocher & Son Co.
19-27 West Sixth St., Cincinnati, Ohio

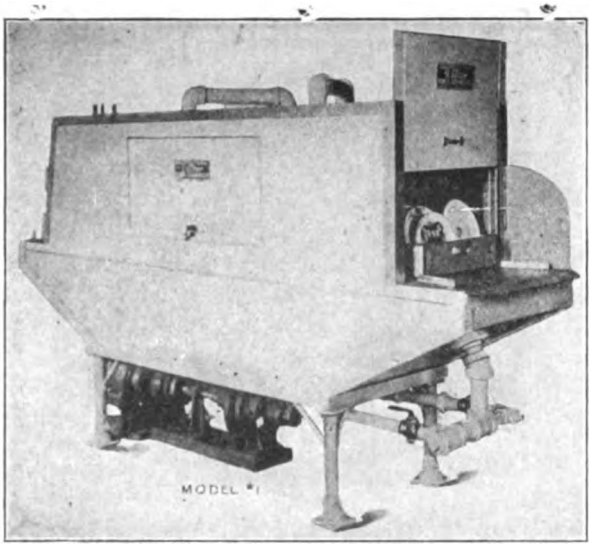
All Citrus Fruits

used in the sick-room should be pleasant to the taste of the patient.

Sealdsweet oranges and grapefruit are deliciously flavored, aromatic and appetizing, refreshing and strengthening.

The boxes and wrappers in which Sealdsweet fruits are shipped carry the trademarks shown herewith. Specify Sealdsweet!

ORANGES Sealdsweet GRAPEFRUIT — FLORIDA CITRUS EXCHANGE — ORANGES Sealdsweet GRAPEFRUIT



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The Best Hospital Endorsement

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It washes, rinses and sterilizes on one operation.

There are no doors to open or shut. It pays for itself and is a perfect dishwashing machine in every way

Some of the leading hospitals and hotels using Haustetter Victor are

Colorado Utah Hospital
City and County Hospital, St. Paul
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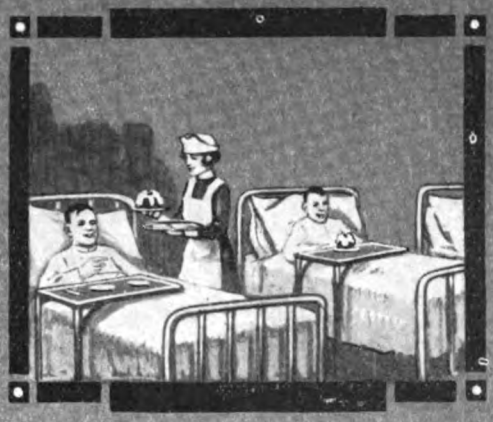

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Philadelphia General Hospital - Phila.

FREE SAMPLE AND PRICES UPON REQUEST

S·GUMPERT & Co
CHICAGO BROOKLYN·N·Y·

Meeting the Problems of Standardization

(Continued from Page 43)

as good financial condition, and if there is a special charge made for the laboratory work, his doctor will be a little hesitant about ordering a stomach analysis unless he knows that such a procedure is absolutely necessary. Were the cost of the laboratory care underwritten by the institution, there would be no hesitancy on the doctor's part to order the stomach analysis for Patient B, just as readily as he would for Patient A, thereby giving to Patient B the full benefit of the facilities of the institution.

It is suggested that after you have made such an arrangement, all of your surgical pathology be a routine measure, in other words, that the clinical and laboratory findings of various surgical procedures be correlated, in an effort to see what the relative efficiency of your surgeons is. It is suggested further that your medical staff be encouraged to use the laboratory facilities developed, in fact, that the administration look with question upon the performance of an individual who does not use the facilities at his command.

Please bear in mind that no laboratory facilities, no matter what the physical development, are of any value whatever unless the character of the work of the individual in charge is such that he retains the utmost confidence of the members of the staff.

HANDLING X-RAY WORK

The medical profession as a whole is recognizing more and more every day the value of X-ray in the diagnosis and treatment of all conditions, medical and surgical, and by very reason of the pyrotechnics of this particular branch of medicine, the number of X-ray machines that are in the offices of our medical men is amazing. The installation of an equipment is by far the simplest part of the furnishing of an X-ray service. The interpretation of the result of an X-ray plate is a profession that requires special training, one that very few men in the practice of medicine, as a whole, are temperamentally suited or trained to do. Therefore, it logically follows that our medical men are not getting a maximum of good for their patients out of the installation of machines in their own offices, by very reason of the fact that the volume of work that they have is not sufficient to produce an experience that will offer the best possible interpretation of the work. As a solution of this problem, the following is suggested:

We go back to the hospital as the medical center of the community. We install in that institution the most modern X-ray machine available. We secure the services of an X-ray man, pay him a salary commensurate with the service he renders, and then say to the medical members of the community, "We have furnished you the best X-ray service obtainable. We feel that we have gone to an expense for the benefit of the community, and we ask your co-operation in making this department a success, both financially and otherwise, by supplying it with your patronage, being assured that you will secure the most courteous treatment for your patients," first establishing beyond question that the patient will be treated as a consultation case only, and returned to the individual referring him for treatment. This is a very important matter.

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Used in
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We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

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IOCAMFEN

Iocamfen is extensively used in Military Surgery in the management of deep, jagged, soiled and infected wounds, as well as by numbers of surgeons in charge of workers in large industrial institutions, railroads, mines, stores, etc.

Iocamfen is an interaction product of Iodine, Camphor and Phenol. Contains about 7½% free Iodine, held in perfect solution without the aid of alkaline iodides, alcohol, or other solvent.

Has greater stability and higher antiseptic action than Tincture of Iodine with better adhesion, greater penetration and healing qualities.

Camiofen Ointment (formerly called Iocamfen Ointment) is prepared with IOCAMFEN and used where additional emollient action is desired.

Both products accepted by the Council on Pharmacy and Chemistry, American Medical Association.

Information and Literature from

Schering & Glatz, Inc.
150-152 Maiden Lane New York

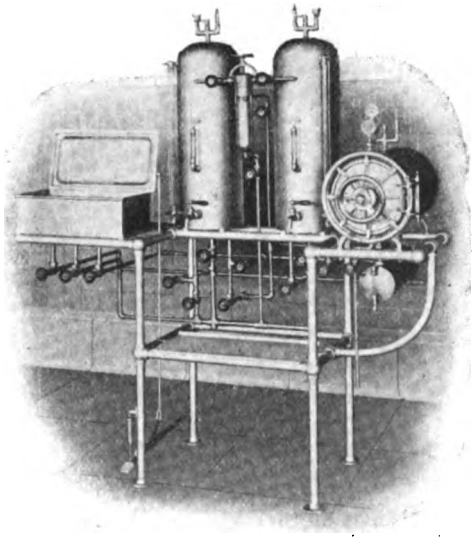
THE ECONOMY OF

"AMERICAN"
THE PRODUCT OF SPECIALISTS

Sterilizers and Disinfectors

¶ Their years of usefulness run well towards a half century; their simplicity and ease of operation are a service of perpetual satisfaction; their efficiency shows the highest percentage of attainment; their upkeep is of but small consequence. ¶ Viewed from these advantages, their initial cost is a matter of unimportance, affording an economy noteworthy in any article of superiority.

Whatever your Sterilizer or Disinfector need, there's an "AMERICAN" apparatus to meet it. Ask for descriptive bulletins.



American Sterilizer Co.

NEW YORK OFFICE
47 West 34th St.

ERIE, PA.

CHICAGO OFFICE
202 So. State St.

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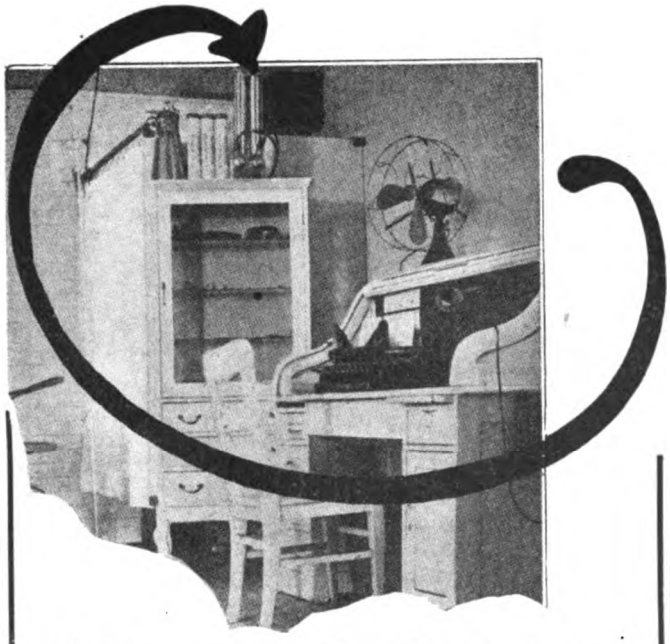

"I Know of No Better Device or Means of Restoring Respiration Than'

***The* LUNGMOTOR**

"The instrument is simple in construction; it is fool proof and efficient."
Thus speaks

A Well-Known Industrial Physician★

Furthermore he says:

"On two different occasions I used it on two different patients for a shock during an operation. These patients had stopped breathing, marked cyanosis developed, and the pulse became very weak. Both were revived by the use of the Lungmotor. I feel confident that I saved the lives of five babies suffering from asphyxia neonatorum. I found it very useful in these cases."

The necessity of Lungmotor protection in your hospital—in your industrial plant, is evident from the large number of lives saved in other hospitals and plants with Lungmotors available.

The need may come tomorrow:—Be Ready:—Some day you are going to have Lungmotor protection. Perhaps after the next fatal accident, as 87% did last month. Why not that protection now and save that next life which might otherwise be lost?

"The Lungmotor and the Need of It" is the title of the New Booklet which is yours for the asking.

Lungmotor Company

711 Boylston Street **Boston, Mass.**

★Name on Request

These, to my mind, are the most important problems that have to be met in the standardization program of hospitals. The solutions that have been offered are not the only solutions by any means, but they have proved workable and are the solutions that seem the most practical.

It is believed that the demands upon those in hospital work are greater than in a great many other walks of life, and the compensation received is certainly not commensurate with the work done. Therefore, the greater part of our compensation must come from a realization of a work well done. The satisfaction of knowing that the institution that you are connected with is functioning as fully as possible must bring with it a joy in your work that cannot be measured in dollars and cents, and the realization of this joy is counted upon more than anything else to produce a better hospital practice, and automatically, a better communal health.

Plans and Specifications for the Kitchen

(*Continued from Page* 47)

iron stands. (Some prefer combination water and coffee urn and others the "Imperial" urns, which are made in sets of three, i. e., water urn 75-gallon capacity, two coffee or tea urns 50-gallon capacity each. Aluminum urns are also manufactured.)

Two galvanized iron sinks with drain shelves, each sink to be 30 inches long, 24 inches wide, 14 inches deep, with galvanized drain shelves, as shown on plans. (Sinks of this type are usually made from 3/16-inch boiler iron plate.)

SCULLERY

One set of 3 galvanized sinks, each 30 inches long, 24 inches wide, 14 inches deep, having 10-inch splash at back flanged out 3 inches, and to be set on galvanized pipe legs with ball feet; each to have 2-inch brass waste outlet with plug, and to have galvanized drain shelves, as shown on plans, with 10-inch splash at back, and 3-inch edge in front.

One galvanized sink for pot washing, having two compartments, to be 30 inches long, 24 inches wide, 16 inches deep, with 10-inch splash, and to have two galvanized drain shelves, as shown on plans, with 10-inch backs and 3-inch front edge. (Metal sinks last much longer and are more sanitary than wooden ones.)

Three sets of wood shelving, as shown on plans.

STORES

One No. 18 silent Buffalo meat-cutter, having 20-pound capacity, with two-horsepower electric motor directly attached. (Some prefer meat cutters of the "Enterprise" type, which require so little space that they may be set up on a table.)

One meat bench 5 feet long, 2 feet wide, 4 inch hard wood top, with heavy wood turned legs.

One sectional meat block 30 inches long, 24 inches wide, with heavy wood turned legs.

One galvanized sink 24 inches long, 24 inches wide, 14 inches deep, made the same as those described above.

One table 8 feet long, 3 feet wide, top made of 2-inch ash with galvanized pipe frame, and galvanized shelf to have one drawer with suitable lock.

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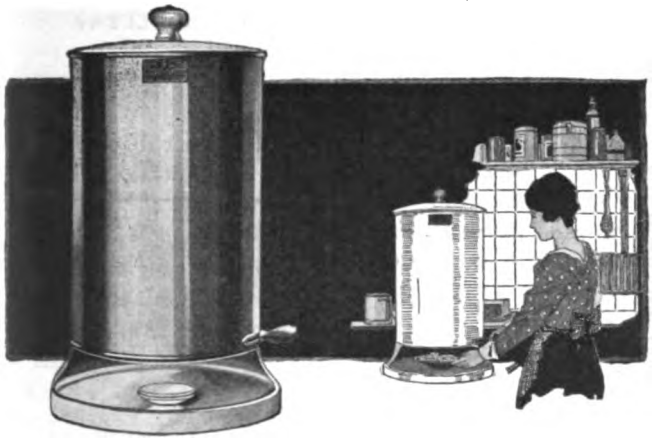


YOUR kitchen needs the sanitary American Butter Dispenser. It cuts clean without squeezing or compressing butter, leaves no waste and saves 7½ per cent on your butter bills. This machine eliminates handling. It drops fresh, firm pats on to plate, untouched by hands. No intricate parts to clog. Can be sterilized instantly. Parts touching butter are pure nickel. Silver nickel urn, white enamel base compartment. Capacity is nine pounds per filling. *Write for details. Your supply house can furnish this machine*

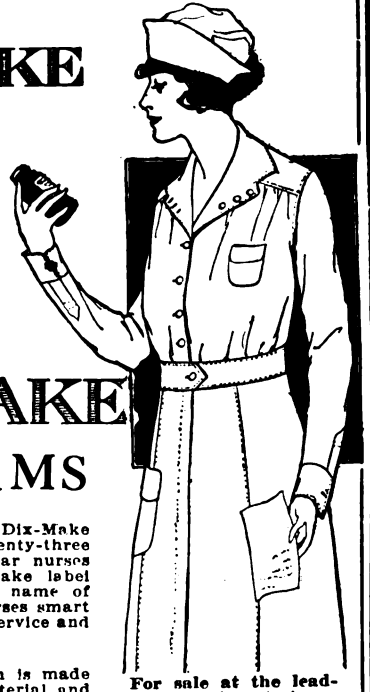
AMERICAN DISPENSING MACHINE CO.
Pittsburgh, Penna.

American Butter Dispenser

DIX-MAKE

No. 400

Dix-Make No. 400 Exceptionally well-made uniform of snow white Dixie Cloth. Price 6.00.



DIX-MAKE UNIFORMS

It is sufficient proof of Dix-Make quality, that for twenty-three years the most particular nurses have sought the Dix-Make label in their uniforms. The name of Dix signifies to these nurses smart style, good fit, splendid service and value throughout.

Every Dix-Make uniform is made of carefully selected material and throughout its making is carefully supervised in every detail. The Dix label is only sewn in a garment that reaches every standard of Dix excellence.

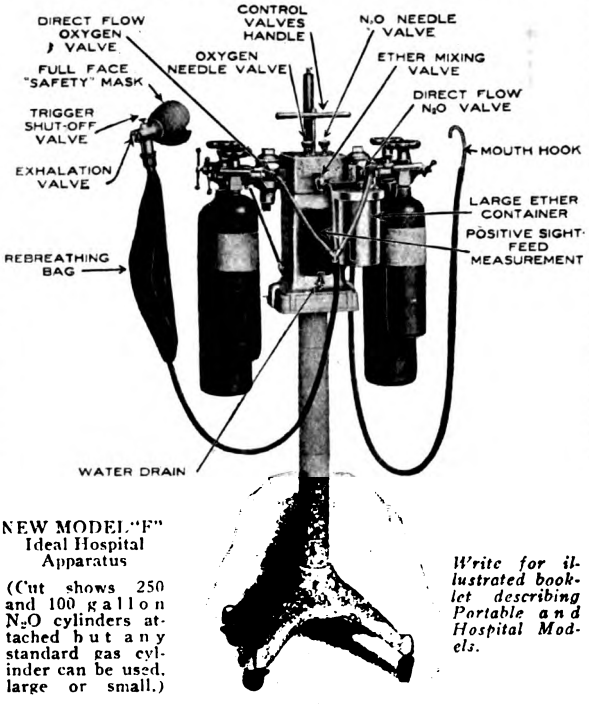
For sale at the leading department stores. Catalog 8 sent upon request, also folder of house and porch dresses, together with list of dealers.

HENRY A. DIX & SONS CO.
Dix Building NEW YORK, U. S. A.

Certainty vs. Guesswork

Every hospital executive knows that errors in anaesthesia occur largely through the inability of anaesthetists to judge of the dosage and control the flow of the mixture; and this fault is a fault of the apparatus used, not of the persons using it.

Here's the Machine You Need



NEW MODEL "F" Ideal Hospital Apparatus

(Cut shows 250 and 100 gallon N_2O cylinders attached but any standard gas cylinder can be used, large or small.)

Write for illustrated booklet describing Portable and Hospital Models.

Reasons for Its Success

1. It can be *successfully operated* by any competent anaesthetist.
2. Once used the *SURGEONS DEMAND* it constantly.
3. It is *ECONOMICAL* to operate, using from 40 to 60 Gals. N_2O per *HOUR*.
4. It does *not*, with ordinary care, *get out of order*.
5. It has proved a *good revenue producer* wherever used, both directly and indirectly.

Used in Hundreds of Hospitals. It Has a Place in Yours

There is a hospital near you which has had experience with the Safety Anaesthesia Apparatus, and we shall be glad to refer you to it for detailed information regarding our machine. Actual test of satisfied users is its best endorsement.

Use the coupon and find out.

SAFETY ANAESTHESIA APPARATUS Concern

1652 Ogden Ave. CHICAGO, ILL.

COUPON

Safety Anaesthesia Apparatus Concern,
1652 Ogden Ave., Chicago, Ill. 6

Please send me the name of one or more hospitals in this vicinity using your apparatus, and full information concerning it, without obligation to me.

Hospital .....

Individual .....

Address .....

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The Pneumonia Convalescent

Borden's Malted Milk offers an agreeable and valuable addition to the diet of the pneumonia convalescent. It constitutes a highly nutritious liquid food which imposes the minimum tax upon the weakened gastro-intestinal tract.

This is the result of an improved process by which malt ferments act upon the casein of pure milk, converting it to a partial peptone.

Borden's Malted Milk being palatable and appetizing, is readily accepted and enjoyed by the most delicate stomach.

Samples, analysis and literature on receipt of professional card.

The Borden Company
Borden Building New York

Borden's
THE IMPROVED
MALTED MILK

BASEMENT VEGETABLE ROOM AND SCULLERY
(Not Shown in Plan A)

One No. 4 Sim-peel-o Vegetable Peeling machine, with electric motor.

Two sets of galvanized sinks, each with two compartments, each to be 30 inches long, 24 inches wide, 14 inches deep, with galvanized drain shelves.

One vegetable table 12 feet long, 3 feet wide, top made of 2-inch ash, frame made of galvanized pipe with ball feet, galvanized shelf and one drawer with suitable lock. (To maintain a sightly kitchen the rough work, such as peeling vegetables, should not be done in the main kitchen.)

GROUND FLOOR SERVING PANTRY

One set of 3 urns, consisting of two 12 gallon for coffee and one 20 gallon for water, all made of heavy copper nickel plated, Monel metal or aluminum. Coffee urns to have porcelain jars, double glass gauges.

One urn stand, as shown on plans; body made of polished black iron, having two shelves heated with steam coils, top to be made of polished Monel with 6-inch drainer set down flush full length. (The above two items for employes.)

One carving table 5 feet long, having two meat platters, two gravy dishes, four soup and vegetable dishes. Pan to be made of heavy planished copper with steam coil. Warmer to be made of polished black iron, having two galvanized shelves heated with steam coils, to have sliding doors in front.

Two sets of dressers, as shown on plans, one to have enamel iron sink set down flush in counter shelf.

One dish-washing machine, Crescent Model "AA", with electric motor, having a capacity of 2,500 pieces per hour.

One set of tables for soiled and clean dishes, tops to be made of heavy galvanized iron with 3-inch edge. Soiled dish table to be provided with scraping hole, having wood rubber bound collar. All tables set up on galvanized pipe frames, legs to have ball feet.

One galvanized sink 24 inches long, 24 inches wide, 14 inches deep, with 10-inch splash, to have galvanized pipe legs with ball feet, and galvanized drain shelf, as shown on plans, all to match table.

One Buffalo Bread Cutter and Stacker.

DINING ROOMS

One dish warmer in each of the main dining rooms, 6 feet long, 2 feet wide, 6 feet high, having four galvanized shelves heated with steam coils, body made of polished black iron.

NURSES' DINING ROOM

One dish warmer 4 feet long, 2 feet deep, 6 feet high, made similar to above warmer.

FIRST FLOOR SERVING PANTRY
(Not Shown in Plan A)

One dresser with enamel sink set in same.

One Buffalo bread cutter and stacker.

One table 10 feet long, 3 feet wide, top made of 1½-inch ash, with galvanized pipe frame.

One "AA" Model Crescent dish-washing machine with soiled and clean dish tables, and a two compartment sink similar to those described for ground floor.

DINING ROOMS

One dish heater in each room, 7 feet long, made similar to the ones described for ground floor.

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New Shades for Old!

That is literally what the Paris Process accomplishes for you, by enabling you, without the employment of expensive outside help, to renovate your old shades and make them like new, or to replace them with new ones at remarkably low cost.

Make Us Show You How

Full details will be sent to you promptly, on request, without obligation to you. Our service has proved economical and satisfactory to many hospitals—it can make good in your hospital.

Your Request Brings the Story.
Eliminate Shade Worries—Now

The Paris Manufacturing Company

General Offices and Laboratories

5716 Euclid Ave.,
CLEVELAND, OHIO

Buy Qualityweight Towels

THEY Meet all Hospital Requirements.

THEY are of heavy weight and are made of first class material for the purpose.

THE selection offered this month consists of

FACE Towels—
Linen, Union or Cotton Huck
Turkish Bath Towels,
Ribbed Bath Towels,
Glass Towels—
Linen or Cotton
Dish Towels—
Linen, Union or Cotton
Waiters Side Towels—
Linen, Union or Cotton

YOU can have proof that **qualityweight** towels are desirable by letting us send you samples and prices.

B. Lowenfels & Co., Inc.

Importers of Linens
38 Cooper Sq.
New York City

Resident Salesmen:
Cleveland, O.
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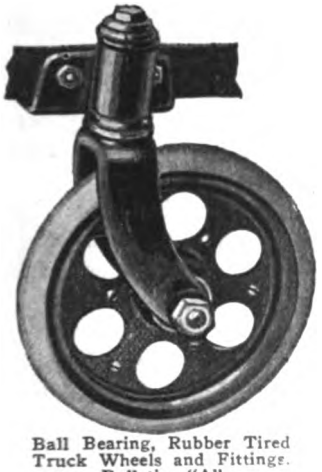
For Wheel Goods---COLSON



Ball Bearing, Rubber Tired Truck Wheels and Fittings. Bulletin "A"

THE QUALITY LINE

The two biggest requirements of good hospital service—the comfort of patients and efficiency of operation—rest to a considerable extent upon the question of whether your wheels and casters are the best that can be had. And the difference between the cost of the best and the other kind is so small, considering the importance of this difference in service that it is hardly worth thinking about. See that your wheels and casters, and the equipment they go with, are of the best.

The famous Colson Trade Mark Protects You.

Self Propelling, Reclining, Invalid Rolling Chair. "U. S. ARMY STANDARD." Bulletin B

In replacing wheels for service carts, wheel stretchers, food wagons, wheel chairs, and other equipment, it is the truest economy to see that the new wheels are all that they should be. Our Bulletin A tells you about them.

There are wheel chairs and wheel chairs. Are your patients given the most comfortable and easily-propelled sort? The kind we make have the highest indorsement, and give the greatest satisfaction in use. Bulletin B, free on request, is an interesting treatise on wheel chairs.

THE COLSON COMPANY
ELYRIA, OHIO, U. S. A.

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The
Safe Way
Is The
Easy Way

"To be Certain—

Burn-it-All"

There is only one safe and satisfactory method of collecting and disposing of SPUTUM, and that is by using paper receptacles, made for the purpose, which can be burned entire with their contents, making it unnecessary to take any chance of infection.

BURNITOL SPUTUM CUPS AND FLASKS
Are the Recognized Standard.

Two Popular Pocket Models

Made of the finest grade of heavy pliable red paper, thoroughly treated and highly finished. Each flask is partially filled with absorbent cotton. Will not sweat or leak. Can be carried in the pocket without danger of spilling, and used without the fingers touching the sputum.

Note Our Complete Line and Ask for Samples of Our

Sputum Cups	Green Soap
Paper Cuspidors	Surgical Soap
Paper Drinking Cups	Soap Chips
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Paper Handkerchiefs	Sweeping Compound
Paper Napkins	FUMIGATORS
Paper Towels	Toilet Cleansers
Toilet Paper	Insecticides
Deodorants	
Disinfectants	

Burnitol Manufacturing Co.

Chicago Office: 37 N. Market St.
San Francisco Office: 635 Howard St.
General Office and Factory: Everett Station, Boston, Mass.

An improved Pocket Cup, with many new features.

Allowances for Nurses?

Ohio Valley General Says No, But There Are Contrary Opinions

The advisability of making monthly money allowances to student nurses in the training school is a question in which hospital authorities have shown considerable interest. In this connection a questionnaire submitted to fifty-one schools, selected at random by the Ohio Valley General Hospital, Wheeling, W. Va., is timely, even if the conclusions drawn therefrom, that the allowance should be abolished, will not be agreed to by all.

Following a compilation of the answers of forty-six schools, the school for nurses committee of the Ohio Valley General recommended that the hospital continue its practice of making no allowances. The hospitals to which the questionnaire was sent were divided into three classes:

Class A, fourteen, with daily average of more than 200 patients.

Class B, fifteen, with daily average of between 100 and 200 patients.

Class C, seventeen, with daily average of less than 100 patients.

Thirty-six of these schools give allowances of from $4 to $15 per month, one to seniors and juniors only, one to seniors only, while eight make no allowances.

AMOUNT OF ALLOWANCE

Three of the schools, listed in Class A, charge tuition, and two others give $50 and $100, respectively, to nurses on graduation, but make no allowances during the course.

The average monthly allowances are: First year, $7.42; second year, $8.70; third year, $9.74. First-year allowances vary from $4 to $15 per month, and second and third-year allowances from $5 to $15.

"So far as it was noted," reads the digest, "schools charging tuition or those making no money allowance were the only ones seeming to have plenty of applicants."

From the information derived from the questionnaire, the school for nurses committee of the Ohio Valley General made the following recommendations:

"That the present system of no monthly allowance be continued, as in keeping with the practice of the highest grade of institutions, but that

"Uniforms, including caps, be furnished and tailored without charge, as is done in our state universities. We always have furnished books and the making of uniforms.

MAINTAIN HIGH PLANE

"We believe that to attract young women of superior ability to the profession of nursing, our school must be maintained upon as high a plane as possible, and to this end students must be guaranteed the best practical training, theoretically and practically; that every moment of her three years of training must be used to fit the pupil to be the best possible nurse, and that she must not be 'exploited' for the patient's or the hospital's benefit."

Another recommendation, which, like the foregoing, was ratified by the board of trustees, was that the hours of duty be reduced to fifty-two a week. It was explained that practically an eight-hour day is in effect, except that night nurses served from seven to seven.

The Ohio General questionnaire developed the following general reasons for giving allowances:

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B. B. CULTURE

The use of a capable culture of Bacillus Bulgaricus as a biological antiseptic in external use has proven markedly successful. In small pus cavities, where the infection is local, with no necrosis, the results are generally very rapid and usually more satisfactory than where the routine drug treatment is employed.

We will gladly furnish samples of B. B. CULTURE to any hospital in sufficient amount for clinical trial.

Descriptive literature on request.

B. B. CULTURE LABORATORY
INC.
YONKERS, NEW YORK

Arsenic and Mercury are Indispensable in the Treatment of Syphilis. We recommend

Salvarsan or Neosalvarsan

(Arsphenamine-Metz) (Neoarsphenamine-Metz)

powerful and easily administered spirochetecides, which are as efficacious as the imported products;

and

Bichloridol or Salicidol

(Mercury Bichloride) (Mercury Salicylate)

put up in COLLAPSULES (compressible ampules), which insure absolute accuracy of dosage with a minimum of pain after intramuscular injection.

This combination of anti-luetics has no superior in the therapeutic field. Literature upon application to

H. A. METZ LABORATORIES, Inc.
122 Hudson Street
New York

Every Patient

has deliciously hot meals

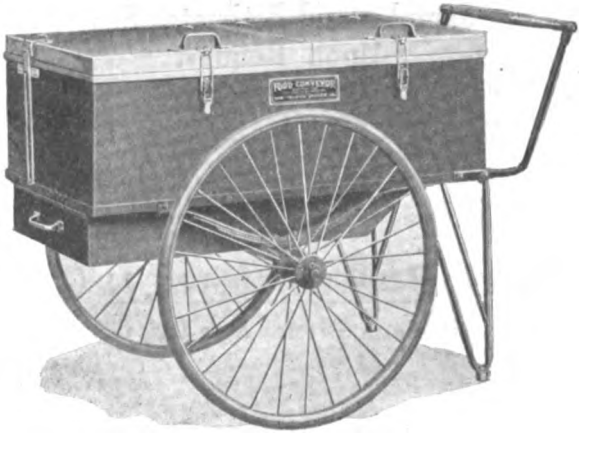
when an Ideal Food Conveyor brings the food from kitchen to floor. No patient whose listless appetite needs tempting turns away from his food because it is cold or dry or flavorless from its long journey from the central kitchen to his bedside. The most jaded appetite responds to the inviting odors of piping hot meals served from the Ideal Food Conveyor.

"IDEAL"

FOOD CONVEYOR

is a rubber wheeled, noiseless cart, with containers, built on the fireless cooker principle of heat retention, large enough for food for 70 or 80 people. Filled in the main kitchen, it keeps the food hot until it reaches diet kitchen, ward or private room. Food is easily and quickly served from it, and retains its original flavor and moisture until served. Saves an immense amount of time and work. Is strongly built and easily handled. Hundreds of hospitals are using and endorsing the Ideal. Write for information and names of users.

TOLEDO COOKER CO., TOLEDO, OHIO



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"Baker Maid"

Cut the H.C. of L-inens

Spending money for quality is one way of saving. Inferior linens, or materials intended to take the place of linens, are usually expensive at any price. Quality linens are the only kind that can cope with time and hard usage.

BAKER LINENS

Especially Made For Hospital Purposes

are linens of better weaves and stronger fabrics, and are not to be confused with ordinary linens.

We've spent one-fourth of a century studying and working on the problem of supplying to hospitals the best possible linens at the lowest possible price. We give direct service and you save the middleman's profit.

Samples and Estimates Sent Upon Request

Sheets and Pillow Cases
Bed Spreads
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Quilts
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Coats and Aprons for Attendants
Table Cloths
Table Covers
Napkins
Huck Towels
Face Towels
Bath Towels
Roller Towels
Kitchen Towels
Dish Towels

H. W. BAKER LINEN CO.

41 Worth Street, New York City

Boston
Philadelphia
Los Angeles
San Francisco

"Women in training must have financial assistance."

"Fees are necessary to provide books and other equipment."

"To cover expense for uniforms and books."

"Not necessary, but seems popular with nurses."

"If books and uniforms are furnished, an allowance would not be necessary."

BEHRENS DISAGREES

P. W. Behrens, superintendent of the Toledo, O., Hospital, objects to the conclusions drawn from this questionnaire, in so far as they dealt with the effect of the allowance on the standing of training schools.

"I do not think that even a smaller number of applicants has any relation to the fact that an allowance is provided," he writes, "nor do I think that an allowance has any effect upon the high standing of young women applying for nurses' training.

"As for applicants, I think the small or large number is due to locality, denomination, high standing of the medical profession and personal advantages offered.

"In fact," he continues, "some of the most intellectual nurses I have known have needed more financial assistance that others less intellectual.

"I grant you that providing books and uniforms is a very good arrangement, but my theory is that when the allowance is given in a dignified check form, it becomes the personal property of the student, to be used in the best possible way, for books and uniform first. The allowance teaches her the value of money and also of economy, and by economy I mean that she learns the advantage of taking the best care of her uniforms and books. She then has the balance of this allowance for shoes, etc., and for much needed recreation."

TEACHES VALUE OF MONEY

Superintendent Behrens compares the allowance with the practice of heads of families providing sons and daughters with a certain amount each month to teach them the value of money and a spirit of self-reliance.

Another strong point in favor of the allowance practice made by Superintendent Behrens was that his institution had an increase of 80 percent in the number of applicants since the Toledo Hospital monthly allowance was raised to $15 for first, second and third years.

"And every one of these applicants," he adds, "is of high standing, intellectually and socially."

Mr. Behrens cites another argument, based on facts obtained from graduate nurses, training school officials and student nurses, whose grammar and high school education was attained only after great effort and whose finances would not permit them a course at college. The training school for nurses made possible their desire to fit themselves for a profession.

"The girl who goes to college can usually afford it," he concludes, "while the girl who enters the training school is equally ambitious, but her parents may not be financially able to support her through the three years of training."

Will Install Dental Equipment

Weekly moving picture shows and dances for inmates of the Massillon, O., State Hospital, have been tried with success by Dr. Arthur G. Hyde, superintendent. The institution also is installing dental equipment and plans to add a dentist to its permanent staff.

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STERLING
Therapeutic Lamp
"The Light That Heals"

Has proved one of the most efficient methods of relieving pain; its effect is soothing and analgesic; its rays are germicidal. The warm, soothing, soft rays penetrate and vitalize every cell and tissue, new cell growth is stimulated; the body is refreshed and vitalized.

In rheumatism, neuralgia, neuritis, lumbago, in nervous conditions and a score of other symptoms and diseases, including skin and scalp disease, the Sterling Therapeutic Lamp is invaluable for the relief from pain, inflammation and for corrective purposes.

Scientific—Efficient—Economical

With stand it is ideally adapted for additional use as a spot light for operations and examinations as illustrated. Widely used in sanitariums, physicians' offices and hospitals; special sizes are adapted for the use of patients under the supervision and direction of the family physician.

Write for our interesting Illustrated Booklet showing the various sizes and uses of the Sterling Therapeutic Lamp.

Sterling Therapeutic Lamp Co.
Dept. 2, 546 Garfield Ave., Chicago, Ill

EXPOSURE

resulting from changing hot water bottles is dangerous.

BURNS

from freshly filled hot water bottles are frequent.

The temperature of the GOODWILL ELECTRIC PAD is more constant than that of your operating room. It will last as long as 8 hot water bottles. It is absolutely safe.

All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price $8.00.

Use it 30 days at our risk—return it if it doesn't make good.

THE GOODWILL ELECTRIC COMPANY
61 E. Van Buren St. CHICAGO

No Unbroken Food Cells

Steam Exploded Wheat

Here is whole wheat, fitted, as never before, for easy, complete digestion.

The grains are steam-exploded—shot from guns. They get an hour of fearful heat—550 degrees. The moisture in each food cell is thus changed to steam.

When the guns are shot, that steam explodes. Each of the 125 million food cells is exploded separately. Thus every granule of the whole wheat is fitted to easily digest.

Ordinary cooking breaks but part of the food cells. This method breaks them all.

Puffed Rice is whole rice puffed in like way. Corn Puffs are pellets of hominy puffed.

Where ease of digestion must be considered, these are the ideal grain foods. They are also the most delightful grain foods that anyone ever tasted.

The Quaker Oats Company
Chicago

Puffed Wheat

Puffed Rice

Corn Puffs

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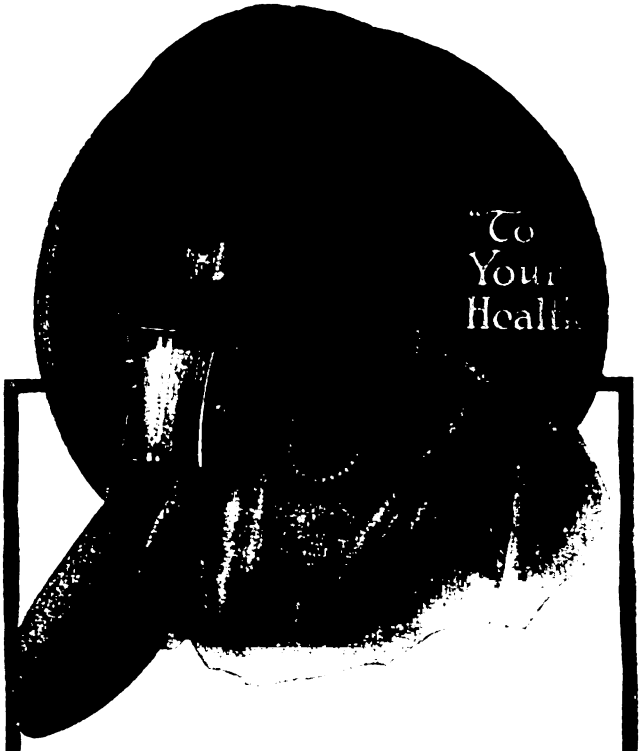

Where Malted Milks Fall Short

Malted Milks, excellent though most of them are, lack the important food property of hemoglobin.
HEMO has all the food value and delicious flavor of malted milk, and in addition contains a high hemoglobin content. It contains as much iron as mother's milk—six times as much as cow's milk. It is the preferred drink with thousands of physicians and nurses.

HEMO

A Milk and Meat Food Drink That is Delicious

A smooth, creamy, appetizing drink that patients will take regularly without urging. It is easily prepared and easily digested.
HEMO is recommended for convalescents, for infants and for the aged. Prospective and nursing mothers will find that regular drinking of HEMO increases milk flow and improves its quality. Safeguards babies against rickets, anemia, backward growth.
The flavor of HEMO is so delightful that many thoroughly healthy people drink it as a beverage. It is very strengthening after a hard day's work.

We will send a sample of Hemo to any physician or registered nurse.

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THE QUESTION BOX

Problems in Hospital Administration
Dealt With From the Practical Side

To the Editor: How much time is a nurse in training to have off duty each day and each week? How many weeks' vacation is she permitted and does her allowance continue in this time?

An Ohio Student Nurse.

No fixed system is followed by hospitals regarding the number of hours off duty permitted daily. At Wesley Hospital, Chicago, where an eight-hour day is in effect, a student nurse is on duty from 7 to 7, with four hours of leisure. She is given two half days off each week and two weeks' vacation the first year and three each the second and third, with full allowance.

Presbyterian Hospital, Chicago, follows practically the same method, but has a vacation period of eighty-four days for the three years of training. This school doesn't make any allowance to its students.

Mercy Hospital, Chicago, has a nine-hour day, three weeks' vacation each year with no allowance and one-half day off a week.

At the Illinois Training School, Chicago, a nine-hour day is in vogue, with two half days off each week and three weeks' vacation annually with full allowance.

To the Editor: Can you advise me of some method by which I can rewash and use over gauze? We have no laundry by which to do this washing. We do have a large sterilizer, with which we could sterilize the gauze. Do you think that it would be advisable to install an electric washing machine? Do you know of any hospital that washes gauze, and do you think that it would pay to have it washed in this way? As you know, gauze is a very large item in a hospital these days, and all of our used gauze is thrown away and means a big loss to us. Any information that you can give me will be very much appreciated.

A Virginia Superintendent.

Practically all systems for the recovery of used gauze in use in hospitals depend for their efficiency on the use of laundry equipment. In the absence of a regular line of steam laundry machinery, an electrically operated washing machine would probably serve the purpose.

The system of washing and re-using gauze has been found economical in many institutions, though the labor item is a factor. Where convalescent patients or others are available to assist in handling the gauze, the plan is much more likely to succeed. The gauze is sterilized after washing, and can be used without danger.

The system usually employed involves soaking the used gauze in soap and water over night and running through the washer twice, using clear water for rinsing the second time. The details of the procedure have been printed in Hospital Management.

St. Lawrence Hospital Opens

The new St. Lawrence Hospital, Lansing, Mich., was opened in time to assist materially during the "flu" epidemic. Eleven influenza patients were admitted the first day, February 2.

Hospitals Want Lower Water Rates

Hospital, church and parochial school authorities of Sandusky, O., recently petitioned the city for lower water rates. The city commissioners, while in favor of decreasing the fees, have delayed action pending an inquiry into legal phases of the matter.

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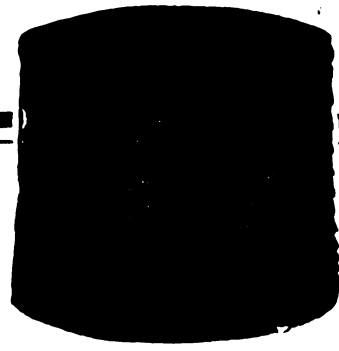

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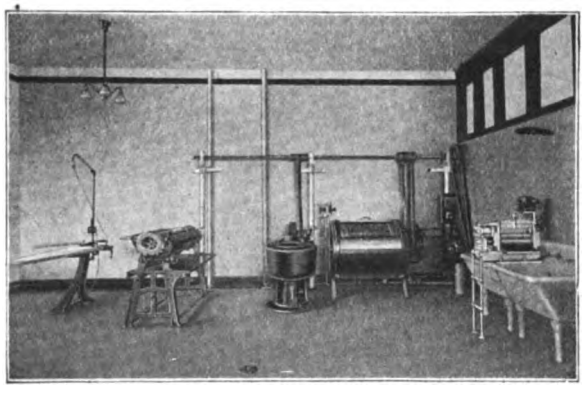

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Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

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Prices Weaken Somewhat

Tendency in Some Supply Lines is for Quotations to Go Lower

It is cheering to note that in some departments, at least, of the supply markets of interest to hospitals, prices are showing a tendency to go lower. This is directly due to the high cost of carrying speculative purchases, growing out of the drive by Federal banking authorities on this point. In some instances banks have been compelled by the tight money market to refuse to carry loans any longer on speculative purchases of supplies, and these supplies have, in consequence, been thrown on the market.

It is true that so far sales resulting from this situation have, as a matter of course, been made to dealers direct; but this in itself is bound eventually to affect retail prices, and consumers will thus reap the benefit. The comparatively low prices at which such goods have been purchased will enable dealers to average their costs with the high prices which will have to be paid for canned goods of the 1920 pack. Future prices for these goods so far announced are without exception decidedly higher than last year, due to higher costs in every department of production.

Coffee and tea have been steady at the relatively high prices which have prevailed for some time, but prospects indicated are for no reduction in prices, but rather for higher figures. The coffee crop, as far as this country is concerned, is that of Brazil, where short production and complete government control of the crop have tended to keep prices up. The price of tea, on the other hand, is being affected directly by the world-wide increase in wages, which has reached the Orient, and by the price of silver, which has been marked, thus putting up costs with reference to India and Ceylon.

EFFECT OF GOVERNMENT SALE

Government sales are still exerting a considerable effect on some lines of pharmaceuticals and supplies, on account of the offering by the War Department to the hospitals of certain surplus goods last month. These goods are now being offered to any who desire to purchase them, after being subject to sale by hospitals exclusively for a month; and many dealers are taking advantage of the opportunity to secure at very low prices some of the staple and other goods thus offered for sale. There is no doubt that a great many hospitals have thus far overlooked an opportunity of real value in these sales, but the opportunity is still available, although the sale is now open to other buyers, as stated.

The textile markets are perhaps the most discouraging for the hospital buyer just now, and bid fair to continue to be so, as supplies of goods are undoubtedly limited, and prices, based on record-breaking figures for cotton and cotton yarns, are very high. Reports indicate that all cotton goods, from towels to blankets, are hard to get, for dealers as well as their customers, and that purchases are still being made almost without regard to prices. It is possible that there will be some modification of this situation by a general tendency toward lower prices, but no such development is yet in sight with reference to the textile market.

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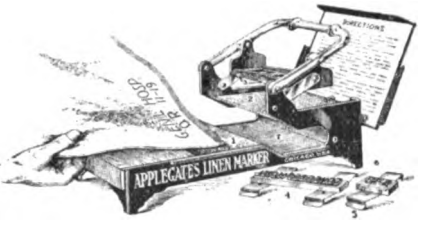

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War Department Sales Open

Announcement Made That Hospital Supplies May Now Be Purchased by All

The Director of Sales of the War Department has announced that the Surplus Property Division, Office of the Quartermaster General of the Army, will offer for sale to all classes of buyers a quantity of surplus drugs, medicines and hospital equipment and supplies on which fixed prices have been established and which have heretofore been offered for sale to state and municipal hospitals, free clinics and similar institutions exclusively.

In accordance with the original announcement made by the Surplus Property Division, the offer of these supplies to state and municipal hospitals and similar institutions remained good for a period of thirty days which has now terminated. The present offer will be in effect from March 5 to April 5, 1920.

Under the terms of sale, the present available surplus of medicines, hospital supplies and equipment, will be offered to the general buying public at fixed prices. No official forms are required and orders may be made by letter or telegram. For shipping instructions should accompany all orders. No deposit will be necessary on orders amounting to less than $1,000. However, no shipments will be made until full amount of purchase price has been received by the Zone Supply Officer as specified in Letter of Acceptance, which will be furnished each purchaser for accomplishment. Sale will be automatically cancelled ten days after date of Letter of Acceptance, unless full remittance is received. Orders amounting to more than $1,000 must be accompanied by a deposit of ten per cent of the total order in the form of a certified check, unless the buyer has arranged with the Surplus Property Division for a term guarantee in the sum of $25,000.

The medicines, drugs and hospital supplies are offered subject to prior sale. A list of the articles for sale has been prepared by the Surplus Property Division, showing the prices at which they will be sold and the minimum quantity which may be purchased. Copies of these lists may be obtained from the Surplus Property Division or from any of the Zone Supply Offices.

Included in the list of materials are standard drugs in large quantities, surgical instruments, rubber aprons, operating tables, litters, bandages and crepe paper. No narcotics will be sold to persons unless they are registered and licensed to handle them in compliance with the Harrison Narcotic Law, and the official Internal Revenue Narcotic order form must accompany all orders.

Tribute to Dr. Hurd

"Henry Mills Hurd," an intimate history of the life and career of Dr. Hurd, the first superintendent of the Johns Hopkins Hospital, is off the Johns Hopkins Press. Thomas Stephen Cullen, a close friend of Dr. Hurd is the author. This sketch will be a welcome addition to hospital literature as the subject probably is one of the best known hospital superintendents in the United States, an expert on hospital organization and management, professor of psychiatry, author and editor. The author was familiar with all phases of Dr. Hurd's activities, since it was his good fortune, as he writes "to come to the hospital in 1891, just two years after it was opened." "In my early years I viewed Dr. Hurd's work from the immature standpoint of a junior intern," the preface continues, "later as a senior house officer, and for at least fifteen years Dr. Hurd has been one of my very best friends."

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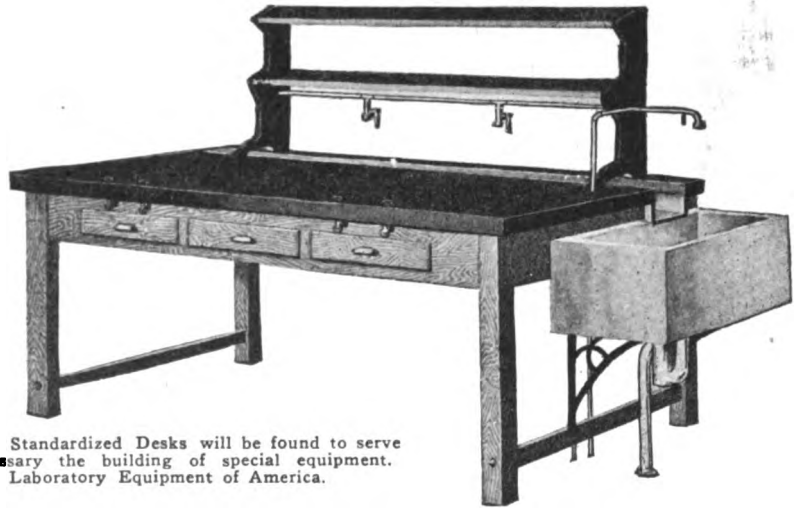

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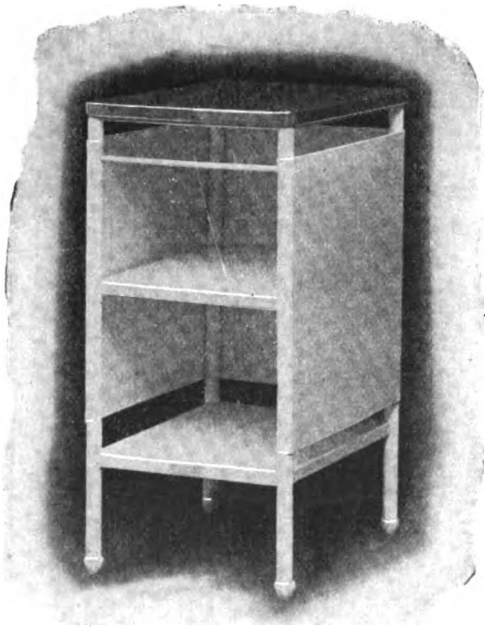

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More Money for Hospital Employes

Hospitals are compelled to realize that in the employment of help, they are competing with other classes of employers, and their scale of wages, including living accommodations, must be established with this fact in mind.

Everett S. Elwood, secretary of the State Hospital Commission of New York, stated in a recent report the conditions affecting the state institutions, and these apply with almost equal force to the general hospitals. There is an acute shortage of ward tenders, this being true of practically all institutions. In his report Mr. Elwood says:

"A difficulty in hospital management even more serious than that of overcrowding is the shortage of help in practically every department of hospital work, and especially in the ward service. The shortage at times has amounted to more than one-fourth of the entire working force.

"Although the legislature of 1919 allowed an increase in the schedule of wages paid the employes in the state hospital service, the commission is convinced that a further very considerable increase for all branches of the service will have to be made this year. This conclusion is supported by the fact that on December 1 out of a total of 4263 positions in the ward service there were 1020 vacancies, and furthermore the number of vacancies has been gradually increasing during the past few months."

Gives 17,623 Free Days

The annual report of the Mount Zion hospital, San Francisco, showed that 17,623 free days' service was given in 1919, compared with a total of 23,722 hospital days. The out-patient dispensary cared for 18,576 patients. A modern nurses' home is to be built.

Contagious Hospital Opens

The contagious hospital at Lowell, Mass., has opened under the direction of Dr. Forster H. Smith, superintendent.

Rush Work on Hospital

The municipal tuberculosis hospital at Grand Rapids, Mich., is to be constructed and equipped as soon as possible because of the increasing difficulty of obtaining material and labor. A $400,000 bond issue for the institution was voted last year.

Tuberculosis Hospital at Massillon

A $70,000 tuberculosis sanatorium for the Massillon, O., State Hospital is to be constructed. Plans for it have been approved.

Methodists Plan Hospital

The West Wisconsin Conference, Superior District of the Methodist Church, has made arrangements to erect a $100,000 hospital at Rice Lake, Wis.

Hospital Plans Approved

Plans have been approved by Dr. A. R. Lewis, state superintendent of health, for a tuberculosis hospital at Clinton, Okla., to cost $100,000.

New Wing for St. Anthony's Hospital

A south wing is contemplated for St. Anthony's hospital at Terre Haute, Ind., to contain forty private rooms, lecture room, nurses' dormitory and diet kitchen.

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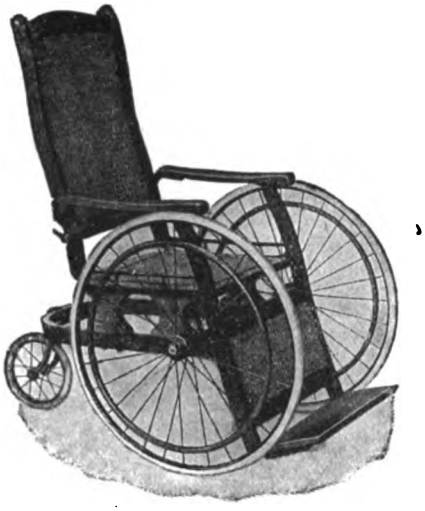

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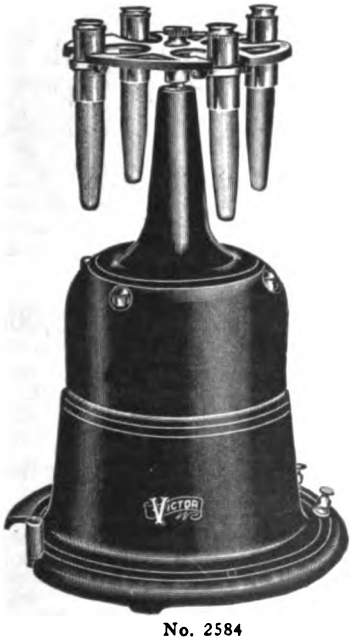

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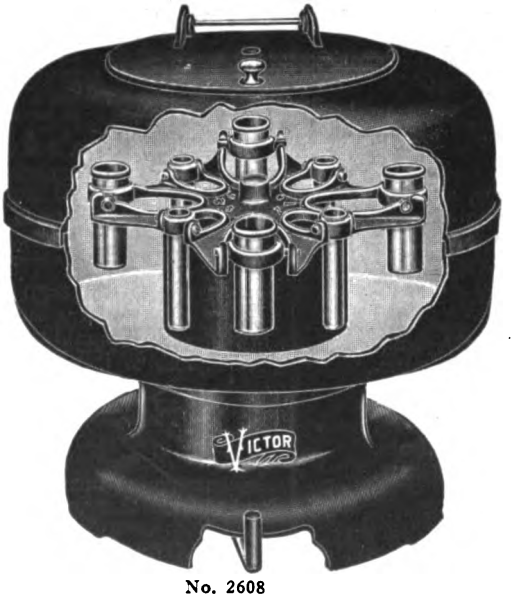

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Nurse Training in Panama

On January 31, the graduating exercises of the Santo Tomas Hospital Training School for Nurses was held. Diplomas were presented to the seven graduates by Major Edgard A. Bocock, Medical Corps U. S. Army, Superintendent, and Director of the Training School. This Training School is one of the few institutions of its kind in any of the Latin and South American countries, and is meeting with great success. Thirty-five selected pupil nurses of Panamanian nationality form the school, and during its three years of operation twenty-nine diplomas have been awarded to successful graduates. These graduates are widely distributed throughout several hospitals of South America.

Visit Panama Hospital

On January 16, at 9 p. m., Drs. William J. Mayo and Franklin H. Martin were guests of honor at a reception given by Colonel and Mrs. H. C. Fisher, Medical Corps, U. S. Army, at their beautiful home in Quarry Heights, C. Z., to the Members of the Medical Association of the Canal Zone. Drs. Mayo and Martin, who are on an extended tour covering the Western Coast of South America, visited the Ancon and Santo Tomas Hospitals on the following day, where they were entertained by the Superintendents, Colonel Louis T. Hess and Major Edgar A. Bocock, Medical Corps, respectively. Following these visits they were driven over the city of Panama by an entertainment party, and were very complimentary regarding the sanitary conditions of the city.

Will Enlarge Tuberculosis Hospital

Summit County, Ohio, voters have given their consent to a $50,000 bond issue for extension of the Springfield Lake Tuberculosis Sanatorium, which is to be taken over as a county institution under recently enacted legislation. The other counties in the former hospital district have agreed to sell their interests to Summit County. Laws passed at the recent legislative session made this action possible.

Are Rebuilding Plant Hospital

The Joseph and Feiss Company, 2149-57 West Fifty-third street, clothing manufacturers of Cleveland, O., are rebuilding their plant hospital. Miss Mary B. Gardner is in charge.

Will Reopen Hospital

The Ewart Purcell Isolation Hospital, Paducah, Ky., is to be reopened since influenza and other contagious diseases have become prevalent. The Women's Hospital League gave the institution to the city.

Will Establish Tuberculosis Hospital

The board of aldermen of Fall River, Mass., has approved a site for the proposed tuberculosis hospital, and the city is prepared to go ahead with the construction of the building.

Children's Hospital Gets $50,000

Mrs. Lois Buchanan Cassatt, widow of A. J. Cassatt, former president of the Pennslyvania railroad, bequeathed $50,000 to the children's house of Bryn Mawr, Pa., Hospital in her will, recently probated.

Campaign Brings Flower Hospital $238,000

A fund campaign ending February 7, netted $238,000 for the Flower Hospital, New York. The money is to be used for repairs to insure continuation of the hospital's work.

Hospital Costs Up 250 Per Cent

Dr. T. S. Brown, superintendent of the Mary Fletcher Hospital, Burlington, Vt., at a meeting of women, February 8, preparatory to forming a women's auxiliary to aid the institution, said that in six years the cost of operating the hospital had increased 250 per cent. A membership of 2,000 in the auxiliary is planned.

Coal Miners Plan Hospital

Plans for a $175 000 hospital for coal miners at Clinton, Ind., have been referred back to the locals for further action by the committee in charge. The project is to be financed by the union with the co-operation of the public and to be controlled by a board appointed by the various locals of the union.

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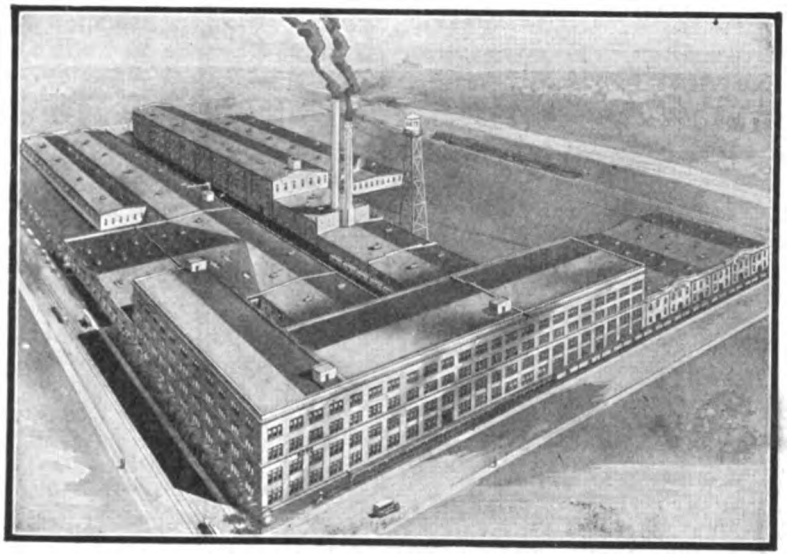

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The superiority of Munktell's Filter Paper has placed it in the front rank as a standard product.

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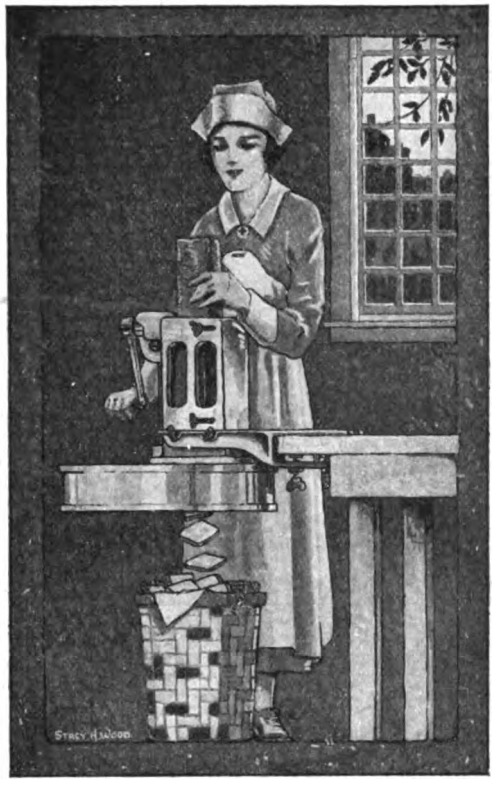

Introducing "LIBERTY JUNIOR"

Vertical Bread Slicer

The Liberty Junior meets every bread slicing requirement of the diet kitchen, or smaller hospital dining room. Will take any length loaf and cut to the desired thickness, and is so guarded that it is impossible to cut hands or fingers.

The machine may be conveniently fitted into any space—either over table or attached to wall, being constructed with three brackets.

Economizes in bread and labor.

Used extensively in hospitals throughout the country.

Practical, safe and efficient.

Write for catalog and prices of the largest and most complete line of bread or roll-slicing machines, showing Liberty Junior, Liberty Baby and our 18 and 24-inch horizontal slicers and stackers—all equipped with protecting devices. Prices from $35.00 to $180.00, hand and electric.

LIBERTY BREAD SLICER CO.

480 Lexington Ave. New York City

Pay Clinic for Venereal Diseases

The Public Health Institute, Chicago, has been established for the treatment of venereal diseases. It opened its doors at 21 North La Salle street, February 23, with Dr. Joseph G. Berkowitz, who during the war was an officer in the urological department at Camp Greenleaf, as managing director. The institution is open from 10:30 a. m. to 8:30 p. m., daily, Sundays, 9:30 a. m. to noon. Service is rendered, it is stated, at practically cost. The Institute equipment includes a laboratory, five examination rooms and a complete assortment of instruments and drugs.

112 of 1,628 Patients Pay

Only 112 of 1,628 patients admitted to Willamsburg Hospital, Brooklyn, last year, were private room patients who paid full costs, according to James B. Fisher, chairman of a committee in charge of raising funds for the institution.

Stewart Circle Addition Planned

A permit for the erection of an addition to the Stewart Circle Hospital, of Richmond, Va., has been granted. The building is to cost $132,586.

Ellenburg General Hospital Opens

The Ellenburg General Hospital, Ellenburg, Wash., has been opened. It will be for the use of the Kittitas Valley community, residents of which subscribed $70,000 for its construction.

To Enlarge Mission Hospital

The advisory board of the Mission Hospital, Asheville, N. C., has taken steps to enlarge the insitution at an expenditure of $150,000.

$250,000 Addition for Milwaukee Mt. Sinai

Mount Sinai Hospital, Milwaukee, is to construct an addition costing $250,000, bids for which will be asked about April 1.

West Chester Institution to Build

An addition costing $300,000 is to be made to the Chester County Hospital at West Chester, Pa.

Sanitarium for Shawnee, Okla.

The state board of public affairs of Oklahoma will construct a $100,000 tuberculosis sanitarium at Shawnee, having commissioned an architect to draw plans.

Maternity Pavilion to Cost $275,000

A maternity pavilion for the Orange, N. J., Memorial Hospital is to be built at a cost of $275,000.

Crown Point to Have Sanitarium

Bids have been asked for a tuberculosis hospital costing $300,000 to be erected at Crown Point, Ind., by Lake County.

To Remodel Deaconess Hospital

Alterations and additions at a cost of $75,000 are being planned for the Deaconess Hospital at Evansville, Ind.

Soldiers' Memorial Hospital Planned

A soldiers' memorial hospital is to be constructed at Greensburg, Ind., at a cost of $100,000. The plans soon will be submitted to the board of trustees.

To Extend Contagious Hospital

An appropriation has been granted for building a wing for the contagious hospital at Lancaster, O., the cost of which will be $25,000.

New Building for Harrisburg Polyclinic

Plans are being drawn for a $150,000 building to be used by the Polyclinic Hospital, of Harrisburg, Pa.

Saginaw General Given $100,000

A bequest of $100,000 to Saginaw, Mich., General Hospital was contained in the will of William S. Fish, of Detroit, which was filed for probate recently.

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Measuring cap which double-seals the cork.

SOFOS

SOFOS is a product of the research laboratories of the General Chemical Company—one of the world's leading scientific organizations—a strictly American institution.

SOFOS—An Entirely New Preparation

The therapeutic value of sodium phosphate was established years ago—is admitted beyond question today. But, the best, which means the most efficient form in which to administer sodium phosphate, is a matter of present day performance, as supplied by

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a preparation of monosodium phosphate NaH_2PO_4 and sodium bicarbonate $NaHCO_3$.

Its freedom from citric or tartaric acid makes it available in all cases where sodium phosphate is advisable.

SOFOS effervesces in water and forms di-sodium phosphate.

One part of SOFOS contains almost twice as much sodium phosphate as the U.S.P. salt.

The pleasant taste and prompt laxative action of SOFOS make it superior. The absence of tartrates, citrates, or unsatisfied salts, assures efficient action, and insures against "nagging" irritation or subsequent costiveness.

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If yours is satisfactory
it is doubtless a

SEDGWICK

If yours is not satisfactory, or if you contemplate any new installations, you had better write

SEDGWICK MACHINE WORKS
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New York

To Remodel Lancaster Hospital

Alterations and additions costing $250,000 are contemplated by the Lancaster, Pa., General Hospital.

Buys Site for Hospital

Dr. N. T. Enloe, Chico, Calif., has purchased ground in the Chico Vecino district on which he will erect a $75,000 hospital.

Government to Improve Hospital

Improvements costing $75,000 have been sanctioned by the War Department for the base hospital at Fort Sam Houston, Tex.

New Maternity Hospital Proposed

A new maternity hospital is proposed at Sea View, Staten Island, where the Brooklyn city institutions are located. The main hospital also is to be rebuilt at a cost of $120,000.

Presbyterians to Build at New Orleans

The Presbyterian Hospital of New Orleans has acquired a forty-seven feet frontage on Barronne street near Julia to be used as a site for a new hospital building.

New Hospital at Memphis

The Gartley-Ramsay Hospital, Memphis, Tenn., will construct a $100,000 building on the site of the present institution, work starting this spring.

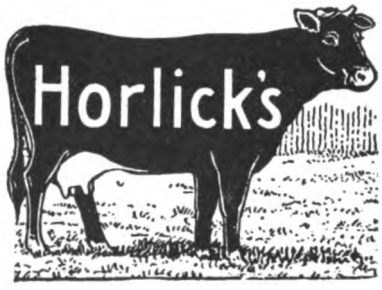
To Enlarge Lafayette Hospital

A 170-foot wing will be added to St. Elizabeth Hospital, Lafayette, Ind., in the near future.

Baptists to Build at Little Rock

Plans are being prepared for the Baptist State Hospital at Little Rock, Ark., which will cost $300,000. Accommodations for negro patients and provision for six operating rooms are among the features.

USE



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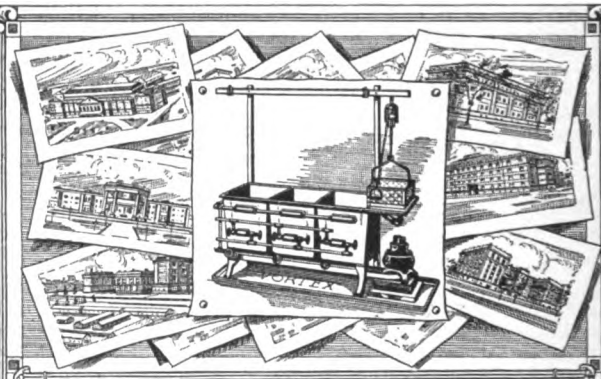

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Hospitals use the Vortex Dishwashing Machine for three big reasons:

1—**Shortens the work.** The hospital requires fewer dishes because they are washed and returned to service so quickly.

2—**Is more sanitary.** Handling, wet cloths, mussy floors, vermin and other unsanitary features common to hand and sink methods are eliminated. Hotter water for sterilizing can be used for the hands do not touch it.

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Washes and rinses every kind of a dish, metal or china, flat or hollow. *Write us for other Vortex reasons.*

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CLEVELAND

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Lost Case Records Are Worse Than Useless

We publish the complete case-record forms devised and approved by the American College of Surgeons, and have furnished them to hundreds of hospitals. They are the most satisfactory and complete forms to be had anywhere, inasmuch as they were prepared after careful study by the leading authorities on the subject.

Binders and Filing Equipment

More than this, we have devised means of orderly disposition of case-records after they are made. Heretofore each hospital has had to plan its own system for taking care of such records, just as formerly each had to prepare its own forms for case-records. Our system enables you to take care of your case records in such a way that they cannot be lost, and are easily accessible for reference, so that they can be **really used.**

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417 S. Dearborn St. Chicago, Ill.

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The course comprises practical and didactic work in the hospital and practical work in the out department connected with it. On the satisfactory completion of the service a certificate is given the nurse. Board, room and laundry are furnished and an allowance of $10 per month to cover incidental expense.

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YONKERS HOMEOPATHIC HOSPITAL AND MATERNITY offers a three-months course in obstetrical nursing to graduates and pupil nurses of accredited schools. Plan of course as follows: Crib Room—demonstrations and theoretical teaching of care of new-born infants, 3 weeks; Maternity Wards and Private Patients—care of mothers during lying-in period; practice and theory, 3 weeks; Delivery Room and Out-Patient Department, 3 weeks; Night Duty, 3 weeks. Room, board, laundry and allowance of $10 per month. Address Yonkers Homeopathic Hospital and Maternity, 127 Ashburton Ave., Yonkers, N. Y. 8-20

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For Sale—Great bargain, popular seaside hotel; 50 rooms furnished; perfectly adapted for all-year sanitarium; $20,000, $5,000 cash. Address Robert Hinckley, Belhaven-by-the-Ocean, Rehoboth Beach, Delaware. 3-20

For Sale—National Sanitorium. An old established sanitorium at the national capital, completely furnished, including Wolff Hydrotherapeutic apparatus; rare opportunity to right party. William I. Kelchner, M. D., 2 Iowa Circle, N. W., Washington, D. C. 3-20

For Sale—Complete set of sterilizers, pressure type, standard make, suitable for general hospital surgery. Address A-91, HOSPITAL MANAGEMENT. 4-20

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Positions—Locations, Positions, Practice, etc., for Nurses, Doctors, Dentists, etc., in ALL states. Nurses and doctors furnished, also attendants, companions, institution employes (male or female). Drug stores and drug employes—all states. F. V. Kniest, R. P., Bee Building, Omaha, Neb. Established 1904

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Wanted—Hospital manager wishes to make a change before October 1st and connect with a position as manager or assistant to manager or superintendent of an institution offering a future to one who can make good. Thoroughly experienced in hospital and hotel management, front and rear office accounting and systematizing, culinary department, also familiar with mechanical features of an institution. A close buyer and good manager of help. Correspondence solicited on confidential basis. Address Box A-90, HOSPITAL MANAGEMENT. 4-20

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Wanted—Dietitian in a general hospital of 150 beds, feeding in all 250 people. New department; all new equipment. Apply, stating training, experience and salary expected, to the Superintendent, General Public Hospital. St. John, New Brunswick. 3-20

Wanted—Woman physician to serve as intern in the New Orleans Hospital and Dispensary for Women and Children; competent to act as radiologist and pathologist. Salary $75, board and washing. Apply to Dr. S. T. Mayo, 518 Macheca Bldg., New Orleans, La. 3-20

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Wanted—Assistant superintendent of nurses, salary $75 per month, and night supervisor, salary $75 per month, for hospital of 80 beds. Apply to Dr. E. C. Davis, Davis-Fischer Sanatorium, 25 E. Linden Ave., Atlanta, Ga. 3-20

Wanted—An experienced assistant superintendent and a night supervisor for 55-bed hospital. Salary for each position, $100 and maintenance. Address A-93, HOSPITAL MANAGEMENT. 5-20

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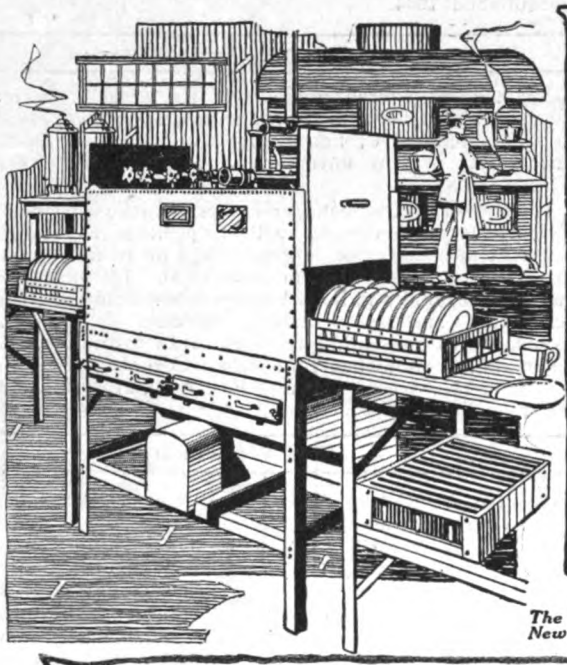
Glass and Dish Washers



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HOSPITAL MANAGEMENT

Vol. IX April, 1920 No. 4

In This Issue

Training of Hospital Superintendents—Page 34

Getting the Most Out of Meat Purchases—Page 42

Plant Dispensaries and Their Equipment—Page 56

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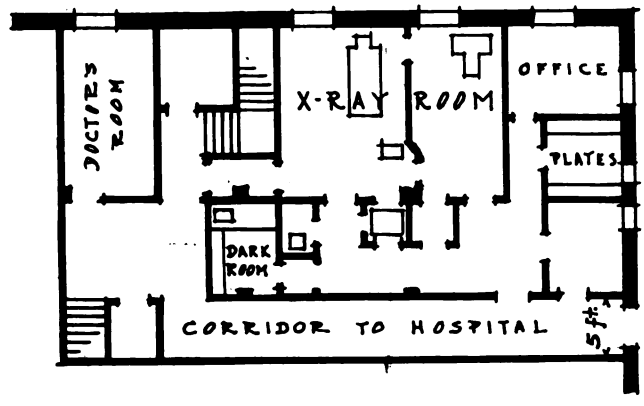
X-RAY

A BAD PLAN



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The difficulty of maneuvering a wheel stretcher into and out of this laboratory is obvious.

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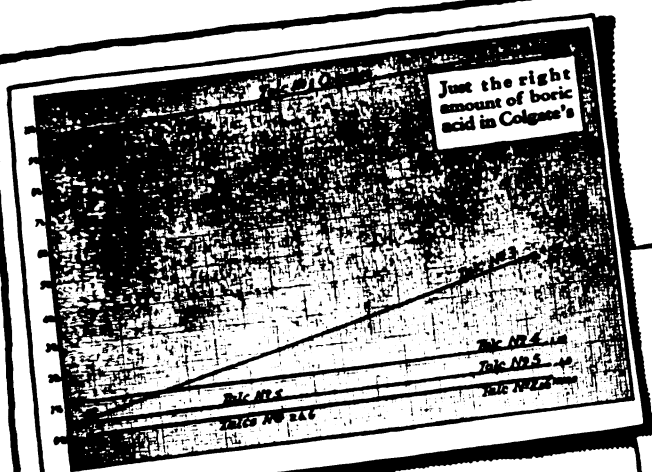
The reproduction of the page herewith is taken from the leading nurses' publications and reprinted to advise you of Colgate & Co.'s educational work among nurses.



Analysis of Talc Powders
by A. A. Breneman, M. Sc.
New York, Feb. 14, 1916

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No. 2 Talcum powder	"	no	"	"
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No. 5 "	"	.40%	"	"
No. 6 "	"	no		

*Just the right amount.

Six years before, Dr. Breneman made the same impartial test, with the same 6 brands. The only difference is that the 1916 report shows that Colgate's and one other talc have somewhat increased the amount of boric acid.

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We can place a limited number of anaesthetists for training at a moderate fee.

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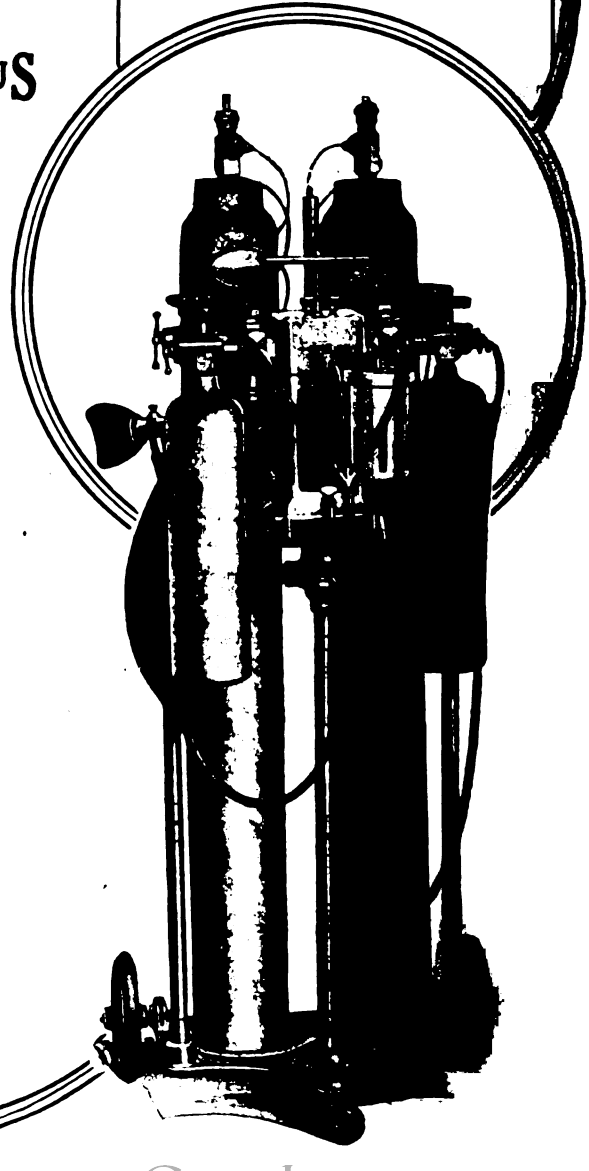

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Our Trade Mark "Stanley Quality" on Hospital Supplies means the essence of perfection. It is the emblem of our confidence in the goods we manufacture

Our Catalog containing more than one thousand illustrations of articles that are carried in stock by us will be forwarded you by return mail.

BE SURE TO WRITE FOR ONE TODAY

Master skill, sincerity and years of experience are built into our merchandise. We build up to a standard, not down to a price.

Rubber Goods
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These are just a few of the many items listed in our catalog.

Our mail order department solicits your inquiries

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Manufacturers, Importers, Distributors of Supplies and Equipment for Medical and Surgical Institutions

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If our salesman has not yet called on you with our line of Hospital Supplies and you are interested, write us.

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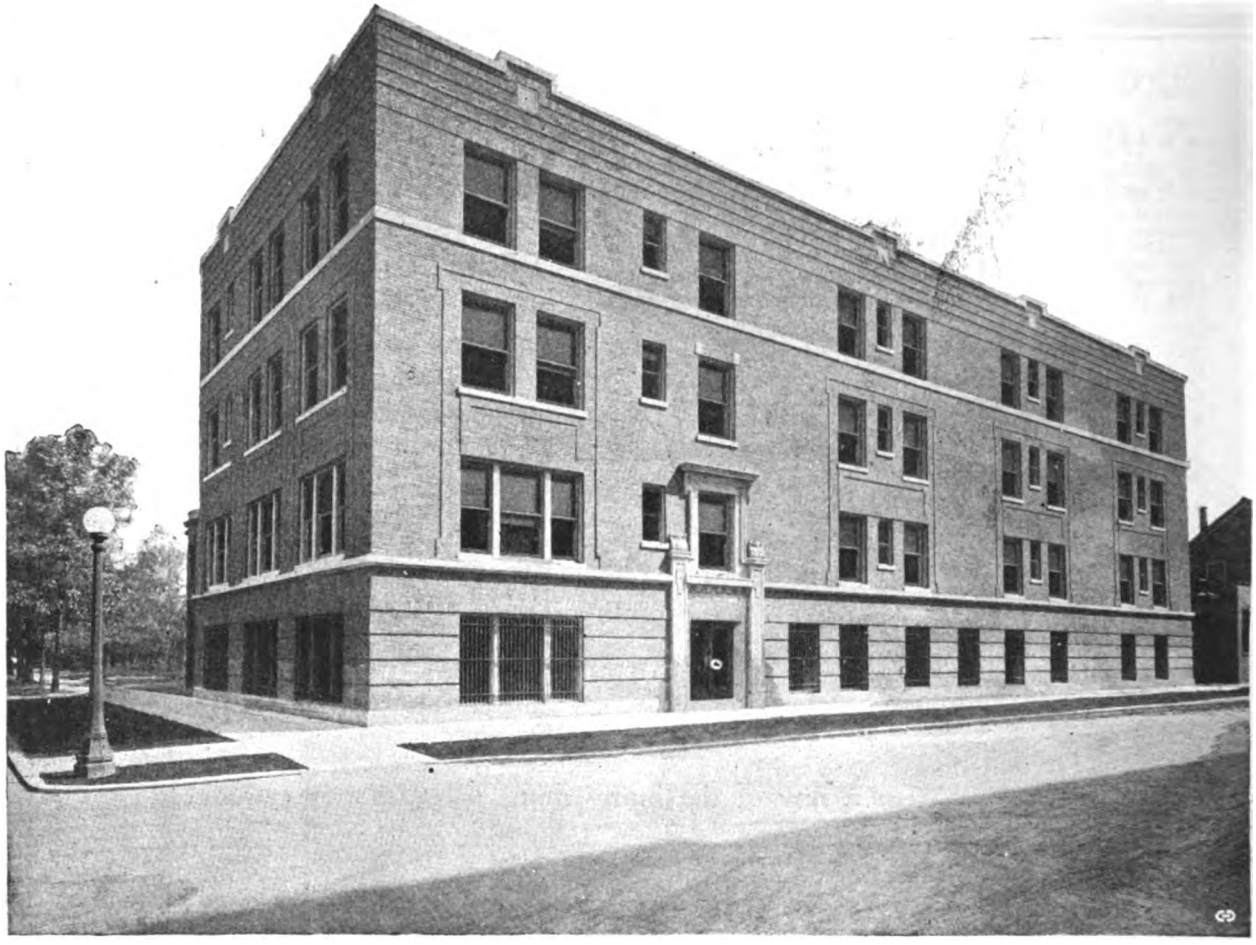

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explains the welcome accorded by the most exacting hospital executives to

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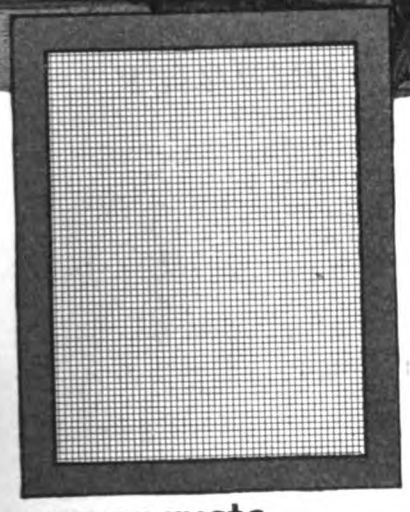

never rusts
— practically
everlasting

General Gorgas states—

in writing of the use of MONEL METAL SCREEN at the government hospital at Colon, Panama Canal Zone—

"THIS screen was inspected after it had been in place for over a year and it was found that, for all practical purposes, it was in as good condition as when installed and was apparently not affected by the constant exposure to salt spray, moisture, etc. This is a severe test for any screening."

The remarkable lasting qualities of MONEL Screen are due in part to its unusual strength, but especially to the fact that salt air, smoke and chemical fumes which rapidly deteriorate steel, copper or bronze —the materials from which other screen is commonly woven—have little perceptible effect upon MONEL.

MONEL Metal is also superior for tops of operating tables, dressing carriages, etc., as it is impossible to stain it by most of the solutions employed in surgery. It is ideal for kitchen table tops, shelves, table cutlery, and coffee urns, because it stays clean, never rusts, and always retains its high polished nickel finish. Wherever MONEL is used, wear is largely reduced and corrosion prevented.

The name MONEL is given to a line of metal products developed from a natural nickel alloy—67% nickel, 28% copper and 5% other metals. These products include Monel rods, Monel castings, Monel wire, Monel strip stock, Monel sheets, etc. Monel products bear the Inco trademark of the International Nickel Company, widely known as the sole producers of Inco Nickel.

MONEL Screen is made in the usual widths, meshes, and gauges. Write us for information as to where MONEL Metal Screen may be obtained, prices, etc.

THE INTERNATIONAL NICKEL COMPANY
43 Exchange Place New York, N. Y.
The International Nickel Company of Canada, Ltd., Toronto, Ontario

INCo

MOnel metal screen

MONEL METAL

INCo NICKEL

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The Story the Litmus Paper told

—*perfect rinsing in four minutes*

Recently a 42"x72" Cascade Washer was loaded and run ten minutes with suds and bleach. The goods were then rinsed three times in four minutes, twice in hot water and once in cold.

After each rinse the water was tested with red litmus paper to determine the thoroughness of the rinsing.

After the first rinse the paper turned decidedly blue. After the second test it was only slightly blue. At the end of the third test it remained uniformly red—the goods had been thoroughly rinsed in four minutes.

A similar test was then made in the same size Wood Washer. In this test, 15 minutes were allowed for three rinses of five minutes each. The litmus paper at the end of the 15 minutes was of the same color as after the first rinse in the Cascade—still blue.

In a word, the Cascade gave perfect rinsing in four minutes—a saving of more than eleven minutes over the time required by the same size Wood Washer. Saving in rinsing time saves wear on the clothes.

Write today for the complete facts of the Cascade.

The American Laundry Machinery Co.

NEW YORK CINCINNATI CHICAGO SAN FRANCISCO

Canadian Factory: **The Canadian Laundry Machinery Co., Ltd., Toronto, Canada**

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We have established for the benefit of hospitals which are desirous of equipping or improving their laundries, or are interested to learn how economies are effected, a Clearing House of Information on Laundry Equipment and Supplies.

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There are hundreds of questions and we will be glad to answer all of them.

We can effect great savings on your Laundry Supplies.

Send for Price-List.

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ANNOUNCEMENT

Competition Among Manufacturers of Zeolite Water Softeners Assured

Refinite Company Discloses Evidence To Invalidate Patent

Plaintiff Would Withdraw Suit Against Refinite

IN COURT at Buffalo, N. Y., a suit is pending against a user of the Refinite Water Softener and against the Refinite Company, manufacturer of this system. Infringement of patent rights claimed to have been granted under the name of a German inventor, is alleged.

This suit was filed, as most users of the Refinite system know, following a long period during which such action was openly threatened against and held as a club over, purchasers and prospective purchasers of Refinite Water Softeners.

In legal controversies of this nature courts have established that a basic patent on a device described in a printed publication two years before the patent is applied for, is not valid.

Evidence has just been disclosed proving that the type of water softening equipment attacked in this suit was described in such a publication at least three and one-half years before the date of application for the patent sued on.

SO CONCLUSIVE IS THIS EVIDENCE THAT THE PLAINTIFF HAS SIGNIFIED ITS WILLINGNESS TO WITHDRAW THE CHARGES AGAINST REFINITE, under certain conditions. The conditions, however, would be unfair to the trade and the consumer as is explained later in this announcement.

Why This Interests You

Prior to the competition created by the Refinite Company, the zeolite water softener field was practically controlled by one manufacturer. Prices of water softeners utilizing such mineral were very high.

The Refinite Company, due to its use of Nature's own water softening mineral, Refinite, was enabled to put on the market a really efficient and satisfactory system at a moderate and fair price.

Forthwith began a campaign of threats and intimidation. It was directed, not at the manufacturer of the Refinite system, but at users and prospective users. Many Refinite owners were urged to supplant their Softeners with another company's system, even at a big expense, as the only way to escape heavy legal penalties; prospective purchasers were told that selection of the Refinite Softener meant prosecution and damages.

REFINITE
RIVAL OF THE CLOUDS
Nature's Water Softener
COPYRIGHT 1929-THE REFINITE COMPANY

At the same time propaganda of calumnies and falsehoods about Refinite were spread.

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EXTRAORDINARY

Such underhand and unfair business methods served only to make the Refinite Company more determined to "break open" the zeolite water softener field. By guaranteeing full protection against any possible loss from infringement action, it forced the issue until finally suit was filed.

The Refinite Company immediately took complete charge of the defense, as it had promised, and became a party to the suit. Delay followed delay. Meanwhile the campaign of intimidation directed against the trade continued.

Offers to "Make a Deal" with Refinite Co.

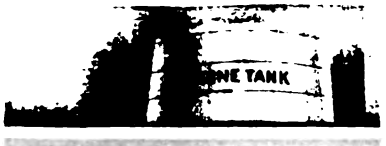
When proof was presented that water softening equipment of this type was in use long before the patent was applied for, the Refinite Company demanded that the plaintiff withdraw the charges or go to immediate trial. The plaintiff proposed instead the following:

> That the suit against the Refinite Company and the Refinite user be dropped but the plaintiff be allowed to continue its suit against another manufacturer and to validate its patent claims; and the Refinite Company then be allowed to operate under the patent or under a license.

Refinite Company To Play Fair with the Trade

Such an arrangement would mean, of course, that the owner of the patent and the Refinite Company could manufacture and sell water softening equipment using zeolites. All others would be infringers. The field would virtually be monopolized, competition stifled, and prices could be boosted to—well, whatever levels these companies desired. The trade and the public—you who need soft water—would suffer.

The Refinite Company refused, and it herewith assures you that it will never enter into any such cabal. * * * *



The Refinite Company realizes that lawsuits and other differences between business rivals ordinarily are of little interest to the public. Yet this instance, we feel, is an exception. You are interested in soft water. You want the best water softener to be had, you want the development of this science continued and you DO NOT WANT to pay more than a reasonable price for such service. Therefore, we consider it our duty to give you the facts and advise you as to the status of the infringement suit.

We know there have been a few prospective purchasers of Refinite Water Softeners who have been intimidated by the threats of suit. But we are pleased to find that hundreds of others were not. The business of the Refinite Company has shown a very gratifying increase every month over the previous month since the beginning of the fight.

Refinite engineers are at your service at any time, without obligation whatsoever on your part, to confer with you about a Refinite system for your use. Address our nearest office and one will call. And until the legal action referred to above is finally settled, the Refinite Company will be very glad to furnish you full protection (surety bond if desired) against any possible expense resulting from such a suit.

ADDRESS OUR NEAREST OFFICE

THE REFINITE CO., Refinite Bldg., Omaha, Nebraska

FACTORY AT ARDMORE, S. D.

Also Mfrs. of Refinite Rapid Pressure Filters

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St. Louis—438-9 Boatmen's Bank Bldg.
Denver—500 Mercantile Bldg.
Spokane—1015 Old Nat'l Bank Bldg.
San Francisco—419 Call Bldg.
Los Angeles—303 Story Bldg.
Buffalo—411 Liberty Bldg.

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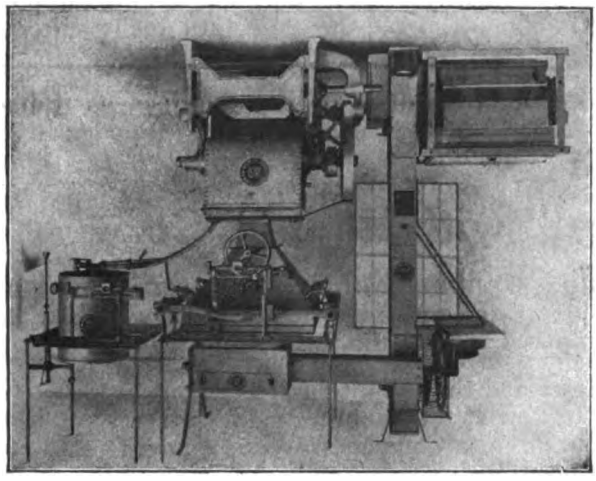
READ MACHINERY CO.

YORK, PA.

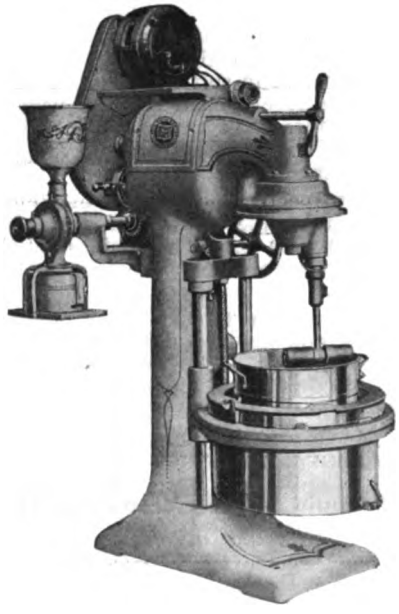
Bakery Outfits and Kitchen Machines



Hospital Bakery Outfit

Standard Hospital Bakery Outfit

The equipment illustrated is entirely automatic and is designed especially for the Hospital Bakery. Flour is conveyed and sifted; water is weighed and tempered, while supply of both is automatically cut off when required amounts are received in Hopper and Tank. The dough is mechanically mixed in the Double Arm Reversible Dough Mixer. The Newark City Hospital, Newark, New Jersey, Cook County Hospital, Chicago, Ill., and others have installed similar outfits. Hospitals having a bed capacity of 500 and upwards can profitably operate and actually require this equipment.



Read Three Speed Kitchen Machine

Three Speed Kitchen Machines

Over 7,500 Read Three Speed Mixers are in use at this time. They perform every kind of mixing, beating, whipping and creaming operations, such as, light bread and roll doughs, cake batches, pastries, dressings, mashing potatoes and vegetables, crumbing bread, crushing fruit, sieving soups and various other kitchen purposes. The auxiliary drive operates coffee grinder, meat grinder, vegetable slicer, buffer, knife grinder and other attachments.

Complete data, illustrated descriptive booklets and quotations will be supplied on request

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The finest and most complete line of sterilizing and disinfecting apparatus produced. Apparatus of varied designs and sizes to meet every requirement. Apparatus that are guaranteed for durability, safety, efficiency and simplicity of operation. Apparatus with "front control." Catalogue section "S" on request.

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A complete line of all sutures and ligatures employed. "Watters" Standard Chloroform Catgut—the ideal sterile catgut—15 years on the market—a product of tested merit—used in every part of the world where surgery is practiced—keeps indefinitely in any climate—sterility absolute—exceptional tensile strength—unusual pliability. Catalogue and sample tube on request.

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American and European designs of practically every instrument required in surgery. Large stocks, including those instruments that were unprocurable during the war. Catalogue on request.

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American and Foreign wares. Large stocks for immediate delivery—largest assortment in the line. Send for a trial order of the new "Cosmo" Irrigator.

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Fine rubber goods; quality, workmanship and design, exceptional. Made especially for hospitals and others desiring the best procurable at reasonable prices.

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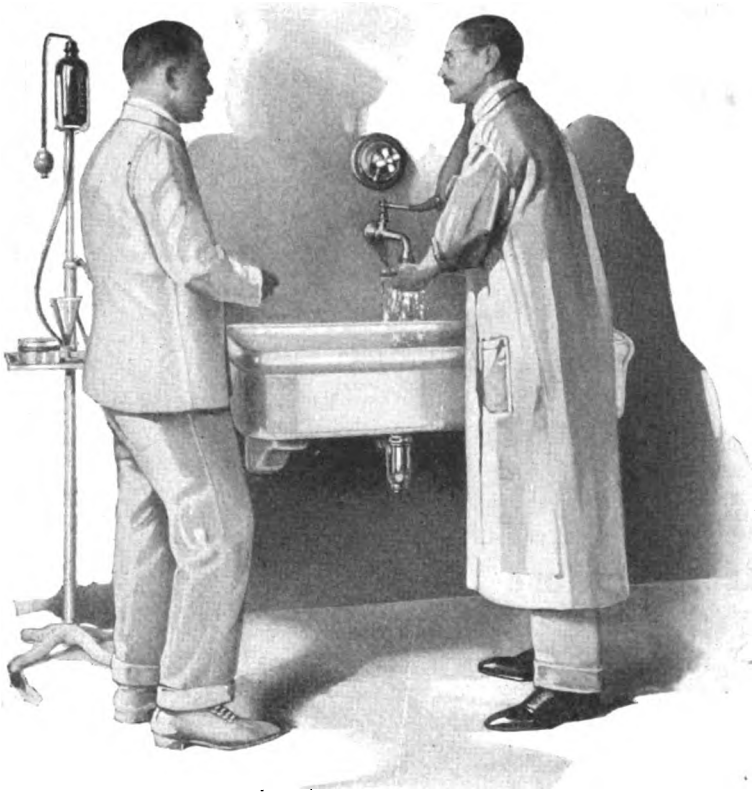
1828 MOTT 1920.



THE HALE SURGEON'S SINK

A popular Mott combination—A wall suspended fixture of solid porcelain—

Equipped with The Leonard Jr. Thermostatic Mixing Valve

A turn of the lever to the desired degree and the temperature is fixed. The volume is controlled separately without affecting the temperature—an important feature.

A line of Mott Hospital Plumbing and Hydrotherapeutic equipment will be shown in sixteen pages of The Modern Hospital Year Book. These pages will also be bound separately and sent to you on request.

The Leonard Jr.

Little brother to the well known Leonard Thermostatic Mixing Valve of established reputation.

The little fellow has all of the characteristics that have made the elder brother famous.

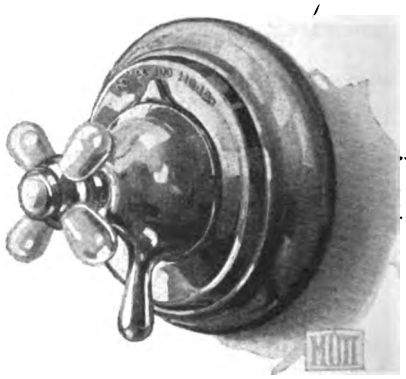
The great difference is that it is smaller and less expensive and can therefore be more generally used.

Note this.—It is the only thermostatic Mixing Valve of its size on the market where volume and temperature can be controlled separately.

With The Leonard Jr. any single fixture may be equipped with a reliable Thermostatic Mixing Device without undue expense.

It is designed to build into the wall or set against the wall while all parts are removable from the front.

Let us tell you more about this wonderful little valve.



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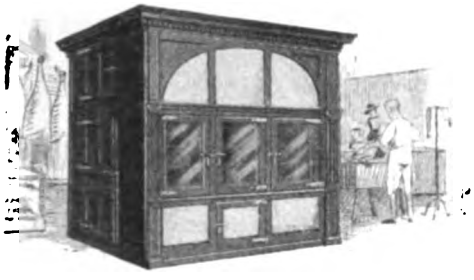

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McCRAY builds refrigerators for every purpose. Thousands of hospitals, hotels, clubs, restaurants, florists' shops, stores and markets depend on McCray for efficient, econonical refrigerator service.

For hospitals in particular—The very life of the hospital itself is dependent upon its refrigeration system. To keep foods wholesome and palatable they must be kept in a refrigerator which assures a sufficiently low temperature of cold, dry air that circulates through every compartment—with the McCray this is certain.

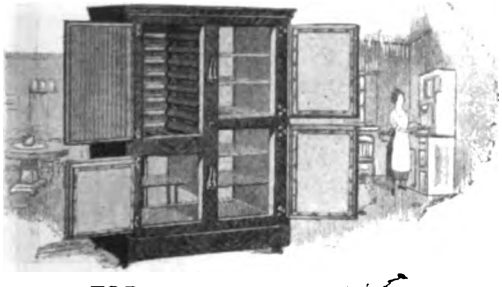
Remember—Thirty years of continuous development have resulted in the perfected McCray System—by which fresh, cold air is kept in constant circulation through the storage chambers. Only in McCray is the hospital certain to obtain years and years of satisfactory refrigerator service. Our position of leadership is a tribute to McCray quality.

FOR HOTELS, CLUBS RESTAURANTS, HOSPITALS, INSTITUTIONS, ETC.

Refrigerators in stock sizes are manufactured to meet the requirements of Hospitals and Institutions—the line is complete. Remember McCray Refrigerators are arranged for either ice or mechanical refrigeration.

Plans Free. Gladly, will our service department furnish plans and suggestions for special built-to-order equipment. Simply send us a rough sketch showing what is desired in the Hospital in which you are interested.

Send for Catalog—Let us send you a catalog that describes a great variety of designs—one to suit every requirement: No. 52 showing many new designs for Hospitals and Institutions; No. 71 for Stores and Delicatessens; No. 63 for Meat Markets; No. 95 for Residences.



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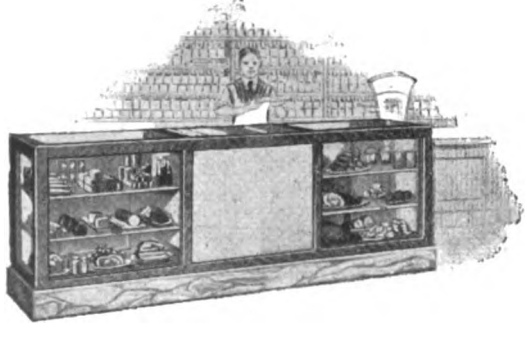
Salesrooms in all Principal Cities

FOR FLORISTS



FOR DELICATESSEN STORES

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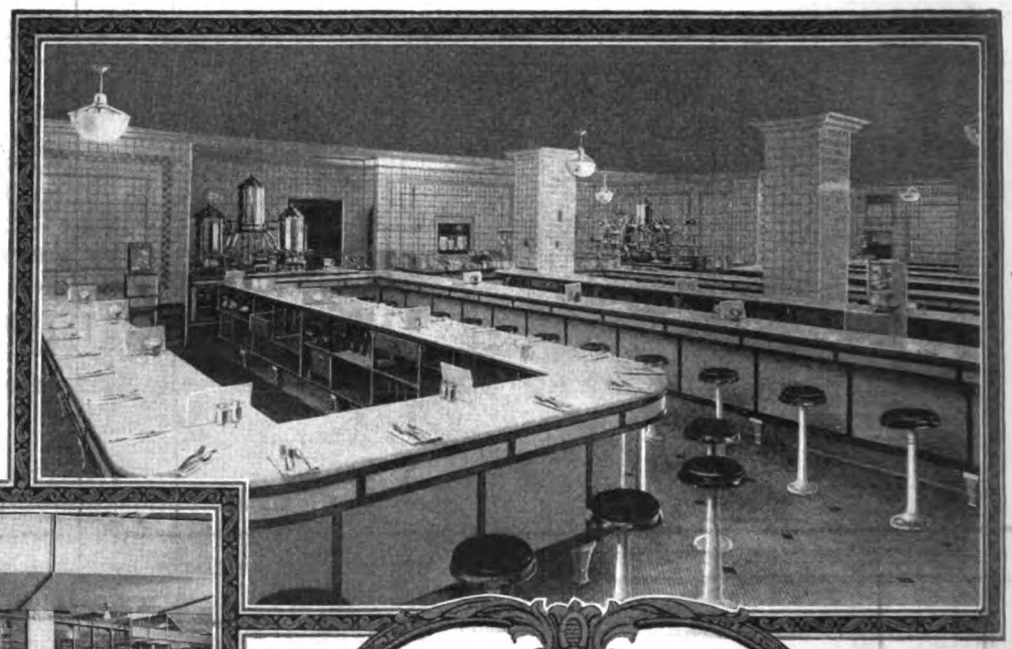

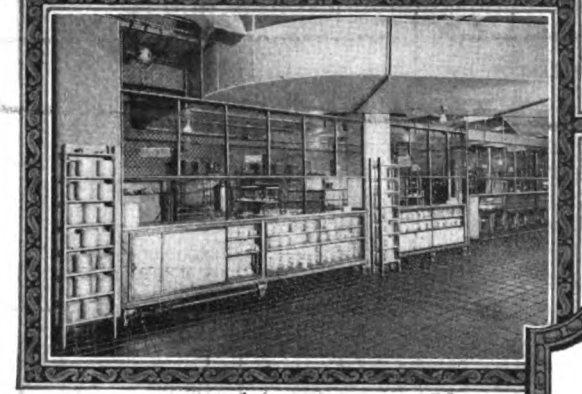

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Big cooking-and-serving-equipment installation problems such as are required by HOSPITALS AND INSTITUTIONS, are usually put up to The John Van Range Company because Van's facilities and experience are the best.

And those facilities and that experience are just as valuable and applicable where conditions call for small installations.

Whether you need complete equipment for the cooking and serving of food or a single unit— Van's Food Service Engineers are at your service to put over 70 years of "know how" on your particular, individual problem.

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"Hygienic-Band" Seamless Sanitary Napkins

are used in the largest hospitals throughout the United States and are recommended by physicians and nurses throughout the entire world. This alone speaks volumes for their quality. In an institution devoted to the sick and incapacitated only the very best, of course, can receive the least consideration.

A comparison of the price of Hygienic-Band sanitary napkins with others is sufficient proof that the former are by far the lowest. This is possible because, from the raw material to the finished product, Hygienic-Band Seamless Sanitary Napkins are made entirely in our own factory.

We receive the raw cotton and other raw materials and turn out the finished band. Thus you are saved the profits that ordinarily have to be paid on each operation. In addition to this, large production cuts costs to the very bone. We manufacture and dispose of over 300,000 "Hygienic-Bands" weekly.

Seamless Sanitary Napkins, tied in one dozen bundles. Packed 100 dozen in a fibre carton. $40.00 per 100 dozen. Terms, 2, 10 or 30 days net, F. O. B. Fall River, Mass. Your orders are solicited.

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Laundry operators all over the country, in the hospital field as well as in the commercial laundry field, are finding that Fry Brothers Company service takes care of some of the difficulties that tend to interfere with laundry efficiency. We handle a full line of laundry supplies and accessories—

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Our Expert Assistance Is At Your Service—Ask Us

THE FRY BROS. COMPANY

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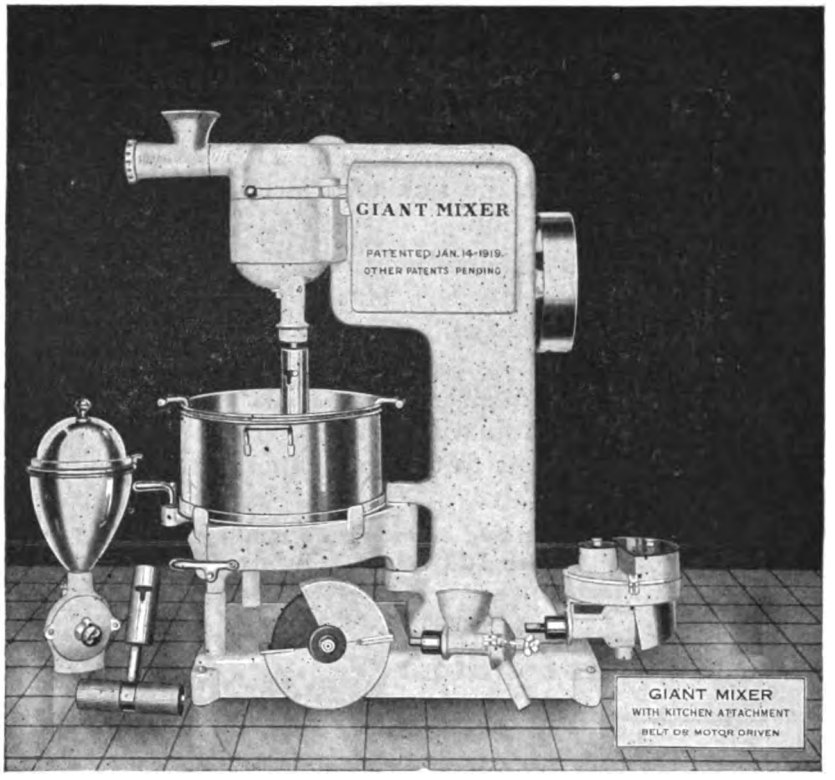

The Century Latest Model Four-Speed Universal Mixer, like all other Century products, stands first in its field. The Giant is sanitary! The Giant is sturdily built—made to withstand the heaviest wear. Operation is simple and positive and there is no danger of breaking bowls or beaters because all adjustments are fixed permanently.

How Much Will You Save Your Institution

by placing a machine in your kitchen which will

Mix bread or cake dough
Grind meat and coffee
Strain Soup
Make purees
Slice vegetables
Mash potatoes
Crush fruit
Make peanut butter
Crumb bread
Polish silver
Beat eggs, batter or mayonnaise

The Giant can be installed in any corner of the hospital kitchen—run from a line shaft or by a motor attached to the machine. It has so many interesting features; so many advantages which cannot be enumerated here, that we are anxious to tell you more.

The Century Machine Company, CINCINNATI OHIO

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Hygienic - Made Cotton and Gauze Products.

Absorbent Cotton
Absorbent Gauze
Sanitary Napkins
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Bellevue Rolls
Sanitary Belts
Sanitary Aprons
Aseptic Dental Napkins

EXAMINE Hygienic-made Hospital Gauze; test it for speedy absorbency, for color, for impurities, for "loading," for cleanliness, for weight. It will prove its superiority by any test, in any examination. It is a whiter, cleaner, purer product because we use an unlimited supply of fresh, clean, pure spring water for bleaching. Sunlight, fresh air, sanitary surroundings, extreme care, superior processes and the finest materials enable us to put up a superior product.

Made in all standard counts from 20/12 to 44/40. Packed 100 yards in 36 in. Flat Fold or 18 in. Oval Roll; 25-yd., 5-yd. and 1-yd. Rolls; 10-yd., 36 in. Bellevue Rolls, and 10-yd. Surgical Bandages in 1 to 4 in. width. Fill your requirements with Hygienic-made Gauze and surer satisfaction and greater economy will result.

Send the Coupon for Samples and Prices

Mail the coupon below and we will send you free an Assortment of Testing Samples which will demonstrate Hygienic quality and aid you in buying to better advantage.

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For the treatment of burns and other painful surface injuries. A wax application applied by means of brush or atomizer after liquefying. It forms a thin, mobile, non-adherent shell for the denuded area, keeping the injured part clean, and relieving the pain as if by magic, causing the patient to comment on it. Under this shell, which may be replaced as often as thought advisable, cell-proliferation and healing proceed nicely from day to day. A boon to the patient and his attendants. In half-pound cakes. **Sample sent on request.**

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A liquid soap prepared from vegetable oil, absolutely free from alkali, positively bland and neutral. It serves all surgical needs to suit the most critical; for cleansing the skin surface prior to operating; for removal of dirt, pus, etc., from wounds. Introduced and recommended by Carrel. Also useful for enemas and for cleansing the hands of surgeon and nurse as well as for shampooing. In pints and half-gallons.

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A lubricant jelly with 0.4% of liquor formaldehyde. Neither oily nor greasy nor sticky. Excellent for use on sound, speculum or examining finger in course of digital explorations and medication. In three-ounce collapsible tubes.

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Differs from all other dressings in that it does not stick to the wound but may readily be removed when necessary without disturbing the delicate new epithelial cells in the course of healing. A waxy, pliable, open-mesh material which permits, moreover, of free drainage and access of air, as well as antiseptic solutions when used. Supplied in rolls of convenient width, 10 yards and 50 yards long, as wanted; also in boxes of 6 envelopes, each envelope containing a strip, size 6x18 inches. **Sample sent on request.**

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Especially designed for application of liquefied Parresine in the treatment of burns and other painful surface injuries.

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We are headquarters for the Dakin Antiseptics; were first to make them in America and first to supply them in suitable and perfected forms for use in civil practice. These remarkable agents, as fast as they become known, are displacing the dangerous and less efficient antiseptics in prior use. There are reasons why they should, as users know.

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Developed out of war surgery but no less valuable in civil surgery, this new and powerful antiseptic does most satisfactory work in the treatment of infected wounds, especially when used conjointly with our Parresined Lace-Mesh Dressing. Wounds heal cleanly and rapidly under it; the dressing does not stick; infection is soon checked; and end-results are usually as hoped for. It is also useful to forestall and to suppress infection of the oral and nasal cavities. The powder in one ounce packages. Also in tablets each containing 4.6 grs., one of which dissolved in one ounce of solvent (Chlorcosane) makes 1% solution; tubes of 20 and bottles of 100.

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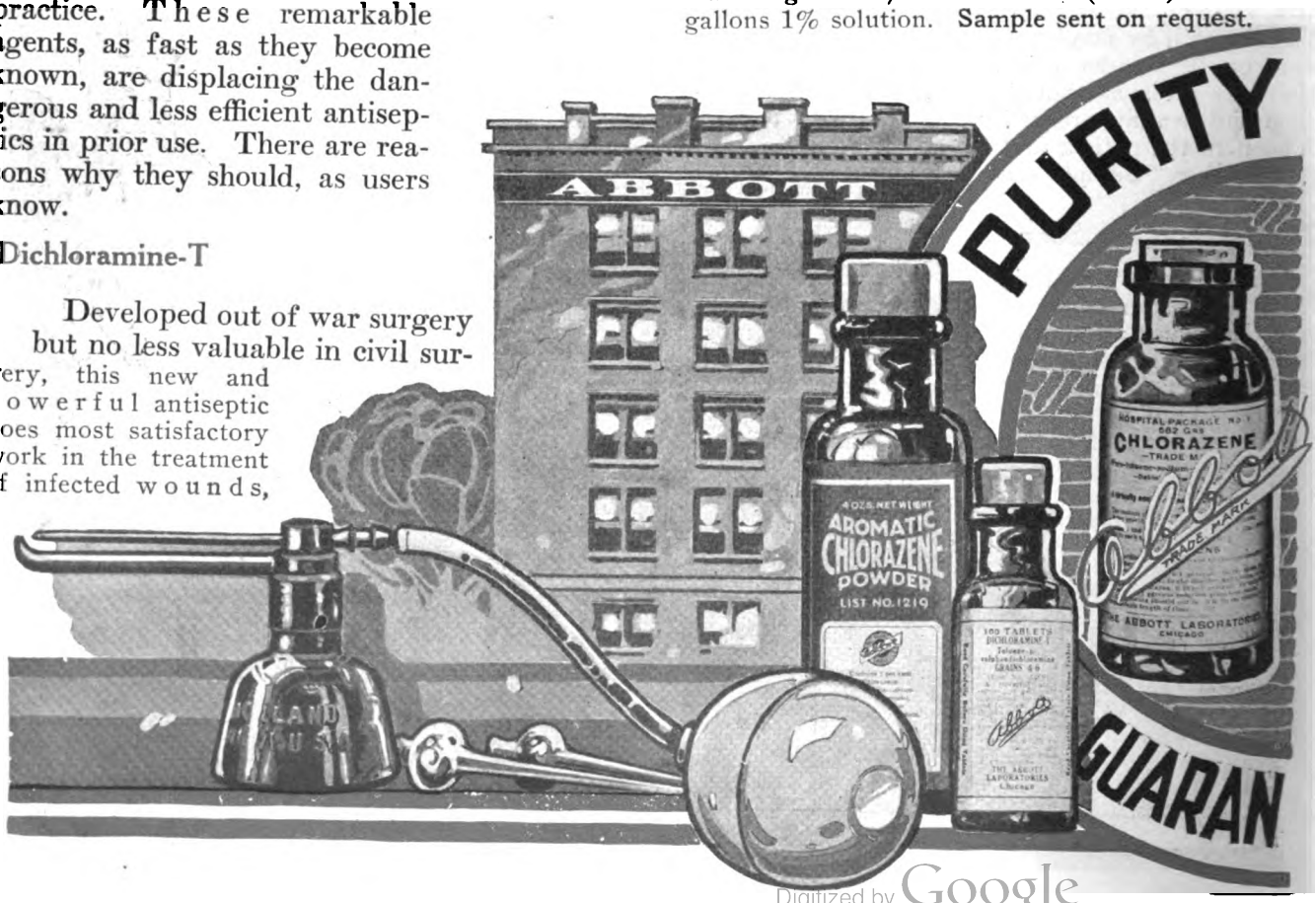
A powerful water-soluble, Chlorine-carrying germicide. It accomplishes in minutes what phenol and mercury bichloride require hours to do, and is without their objectionable features. Neither poisonous nor irritant. Dissolves in water and both in solid form and solution is quite stable; with the tablets solutions of any strength can readily be made as wanted. For general use in the office, the surgery and the sickroom this chlorine-carrying antiseptic is all that could be desired. Tablets in bottles of 100, 500, and 1,000. Powder in pounds; also in Hospital Package (No. 1) to make 1 gallon 1% solution and (No. 2) to make 5 gallons 1% solution. Sample sent on request.



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Chlorcosane

The proper solvent for Dichloramine-T, a low melting paraffin wax saturated with chlorine gas. A straw-colored, odorless, tasteless liquid. In pints and half-gallons.

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A dusting powder containing 1% of Chlorazene in a base made up of zinc and sodium stearates. Fine, impalpable, neutral, absorbent. Forms a thin film that is protective and soothing. A slight astringency adds to its value. Ready and effective for application to superficial sores and wounds in 1-ounce sprinklertop cans.

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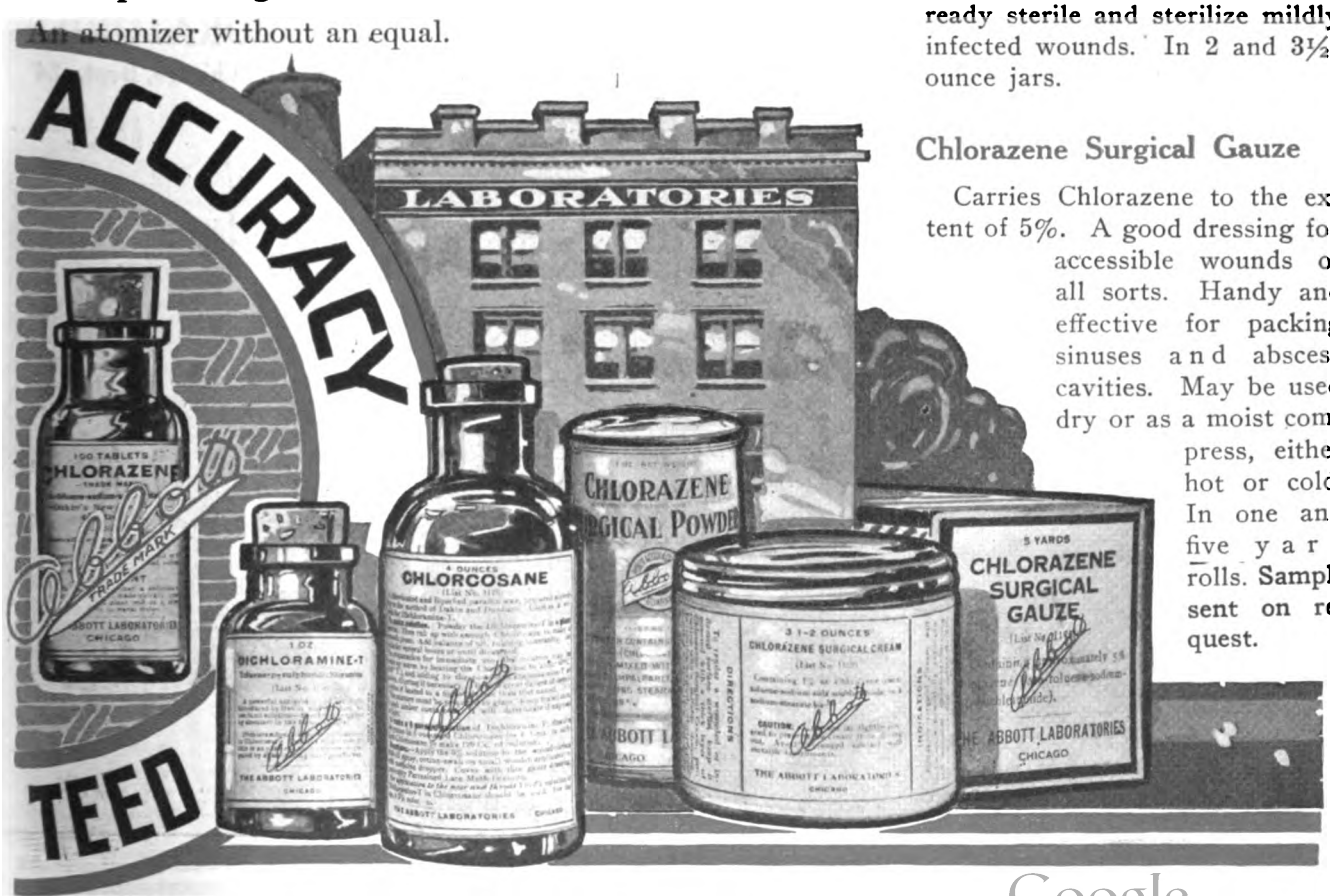
Carries Chlorazene to the extent of 5%. A good dressing for accessible wounds of all sorts. Handy and effective for packing sinuses and abscess cavities. May be used dry or as a moist compress, either hot or cold. In one and five yard rolls. Sample sent on request.



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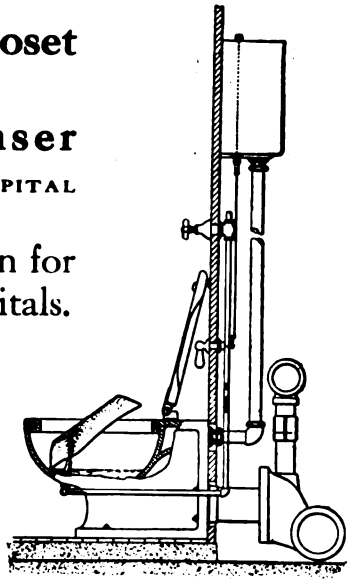

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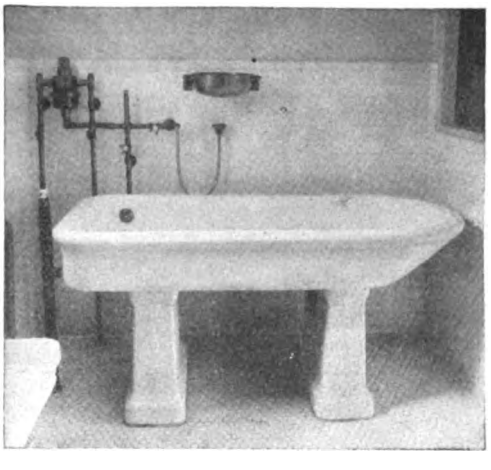

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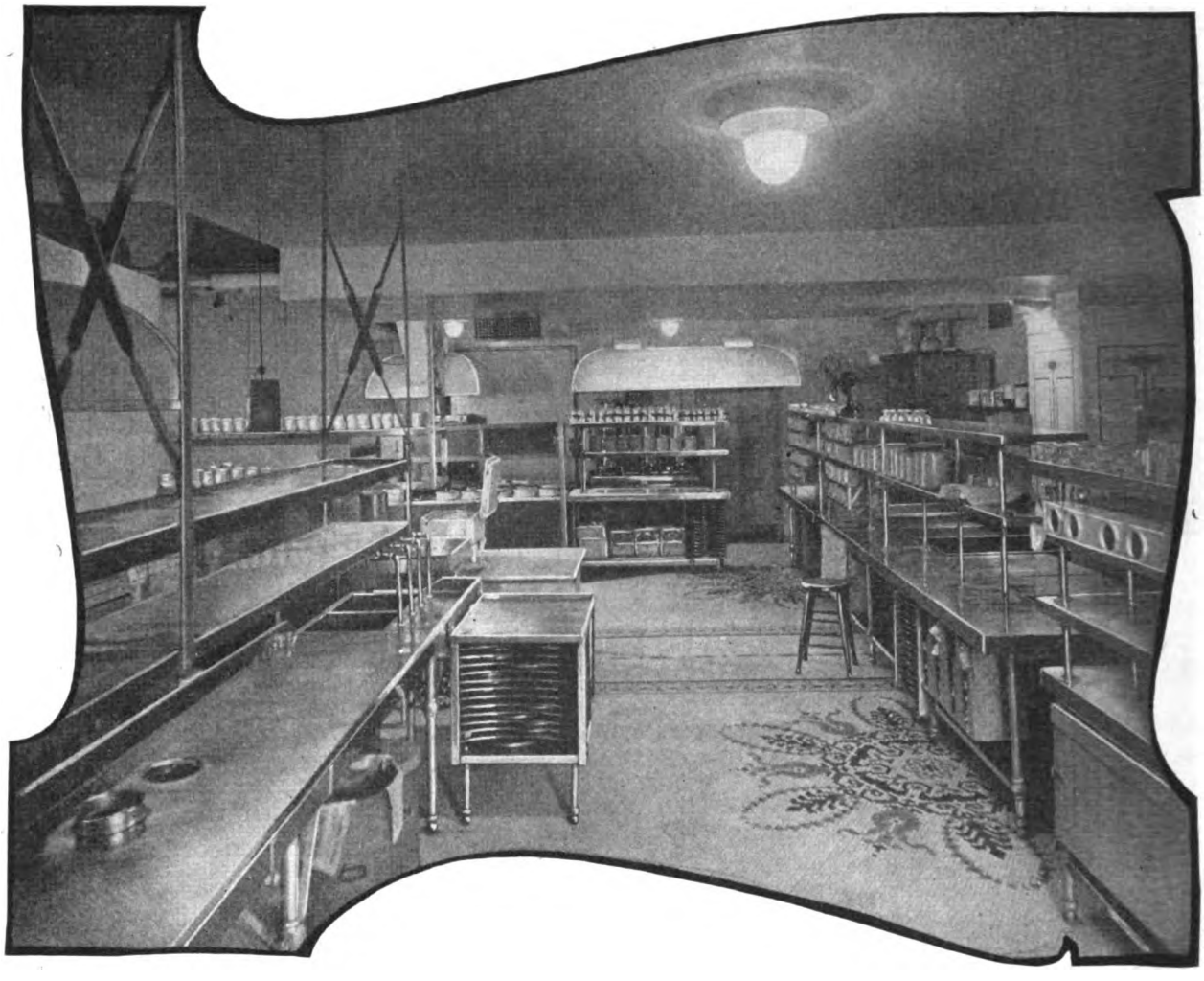

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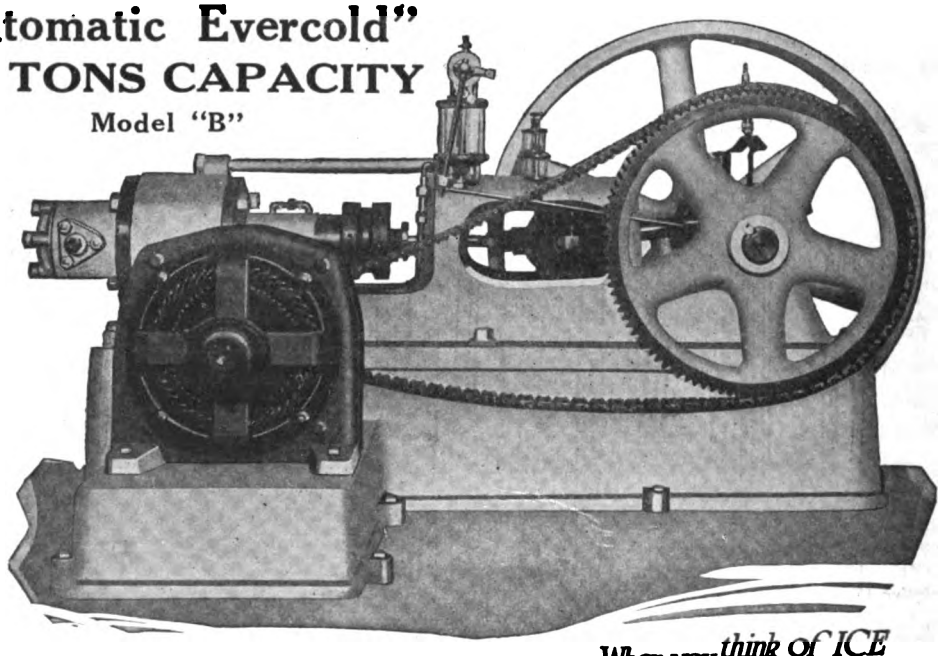

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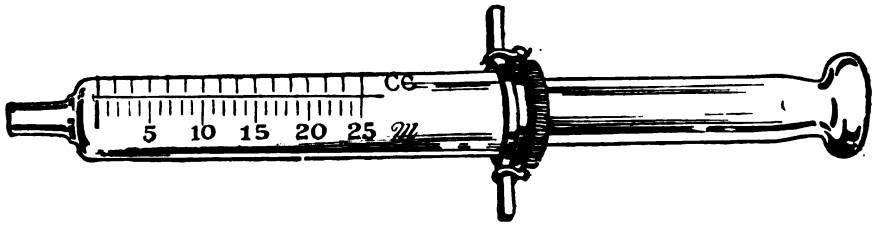

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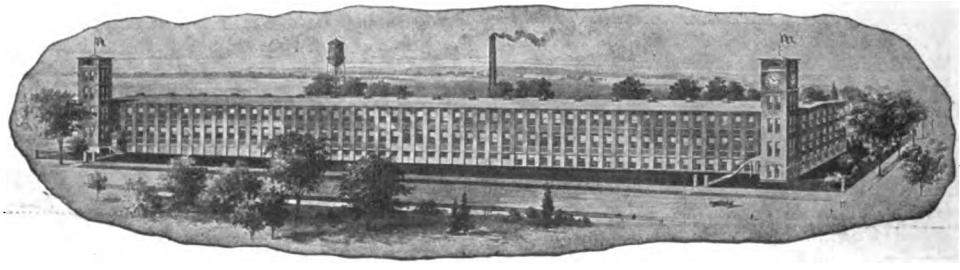

FACTORY AND GENERAL OFFICE

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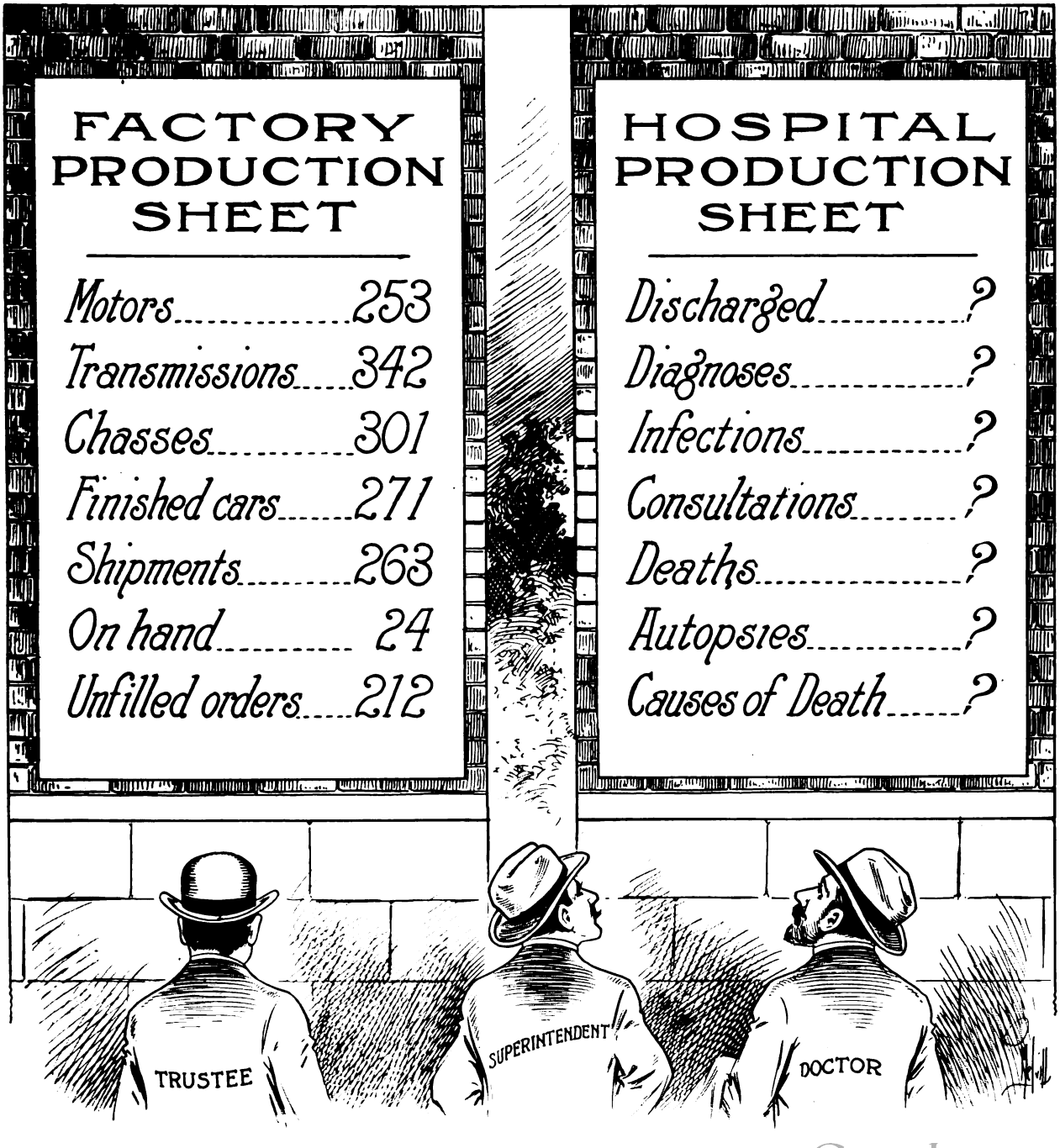
April, 1920

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

The Hospital Production Sheet



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Training of Hospital Superintendents

Rockefeller Foundation Holds Conference for Discussion of Better Methods of Obtaining Administrators

By a Member of the Editorial Board

Some years ago, before war awakened in us a deeper respect for each other, magazines and newspapers frequently attacked "creators of fabulous fortunes." The methods of the system by which these riches were amassed were analyzed in so masterful a manner as to cause one to marvel at the heroic integrity of the writers in refraining from putting their skilled knowledge into practice, and thus helping to furnish "copy" for their fellows.

We grew accustomed to the "tag" attached to certain names, nor sought the reason why. We were not little heathens, hook worms, typhus, nor any kind of Big Bug, so did not bother our busy heads about the manner in which the Rockefeller dollars spent themselves for others, not even when we read of them marching like a well organized, skillfully commanded army. Had not the reporters said that "riches are unrighteous"?

These thoughts crowded in with us to the east ballroom of the Hotel Commodore at 12:30, February 27, 1920—the guests of Dr. George E. Vincent, President of the Rockefeller Foundation, who in his invitation, stated:

"The officers of the Rockefeller Foundation have been approached by individuals and institutions for aid in developing training centers for hospital superintendents.

"The first step toward developing this field would seem to be a conference of those responsible for present work, and interested in the organization of proposed courses of training. We have felt that we might make a contribution to the field by calling an informal conference of certain persons whom we know to be interested."

About forty were present at this meeting. After a very substantial lunch, President Vincent remarked that the Rockefeller Foundation was in the humble capacity of a learner, no slate had been prepared, no special plan was to be adopted. In order to give a trend to the suggestions and discussions, three men, well known in the hospital world as leaders in their special work, had been requested to make short addresses.

John A. Bowman, Ph. D., executive secretary of the American College of Surgeons, presented his subject—Standardization of Hospitals. Father Charles B. Moulinier, S. J., who has been closely identified with Dr. Bowman's activities, and who is the founder and president of the Catholic Hospital Association of the United States and Canada, said that, so far, we had no philosophy of the functions of a hospital. He declared that the problem of efficient superintendents and heads of departments would be solved when hospitals fulfilled their mission and duty to humanity through the medical staffs bringing to each patient entering the institution 100 per cent of modern medical science and skill in its application. All activities of the hospital are obliged to render their particular service with this great central duty in mind.

Dr. S. S. Goldwater, superintendent of Mt. Sinai Hospital, New York City, who is always ready with help for better conditions, and, as Dr. Vincent remarked in presenting him, "has given aid so frequently in securing superintendents, as to be regarded as a kind of employment agent", had an outline which might serve as a curriculum for a training school such as was under consideration.

In the discussions which followed, the salient points were: Should the superintendent of a hospital be a medical man? What may be done to bring the desirability of becoming hospital superintendents before the senior medical students in our colleges? Representatives of Harvard, Yale, Leland Stanford, Ann Arbor, Columbia University, Johns Hopkins and others, made known that the matter was not neglected in their various institutions. Dr. A. C. Bachmeyer, of the Cincinnati General, spoke of the pioneer work being done by them in connection with the Cincinnati University. Dr. John A. Hornsby thought that as soon as the financial condition of the greater number of hospitals was relieved, better leaders might be procured. Dr. Charles F. Martin, of Montreal, found conditions in the states much like at home. Father M. F. Griffin, president of the Ohio Hospital Association, spoke strongly in favor of a correspondence course in connection with the broad college training to be given, pointing out the impossibility of the greater number of superintendents leaving their present positions to secure training. Miss Adelaide Nutting told of the course in preparation at Teachers' College of Columbia University.

While listening to the exchange of views, and the shuttle-like click of strong wills weaving them into a logical plan in open discussion of a living topic, one's own detached, indefinite opinions on the subject quickly crystallize. Busy groups of Memory's messengers crowd each other with unsigned scraps of information which seem to have bearing on the question. However, the listening has awakened within us a critical sense, bidding us be still until these be classified. In just such an experience, plans seemed very plentiful and feasible after our meeting. One of these is, to have the Rockefeller Foundation educate a number of experts who shall be available for service in hospitals for a period of three, six, or twelve months, training not only the superintendent, but establishing a complete system fitted to the peculiar needs of the hospital. This might also be extended to include training of supervisors for nurses' training schools.

In this way the various problems which arise from time to time in the small hospital might be referred to one having complete and sympathetic understanding of the defective part of the machine. This, it seems would allow a standardized system without the destruction of individuality or initiative, each leader being trained for the particular type of institution with which he or she is already

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connected. These instructors would also be in touch with, or have knowledge of, technicians or other skilled workers, registered by the Foundation for employment. This plan would simplify standardization of hospitals. The larger hospitals would experience very little difficulty in securing college trained men or women who have qualified as instructors, for superintendents.

Dr. Vincent very tactfully reminded us that we were called together as individuals with experience which would be valuable to the Foundation, but we were not a voting body. Each one was requested to write nine names from which list the Foundation will select a committee to make a survey of existing educational institutions which might be utilized for the proposed course.

Praises Social Service Work

Report of Woman's Hospital of New York Shows Value of Follow-up System

That the social service department is of invaluable assistance in the administration of the institution and a big factor in educational work in the community is the opinion of Elizabeth Johnson Van Slyke, M. D., who recently retired as superintendent of the Woman's Hospital, New York as expressed in the sixty-fourth annual report of the hospital. James U. Norris is now superintendent.

The efficiency of the Woman's Hospital social service department also is commended in the report by George Gray Ward, Jr., M. D., chief surgeon, who stressed its follow up work.

"The importance of this work," said Dr. Ward's report, "is emphasized by the position given to the subject of hospital standardization at the meeting in New York of the American College of Surgeons, when an entire day was devoted to its consideration, and the Woman's Hospital was one of four selected from the United States and Canada as a conspicuous example to demonstrate what it has already accomplished in this direction."

The Woman's Hospital Social Service Department reorganized its maternity clinic in February, when Miss Kaufman was appointed to take charge of the pre-natal work. A total of 543 patients were cared for from then until the date of the report, September 30, all of whom were required to return once every two weeks (or oftener if the doctor thought best) for observation. A clinic card was given to each patient, on which was printed instructions regarding the care of herself during the prenatal period.

A pre-natal exhibit, in panel form, was of value in emphasizing to the patients the necessity of skillful medical advice and oversight, proper food, air, exercise, bathing and sleep, and in serving as a warning against worry and overwork.

After her admission to the clinic, each patient was visited in her home as frequently as deemed necessary. The doctor's instructions given in the clinic were endorsed, and the simple laws of health taught, not only to the patient, but to the whole family. The social conditions surrounding each patient also were carefully watched to see if they were a predisposing factor in disease, and through instruction of the family and the cooperation of other agencies it was the aim of the department to make each home better and cleaner and each family more able to keep well.

"We see in this service the greatest opportunity to prevent disease," the report continues.

In follow-up work, 1,661 patients discharged for the hospital were looked after by the department. Of these, according to the report, 1,077 (65 per cent) responded to all requests for return visits, 440 (26 per cent) made partial response, and 144 (9 per cent) refused. All told, 3,288 visits were made to the clinic by follow-up patients, who showed an increasing interest in this work.

Card records of follow-up patients have been found to contain valuable data for the study of end results and for the treatment of patients in the future.

Vocational Work in P. H. S. Hospitals

Disabled ex-service men now in Public Health Service hospitals, or in certain private hospitals and sanatoriums, are receiving training for gainful occupations in vocational schools arranged by the Federal Board for Vocational Education. All work is done under medical supervision and no work undertaken without approval of the medical officer in charge.

Vocational schools are already started in P. H. S. hospitals at Perryville, Md., and Greenville, S. C., and in private sanatoriums at Saranac Lake, N. Y., Rutland, Mass., El Paso, Tex., and Sanatorium, N. C. Work will soon be under way at P. H. S. hospitals at East Norfolk, Mass., New Haven, Conn., Alexandria, La., and Biltmore, N. C.

Gen. Horace H. Wood, director general of Soldiers' Homes, has offered the Federal Board available space in all such homes, to be used by men not wholly recovered from disease or disability, and who are eligible for training under the Federal Board. It is understood that these men are not to become permanent members of the homes. The Soldiers' Home at Johnson City, Tenn., will have the first training class under this new arrangement.

These vocational classes will give instruction in elementary subjects, commercial subjects, mechanical drawing, such shop work as the men are able to perform, and Spanish.

A New Book on Nursing

Pope's Manual of Nursing Procedure. By Amy Elizabeth Pope, formerly instructor in the School of Nursing, Presbyterian Hospital, New York; visiting instructor, San Francisco; author of "A Medical Dictionary for Nurses," "A Quiz Book of Nursing," "Essentials of Dietetics," "A Dietary Computer" and (with Anna Maxwell) "Practical Nursing." G. P. Putnam's Sons, New York. Cloth, 596 pages. Illustrated. Miss Pope's new volume seems to be an exceedingly practical work, following the approved method of teaching by demonstration, enabling the text to be used in connection with the actual work of the pupil nurse. It is thus not only a valuable book for the experienced nurse, but a useful text for class-room use, where it will probably find a wide field.

Anglo-Saxon Hospital for Havana

A site has been acquired and funds are being raised for the construction in Havana, Cuba, of what will be known as the Anglo-Saxon Hospital. As its name indicates, those chiefly interested in it are English, Canadian and Americans, or descendants of Anglo-Saxons, and the institution will be in charge of an American superintendent, in all probability. It is also desired to have an American resident physician of ability for the hospital, as, according to the plans, there will be no staff, the hospital being open to all reputable physicians on the island. The capacity now contemplated is about 100 beds, and $600,000 will be raised, in order to provide every modern feature and the best possible equipment. Berlin, Swern & Randall, of Chicago, are the architects.

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Lessons from the War Hospital Libraries

Methods Used in Military Work Can Be Adapted to Needs of Civilian Institutions — Plans of A. L. A.

By Florence King, American Library Association, Librarian at U. S. Debarkation Hospital No. 3, New York.

LIBRARY PATRONS IN WAR HOSPITAL

Before the war, library service in hospitals meant little more than the providing of a medical library for the use of the staff. Books and magazines occasionally were sent in to the patients by interested friends. Systematic service to the patients was practically unknown, however, except in a few private hospitals for the insane. Several states had instituted library visitors to spend a week or two at a time in the hospitals, overseeing the selection and cataloging of books. Because of the limited time at their disposal, it was impossible for them to do regular work with the patients.

The war changed and broadened this conception of hospital library service.

In the military hospitals, the Surgeon General's library was in a position to supply the books required by the medical staff. The American Library Association was assigned to the great field of library service to the patients. Questions as to the method and the extent of development of this service were left entirely in the hands of the A. L. A.

In the course of the work, books, magazines and newspapers were supplied to more than 200 army and navy hospitals. For approximately 75 hospitals the American Library Association provided trained librarians. Through the efforts of the librarian books, magazines and newspapers reached the patients in the wards regularly. With the aid of a book truck, constructed especially for this bedside service, the patient was able to select his own reading matter. The library attendant who accompanied the book truck through the wards received his requests for special books not immediately available, and gave him the benefit of her expert knowledge in the selection of reading matter for study or recreation.

In United States Debarkation Hospital No. 3, popularly known as "Greenhut's", in New York, the range and intensity of the demand for reading matter which the library set itself to supply probably equaled that in any other hospital. Here the work began with the arrival of the first men from overseas, the last of November. 1918. For the library, a corner of the big Red Cross recreation room had been enclosed, lined and divided into alcoves by dark green book shelves, furnishing a book capacity of ten or twelve thousand books. The great defect of the room, for reading purposes, was the artificial

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lighting, but this was partially remedied by the use of table lamps with yellow shades, giving a warm, sunny glow that proved very attractive to the men coming from dismal temporary hospital surroundings. Purposely, no special type of chair was requisitioned, as it was realized that there was a range of choice in the Red Cross supply and that the men would know best how to find and place a chair giving physical comfort. This proved to be the case, and our chairs varied with our patients. One day, we had rows of wicker chairs; the next day, steamer chairs; then a unit of men limited to wheel chair activities rolled themselves into place beside the shelves where they could see and get what they wanted.

The first books were selected from the gift fiction, collected from the public at the New York Public Library, and to these were added, from the A. L. A. Dispatch Office, about five hundred titles of poetry, history, travel, reference, and school text books, giving a nucleus of about 1,500 books. A generous supply of magazines was provided. We were assured, by those more experienced than ourselves, that the magazines were all we should ever need; that the books would be useless because the men were to stay a short time and would be too restless to read more than a newspaper or a short story. This was so far from being the case that we had to double our supply of fiction the first week.

As soon as the hospital was known to be open, it made its own appeal, and from that time our work became one of selection rather than of seeking supplies. Magazines were sent in such quantities that we were able, from time to time, to give of our abundance to other hospitals less fortunately situated. Our library grew very quickly to 4,000 volumes. We were given many times that number, but we preferred to keep the collection small and active. We used many copies of popular titles, having as many as 30 copies of some of the Zane Grey favorites, and not infrequently they were all out at once.

In the tuberculosis ward, we formed a small general collection from requests. Any book asked for was given, but when it went into that ward, it was marked with a special label bearing the ward number, and was retained on the ward book shelvs. Worn books were put in fresh paper covers and sent to the contagious ward, when needed, where they were burned after use.

In January the technical books began to come to us from the A. L. A., and their attraction for the men who did not care for ordinary reading was instantaneous. These were, generally speaking, men who were eager to get back to their jobs or men who realized that, because of physical disabilities, the character of their work would have to change. A list of new and standard books bearing on the subject in which a man was interested was given him, and if we did not have the book chosen we got it for him as soon as possible.

We were told that no special method was followed in returning the wounded, but the demand for our books indicated a definite economic policy. At one time, it would seem as if every farmer in the A. E. F. was returning, eager to put his hand to the latest improved plow and flood the markets with the intensive products of modern agriculture. Then, apparently, General Pershing would become aware of this threatened overproduction and feel that the country was suffering from lack of mechanics. At once, all the agricultural books would come back and a shipload of engineers, plumbers and chauffeurs would clear our shelves of the mechanical books.

These technical books were a revelation to many men from isolated districts; they begged to keep them, gladly paying the price of an individual copy for the privilege of taking it where, they said, people did not know there were such books.

In this service, we had wonderful co-operation from all the agencies and business people to whom we appealed. With a view to meeting after war conditions, many of them had prepared, in pamphlet form, literature presenting new methods and possibilities developed by the war. If we had a man interested in banking, export trade, or foreign opportunities, by calling up one of the big banks or trust companies we had all the latest material on the subject within twenty-four hours. In one notable instance, we had a request for something up-to-date on mining machinery, from a man who was to be under treatment for several months. A telephone message to a well known firm brought, by special messenger, material that made the soldier say: "I'll be a better miner staying in bed than if I was working," and he was thoroughly content. The colleges and universities sent us the programs of their courses and lists of all special scholarships open to applicants. The insurance companies kept in touch with our needs, and in one company there was a fund among the employes to supply unusual requests. This phase of the work appealed to practical business men because it was constructive, helping a man to help himself, and they approved of that more than they did of the unlimited entertainment in New York.

We had many foreign born soldiers, the majority being Poles and Italians. They were all eager to read. There was a heavy demand upon the limited number of books and papers we had in their own languages, and it was difficult to keep enough copies of the "Foreigner's Guide to English". We had a French shelf used by the few French-Canadians and Russians. When we needed Italian books, a message to one of the Italian booksellers brought not only the books, but, invariably, a polite note thanking us for the privilege of being allowed to help. On the two occasions when we needed Spanish books and papers, the foreign department of the Hotel McAlpin gave us all we could use. A Greek officer brought us a generous gift of modern Greek books and the publisher of the *Greek Herald* added to these. We enlisted the interest of the foreign born orderlies on duty in the hospital for the Russians, Poles, Swedes, Hungarians and other nationalities with whom we found it difficult to communicate, the result being that we developed a little bureau of information used by the whole hospital. Through it, we were able to relieve many a bewildered mind and to deliver many improperly addressed letters.

The national taste for newspapers was not forgotten and the New York papers delivered daily supplies for the use of the hospital. The library had special gifts, often for designated patients as well as for the reading room. The James Advertising Agency, with advertising space in innumerable small town and farming papers, proved a treasure house for home town papers. After the advertising matter was checked up, the papers had no further value; so we were welcome to all we wanted. We made

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a list of requests in the morning; in the afternoon we were able to deliver home news more promptly than a man could get his own mail.

Later in the season, the Stage Women's War Relief provided a most generous supply of daily papers from other cities, but these did not give the intense satisfaction that a man got from the sight of the little home town paper coming as a surprise. One serious surgical case smiled for the first time when he was given the *Herald,* of Huntington, West Virginia. He said it was

LIBRARIAN WITH BOOK WAGON.

the only thing he wanted and nobody could get it in New York. From the hour it was put in his hand, he had more faith in the whole world.

The reading room was open all the time and the men came, not only for the books, but also to use the maps and to ask for all kinds of information. The book truck, carrying an assortment chiefly of fiction and magazines, went up to the wards twice a day, covering as much ground as possible. Requests were taken and filled promptly. We tried to have the person taking the request deliver the order, as we learned that people who are not strong do not like to repeat explanations.

After our technical books were well started, our circulation was from twenty to twenty-five per cent in this class, but fiction was the most popular, as it was in other hospitals, and Zane Grey was the leading favorite. Some of the men who stayed with us a long time went on to better things, and we were developing many readers for Kipling and Mark Twain. One discovery was that Italians, after acquiring a certain familiarity with English, enjoy Marion Crawford, because he writes in clear language of country and customs that they know.

The hospital, with its 4,000 bed capacity and its rapidly shifting population of patients, was a busy and an interesting place. Our work was crude and often sadly ineffective, but it had to adapt itself to constantly changing conditions and regulations; it had to be quick, also, if we were to serve the men at all. Nevertheless the men did bear witness to the comfort and pleasure they found in the books, and this was our great reward. For we know that the American soldiers were nothing if not fearless critics, and that they expressed no feigned approval of anything or anybody.

In every other large army and navy hospital in which a staff of trained librarians was maintained by the American Library Association, the library work covered the same wide field; it is still being continued by the War and Navy Departments in permanent hospitals. The service has been a revelation of the possibilities for the development of library work in civilian hospitals.

The American Library Association has launched an Enlarged Program for American public library service, one which aims to make the public library a vital force everywhere and in every phase of American life. The Association is raising a fund of $2,000,000 with which to put into operation the many projects of this program. One important feature is the promotion of library service in hospitals, as well as the furthering of institutional libraries in general. In promoting hospital library service, the plan is to assist agencies already existing, such as state library commissions and public libraries in towns and villages, and to arouse to a co-operative interest all agencies that can be of assistance.

Doctors and nurses have testified to the therapeutic value of books. It is for librarians to co-operate with them in providing the right book at the right time. This will mean successful library work; no other is worth considering.

Contest for Hospital Architects

San Mateo County, Cal., supervisors have invited architects of the county to submit plans for a $125,000 hospital to be built at Beresford. The following prizes are offered: first prize, six per cent of cost; second, $500; third, $400; fourth, $300.

County Hospitals Authorized by Bill

A bill authorizing counties containing cities of second and third class to establish county hospitals has been passed by the Kentucky legislature. Funds for the erection of the buildings, the bill provides, shall be raised by bond issues, while tax levies are sanctioned for maintenance of the hospitals and nurses' training schools.

Government Sells Hypochlorite of Lime

Approximately 46,000,000 tubes of hypochlorite of lime, each tube containing about a gram, are offered for sale by the Surplus Property Division, office of the Quartermaster General of the Army, Washington. The lime was purchased by the government as a purifying agent for use of the army in France and the surplus material may be used in sick rooms, hospitals, kitchens, etc., for disinfection and similar purposes.

Dr. Phoebe Williamson Is Dead

Dr. Phoebe Williamson, founder of the Woman's Hospital, Poughkeepsie, N. Y., and member of the staff of the Eastern District Hospital, Brooklyn, died March 23.

Speedway Hospital Ready in Four Months

The Speedway Hospital near Chicago, for which Congress appropriated $3,500,000 after a fight that was carried through two governmental departments, to the floor of Congress and to the president himself, will be ready for occupancy within four months, it is announced. Edward Hines, Chicago lumberman, through whose efforts the government was induced to take over the hospital, on March 15 turned the institution over to Federal authorities. The cost of Broadview Hospital, as it will be known, is about $5,000,000.

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Ohio Association Will Meet at Columbus

Leading State Organization to Have Three Day Gathering — Relations to State the Big Topic

The annual convention of the Ohio Hospital Association, which is always a red-letter event on the hospital calendar, will be held at Memorial Hall, Columbus, May 25-27. Father M. F. Griffin of St. Elizabeth's Hospital, Youngstown, president of the association, and Dr. E. R. Crew, of Miami Valley Hospital, Dayton, the secretary, have been working out a program that from the standpoint of practical helpfulness will rank with the best of previous meetings.

Ohio has adopted legislation of a practically new character relative to supervision of hospitals, including requirements of reports by hospitals to the state. The way in which this new plan is working out will be one of the chief subjects discussed, H. G. Southmayd, chief of the Bureau of Hospitals, being one of the principal speakers on the program.

INDUSTRIAL CASES UP

Another important subject, which, however, is not new, inasmuch as it is a constant source of discussion, is the relation of the hospitals to the state industrial commission, which has charge of workmen's compensation cases, and handles the payment of hospital bills for industrial service. The commission will be represented on the program, and will detail further the efforts which it is making to co-operate with the hospitals in handling industrial cases.

State hospital work, nursing and a round table session devoted to practical hospital problems are also taken care of, and the program as a whole is well-balanced and contains much of interest.

As usual, there will be commercial exhibits, and most of the leading supply houses will be represented. The fact that the convention will be in Memorial Hall will enable the exhibits to be especially well placed, and will give the hospital people attending an excellent opportunity to inspect them under favorable auspices.

The following committees have been named by the association:

COMMITTEE APPOINTMENTS

Committee on Constitution and Rules: R. W. Yengling, Youngstown Hospital, chairman; Miss Daisy C. Kingston, City Hospital, Fremont, and H. G. Yearick, City Hospital, Akron.

Legislative Committee: F. E. Chapman, Mt. Sinai Hospital, Cleveland, chairman; Miss Mary A. Jamison, Grant Hospital, Columbus; Miss Neer, Springfield Hospital and Rev. W. A. Tobin, St. Rita Hospital, Lima.

Auditing Committee: C. B. Hildreth, St. Luke's Hospital, Cleveland, chairman; Sister M. Genevieve, St. Elizabeth's Hospital, Youngstown; Dr. J. J. Kinney, Kinney and Knestrick Hospital, Wooster.

Committee on Time and Place: Dr. W. F. Marting, Keller Hospital, Ironton, chairman; Miss Alice Thatcher, Christ Hospital, Cincinnati; Sister Beatrice, Mercy Hospital, Canton.

Nominating Committee: Rev. C. H. LeBlond, Director Catholic Charities, Cleveland, chairman; Dr. A. B. Dennison, Lakeside Hospital, Cleveland; Miss Mary A. Surbray, City Hospital, Warren.

The tentative draft of the program is as follows:

MAY 25

Forenoon Session 10 *A. M.*

Meeting of Committees.

Afternoon Session 2 *P. M.*

President's Address, Rev. M. F. Griffin.
Secretary's Report, Dr. E. R. Crew.
Paper, Dr. A. R. Warner, Executive Secretary, American Hospital Association.
General Discussion.

Evening Session 8 *P. M.*

"Relation of the State to Hospitals in the Light of Recent Legislation and What Has Been Accomplished Under That Legislation," Mr. H. G. Southmayd, Chief, Bureau of Hospitals, Department of Health of Ohio.
"The Industrial Commission and the Hospitals," Dr. T. R. Fletcher, Industrial Commission of Ohio.
"Problems of the State Board of Health," Dr. A. H. Freeman, Commissioner of Health of Ohio.

MAY 26

Forenoon Session 9 *A. M.*

9-11 A. M., Round Table on Nursing Problems lead by Miss Ida May Hickox, Chief Examiner of Nurses of Ohio.
11-12 A. M., Round Table on Dietetics.

Afternoon Session 2 *P. M.*

Paper on State Hospitals.
Paper on Tuberculosis Hospitals of the State.

Evening Session 7 *P .M.*

Banquet; speaker, Rabbi Silver, Cleveland, Ohio.

MAY 27

Forenoon Session 9 *A. M.*

Address by Representative of the American Red Cross.
Reports of Committees.
Election of Officers.
12 m., Noonday Luncheon, Deshler Hotel. Speaker, Rev. Charles B. Moulinier, Regent, Marquette University, Milwaukee, Wis.

Ohio Hospital Notes

Miss Harriet L. Beek, Columbus, O., has been appointed principal of the Youngstown Hospital Training School for Nurses. She assumed her duties March 1. Miss Beek is a graduate of Hartford Hospital, and for the past five years has been principal of the training school at Grant Hospital, Columbus.

P. W. Behrens, superintendent of Toledo Hospital, reports the installation of a new pathological laboratory, fully equipped for meeting all demands, and requiring the services of three technicians.

Mrs. Lynette L. Vandervort, who made an enviable record overseas, is now principal of the training school at Akron City Hospital. She was in charge of the McArthur unit organized at St. Luke's Hospital, Chicago.

The Youngstown City Council has recently passed on plans for a contagious hospital which will cost $1,500,000.

The Akron City Hospital has recently appointed Dr. T. Harris Boughton full-time pathologist. He has been teaching pathology and bacteriology at the College of Medicine of the University of Illinois, Chicago, and has also been doing research work in experimental pathology. He served previously as pathologist of Cook County Hospital, Chicago, and also held the chair of pathology and bacteriology at the Medical School of the University of Kansas.

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Helping the Employe to Develop Ideals

Every New Worker in Los Angeles County Hospital Receives Inspiring Booklet on "Service With a Heart"

By Norman R. Martin, Superintendent Los Angeles County Hospital, Los Angeles, Cal.

[EDITOR'S NOTE: The following material is taken from a booklet which it is required that every department head of the Los Angeles County Hospital put into the hands of every new employe, for the purpose of giving him ideas and ideals of hospital service which he might not otherwise obtain. The title of the booklet is "Service With a Heart," and Mr. Martin has expressed the subject indicated so interestingly that HOSPITAL MANAGEMENT believes it will prove a real stimulus to other superintendents. On the cover of the booklet appears the following: "I shall pass through this world but once. Any good, therefore, that I can do, or any kindness that I can show to any human being, let me do it *now*. Let me not defer or neglect it, for I shall not pass this way again."]

These service talks are written by the Superintendent of Charities for the guidance of all employes of the Department of Charities of the County of Los Angeles. They aim to tell in a suggestive and friendly way how every officer and employe can give *more and better service* to those whom we are paid to *serve*.

All employes should understand that the Department of Charities is organized, maintained and operated for the benefit of persons resident in the county who are so unfortunate as to be unable to care for themselves entirely and properly at all times. It is not created or operated to make jobs for anyone. It therefore behooves every employe to remember this at all times and to treat the public and those in our care with the utmost courtesy and consideration. Give that service with a heart.

THE SQUARE DEAL POLICY

The management of this department assures every person who is being assisted by the department, every person with whom we have any dealings whatsoever, every employe and official; that he or she shall receive fair play and a square deal. The superintendent of the department wishes you to feel that he is *your friend;* but he is not willing to purchase the friendship of any one by being a "good fellow," if by so doing he has to neglect his own duty or responsibility in the protection of the interests of the county or those persons under the care of the department. The only "pull" that holds good is courteous, faithful and efficient service. Give that service with a heart.

The department which furnishes poor service is a poor department; the department which furnishes good service is a good department. It is the standard of the Department of Charities to furnish the very best service in the world to those of our community who are in distress and to the public who in any way come in contact with us.

Such service is not built up in a day, neither is it supplied by any single individual. It is not special attention to one person; but it means the utmost of courteous, interested and efficient attention from each particular employe to each particular person with whom we come in official contact. Give that service with a heart.

When you became an employe of the Department of Charities of the County of Los Angeles, you became a member of our official family. We feel that our family is respectable, loyal and efficient, and we trust that you will be likewise. We shall consider you as such unless you prove yourself otherwise and thus destroy the confidence that you now enjoy.

Any employe who lacks the intelligence to interpret the feeling of good will which this department holds toward those in its charge cannot last very long upon the payroll. If you are not willing to be loyal, and to serve and serve courteously, then it were better to resign and give some one else a chance, as you will be forced to do so in a short time anyway. Do not take pay from an employer without giving value received—that's cheating.

Those under our care are the unfortunate brothers and sisters, husbands and wives, sons and daughters of our fellow-citizens, and they are just as dear to their kin as our own are to each of us. Therefore, let us never mistreat those whom we serve either by word or deed. Unkind words often hurt more than blows. It is just as easy for an optimist to use kindly words as unkindly ones. To our unfortunate charges, kind words mean a great deal. There can be nothing more wicked than to deliberately add more pain to the life of any one who is in distress or helpless and has already sufficient sorrows. Treat them as you would like to be treated yourself under like conditions. If for any reason you feel that you cannot serve in that spirit, you will save yourself humiliation by resigning at once.

Wrangling has no place in this department. Efficiency and harmony are the key-notes. It takes two to make a quarrel. The trouble-starter cannot remain in the department. We believe that the best guide for the performance of our duty is our conscience. An employe whose conscience cannot be appealed to is not worth while.

Merit, efficiency and conduct will determine the period of every person's employment in the departmnt. You cannot afford to be superior, sullen, disagreeable, neglectful or careless.

We should not do, either within or without the different activities of the department, anything which might cast a reflection upon the good name of our official family. The mistake, carelessness or misconduct of any one of us is apt to reflect unfavorably on all.

Every official promise or appointment made by any employe should be rigidly adhered to and performed to the letter. If you are not sure that they can be accomplished, do not promise.

"BOOST" FOR THE HOSPITAL

Our individual reputations are not going to be any better than the reputation of the organization that employs us. Therefore let us be fair to our official superiors, to our fellow employes and to those under our charge. Let us use diligently every agency to improve our service and thereby improve ourselves. Let every one be a "booster." Whenever we "knock" our department or

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its institutions, we "knock" ourselves because we are part of that organization. It is expected, however, that all matters of importance reflecting upon the good of the service and substantiated by proper proof, will be reported promptly to the management. Our department is not big enough to hold the slanderer or the gossiper. Let us speak kindly of all.

We are entrusted with the taxpayers' money and we have no right to waste any part of it or permit our co-workers to do so. Every employe will be expected to conserve rigidly the county property, which means not only the real estate and buildings, but every description of food, drug, surgical and office supplies; also supplies for the farm, power-plant, laundry, kitchen, linen, bedding and equipment of every nature. A lead pencil discarded when only half used is an economic waste. County postage stamps should not camouflage private correspondence. Every dollar that we can save in our cost of operation means just that much more available for the relief of distress.

Honesty is always the best policy. We have no more right to take from the county unlawfully than from a private individual. The fact that it is taken from a governmental unit should not be allowed to dull the conscience. In case of distress or need in the family, appeal to the management and possibly some way can be found to help you over a rough place. Do not sacrifice self-respect for the sake of ill-gotten gains and do not allow your co-worker to do so.

There is a time to play and a time to work. When you play, play hard. When you work, don't play at all. Give your employer value received. Do not take compensation that you do not conscientiously earn. Tardiness without a good excuse is cheating. Quitting ahead of time is cheating. Watching the clock is foolish and gets to be a habit. Cheating your employer hurts you worse than it does your employer. He only loses your services —you lose your self-respect and future prospects.

Our department is like a great machine, made up of many parts. Each employe is one of the parts. Just as a machine is not apt to run smoothly when any of its parts are out of unison, just so our department's efficiency is apt to suffer when any of its employes fall below the department standard. Give the best that is in you—give that service with a heart.

In every large organization, proper discipline is essential in order to produce good results. We must be obedient to the instructions and requests of our official superiors. We must be like soldiers in carrying out orders. The general result is dependent upon many orders executed by many persons. When we think injustice has been done we have the right to appeal, but that appeal should be made only after obeying.

CLEANLINESS A NECESSITY

In all the institutions of the department, we must observe the utmost cleanliness. Nothing is clean enough that can be made any cleaner. Nothing will be tolerated either inside or outside of the institutions which is not sanitary. Uncleanliness means disease and we must prevent disease in every way possible.

Every employe is invited and urged to make written suggestions to proper official of anything, however seemingly trivial, which he or she sees or thinks would improve our service. Credit through efficiency marks will be given therefor.

Life is service. The one who progresses is the one who gives to his fellow-beings a little more—a little better—and still more and better—service. Give that service with a heart.

If we will obey the rules and regulations of the department, in the spirit of the suggestions contained herein, we will all get along splendidly and give good service. We will then be good citizens, good employes, good friends and a credit to the greatest county (Los Angeles), in the greatest state (California), in the greatest nation on earth (the United States of America).

$50,000 Liberty Bond for Hospital

A $50,000 Liberty Bond was donated to the Methodist Episcopal Hospital of Brooklyn, according to its annual report, and the income from the bond is being devoted toward meeting expenses of free treatment of the poor. The hospital seeks an additional $500,000 endowment.

Mt. Sinai to Study Disease Prevention

The annual report of the board of trustees of Mount Sinai Hospital, New York, laid emphasis on preparations being made to study the best methods of disease prevention. Progress was noted in the buildings now being constructed adjoining the hospital, but the report called attention to the fact that the additions will cost $3,250,000, instead of $2,000,000, as was estimated before the war.

College Training for St. Agnes Nurses

A change in the nurses' training course at St. Agnes Hospital, Philadelphia, is planned by Dr. D. J. McCarthy, medical director, to give the students the equivalent of one year's college education in addition to their technical training. The time for this new work will be provided by cutting the daily hours to eight instead of nine and devoting the time saved to the new instruction.

Suffrage Association Supports Hospitals

The American Woman Suffrage Association last year collected and spent $93,592.36 for the Overseas Hospitals which it founded and has maintained.

Youngstown Wants $626,000 Hospital

The city council of Youngstown, O., has approved plans for a municipal hospital that will cost $626,000.

$1,000,000 Naval Hospital at San Diego

The government has approved plans for the $1,000,000 naval hospital that will be erected in Balboa Park, San Diego, Cal., and construction will be begun in a short time.

Spokane to Have New Hospital in Fall

The new building of the Deaconess Hospital, capacity 350 beds, will be ready at Spokane, Wash., in the fall.

Hospital Expenses Increase 26 Per Cent

Expenses of the Woman's Hospital, New York, increased $87,000, or 26 per cent, in 1919, according to the annual report, which points out that at the same time the earnings increased only 17 per cent. A deficit of $131,790 existed at the close of the year.

Plan $400,000 Scandia Hospital

The Scandia Hospital Association of Spokane, Wash., has under consideration plans for a $400,000 hospital.

Bikur Cholim to Make Extensive Alterations

Bikur Cholim Hospital, of Brooklyn, contemplates alterations and additions that will cost $200,000.

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Getting the Most Out of Meat Purchases

How to Buy and Cut Beef So As to Utilize All Portions to Advantage and With Economy

By Eleanor Lee Wright

Beef, because of its well balanced flavor and its common usage, as well as the variety of cuts it offers, is the main meat item on the hospital bill of fare.

In the past the determining factors in fixing the price of meat cuts have been tenderness, appearance and convenience in cooking, rather than the nutritive value of the meat. Less tender cuts are less commonly used and consequently cheaper in price, though they can be made just as palatable by proper preparation and cooking.

The forequarter of the beef contains a larger proportion of these less popular cuts, which though just as valuable for food as the hindquarter cuts are sold at decidedly decreased prices. At present there is a nationwide campaign urging the more extensive use of the forequarter cuts of beef. This is applicable to hospitals, especially to the smaller institutions, which do not buy their meat by the side and have it cut up by their own butcher.

The most economical way for an institution to purchase its meat supply is by the quarter or the wholesale cut. The forequarter of beef consists of the following wholesale pieces: the chuck, rib, plate and fore shank.

NECK IS VALUABLE

From the chuck or shoulder piece can be taken these retail cuts: the neck, clod and chuck steaks and roasts. The neck is valuable for stewing and chopping for hamburg. If properly cooked, stews and hamburgs are not to be despised, and it is quite possible to prepare and serve them in a way to tempt even the appetite of a convalescent.

The clod makes a pot roast, which when thoroughly cooked and served hot with browned potatoes and gravy provides an extremely appetizing dinner foundation.

The chuck steaks contain a small average of bone and fat, and with the ends cut off and consigned to the stock pot for soup, they make almost as good broiled steak as the choicest sirloin. The difference between the chuck roast, which is the fifth rib, and the prime rib roast, which contains the sixth rib, is mostly in price, for two pieces of meat which lie side by side in the animal cannot differ much in quality.

The rib piece is the most popular cut of the forequarter, and proportionately high in price. There are four retail cuts of prime rib roasts, but it is more economical to cook and serve larger roasts for institutions. This can be easily managed by purchasing the whole rib piece and cutting the roasts as large as desired. Boned and rolled roasts may be a little more convenient to carve, but they lack the flavor which the bone imparts to the meat.

SHORT RIBS CONTAIN LEAN

The plate piece contains cuts which are of special value to hospitals. The short or rib ends have a very fair per cent of clear lean meat. The navel piece is rich in fat, and since beef fat is known to contain the vitamines which are valuable for promoting growth the stew which is made from this cut is especially valuable in the diet of children. It can be accompanied by barley or rice, which will absorb the excess fat and prevent the dish from seeming overly rich. The fore shank which contains fifty per cent of bone has its place in the soup kettle, for it is the bone which gives to soup the stimulating flavor so necessary to tempt the appetite.

Though the separate hindquarter cuts are more expensive than the forequarter, they can be bought by the whole piece with some reduction in price. The steak cuts, sirloin, porterhouse and club, are easy to prepare, can be cooked in a very short time and are tender juicy cuts, but they are an expensive form of meat to serve. The tenderloin is also high in price, but can be entirely utilized, as it contains no fat or bone. The flank is comparatively cheap, and with a little effort can be made into a very palatable steak. The round steaks also need more time for preparation and cooking than the loin steaks to make them tender and appetizing.

Some of the edible organs of the animal, such as the heart, liver, tongue, brains and sweetbreads deserve a wider use than they have had. They have much food value, an extremely small per cent of waste which makes them an economical purchase, and are attractive in flavor, if properly cooked and served. Heart and tongue, being lacking in fat, must be accompanied by a rich sauce or dressing. For supper what could be a more desirable dish than creamed or broiled sweet breads on toast, or baked heart stuffed with bread dressing and served with thick sauce?

SERVE MUTTON WITH DISCRETION

Lamb and mutton are necessary to provide variety to the diet, though mutton, being more strongly flavored, must be served with discretion. Many people have a decided distaste for mutton, and to a certain extent tastes have to be catered to.

Lamb which is light in weight and contains a large amount of bone and fat in proportion to the lean is never as economical a purchase as mutton. However, because of its highly digestible and nutritious properties, it forms an important part in the invalid's diet.

As is the case with beef, the forequarter cuts, though cheaper, are often neglected by the consumer. The shoulder boned, rolled and roasted is quite as appetizing as a big roast and contains even more flavor and extractives. The breast is much the most desirable part for stewing, and the shank makes a broth which when served with barley or rice surpasses that made from any other cut.

The wholesale cuts, which are more economical for an institution than the retail cuts, consist of the legs, loins and flanks, or the legs, loin and ribs of the hind-

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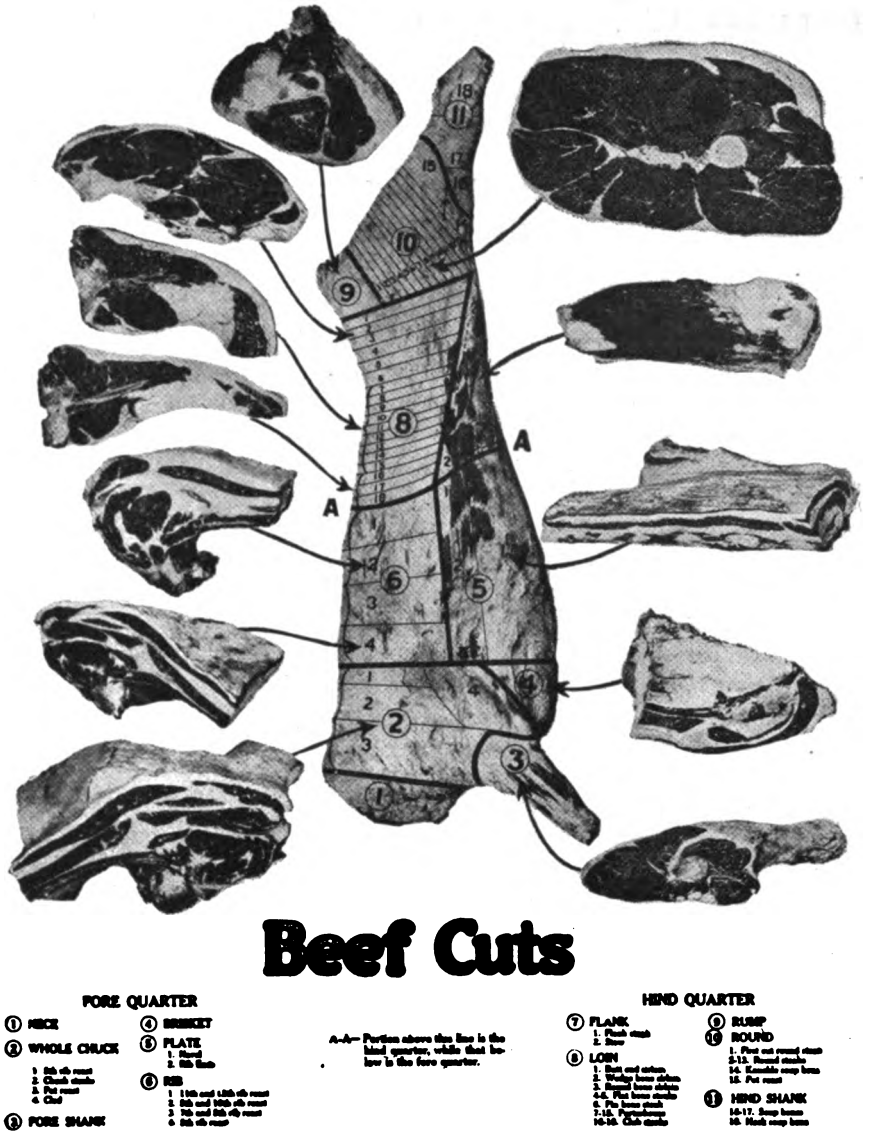

This Chart reproduced by courtesy of Domestic Science Department, Wilson & Co., Chicago.

quarter, and the breast, shoulder and neck, of the forequarter.

Fresh pork, being extremely rich in fat and strong in flavor, has only an occasional place in the hospital diet. However, the salted and smoked portions of the hog are of special value in the menu. They not only offer variety, but they have a piquancy of flavor which often tempts an appetite which has failed to respond to other meats.

BACON EASILY DIGESTED

Bacon is an easily digested form of fat, and as such it is of great importance in the diet of invalids and children. It is always economy to purchase it by the side, as it is also to buy a whole ham, instead of a half or separate slices to fry.

The various cuts made from dressed hogs are hams, hocks, loins, shoulders, butts and plates, the hams and plates being cured for ham and bacon and the back salted for salt pork. The less frequently used shoulder cuts, when roasted, are just as palatable as loin roasts. A recent popular method of preparing a loin roast, and one which is especially satisfactory because it eliminates the waste and difficulty of carving which is so characteristic of this type of roast, is to bone and roll the loin before cooking. The result is a cut as tender and attractive as the tenderloin, without the additional cost.

Government Plans 400-Bed Hospital

A 400-bed base hospital at Fort Bliss, Tex., at a cost of $1,100,000, is contemplated by the construction division, War Department at Washington.

Methodists Plan $200,000 Hospital

The board of trustees of the Methodist Hospital of Texas, John T. Scott, president, plans to erect a $200,000 hospital at Houston.

Shawnee Hospital to Expand

An addition to the Shawnee, Okla., Hospital, costing $65,000, is being rushed to completion.

Leaves $100,000 to St. Vincent's

Daniel J. Carroll, New York, in his will bequeathed $100,000 to St. Vincent's Hospital, and $25,000 to the Cancer Hospital, both of New York, and $20,000 to the Brooklyn Home for Consumptives.

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"Hard Boiled" Supervision is Condemned

Nursing Discipline Can Be Maintained Without Slave Driving—Suggestions for Relieving Shortage of Students

By Grace Ethel Myers, R. N., Superintendent of Nurses, Blodgett Memorial Hospital, Grand Rapids, Mich.

Some of the reasons that have been given as causes for the shortage of student nurses are as follows:

First, it is claimed that the registration laws have been responsible because of the varied standards maintained.

Second, it has been pointed out that other vocations offer shorter hours and quicker financial returns with less required preparation.

Third, we all realize that the increase in number and growth of training schools has in the past few years increased the demand for pupil nurses out of all proportion to the supply.

Fourth, the attitude of the inefficient training school, whose aim is to care for its patients with the least financial expenditure and with a minimum of educational advantages for its nurses, demanding long working hours without adequate provision for comfortable living quarters and social life.

Fifth, the tendency to require of nurses too much scrubbing, cleaning and other drudgery which should preferably be done by maids and janitors.

Most of us recognize these factors in the shortage of nurses and from various parts of the country have come suggestions for remedying the several conditions.

Uniform registration laws are needed to govern the establishment of training schools and to insure their conduct on the basis of better education for the nurses in training and consequent better service for hospital patients.

OFFICE POSITIONS OFFER MORE

As regards our second and third factors, it is often true that office positions or factory work do offer more money immediately to the young girl starting to make her own way in life, but if those who appreciate the opportunity for service in their life work and educational advancement can be enlightened as to the possibilities open to them in nursing, there would be little question as to their choice. Consequently we see the need for well directed publicity to bring the training school and its advantages to the attention of the young girl and the general public of our several communities.

As an antidote to the influence of the second-rate training school, with its cramped vision of the ideals of nursing and its emphasis on financial saving instead of efficient service, the universal suggestion the country over has been, be considerate of the health of nurses and ask them to put in a reasonable working day, provide them with good food and comfortable, home-like surroundings in which they can truly enjoy themselves when off duty.

In planning work for pupils in training, of the type who come to us today, it has been pointed out that it is time to put aside, in a measure, the old slave-driving, "hard boiled" army attitude, which in some institutions characterized the supervision of former years. Discipline and efficiency must be maintained, and we do not mean by such a statement to countenance bolshevik standards, but we do mean to emphasize intelligent individual instruction and co-operation with our pupils. When we realize that janitors and other unskilled help can relieve them of much heavy work, we will be making a more equitable adjustment of hospital duties than exists in many institutions at present.

If you will pardon a personal reference I may mention what we have tried to do at Blodgett Memorial Hospital in a few of these matters.

With the eight-hour system in effect since July, 1919, we are seeing better service rendered to patients than ever before. The nurses seem more alert and work to better advantage on the floors and show in their class work the effect of adequate time for study.

We have been glad to have our first-year girls have the advantage of the centralized class work in some subjects at the Junior College, which is really University of Michigan extension work.

We have tried not to lose sight of the social side of life, in encouraging occasional dancing parties and other pleasant evenings at the nurses' lodge, which is equipped to give them every home-like comfort.

Recently it has occurred to us that it might be worth while to have an occasional day when some of the nurses may be "at home" so to speak, to high school girls and others, show them through the hospital and the nurses' lodge, and give them some new impressions of training schools. Possibly in some such ideas as these lies at least a partial solution of the problem of shortage of nurses.

A paper presented at the meeting of the Michigan Hospital Association, December, 1919.

Cost of Hospital Building Is Tripled

Erection of St. Edward's Hospital building at Little Rock, Ark., at a cost of $250,000 soon will be begun. Plans had been drawn and approved in 1915, but work was halted because of the war. The delay has resulted in increasing the cost of construction nearly three-fold it is stated. The Sisters of Mercy will operate the institution.

Nurses' Home for Beth Israel

Beth Israel Hospital, Newark, N. J., has acquired land for the erection of a nurses' home to accommodate sixty people.

Sister Victoria Is Dead

Sister Victoria, former superintendent of the Good Samaritan Hospital, Cincinnati, died March 16. She was a Sister of Charity for fifty-two years.

Training School Uses Advertisement

The nurses' training school of the Baptist Memorial Hospital of Memphis, Tenn., of which Miss Myrtle M. Archer is superintendent, recently used an advertisement in the Memphis *News-Scimitar* covering three columns, a half page in depth, to interest girls in the school.

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Hospitals in Tuberculosis

Avoid Institutional Atmosphere, Suggests Expert, and Encourage Freedom of Movement

The part hospitals should play in the campaign against tuberculosis was outlined by Dr. C. V. Craster, Newark, in a paper read before the New Jersey Anti-Tuberculosis Association at Paterson, the treatment of the subject developing some interesting suggestions for hospital administrators.

Dr. Craster said that statistics show low mortality in countries where large numbers of beds were provided for tuberculosis sufferers, and he emphasized the necessity of the discarding of institutional tradition by sanatoriums in the treatment of patients.

The importance of day camps also was developed, these camps caring for those who refused all other outdoor treatment.

A summary of Dr. Craster's paper follows:

Methods of attempting to control tuberculosis, while showing some results, still may be improved, if a comparison is made with efforts in other fields, especially scarlet fever, diphtheria, typhoid fever and small pox, in which the success obtained has been vastly greater.

IS TWO-FOLD PROBLEM

One reason for the slow decline of tuberculosis is that it presents the two-fold aspect of a communicable disease and a social problem, and on this basis it is so important as to require an adjustment of views on the subject. Thus far emphasis has been placed on the contagious aspect and little has been said about predisposing causes.

Tuberculosis control has been successful where communities live right, where fresh air is regarded as a vital necessity, and where methods of living depart least from accepted standards of health. So a city plan for tuberculosis control may be divided into certain definite lines of activity: control of infection, social progress, economic improvement and associated activities.

HOSPITALIZATION IMPORTANT

In the control of infection hospitalization is one of the invaluable parts of the program. It has been found that low tuberculosis mortality has been experienced in countries where hospital beds were provided for large numbers of tuberculosis sufferers. Consequently, an important factor in control is a campaign to provide an adequate number of sanatorium beds. Some beds also should be provided for emergency use in hospitals for bedridden patients waiting admission to the county institution.

A change in the attitude of tuberculosis sufferers toward the sanatoriums must take place before these institutions can render best service. The tuberculosis sanatorium is regarded generally as the last step before dissolution instead of, as it should be, the first step toward recovery. This view has been developed because patients largely have been recruited from the riff-raff, due to the fact that the sanatorium must admit every suitable patient for treatment. It is unfortunate that the public has been led to look on institutions in this light.

The sanatoriums can be made much more effective factors in tuberculosis control if they will reduce institutional traditions to a minimum, and provide patients with the greatest possible freedom and home-like surroundings. It is necessary to cure temperamentally as well as physically, and unless tradition is dispensed with, it is difficult to induce persons in the early stages of tuberculosis to take treatment.

As an indication of what should not be done, recently a visitor to a sanatorium was required to don a white robe, cap and respirator before being admitted to a highly neurotic sufferer.

Another phase of hospitalization is the day camp, which has been found effective in communities where certain patients will refuse all other kinds of outdoor treatment. The attractive features are greater freedom, less restrictive rules, food and free medical service. The patients may return home every night.

VALUE OF DAY CAMPS

These camps are not expensive, and give satisfactory return for operating costs. In some cities the tent colony is equipped for all purposes, including dining hall, cooking tent, and special accomodations for men and women. Another advantage of the day camp is that only enough tents need be erected to meet prevailing demands. The opportunities are for education in the personal care and prevention of infection, for medical treatment and for vocational training.

Under the division of economic improvement comes industrial hygiene. Vast strides have been made of late to improve conditions of industrial workers both by mechanical devices to reduce dust and fumes and by medical service.

St. Bartholomew's Hospital Opens

St. Bartholomew's Clinic and Hospital, 215 East Forty Second street, New York, has been opened for the reception of patients. It is devoted to the diagnosis and treatment of diseases of the alimentary canal and is the only institution in the United States where gastro-intestinal troubles exclusively are treated.

St. Bartholomew's is the outgrowth of the first night clinic for eye, nose and throat ailments started in 1892. The hospital will accommodate fifty patients and the building has been renovated and furnished with the idea of getting away from the ordinary hospital atmosphere. The furnishings and arrangement of departments have carried out this idea successfully and the institution closely resembles a palatial home.

Chicago Dietitians Hold Banquet

The Chicago Dietitians' Association held a banquet March 17 at which various phases of dietetics were discussed by Miss Katherine Blunt, Ph. D., chairman, home economics committee, University of Chicago; Miss Laura Winkelman, Lewis Institute; Miss Ann Boller, representing dietitians in infant welfare; Miss Kate Helver, Red Cross teaching center; and Mrs. Graham of the Central Free Dispensary. Miss Rose Straka, Presbyterian Hospital, is secretary of the Association.

Creek Gives $1,000,000 for Indian Hospital

Jackson Barnett, a full blooded Creek Indian, whose oil lands are valued at $3,000,000, has obtained the approval of Federal Indian officials to his donation of $1,000,000 for the establishment and maintenance of a hospital at Henryetta, Okla., for the exclusive use of Indians. On the hospital grounds will be built a little home in which Barnett, now 60 years old, will spend the remainder of his life.

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Bringing the Hospital to Primitive Arabia

Methods Are Radically Different from Those at Home, But Results Are Often Remarkably Good

By P. W. Harrison, Mason Memorial Hospital, Bahrein, Arabia.

BATHING AND TAKING DRINKING WATER FROM THE SAME POOL.
The Scene Suggests Possibilities of Hospital and Health Work in Arabia.

Hospital work in countries like Arabia must be carried on somewhat differently than at home. In the first place we work with a budget so small that at first sight it looks impossible. The Mason Memorial Hospital spends approximately $5,000 a year. Its work is ninety per cent surgical. Last year we did some four hundred and sixty-three major operations. The hospital was built to accommodate thirty in-patients, but on a pinch fifty or sixty are crowded in.

One doctor and one trained nurse from America, with a trained nurse from India, constitute the staff of trained workers. The remaining helpers, some ten in number, counting absolutely everybody, have been picked up locally and trained for definite duties. The longest in service has been with us now about four years or possibly five.

It goes without saying that the Mason Memorial Hospital presents a contrast to the Massachusetts General Hospital, of Boston, that is sometimes nothing short of shocking. However, in the present discussion as to how we can bring first-class hospital service within reach of the average American family, I am very strongly of the conviction that hospitals of this type have a genuine contribution to make.

In the first place, our nursing among the men is altogether done by the friends of the patients, under the supervision of what we may term hospital orderlies. The two trained nurses mentioned above are unable to do anything in person for the men's wards, because of the customs and sentiment of the country.

I can almost hear the gasp of horror with which such an idea will be received by an American hospital superintendent. As a matter of fact, however, the plan works better than might be expected. We do some two hundred hernias in the course of the year. For them the plan is entirely satisfactory. The same is to be said for the seventy-five more or less hemorrhoid cases, and for the ten gastric and duodenal ulcer cases, treated with rare exceptions by the operation of gastro-enterostomy.

All bone cases which are in casts and with rare exceptions all other bone cases seem to do perfectly well handled in this way. If to these are added the minor operations and eye operations staying in the hospitals, more than seventy-five per cent of our patients are included. Chronic appendicitis is an unknown disease in Arabia, as indeed, is the acute appendix, too, but if to the above list chronic appendicitis were added, it is my impression that possibly close to seventy-five per cent of the surgical admissions to the men's wards in America might be included.

Viewed purely from the patient's standpoint, if some such plan could be worked out for their care after operation, it might bring the hospital and the average American family a great deal closer together. The plan has its value as promoting sympathy and understanding between the public and the hospital, and serves in Arabia as a great help in educating the Arabs as to cleanliness and hygiene, as well as serving to reduce expenses.

Hospitals working in primitive communities such as Arabia do a work which is often exceedingly difficult, but none the less valuable. Patients come long distances sometimes. I remember one man who told me that he had been travelling for thirty days to get to us.

The types of disease treated do not differ radically from those treated at home. Tuberculosis is very common. We

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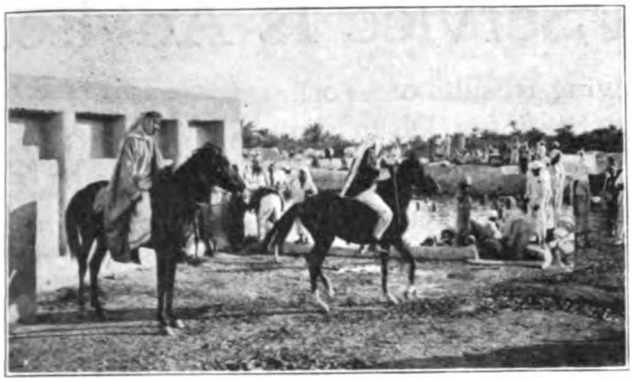

A BATHING POOL NEAR A GARDEN OF DATE PALMS.

have no facilities for its isolation and proper treatment and so we are compelled to refuse admission to such patients. A small isolation ward is used more frequently for amebic dysentery than for any other one thing. Hernia is very common, and gives us perhaps forty per cent of our surgical admissions. Hemorrhoids are common, as is stone in the bladder. Most years we see from three to half a dozen cases of madura foot, which must be amputated. I have seen the disease located in the hand in two instances. Old neglected gunshot wounds are common, and they usually involve the bone, often to an enormous extent. Syphilis is common, as is gonorrhea. It is an interesting fact that in the region of Bahrein and Kuweit, where local applications are unknown, I have yet to see my first case of stricture, as common as the latter disease is. Further south, in the region of Dubai, where it is the custom to insert various native medicines and instruments, stricture is very common.

These people for the most part sleep on the floor at night, as indeed they sit on it during the daytime, chairs and beds being equally unknown. It is rather an advantage that the hospital is often compelled to accommodate

THE DESERT.

them in the same way. If it were not for the difficulty of keeping the place clean, we should do so as a routine. The fact that it is one or more of their friends who takes care of them serves to make the hospital seem more natural, and takes away its foreign atmosphere. When the men's ward is crowded to about twice its normal capacity with patients, and each patient has one or more friends sleeping on the floor next to his bed, the ward presents an appearance that is really striking. The Arabs like it, though, and the cheerful talk-fest that goes on pretty much all the time is no mean factor in promoting recovery.

In order to introduce the work to new places, and to pave the way for extension, we sometimes visit cities further inland for perhaps a month, and in such a case the work and its surroundings are more primitive still. We did some fifty major operations inside of two weeks in Hassa something like a year ago. All we had for accommodation was a little four-room house, and one of these rooms we retained as quarters for the doctor and his staff. That little house had forty in-patients in it, before we were through, and it was difficult to walk around without stepping on somebody. The Governor of the District came to pay us a visit, and was much impressed. They did well, too, those patients did, and we left with an enormous reputation, which on a second visit we will probably lose, because somebody will bring a hopeless abdominal emergency, who will promptly die after operation.

It is a great game, this effort to introduce Christianity and civilization by means of medical work. The medical missionary should be a good gambler. He often has a call to be a good loser. Twice I have been most ignominiously expelled from a town where we were anxious to get work started, but all things considered there is no job to equal it anywhere.

Consider Plans for Baptist Sanatorium

Rev. H. F. Vermillion, superintendent of the Southern Baptist Tuberculosis Sanatorium at El Paso, Tex., has under consideration plans for the construction of the first unit of the proposed new buildings, which will cost $200,000. The unit includes quarters for 100 patients, a nurses' home, power plant, medical director's home, and medical building.

English Hospital Uses Full Page "Ad"

Nottingham General Hospital, Nottingham, England, recently used a full page advertisement in the Nottingham Guardian on a Friday before "Hospital Saturday" to call attention to its financial needs. The advertisement emphasized the fact that the institution must have more income or curtail the number of beds.

Citizens Vote for County Hospital

Citizens of Blackford County, Ind., have voted for an $80,000 county hospital, which will be erected at Hartford City.

Hospital Gets Site and $100,000

A site and a bequest of $100,000 have been given for a hospital to be erected at Middlesboro, Mass., which will be known as St. Luke's hospital. The gifts were made in the will of Mrs. Maria Peirce, who directed the Protestant Episcopal Church of the Boston Diocese to supervise the institution.

Terre Haute to Have $250,000 Hospital

The board of directors of Union Hospital at Terre Haute has arranged for a campaign to raise $250,000 for a new hospital building.

Free Patients Number 70 Per Cent

The Society of the New York Hospital, operating New York Hospital, Bloomingdale Hospital and Campbell Cottages for Convalescent Children, in appealing for $712,000, stated that nearly 1,800,000 patients were treated since the Society was organized. Of these 70 per cent were free patients.

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Analysis of Hospital Service Is Advised

Monthly Summary, Showing Results of Work, Should be Submitted to Staff for Discussion

The latest bulletin of the American College of Surgeons with reference to hospital standardization presents suggestions for an analysis of hospital service, a monthly summary of work based on case records. The suggested form, which is shown in the next column, is already being used in a number of hospitals, it is stated.

The bulletin also contains reports of staff organizations formed by Ellis Hospital, Schenectady, N. Y., St. Mary's Hospital, Chicago, and Evanston Hospital, Evanston, Ill., with the rules that have been formulated for the guidance of the staff, covering regular meetings, supervision of records and follow up of results.

Included in the bulletin is a discussion of the results of proper application of plans for analyzing the records, two hospitals being contrasted for purposes of emphasis. In this discussion the following statements are made:

In order to make more clear what is meant by an analysis of the clinical service of a hospital, let us consider the following two series of 100 operations for chronic appendicitis, both of which are fairly typical of what happens today in hospitals.

	In hospital No. 1	In hospital No. 2
Complete physical examination, including blood count	100	14
Number of consultations held	41	2
Working diagnoses recorded in advance of operation	100	None
Progress notes recorded by doctor	100	None
Incorrect diagnosis	4	14
Infections following operation	3	12
Number patients relieved	94	77
Number patients died	2	9

The analysis of the cases treated in hospital No. 1 shows that a complete physical examination was made and recorded for each patient; that in order to clear away doubt as to the diagnoses, consultations were held in 41 cases; that the working diagnoses in each case were, then, in fairness to the patients, recorded in the permanent records of the hospital; that, after the operations, the physicians or surgeons in charge of each case made or signed daily a statement of the progress of the patient; that infections developed in three cases; that four incorrect diagnoses were made; that the number of patients apparently relieved of their illness was 94; and that two of the patients died following operation. This record is a credit to the staff of the hospital.

The corresponding data are now given for a similar series of cases in hospital No. 2. The data as here presented could not occur in a hospital which meets the Minimum Standard. In a hospital which meets the Minimum Standard, for example, it is not possible that any patient, except in an emergency, will go to operation in advance of a complete physical examination. But in hospital No. 2 eighty-six of the patients were operated upon without a complete physical examination. They were operated upon, it seems, after guess-diagnoses rather than after scientific diagnoses with consultations when indicated.

Considering the record of hospital No. 2, is there anything unreasonable in asking that the staff meet at least once each month, that it analyze the facts of its clinical work, that it determine, as nearly as may be, the causes of its failures; and that, demanding the support of the trustees, it endeavor to remove these causes?

For example, 12 of the cases developed infection. Whose cases were these? What is the nature of the infection as indicated by laboratory analysis? Were the cases operated in rooms where pus cases had also recently been operated upon? Is the sterilization in connection with the operating room effective? When was it last tested and how? What technique is carried out in connection with surgical operations? And again, what were the reasons for the incorrect diagnoses? Do they indicate a lack of study, undue haste, or a failure to make full use of the laboratory facilities?

If the staff of hospital No. 2 would in dead earnest ask such questions as these each month, the percentage of infections would undoubtedly decrease. If the staff-review were really penetrating, the percentage of deaths would undoubtedly decrease. Matters, too, of incompetence, when the facts indicated incompetence, would be dealt with in no uncertain manner. The staff would become restricted.

ANALYSIS OF HOSPITAL SERVICE

for month ending.....

DISCHARGED

Cured .....
Improved .....
Relieved .....
Unimproved .....
To return for secondary operation.....
Admitted for diagnosis only.....
Deaths within 48 hours.....
Deaths institutional .....
Released .....
Labor .....
Newborn .....

Total discharged.....

DIAGNOSES

Provisional and final agree.....
Provisional and final disagree.....
Discharged with additional diagnosis.....
Discharged with no diagnosis made.....
Labor .....
Newborn .....

Total discharged.....

INFECTIONS

Institutional	On Admission
Medical	Medical .....
Surgical	Surgical .....
Obstetrical	Obstetrical .....
.....	.....
.....	.....

Total infections.....

CONSULTATIONS

Asked and obtained.....
Asked, not obtained.....
Indicated, not asked.....

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DEATHS		AUTOPSIES	
Medical		Medical	
Surgical		Surgical	
Obstetrical		Obstetrical	
Newborn		Newborn	
Stillborn		Stillborn	
Total deaths		Total autopsies	

CAUSES OF DEATH

.....

.....

.....

.....

Total deaths.....

UNIMPROVED

.....

.....

.....

.....

Total unimproved.....

The doctor scarcely exists who, if incompetent and if his incompetence is brought to light at frequent intervals, will not either endeavor promptly to perfect his training or retire from membership on the staff. The same principle is true with regard to character and professional ethics. Can any staff rest content with less than its maximum effort at all times to perfect the service of its hospital?

But the division of surgery, or the surgical cases, should not alone be analyzed by the staff. The clinical records of non-surgical cases merit quite as much attention. The study, diagnoses, treatments, and final results in pneumonia cases, cases of malnutrition, etc., should be reviewed. The services of the obstetrical department and of the children's department should, in the same way, be included.

In making analyses of clinical work, the confidential character of no record should be violated. The data for consideration of the staff may be taken from summary cards from which the names of patients are omitted.

Various hospital staffs at this time are in process of finding out for themselves the most effective means of analyzing their clinical records. The data indicated are found by a number of hospitals to be of stimulating value when presented to the staffs. Copies of these data are placed in the hands of each member of the staff; point by point the data are reviewed, and the responsibility for the character of the data is shared by each staff member.

In order to compile the data called for on the sheet, it is suggested that a daily review be made of the records of patients discharged. This review will include information under each of the headings of the sheet. When a daily record is kept in this fashion, the summary for the month is merely a matter of arithmetic.

From time to time exhibits are made showing these data comparatively through a series of months. In addition to these data some definite report of the laboratory service of the hospital is helpful. This report should show the extent to which the laboratory is used; and in this connection questions as to the adequacy and competence of the laboratory service should be raised by the staff. The staff should especially recognize good work on the part of the pathologist. All gross material removed at operations should go to the pathologist for report; and the case record of each death in the hospital, together with the autopsy record when available, should be presented as a routine at the next succeeding staff meeting.

Contract Let for St. Louis Addition

Contracts have been awarded for the erection of a three-story addition to St. John's Hospital, operated by the Sisters of Mercy at St. Louis, the improvements to cost $500,000.

Gives Site for Hartford City Hospital

Mrs. H. B. Smith, of Hartford City, Ind., has given three full city blocks in the northwestern part of the town as a site for a proposed county hospital. The gift was in the form of a memorial to her late husband, Harry B. Smith.

Waukon Hospital Superintendent Dead

Jasper Wayne, superintendent of the Home Hospital, Waukon, Ia., died of heart disease recently.

Sanatorium at Casa Grande

A number of physicians of Casa Grande, Arizona, plan a tuberculosis sanatorium consisting of 100 houses that will be rented to families and individuals at $50 a month, including the services of a resident physician. A hospital, experimental laboratory, electric light plant and office building also are to be constructed.

Hotel Turned Into a Hospital

The government has leased the Livingston Hotel and laboratories of the Leslie E. Keeley Company at Dwight, Ill., and will convert them into a U. S. Public Health Service Hospital, with accommodations for about 200 patients.

Hospital Opened in Baltimore

The Morrow Hospital for the treatment of venereal disease has been opened at Baltimore under the direction of the U. S. Public Health Service, the state board of health and the Baltimore health department. Miss Martha Hartman is superintendent.

Governor Signs $500,000 Hospital Bill

Governor Smith, of New York, has signed the bill appropriating $500,000 for the Creedmor division of the Brooklyn State Hospital. Gov. Smith, who vetoed this item last year, asserted that the plans of the hospital development commission have matured so that it is safe to proceed with the Creedmor construction.

Baby Clinic for Ardmore, Pa.

A baby clinic has been opened at Ardmore, Pa., financed by Line Branch No. 1, Southeastern Pennsylvania Chapter, American Red Cross. It is conducted in co-operation with a committee of physicians and visiting nurses from 2 to 3 p. m. Tuesdays and Fridays in the Ardmore Red Cross headquarters.

Measles Hospital Is Proposed

The department of health of Philadelphia is considering the utilization, exclusively as a measles hospital, of one of the buildings of the Philadelphia Hospital for Contagious Diseases. Since January 1 there have been 4,000 cases of measles reported.

Memphis Hospitals Seek Funds

The Jewish Hospital, Memphis, Tenn., has resumed its campaign, halted when $400,000 had been obtained, because of the influenza epidemic. Another $100,000 is sought. The Methodist Hospital of Memphis has asked conferences of Memphis, North Mississippi and Arkansas for additional donations in its efforts to raise $500,000 for the building now under construction.

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Preventive Work of Convalescent Home

Jewish Charities Experience Shows Value in This Direction as Well as for Post-Hospital Cases

By Maurice B. Hexter, Superintendent United Jewish Charities, Cincinnati, O.

It is true that most of the larger charities provide convalescent care in certain selected cases. Most organizations provide country rest after severe illness in a more or less desultory fashion. However, unless the community has provided facilities for convalescent care for twelve months of the year through a well-defined bureau, or through an institution, we can not say that such a community recognizes the importance of convalescent care as an aid to rehabilitation.

There is no doubt that the presence of such an institution or bureau, focuses upon this particular sphere of activity the attention of those who support the institution and induces continuous requests for this care by that part of the community for whom the institution has been established.

Dr. H. J. Moss, of Baltimore, writes that from the inquiries he recently sent to 110 cities he found but two communities which have convalescent homes. This is an under-statement. It will be interesting to scan the field of convalescent care as at present covered by Jewish endeavor.

We have found six homes for convalescent in five cities which are, in the order of their establishment, as follows:

1. The Solomon and Betty Loeb Home for Convalescents, New York City.
2. Jewish Convalescent Home, Cincinnati.
3. Miriam Convalescent Home, St. Louis.

4 and 5. Two homes, Chicago.

6. Frauen Verein Convalescent Home, Boston.

The Solomon and Betty Loeb Memorial Home for Convalescents, New York City, was founded in 1904 and was open for the reception of patients in July, 1906. It lies within convenient reach of New York City. The home possesses about 70 acres of ground, on which have been erected a central administration building, three cottages, one each for men, women and children, and a fifth residential cottage held in reserve for special emergencies. The present capacity of the home averages 100 beds, and it is kept open throughout the year.

Patients who are able are expected to pay $5 per week, if over 14 years of age; those between five and fourteen $3 per week. When the committee on admissions is satisfied that a patient is unable to pay such a sum, the charge is remitted in whole or in part. The railroad fare, however, must be paid by the patient. Applications accompanied by a medical certificate are received either from those recently discharged from hospitals, or from persons who are treated by private physicians.

CLASSES OF CASES EXCLUDED

In all cases, however, candidates must be examined by the admitting physicians of the home. These examinations are conducted in the United Hebrew Charities Building in New York City. The home does not accept pulmonary consumptives, persons still suffering from acute infections, or afflicted with contagious infections or loathsome diseases, or those suffering from hysteria, epilepsy or advanced nervous disorders. Children under five years are not admitted except when accompanying sick mothers and by special permission of the board. The institution is non-sectarian.

There is a well defined program of after care for the patient leaving the home. The ex-patients have been organized into an alumni association, and hold regular meetings. Since 1915 male applicants have been referred to a different convalescent home nearby, thus reserving the home for little children, girls, boys up to the age of 16, and women; the result is a quieter atmosphere, much more conducive to convalescence. Although the home is open to patients treated by private physicians, most of such applications are refused.

The second convalescent home to be established was the Jewish Convalescent Home in Cincinnati, which opened its doors in the summer of 1913. For almost ten years previous to that time the United Jewish Charities, of which the Convalescent Home is an integral part, has been sending patients in selected cases to country homes for a convalescent period. The home in Cincinnati has a capacity of 70 patients and is situated in the suburbs on the hill tops. It makes the same restrictions as to causes for which patients are admitted as does the Loeb Home in New York. All applicants come through the Health Department of the United Jewish Charities. Only patients of means and those referred by private physicians are excluded. When originally opened, the stay of patients was limited to two weeks, with a single extension of two weeks. It was soon found that this duration of stay was not sufficient, and although the rule has never been abrogated, it is honored in its breach. For several years the home was not utilized to its full capacity during the months from October until May, and so efforts were made to keep the institution full.

SHORT STAY INEFFECTIVE

In the department of school hygiene a large number of children were found to be suffering from malnutrition, anemia and cognate conditions. It had been the custom of the United Jewish Charities to send children to the country for a summer vacation period, but it was found that such a brief stay accomplished practically nothing. Three years ago we ventured upon the policy of sending such children to a convalescent home for a period of from three to four months. The children are kept there until their physicial condition approximates the normal. While there, they attend public school.

We have marked out forms for Jewish children from two sources: first, by interpolation from the anthropometic measurements made by Professor Boaz for the

From a paper read before the National Conference of Jewish Charities, Atlantic City, N. J., May 30, 1919.

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United States Immigration Commission (Volume 38); second, by examining promiscuously about 1,000 Jewish children, the examination having taken place in the spring of 1918.

The Convalescent Home has been also used quite extensively for children whom we have sent to the hospital for the purpose of having their tonsils and adenoids removed. These children are transferred directly from the hospital to the convalescent home. The admitting physician is located at the dispensary operated by the Jewish Charities. He is likewise the physician at the home, so that continuity of supervision is secured.

The Miriam Convalescent Home was established in St. Louis in 1913. Originally the home was open but eight months out of each year. In 1918, however, the Home decided to keep open for the entire year.

There are also two homes in Chicago. In addition, Chicago utilizes a non-sectarian home.

There is also a small convalescent home operated by the Frauen Verein of Boston. This home is only for convalescent women, and during the year of 1917 cared for 122 patients. The capacity is about 12.

It will be interesting to recount some of the work and results of the convalescent home in Cincinnati. To this end we have analyzed the cases handled at the home for the past four years.

Almost two-thirds of all the patients remained in the home for more than two weeks, the original time contemplated when the home was opened. Almost one-fifth remained in the home for eight weeks and almost 6 per cent for a period of from eight weeks to twenty-eight weeks. The total number of patients handled during the period under survey was 1,716.

The following table shows the causes for which patients have been sent to the home:

General surgery	324
Gynecological	309
Anemia	348
Cardiac	35
General debility	434
General medical	70
Respiratory diseases	56
Obstetrical	69
Neurological	60
Eye, Ear, Nose and Throat	4
Orthopedic	6
Dermatologic	1

It can be seen from the above that at least half of the patients at the Convalescent Home were sent there for preventive work, concerning such cases as anemia and general disability, rather than post-hospital cases.

It will be interesting to show the gains in weight experienced by the various age groups. Of the total of 1,716 patients only 98, or 5.7 per cent, showed loss in weight. By far the majority of the patients gained five pounds—1,102, or almost 70 per cent, falling within this category. The largest proportionate gains have been shown in the age groups 17 to 31

GAINS ARE MAINTAINED

There is a very insistent discussion as to whether patients discharged from convalescent homes relapse into their former condition, more particularly, if not solely, in those cases of anemia and general debility. We have therefore analyzed the recurrent cases sent to the convalescent homes. We mentioned above the fact of emphasizing convalescent care for children under 16 years of age. During the period under survey we have handled 477 children of this category. More than three-fourths of all the children maintained the gains which they made during their stay at the convalescent home.

The convalescent home, properly functioning, should be utilized as an integral part of both the health work and the relief work of the community. Our own experience tends to the conclusion that convalescent care accomplished most when emphasis is placed upon the preventive side.

There is a corollary to this particular phase, which is borne out by the experience of the Loeb Home in New York and of our own, that when large numbers of children are sent to the convalescent home, it rapidly ceases to become a place to which true convalescent adults can be sent. Children are noisy even though they be anemic. Possibly we should contemplate the establishment of a separate institution for these children and maintain the convalescent home for its original function.

Atlanta Nurses Occupy New Club Rooms

The Atlanta Registered Nurses' Club moved into its new club rooms at 110 Luckie street March 1. The club has a directory membership of 250.

Rochester Service at Cost

In a statement covering a twelve-month period it was shown that only 3,704 patients in the four public hospitals of Rochester, N. Y., had paid more than the cost of their treatment. All told, 15,956 were cared for, of whom 2,521 were free patients.

Louisville Needs 500 Hospital Beds

Miss Alice M. Gaggs, superintendent of Norton Memorial Infirmary, Louisville, Ky., recently told the members of the Jefferson County Medical Society that the city's present hospital needs amounted to 500 beds.

Mudlavia Health Resort Destroyed

The Mudlavia Springs Hotel and health resort near Attica, Ind., recently was destroyed by fire with a loss of $300,000.

Versailles Hospital Gets Endowment

The Woodford Memorial Hospital, Versailles, Ky., recently received $10,000 for its endowment fund from William E. Simms.

West Penn Buys More Ground

The West Penn Hospital, of Pittsburgh, has bought 150 feet of ground across the street from the institution on Millvale avenue for $30,000.

Work Begun on Fayetteville Annex

Miss Ruth Riley, superintendent of the City Hospital of Fayetteville, Ark., turned the first shovelful of earth for the construction of an addition to contain 25 beds, class room, laboratory, X-ray and incinerator.

Mount Zion to Construct Nurses' Home

Mount Zion Hospital, of San Francisco, will erect a modern nurses' home toward which $5,000 already has been contributed.

Hospital to Be Ready in May

The new building of St. Joseph's Hospital, Jefferson City, Mo., will be ready for occupancy the latter part of May.

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round

MISS E. M. GERAGHTY,
Former Dietitian of New Haven Hospital, New Haven, Conn., Who will Conduct Dietary Department of "Hospital Management."

Miss Geraghty is one of the best known dietitians in the country, and her work at New Haven Hospital was of a high order. She recently went to Ann Arbor, Mich., where she is studying at the University of Michigan along special lines relating to foods, nutrition and related subjects. HOSPITAL MANAGEMENT has made arrangements with Miss Geraghty to take charge of a new department devoted to food subjects, in which practical ideas of interest to hospital people in this connection will be presented. Superintendents and others are invited to send in questions relating to this department for discussion, and Miss Geraghty will also be glad to co-operate with medical men along this line. The new department is expected to be of real value and benefit to HOSPITAL MANAGEMENT readers. Miss Geraghty is active in organization work, and is secretary of the American Dietetic Association.

Miss Amy Hillard, for three years superintendent of Bellevue and Allied Hospitals Training School for Nurses, New York, has resigned to accept the superintendency of a hospital at Troy, N. Y. Miss Clara Noyes, head of the American Red Cross at Washington, Miss Hillard's predecessor at Bellevue, was the principal speaker at a tea given in honor of the retiring superintendent by the board of managers.

John H. Mauney is superintendent of the Fort Sanders Hospital at Knoxville, Tenn., recently opened. Dr. S. S. Hindman, for five years director of the pathological laboratory of the St. Vincent Hospital, Toledo, is director of the Fort Sanders pathological laboratory, and Miss Alice Berry is surgical supervisor. The Fort Sanders staff includes Dr. C. B. Jones, Dr. J. P. Tillery, Dr. L. L. Sheddon, Dr. J. B. Thielen, Dr. W. P. Wood, Dr. M. M. Copenhaver, Dr. Luis A. Haun, Dr. Oliver W. Hill, Dr. E. H. Ford, Dr. Lucius D. Hill, Dr. Kyle C. Copenhaver, Dr. E. G. Wood, Dr. S. S. Hindman and Dr. Bruce T. Yule. Mrs. Marguerite Welch is in charge of the nurses' training school.

Dr. Jerome G. Pace is superintendent of the Colorado Springs Sanatorium of the Modern Woodmen of America, succeeding Dr. James A. Rutledge, deceased. Dr. Floyd C. Dean, formerly superintendent of the sanatorium at Hastings, has been appointed superintendent of the Kansas Sanatorium, Wichita, in place of Dr. Robert L. Stokes, resigned.

Dr. J. Cheston King, who for a number of years operated the Cheston King Sanitarium at Atlanta, Ga., has transferred the building and equipment to the government. The institution now is known as United States Public Health Hospital No. 48.

Col. Clarence J. Manly, Medical Corps, has been ordered to U. S. Army General Hospital No. 2 at Fort McHenry to command the post. Col. Henry Page, whom Col. Manly succeeds, has been ordered to take charge of U. S. Army General Hospital No. 21 at Denver.

The following chiefs of staff of the Memorial City Hospital, Winston-Salem, have been appointed: chief of medical staff, Dr. Sylvester D. Craig; chief of surgical staff, Dr. Everett A. Lockett; chief of gynecologic and obstetric staff, Dr. Henry S. Lott.

J. H. Comfort, business manager of the Indianapolis City Hospital, has resigned.

Dr. Frank Abbott has resigned as superintendent of the Washington Asylum Hospital. Maj. Edwin W. Patterson, retired, is his successor.

Dr. Griswold D. Nammack has been appointed senior resident surgeon at Bellevue Hospital under Dr. George David Stewart, chief surgeon and professor of surgery at Bellevue.

Miss Elizabeth B. Ross, R. N., has succeeded Miss Catherine Perkins Mauney, R. N., as assistant superintendent of Woman's Hospital, New York.

Dr. Elliott I. Dorn, superintendent of Pleasant Valley Sanatorium, Bath, N. Y., has resigned to accept the superintendency of the Newton Memorial Hospital at Cassadaga, N. Y.

Dr. Marcus A. Curry has been made medical superintendent and executive officer of the New Jersey State Hospital at Morris Plains. Dr. Curry has served in these capacities temporarily following the death of Dr. Britton D. Evans.

Lutherans Contemplate New Building

The erection of a hospital building is contemplated in St. Paul by officers of the Lutheran Augustana Synod. The institution will have between 300 and 400 beds.

$75,000 Gift for Champaign, Ill., Hospital

The Julia F. Burnham Hospital, Champaign, Ill., has been given $75,000 by Mrs. Newton M. Harris, with an additional $25,000 conditional on the subscription of a like sum by the community.

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THE HOSPITAL ROUND TABLE

The Gong and the Ambulance

Have you a gong on your ambulance?

When this representative of your institution goes speeding through the streets, supposedly bent on a mission of mercy, is it ringing a bell that reminds one of a fire alarm, and scattering children from its path like frightened chickens?

In some cities the ambulances are so equipped, and make just about as much racket as fire apparatus answering a third alarm. The gong isn't necessary—why not take it off? It doesn't do the patient any good, it doesn't increase the rate of speed enough to count, and it is likely to give offense to a great many who ought to be among the friends of the hospital.

Retire the ambulance gong!

The Place to Clean First

A superintendent who took hold of a new hospital found it in bad condition from the standpoint of appearances. The walls and ceilings had not been painted for a long time, and showed it. The accumulation of grime was anything but prepossessing.

The first place that he put the painters to work was in the lobby of the hospital.

"Here is where we make our first impression on the public," he explained. "People get their idea of our methods and service largely from what they see when they enter the building first. Therefore, in planning my cleaning and painting program, I decided to get busy on the lobby."

Of course, the remainder of the building will be painted as rapidly as possible.

Winning Over the Newspapers

An interesting experience was recently reported by the superintendent of a city hospital which had long been in bad odor with the newspapers. It was one of these hospitals where everything is always shrouded in mystery, so that the newspapers delight to "play up" minor happenings with seven-column head-lines on the front page, just because the hospital is secretive regarding the facts.

The first thing the superintendent did when he took the job was to call in person on the managing editors of the newspapers. He told them that the hospital was a public institution, and that the newspapers could have any information they wanted. He said reporters would be free to come into the institution at any time, and would even be permitted to talk to patients if the latter gave their consent.

The result of this frank change of policy was an equally noticeable change on the part of the papers. They quit making sensations out of every-day happenings, and they began to print constructive items regarding the work of the hospital. Now the superintendent is running a series of articles telling what the various departments are doing, and they are arousing keen interest on the part of the public.

The new plan is a definite success.

Maintaining the Standards

When a hospital is operating with less than the normal number of workers, especially in the nursing department, there is a temptation occasionally to lower the standards. But aside from the effect of such a method on the student nurse, the impression on the patient is very likely to be bad.

A former hospital executive, who is now in business, recently had occasion to take his wife to the hospital. She was in a condition that required the use of narcotics. The nurse in charge must have been busy, for at about the time the medicine was to have been administered, a maid was sent in to take charge of this detail. Objection was of course registered, and the head nurse on that floor was extremely apologetic.

This happened in a fairly large hospital, which has a good reputation. It is a little side-light on the way things are sometimes done that suggests that superintendents and superintendents of nurses can afford to watch the details and insist on the maintenace of high standards in nursing technique, regardless of conditions.

A Hint From Industry

Industrial doctors and others who have to do with dispensaries established in the big manufacturing plants are laying more emphasis than ever on the importance of having the right people in charge to greet those who come to the dispensary for treatment. Good personality is even more important than good professional equipment, it is contended.

The hospital and dispensary serving the general public can take a cue from this experience. Though the worker presumably is required to report to the dispensary for treatment, while use of the service outside is optional with the patient, obtaining the latter's good confidence and goodwill are essential in both cases.

Those who receive patients, whether in the hospital or the dispensary, and regardless of the status of the case financially, should cultivate the habit of smiling. A friendly welcome at the door goes a long way toward making a satisfied patient.

Mesa, Ariz., Hospital Expanding

The South Side Hospital, of Mesa, Ariz., is planning the construction of an addition to its present building which will cost $75,000, and will give an added capacity of about forty beds. The new construction, which is in charge of Berlin, Swern & Randall, architects, of Chicago, is to be part of extensions which will ultimately involve an expenditure of $250,000.

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Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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The Medical Man's Responsibility

Not long ago the superintendent of one of the largest general hospitals in the west was in the office of HOSPITAL MANAGEMENT. This superintendent is qualified by experience, temperament and ability to run a hospital successfully, and as a medical man he must be credited with having all of the sympathy and understanding that staff men expect or desire.

Yet this superintendent admitted practical failure in his efforts to bring the hospital up to the point that it should occupy.

Asked for the reason, he gave an explanation that required but two words:

"The doctors."

Because of local conditions, which need not be gone into here, but which include the usual factors of rivalry and medical politics, the doctors of the community have made it practically impossible for this high-grade, enthusiastic superintendent to accomplish through them the establishment of a hospital service that will reflect credit on the community, that will meet its actual needs, and that incidentally would be of the greatest possible value to the doctors themselves.

Let it be emphasized again that the superintendent involved is qualified and capable; moreover, he is earnest and blessed with ideals of hospital work that, coupled with the practical knowledge he possesses, should carry one far. But he has found the obstacles thrown in his path almost insuperable.

A hospital building and equipment are necessary; but properly organized medical service is the first essential. It is possible to conceive a successful hospital operating in a tent; but it is impossible to think of a good hospital that is without good medical service. That emphasizes the fact that it is first and last a question of the medical staff—that it is up to them to decide whether the hospital shall be good, bad or indifferent.

A splendid hospital plant is a great thing; yet HOSPITAL MANAGEMENT knows of institutions that are physically impressive and from every other standpoint insignificant. The personnel is the big factor, and the support of the medical men for a sane program of hospital organization and improvement is an essential of progress.

In the case cited, which is unfortunately not isolated, the medical men are blocking hospital progress. They seem to be satisfied with mediocre hospital service—service that the public suffers from—because it best suits their picayunish personal interests and their petty professional politics.

Will the day ever come when the medical men of America will be big enough to insist on high-grade hospitals, regardless of individuals?

A Suggestion to Industrial Surgeons

The American Association of Industrial Physicians and Surgeons will meet this month at New Orleans. This is an organization whose fortunes HOSPITAL MANAGEMENT has followed with sympathetic interest from its inception in 1916, and many of whose members are fully appreciative of the value of the co-operation of this magazine in the development of association work and service.

We therefore feel at liberty to make a suggestion which we trust will be given consideration at the New Orleans meeting, relative to a matter in which the general hospitals of the country are interested.

Handling industrial cases in general hospitals has for years been an exceedingly difficult proposition for these institutions. Before the advent of workmen's compensation laws, many of these cases were turned over to the hospitals as public charges. Since compensation has been in effect, it has been necessary in many cases to accept cases without assurance of full payment for the service rendered, and in many states the allowance for hospital care is so meager that the hospitals doing the work are unable even to approximate cost.

Industrial surgeons use the general hospitals so extensively that they are thoroughly conversant with the difficulties under which many of them are laboring, in the face of increased costs of all kinds. It is imperative that the rank and file of hospitals obtain a reasonable remuneration for the cases that they handle, especially those cases for which service below cost is not necessary. Industrial cases are in that category.

If the association in its convention will adopt resolutions addressed both to industrial boards and industrial managers, calling attention to the essential character of the service of the general hospitals and to the importance of paying them 100 per cent of cost for all industrial cases that they handle, it will be a long step in the

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Hospital Convention Calendar

American Association of Industrial Physicians and Surgeons, New Orleans, La., April 26 and 27.
Ohio Hospital Association, Columbus, May 25-27, 1920.
Oklahoma Hospital Association, Oklahoma City, May, 1920.
American Medico-Psychological Association, Cleveland, June 1-4, 1920.
Minnesota Hospital Association, Duluth, June, 1920.
Catholic Hospital Association, St. Paul, Minn., June 23-25, 1920.
American Hospital Association, Montreal, October 4, 1920.
American Conference on Hospital Service, Montreal, October 4, 1920.
American Dietetic Association, New York City, October 25-27, 1920.

right direction. It will impress the industrial boards, because the action will have been taken by a disinterested though not uninterested body, and because the importance of the service to the injured worker will thus be emphasized.

This is something the association can do for the hospitals, and HOSPITAL MANAGEMENT believes that it is well worth doing.

"Service With a Heart"

In this issue is presented the material contained in a booklet which every new employe of the Los Angeles County Hospital receives at the beginning of his work. It is called "Service with a Heart," and suggests the absolute necessity of rendering service to the sick, particularly those who are wards of the county, in a spirit of cheerfulness and courtesy and kindliness.

The suggestions are especially appropriate at this time, when hospital organizations are in many cases depleted, and when everybody in the hospital is carrying an extra burden. The executive or medical man or nurse or laboratory worker or maid or janitor or kitchen worker who stops to think about what a hard lot has overtaken him, and who spends time in dodging responsibilities and slighting tasks, instead of meeting and doing them, is hindering the work of caring for the sick.

It is a time when a harder pull and a longer one are needed—but it is particularly a time when good cheer and a friendly heart are the best possible accompaniments of labor. Work done in the hospital should be done in the real spirit of service that shines through the lowliest and most unpleasant task, and makes it worthy of the best of men and women. Hospital work is redeemed by the spirit in which it is rendered, and if that spirit is lacking, the work itself is a failure.

"Service With a Heart" is a great idea. Mr. Martin, the superintendent of the Los Angeles County Hospital, has stated it in a way that hospital people will enjoy reading, and we believe that he will have no objection to others making use of the material for the purpose of planting the right spirit deep in the heart of every member of the hospital family.

Doing and Doing Without

There is something wonderfully fascinating about hospital design, construction and equipment. There are so many splendid ideas that make for better buildings, more convenient arrangement and satisfactory equipment that no hospital worker can fail to enthuse over the prospect of having a part in building a new hospital.

A great many hospitals are already up and in operation, however. Many of them are housed in buildings which should be replaced, and which undoubtedly will be replaced. The number of new buildings planned and under construction is a fine eivdence of the interest in improving the physical properties by means of which hospitals render their services to the public.

But the man or woman who is working in an old building, whose arrangement and equipment are far from ideal, should not lose heart, because of the fact that some other institution has a new building, immaculate in appearance and apparently ideal in design and equipment. (In practice, none of them is ever quite ideal, of course.) While working and planning for the new building, determine to get the most out of the old; and you will be astonished to see just what can be done with the equipment in hand.

During the war it was borne in on many observers that remarkably good results were accomplished with a minimum of equipment. Of course, the best possible professional service was available, and that meant a great deal. In this issue of HOSPITAL MANAGEMENT is a description of work in Arabia, where the doctors accomplish wonders with very little in the way of equipment to work with. It can be done—but it takes a little more effort and devotion to get the same results.

Keep thinking and hoping for the new building, which is coming; but keep working in the old one, and doing the best possible work that can be done there—because that is the best possible way to deserve the new building that is the best possible way to deserve the new buildings worth-while hospitals with.

The New Dietary Department

The dietary department of the hospital is one of the most important sections of its organization. The increasing attention being given to this subject by hospital executives reflects both the recognition of its character and the emphasis which patients and the public generally attach to good food and attractive service.

HOSPITAL MANAGEMENT has frequently published articles dealing with the preparation and handling of food. Material of this kind will be a regular feature hereafter, however, as arrangements have been completed for Miss E. M. Geraghty, secretary of the American Dietetic Association and former dietitian of New Haven Hospital, to edit a dietary department in the magazine beginning with the next issue.

Subscribers are invited to make use of this department by sending in questions and other interesting material bearing on the general subject.

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Plant Dispensaries and Their Equipment

Factors Which Make for Good Service Include Accessible Location, Unit Arrangement and Agreeable Personnel

By C. D. Selby, M. D., Consulting Industrial Physician, Toledo, O.

Two years ago I stood in the dispensary of a well-known automobile factory. It was during the dressing hour. In the center of the room, which was about twenty feet square, stood a dressing table of usual design. Scattered around the four walls were sterilizers, plumbing fixtures of various kinds, instrument, supply and filing cabinets. Here and there a few chairs were placed, seemingly at random.

Two physicians, a nurse and a male attendant were at work. Patients occupied the chairs, and others crowded in at the door from the waiting room.

A patient, his dressing completed, rose and wormed his way through the crowd at the door.

"Who's next?" the nurse asked.

A man limped to the chair just vacated. It happened to be facing away from the dressing table. He took it as it was.

The nurse walked around the chair. "What's yours?" she asked. The man pointed to a foot.

"All right, take your shoe off," and she returned to the dressing table to select a pair of bandage shears. Again she passed around the chair. The man's foot rested on the floor. She bent over and cut the bandage, then moved to a side of the room and tossed the soiled dressing into a waste receptacle.

Returning again to the dressing table the nurse picked up a bit of gauze and saturated it with alcohol. After cleansing the wound she discarded the gauze, going to the waste receptacle at the side of the room as before. Once more she returned to the table, this time to prepare an iodine swab. Having smeared the wound with the antiseptic she discarded the swab, walking a third time to the waste receptacle at the side of the room.

On her next trip to the dressing table the nurse obtained clean gauze and a bandage which she applied in the usual manner.

"Hold the bandage," she requested, and the man reached for the unused portion, while the nurse straightened up and made a final trip to the dressing table, this time for a pair of shears.

"Come back tomorrow," she said as she cut the loose ends. The man limped through the crowd, and the nurse went over to the filing cabinet to make a record of the dressing. It took her ten minutes to attend this patient, and she walked a distance of seventy-five feet.

On the dressing table in this dispensary stood a burette. In it was a solution of iodine. The solution could be released a few drops at a time by the turn of a valve.

"What is it for?" the physician in charge was asked.

"To save iodine," was his reply.

This illustration has not been overdrawn, nor is it unusual. It is an actual condition and fairly representative of conditions that were frequently found in a rather extensive study of industrial dispensaries. During this study small economies in materials were often seen among riotous extravagances in time and effort.

Time and effort in industry are extremely valuable. Workers are hired for limited periods each day, and they are expected to utilize those periods in productive work. Injuries are non-productive, and unfortunately they do occur despite efforts to prevent them. Although the greater portion of them are not disabling, they require attention. To provide a means for prompt attention for these non-disabling injuries is the principal reason for the existence of plant dispensaries. They may then be considered as essential; nevertheless they are at best unproductive, and it should be born constantly in mind that the time required for the treatment of injuries is time taken from production, the sole object of industry. Efforts in dispensary practices should therefore be constantly directed toward securing prompt effective service.

The *location* of the dispensary is the first element in prompt service. The dispensary should be centrally situated, or so situated as to be readily reached by the greatest number of employes most likely to need it. In small plants this is not a matter for serious consideration. In them the dispensary may be placed near the gate, or at the employment office, or anywhere that space is avail-

From a paper read at the Conference of Industrial Physicians and Surgeons, Harrisburg, Va., March 25, 1920.

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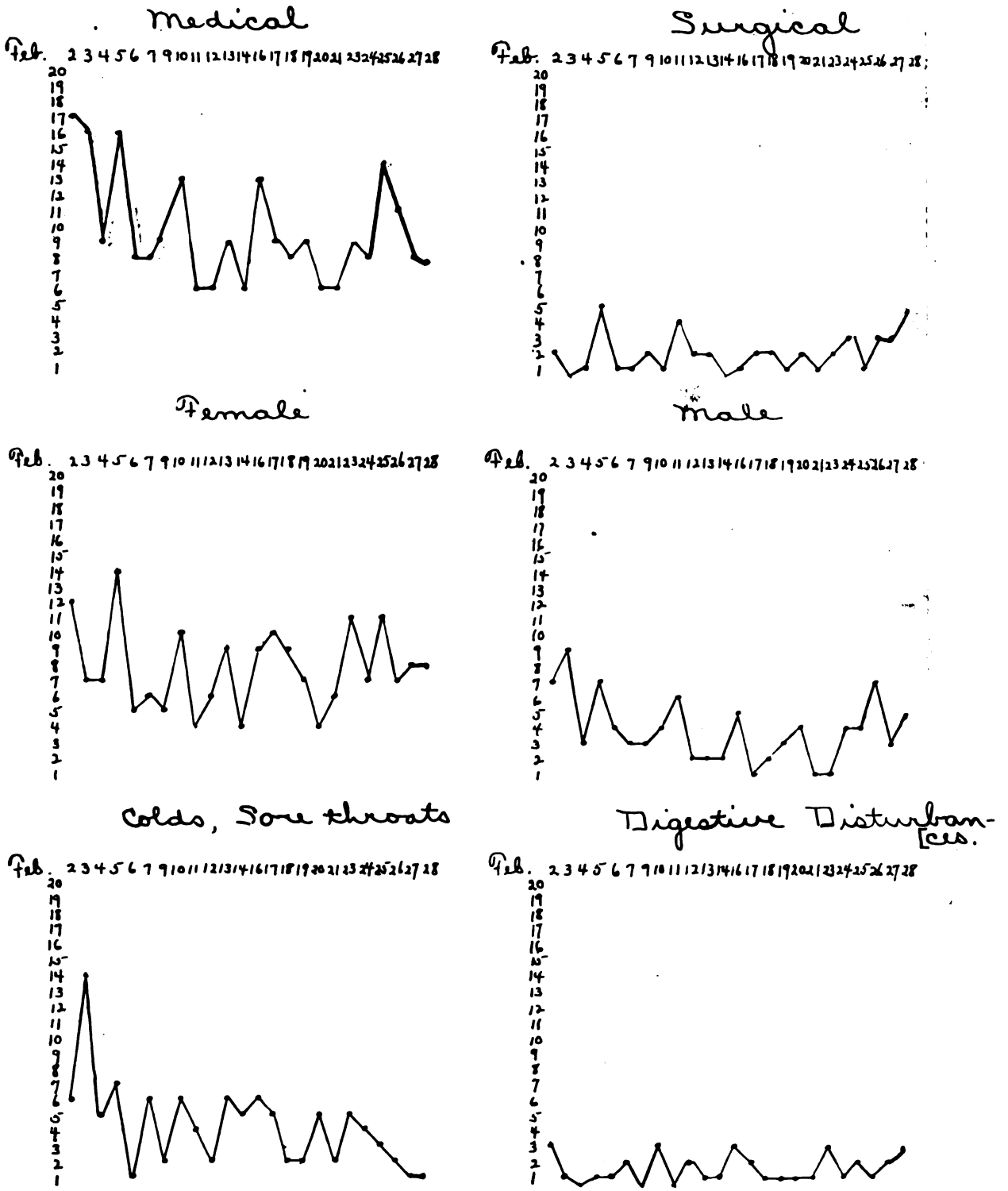

GRAPHS SHOWING DAILY VARIATION IN NUMBER OF CASES.

able. But in a large plant the location of the dispensary is a matter worthy of much study. In very large plants, steel mills for example, it is usually wise to establish substations at strategic points, in additon to the main dispensary.

An illustration of the importance of this element in dispensary service occurred recently in Toledo. For the purpose of expansion a certain company in that city acquired a factory building on a site three miles distant from its main plant. A system of transportation was established between the two buildings, and trucks were operated on a half-hourly schedule. Inasmuch as the working force at the new plant was small, the management decided to have those workmen who should need medical attention go over to the dispensary in the main plant for it; they could do so very easily on the trucks. It was soon observed that only the relatively serious injuries were taken care of in this manner. All others were neglected. The men did not want to take the time, and the foremen neither encouraged nor forced them to do so. Fortunately, no infections appeared and apparently no one suffered from the neglect. Even so, the foremen got together one day a month or so after the branch had been opened and formally requested the man-

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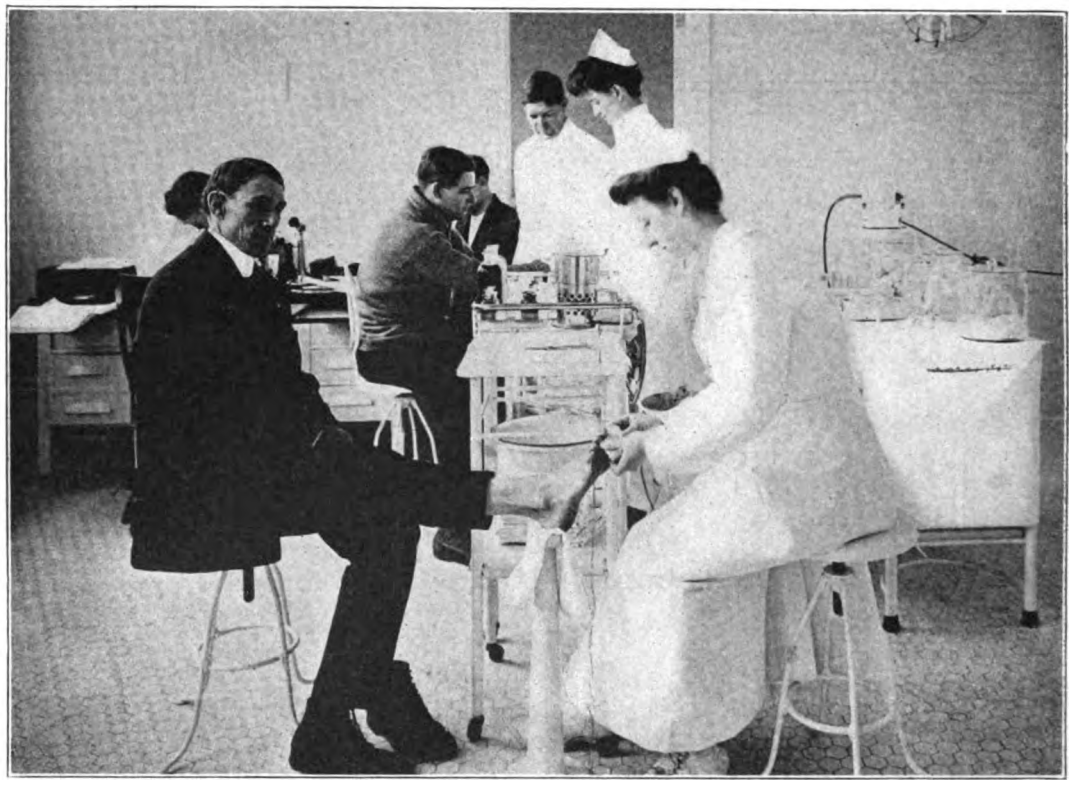

A GOOD DRESSING UNIT, SHOWING PATIENT AND ATTENDANT SEATED.
Photograph Taken in Dispensary of Western Electric Company, Chicago.

agement to install a dispensary. Their request was complied with, and there immediately followed an increase of 300 per cent in the number of patients treated.

The modern industrial dispensary is an evolution from the first aid cabinet. The early stages in its development were marked by the establishment of first-aid rooms. These were followed by the somewhat more elaborate dressing rooms. From time to time additional functions have been assured by plant physicians, and other rooms have became necessary, until at the present time plant dispensaries are frequently found to be quite elaborate, possessing features that were formerly seldom seen outside of physicians' offices and hospitals.

The modern plant dispensary has become an industrial clinic.

The arrangement of the rooms, the second element in prompt dispensary service, must be such as will permit (1) accessibility of rooms most frequently in use, (2) passage of patients without confusion and, if possible, (3) segregation of the various kinds of patients and visitors. For the purpose of emphasizing particularly the first two of these basic principles, the conditions found in the dispensary of a well-known concern located in a large city of the Middle West will be cited.

The plant of this concern covers a great deal of ground and consists of a number of separate buildings. The dispensary is on the top floor of a building centrally situated. I took the elevator, ascended, and with eight others approached the dispensary entrance. The door flew open, and a young girl collided with one of us in her rush to the elevator. We entered and joined a small crowd standing before a table just within. On the other side of the table sat a very busy young lady, who seemed to be receiving and discharging patients. After a time, and without a glance in my direction, she reached mechanically for the dispensary order I was assumed to have. I gave her my card instead and requested to see the chief physician. She motioned to a nearby chair.

"Sit down a minute," she said, then in a loud voice called for some one who subsequently proved to be the head nurse.

It was a hall in which I was seated, rather large and evidently used as a waiting-room. Patients occupied chairs in groups here and there, apparently waiting outside of the rooms to which they had been assigned, and patients passed back and forth. Nurses mingled with them occasionally. Several times a young woman with records in her hand, entered and returned from the first room opening off the hall; it was the clerical office.

After a while the head nurse appeared, and I was graciously permitted to visit the various rooms and view intimately the work of the attendants.

I found that next beyond the clerical office, and used as little by the patients, were the offices of the head nurse and the chief physician. Farthest from the entrance were the physical examination rooms, the dressing, dental, consultation and rest rooms, which were of course in greatest demand.

The work of the attendants was well though hurriedly done, but I gained the impression that they were working under tension. They were nervous and rushed from patient to patient. They were frequently interrupted, and seemed to be hesitant in picking up their previous trains of thought. The faculty of alertness seemingly was dulled.

I spent two hours in this dispensary. When I left I, myself, felt irritable and exhausted, and my conceptions were confused. I carried away the impression that the place lacked system. This was in spite of the fact that this dispensary is known to be in the hands of com-

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petent people and is equipped with the best that money can buy. I was forced to only one conclusion—that the arrangement of the rooms was the handicap. It necessitated much moving to and fro, much retracing of steps, leading inevitably to confusion, misspent energy and loss of time.

Accessibility may be gained for all rooms by arranging them around a common waiting-room as a center, as was seen in the dispensary of Armour & Company in its Chicago packing house. Another plan is to provide separate entrances for rooms devoted to special purposes,

DRESSING UNIT OF NATIONAL MALLEABLE CASTINGS COMPANY PLANT, TOLEDO.

as has been done in the emergency hospital of the Youngstown Sheet & Tube Co. There, separate entrances have been provided for (1) ambulatory patients, (2) ambulance patients, (3) employes for physical examination, and (4) visitors to the executive offices of the medical department.

This plan, which affords separate entrances, seems to be best. It avoids confusion. It provides segregation. Employes seeking physical examination are not submitted to depressing contacts. They do not see large numbers of bandaged fingers, nor limping fellow workmen. They do not see the mutilated man brought in on a stretcher. They receive no suggestion of the harrowing prophecy that they themselves may some day be injured.

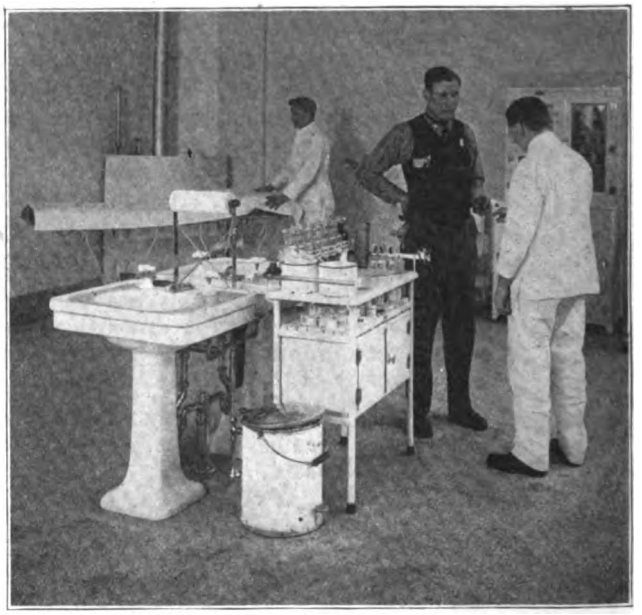
It is relatively easy to apply these principles in the planning of large dispensaries; it is difficult in the planning of small dispensaries, especially in those of one, two or three rooms. In these latter arrangements nevertheless can usually be made which enable patients to avoid retracing their steps, as for instance by having separate entrance and exit doors. Segregation can best be accomplished in these small dispensaries, at least to some extent, by having the physical examinations made at an hour when dressings are light.

Even though plant dispensaries have become more or less elaborate, the treatment of injuries continues to be the most evident reason for their existence, and the dressing room remains the center of greatest activity and interest. In small dispensaries the dressing room is frequently the sole center of activity. It should therefore be the most directly accessible of all rooms. It should preferably open from the waiting room, and patients should be enabled to leave it by some means other than by retiring through the waiting room.

There is nothing peculiar to the *equipment* of a plant dispensary, which is the third element in prompt service. It is merely ordinary medical and surgical equipment utilized in the care of industrial workers. Association with industrial officials and familiarity with their methods, however, have led plant physicians to a more effective and economical utilization of equipment than is customary in usual medical practices. Efficiency methods have been introduced. Patients are enabled to receive treatments with a minimum of lost time, attendants to render service without undue fatigue, and consequently to render a better quality of service; incidentally savings are effected in the use of supplies which is not unimportant in these days of excessive costs.

Probably the most striking feature in the utilization of plant dispensary equipment is in the manner of its arrangement. You will recall that in the beginning of this article reference was made to the dispensary of a well-known automobile factory. The picture presented was one of confusion, wasted time and energy. This condition is now avoided by the groupings of furniture and fixtures into units. There is, for example, the dressing unit. It consists of (1) a dressing table, (2) chairs or stools for the patient and the attendant, (3) a waste receptacle, (4) foot and arm rests, and desirably (5) a stationary wash bowl. Upon the table are placed in an orderly and convenient arrangement such supplies, apparatus and instruments as may be needed for the treatment of injured extremities—a finger or a toe, a hand or a foot, an arm or a leg. The utility of this unit is readily apparent.

For the treatment of eyes a specialist's unit is ap-



FORD MOTOR COMPANY'S DRESSING UNIT.

propriate. It consists of (1) a specialist's chair, (2) a table for the necessary supplies and instruments, (3) a waste receptacle, (4) the essential lighting facilities, and (5) a wash bowl. This unit may be used also in the treatment of any condition about the head and face. If desired the specialist's and dressing units may be com-

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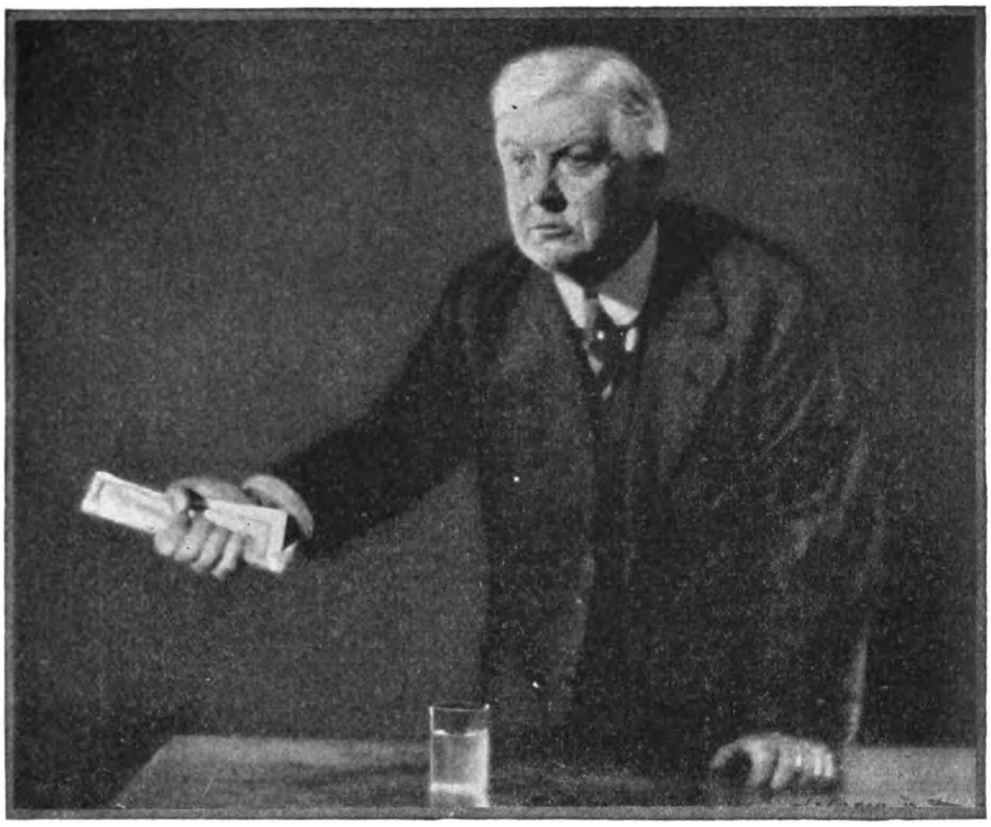

"You read this for yourselves and then you'll agree with me."

The Southern Goliath

HE was an important business man of Alabama, whose power extended far beyond his own city. As chairman of the Board of Trustees he had stood against Automatic Sprinklers for two years to "keep down expenses."

Suddenly he changed.

Standing before the Annual Board meeting with a pamphlet in his hand, he said: "This was handed to me by a Boy Scout. That boy was a David, this booklet was the pebble and," with a good-natured smile, "I reckon I'm the Goliath.

"Last November I read about the hospital fire at Richmond, Texas. I happened to be over in Enterprise, Ala., that Saturday night and saw Coffee County Sanitarium burn to the ground. Recently I read about the tragedy at the Connecticut Hospital for the Insane at Middletown, where eight insane patients lost their lives—but it took this book sent out by the Grinnell Company to show me why we have these fires so steadily! And the only thing that's going to stop it is installing Automatic Sprinklers."

Several men were on their feet in a second.

"The town can't afford it," one of them shouted.

"Nothing of the kind," shot back the Chairman—"You don't know what's in this book. Every page shows the necessity of protecting the lives of patients in our hospital. How would any one of us feel if just one life was lost in our hospital here?"

He carried the meeting unanimously because he knew conditions and knew the cure. That town equipped the basement and other danger spots of its hospitals with Grinnell Automatic Sprinkler Systems.

If you are an official in any orphanage, school or hospital, use your influence to have Grinnell Automatic Sprinkler Systems installed. They safeguard human life as nothing else can because they are on duty day and night. Whenever the fire starts—the water starts.

Or if you are just a father or mother, and want to gain a victory over any Goliath that opposes sane protection for the helpless of your city, we will send you a copy of our book "Fire Tragedies and Their Remedy." Write today to Grinnell Company, Inc., 281 West Exchange Street, Providence, R. I.

GRINNELL COMPANY

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EXECUTIVE OFFICES
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Complete Engineering and Construction Service on Automatic Sprinklers.
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GRINNELL AUTOMATIC SPRINKLER SYSTEM—*When the fire starts, the water starts*

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bined by substituting the specialist's chair for the patient's stool or chair in the latter.

It occasionally happens that patients must disrobe. Special facilities should be provided for this contingency; at any rate, it is convenient to have them. A separate room is desirable for this purpose, and in it there should be, in addition to (1) a dressing table fully equipped, (2) a waste receptacle, (3) a stationary wash bowl and (4) an operating table of simple design, with possibly (5) a bed. This might be termed the major dressing unit.

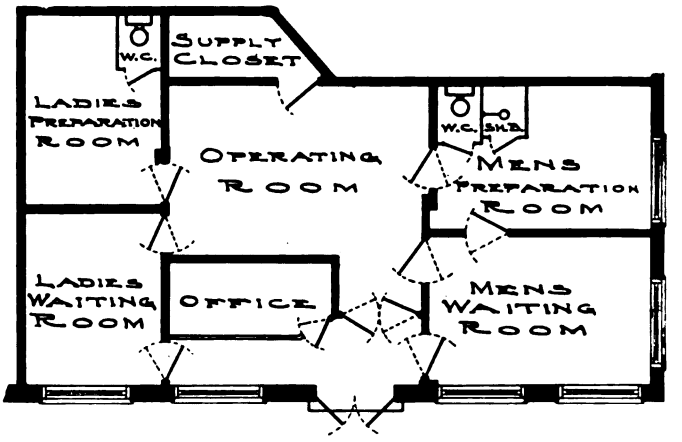
For ordinary dispensary service a fourth unit is quite necessary. It is for the keeping of records. The only essential element in it is a filing cabinet, although a desk, typewriter and other office equipment are of advantage. Should it be necessary to combine the record and dressing units, this can be done very easily by placing the filing cabinet within reach of the attendant.

If many trivial medical ailments are given attention, a medical unit is desirable. It should be set up preferably in a consultation room, where privacy may be obtained. It might contain (1) a desk, (2) two chairs, (3) an examination table, (4) a medicine cabinet and (5) a stationary wash bowl, as well as (6) the usual diagnostic instruments and possibly (7) a small laboratory outfit.

The comments thus far made on equipment are appropriate chiefly to the small dispensary, the one that is used primarily for the treatment of trivial injuries. Nevertheless the unit system is advantageously applicable to large dispensaries. For instance, if the volume of trivial injuries increased beyond the capacity of a single dressing unit, others can be added. If employes are to be examined, an examination unit can be added, or if necessary several units. For dental treatments, a dental unit may be added—and, by the way, the dental unit, which is known to all dentists, is a most excellent example of the application of the unit principle.

As is true with respect to the arrangement of the rooms in a plant dispensary, so also is it true with respect to the arrangement of the units; those which are in greatest demand should be made the most accessible. As has already been asserted, the dressing room should of all others be the most easily reached, and of the units in the dressing room the dressing unit should be the most easily reached; other units may be placed with consideration to their respective values. If the specialist's unit is next after the dressing unit in demand, it should be next in accessibility. In this manner the relative values of all units can easily be determined and the positions they should occupy scientifically decided.

Dispensary equipment, generally speaking, is pretty well standardized; it is not necessary to describe each article, but there are some points in connection with certain articles that merit emphasis. For many years I personally was of the belief that a small top dressing table was best, my contention being that the smaller the top the less in the way of useless materials and instruments it would accumulate. I have changed my mind. I am now of the belief that the dressing table should be quite large; it should be, say, 21½x43½ inches. This is none too large to accommodate the essentials. It should be added, however, that the essentials must be standardized, and if unusual supplies of instruments are needed for a specific purpose they should be withdrawn when no longer required.



PLAN of DISPENSARY

DESIGNED BY M.W.DIFFERY

Line of Travel Through This Dispensary is Through Waiting Room Into Operating Room and Out Past the Office. Preparation Rooms Used for Special Dressings.

(TO BE CONCLUDED)

Patients' Cost More than Doubled

The annual report of the Deaconess Hospital, Cincinnati, shows that the average cost of a day's care of a patient in 1919 was $3.47, which is one cent more than double the same cost in 1914, $1.73.

Not "Cured" But "Well"

A feature of the medical records of the Vancouver General Hospital is that the word "cured" has been abandoned and "well" substituted. This was done because it was felt that a patient could not be pronounced cured when he left the institution, but it can be told whether he apparently is well or not.

University Nursing Course Established

The first nursing course in a university in the British Empire has been established at the University of British Columbia, according to the annual report of the Vancouver General Hospital, Vancouver, B. C. Miss Ethel Johns, R. N., director of nursing at the hospital, is head of the department of nursing at the university.

Colorado Springs Superintendent Dead

Dr. J. A. Rutledge, superintendent of the Modern Woodmen of America Sanatorium at Colorado Springs, Colo., died of influenza at San Francisco while on the way to Honolulu.

$160,000 Addition for Bloomington Hospital

St. Joseph's hospital, Bloomington, Ill., has awarded a contract for the construction of a five-story addition to contain seventy-one private rooms, nurses' quarters, diet kitchens and a small ward. The entire south end of the building will be glassed in, and the rooms will be connected with private sun parlors.

Athens, Ga., General Plans New Building

Trustees of the Athens, Ga., General Hospital, contemplate the erection of a building to cost $105,000.

First Class Graduated From Buffalo School

The new nurses' training school of the Buffalo City Hospital held its first graduation exercises February 12, when ten nurses were given diplomas.

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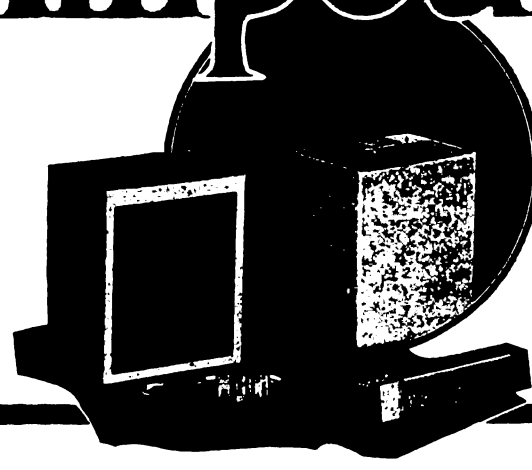
Ampoules



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PARKE, DAVIS & CO.'S Ampoules of Sterilized Solutions have the approval of the foremost physicians and surgeons of this Continent and Europe.

They are ready for immediate use.

They are aseptic.

The dose is accurate, a definite amount of medicament being contained in each milliliter of solution.

The drug is treated with the most suitable solvent—distilled water, physiologic salt solution, or oil, as the case may be.

The container is hermetically sealed, preventing bacterial contamination.

An impervious cardboard carton protects the solution against the actinic effect of light.

We supply upward of eighty ready-to-use sterilized solutions.

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SEND FOR THIS BOOK.—Our new Ampoules brochure contains a full list of our Sterilized Solutions, with therapeutic indications, descriptions of packages, etc. It has a convenient therapeutic index. Every physician and surgeon should have this book. A post-card request will bring you a copy.

PARKE, DAVIS & COMPANY

Home Offices and Laboratories,
Detroit, Michigan.

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How Armour & Co. Supply Dental Service

Prophylactic and Correctional Work is Emphasized, X-ray Being Used for Diagnosis — 3375 Patients per Year

By Louis P. Cardwell, D. D. S., Dental Director, Armour & Co., Chicago

[EDITOR'S NOTE: Readers of this department of HOSPITAL MANAGEMENT will recall the description printed heretofore of the general plan for medical and hospital service operated by Armour & Co. for its various plants. It is complete in every detail, the medical service of this company being a model from many standpoints. The present article on the dental service of the company is especially interesting in view of the increasing attention being paid to this phase of employes' service by industrial corporations.]

The scope of work in the dental department of Armour & Co. is advisory, educational and prophylactic. No effort is made to compete with the outside dentist. On the contrary, his work is made easier by our reference to him of patients fully informed of their dental needs, its probable cost and value to them as a preventive of disease and pain. As a general rule, when we have finished with them they present clean, healthy mouths, not unpleasant to work over.

Emergency work is treated as conditions indicate. Toothache is relieved in all cases at once. Advisory work consists of a thorough examination of mouth and teeth and suggestions as to the proper work required. Educational work consists of explaining to the patients all details of his case in words suitable to the understanding of the individual patient. This is something of a task because of the more than thirty nationalities handled.

Our special work is prophylactic and correctional. Restoring the mouth to a clean, healthy condition is our constant endeavor. All teeth are thoroughly cleaned; diseased roots and teeth beyond hope of successful repair are extracted. The use of the X-ray for diagnosis is largely employed.

The originator of the idea of a dental clinic with us, Harvey G. Ellerd, and under whose guidance the work continues, convinced the powers that be of its value to them from a dollars-and-cents standpoint, then instructed the dentist to convince the employes of its value to them. The department has been in existence for more than two years, with a constantly increasing clientele.

To the dentist selected, Mr. Ellerd, in detail, explained his ideas on the subject; told him to go ahead and execute the ideas to the best of his ability and if possible improve on them, giving him assurance he would be fully supported in any improvement he could demonstrate the value of.

The dental department became one of a trinity then existing, the medical, surgical and nursing services. Every facility of one is at the full disposal of the other. They work in harmony and great benefit results to all concerned.

The start was made in a section of the plant employing a large number of girls under a forelady of exceptional ability and in full sympathy and understanding of the efforts of the dentist. With the further aid of the nurses the girls were won over to a service they first considered as strictly personal and none of the employer's business. The constantly increasing number of girls exhibiting clean, pretty teeth resulted in more and more presenting themselves to the dentist "to have their teeth cleaned."

In extracting teeth we made good by adopting the slogan, "It won't hurt a bit," and then proving the truth of our contention. Possibly we have won more patients by this one operation than any other.

Another valuable adjunct to our work was secured through the *Oval*, a semi-monthly publication issued for and circulated among the employes. In its columns from time to time appear various articles concerning dentistry and the repeated invitation to "come in and get acquainted with the dentist, even if you have no work to be done." They generally have. Furthermore, they generally have it done and become boosters for the clinic.

EXAMINING A PYORRHEA CASE.

An idea of the work accomplished can best be illustrated by the following, taken from our last annual report:

Number of patients	3,375
New cases during year	1,687
Number of female patients	2,091
Number of male patients	1,284
Treatments, general, toothache, etc	1,586
Treatments, pyorrhea	144
Treatments, abscesses lanced, after treatments, etc	160
Treatments, opening putrescent teeth	142
Treatments, teeth cleaned	1,161
Treatments, teeth scaled	96
Examinations made	766
X-ray pictures for diagnosis	131
Teeth extracted	950

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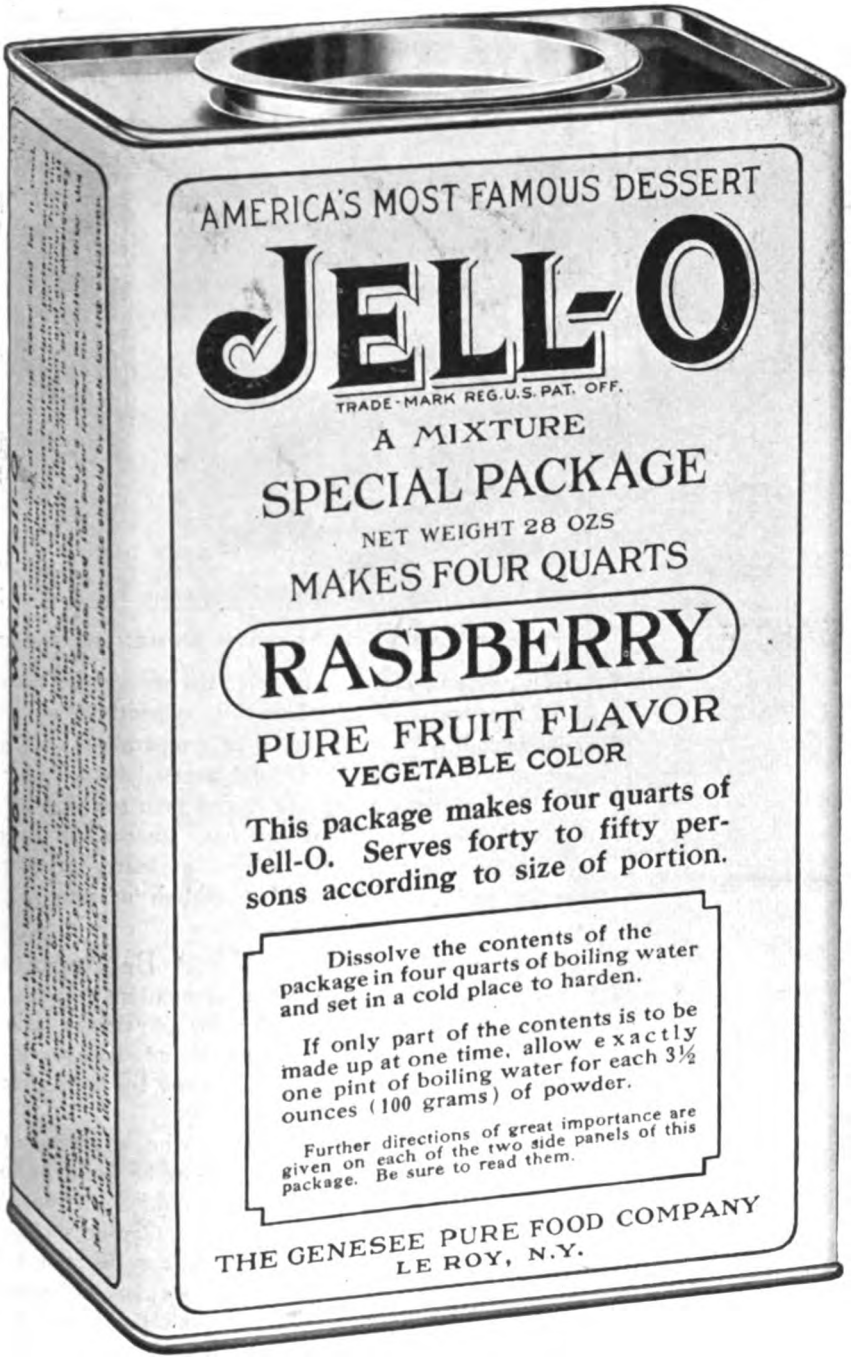

The Easy and Sure Way For the Nurse

Among the dishes which the nurse likes to prepare are the refreshing and attractive salads of which the foundation is Jell-O. These are made by adding to the Jell-O chopped celery and bits of fruit and nutmeats. They are moulded in teacups or little moulds and each is turned out on a lettuce leaf.

Such a dish may be called a salad or a dessert and be very good as either. If served as a salad, Mayonnaise or other salad dressing goes with it.

As made of Jell-O, which contains all the ingredients that would have to be added if plain gelatine were used, there is a great saving of time and labor, and the result is always satisfactory. The nurse who uses Jell-O for her dainty dishes is never obliged to depend upon luck. She can easily and surely accomplish what she used to do with tedious detail and with qualms as to the outcome.

Jell-O is made in six pure fruit flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
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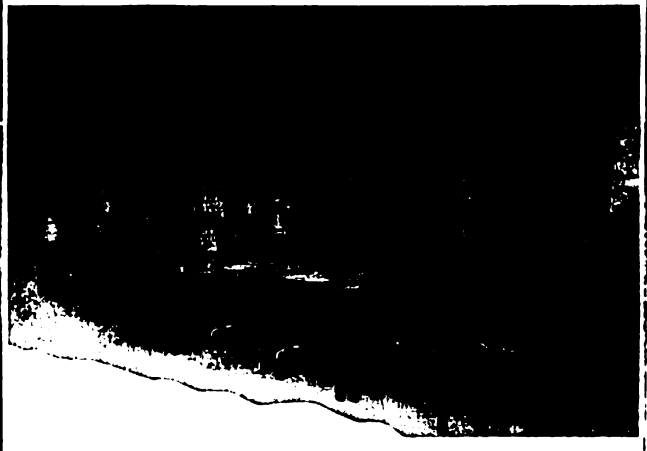

Gallipolis (Ohio) State Hospital

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Aluminum Steam Jacketed Kettles, Coffee Urns and Range Utensils

An outstanding advantage of **"Wear-Ever"** utensils, particularly steam jacketed kettles, is the fact that their metal is hard, dense and non-porous as a result of having been subjected again and again to the enormous pressure of gigantic rolling mills. It does not absorb food juices and food particles, and does not impart the flavor of one food to another.

"Wear-Ever" utensils are clean and thoroughly sanitary.

"Wear-Ever" utensils never need tinning—a saving that pays for their cost in a very few years.

Replace utensils that wear out with utensils that "Wear-Ever"

The Aluminum Cooking Utensil Co.
New Kensington, Pa.

In Canada "Wear-Ever" utensils are made by Northern Aluminum Co., Limited, Toronto, Ont.

Where a patient can pay for dental service, we recommend that he visit his own dentist and have it done. Where great difficulty exists in payment, the welfare department arranges to have it done and the employe pays for it in small weekly sums deducted from his pay.

DEPARTMENT POPULAR WITH WOMEN WORKERS.

Our constant effort is to meet the patient on his own ground, agree with his viewpoint, sympathize with him as he feels his affliction should be sympathized with, gain his confidence and good-will and then advise him for his own best interests as we see it and then see that he has it done right. We think we have succeeded in large measure in the task assigned us, at least, an ever-increasing and satisfied clientele would so indicate.

Occupational Diseases Must Be Reported

An amendment to the Ohio occupational disease reporting law provides a penalty for physicians who refuse or neglect to report occupational diseases to the State Department of Health. This law becomes effective May 4.

Every physician, the bill states, who is attendant on or called in to visit a patient whom he believes to be suffering from lead poisoning, poisoning from phosphorous, arsenic, brass, wood alcohol, mercury or their compounds or from anthrax or from compressed air illness and such other occupational diseases and ailments as the State Department of Health shall require to be reported must make such report to the state health commissioner within forty-eight hours from the time of the first visit. In this report must be the name of the patient with his address and occupation and also the name, address and business of his employer and the nature of the disease.

The amendment declares, "Whoever, being a practicing physician in the state of Ohio, neglects or refuses to make and transmit to the state commissioner of health any report provided for in section 12431 of the General Code (which names the diseases to be reported) shall be fined not to exceed one hundred dollars or imprisoned for not to exceed ninety days, or both, but no person shall be imprisoned under this section for a first offense and the prosecution shall always be as and for a first offense, unless the affidavit upon which the prosecution is instituted contains the allegation that offense is a second or repeated offense."

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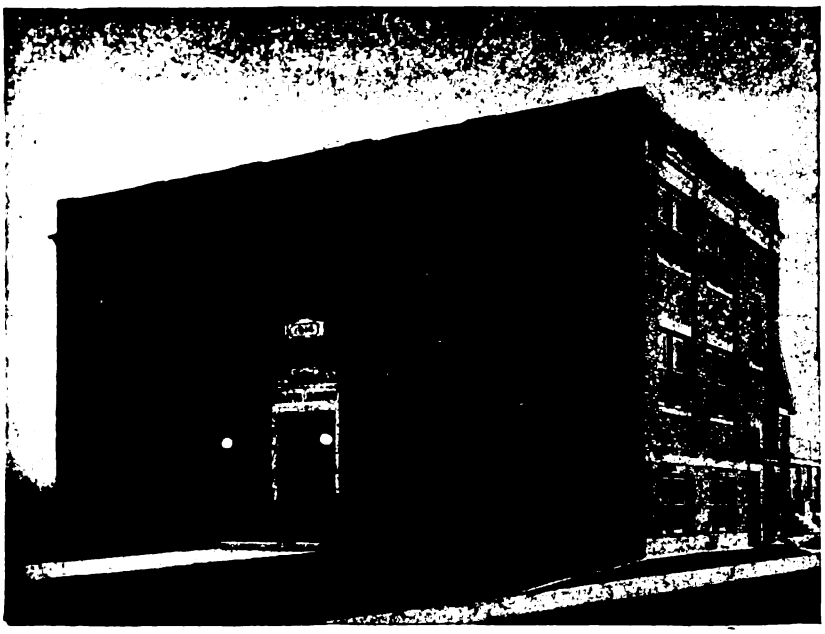
FROM A SMALL BEGINNING

to this

LARGE MODERN LABORATORY

It was through original, scientific study of IMMUNIZATION and VACCINE THERAPY that we have developed our present extensive laboratory. As INDIVIDUAL PRODUCERS and PURVEYORS to the medical profession of STANDARD BACTERIAL VACCINES, our Laboratory equipment and facilities for distribution are unsurpassed.



SHERMAN'S Modern Laboratory Building—specially constructed and exclusively devoted to making SHERMAN'S Bacterial Vaccines.

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Vaccine Therapy is now developed into a practical, serviceable, therapeutic agency. You will never be certain that you have accomplished the most for your patient until present day methods—VACCINE THERAPY—have been tried.

Experience in the clinical field has shown that recuperative power during the course of a disease depends upon the possible raising of metabolism and defense. It is by means of stimulating the defenses of the body that Bacterial Vaccines promptly produce results.

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New ideas evolved from time to time by studies in laboratory observation are outlined in literature that we publish. It is mailed free to hospitals and physicians desiring it. All vaccines marketed in specially devised aseptic antiseptic bulk packages insuring absolute safety in withdrawing contents. Complete price list on request.

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Industrial Doctors to Meet

Annual Gathering of A. A. of I. P. & S. to be Held at New Orleans, April 26-27

A round table discussion of problems that members of the American Association of Industrial Physicians and Surgeons are interested in will be a feature of the annual meeting of the A. A. I. P. & S. at New Orleans, April 26 and 27, according to the program just announced.

The subject of occupational diseases will be taken up at one of the round table discussions since, according to the program, "Our association is undoubtedly deeply interested in the problem of whether or not there should be compensation for those sicknesses and accidents not compensated for by the laws of the various states. It would be the hope that out of this round table discussion our Association could take a definite stand upon this most important problem which now confronts the medical profession."

Prior to the meeting of the Association will be a gathering of the board of directors which is scheduled for Sunday, April 25, at 4 p. m. All the meetings will be held at the Hotel Grunewald.

The complete program for the meeting follows:

MONDAY, APRIL 26

Morning Session—9 A. M.
Business Session.
1. Report of the Board of Directors.
2. Report of Secretary-Treasurer, Dr. F. D. Patterson.
3. Report of Prize Committtee, Dr. F. D. Patterson, chairman.
4. Report of Committee on Teaching, Dr. E. R. Hayhurst, chairman.
5. Report of Committee on Publicity, Dr. Loyal Shoudy, chairman.
6. Report of Committee on Legislation, Dr. J. W. Schereschewsky, chairman.

12:30 P. M. Adjournment for Luncheon.
Afternoon Session—2 P. M.
1. The Problem of the Sub-normal Wage Earner.
   (a) The Mentally Sub-normal, Dr. S. Cobb, Harvard Medical School, Cambridge, Mass.
   (b) The Physically Sub-normal, Dr. William E. Robertson, Philadelphia, Pa.

Discussion: Dr. Alfred Stengel, Philadelphia, Pa.
2 Training the Industrial Physician, Dr. J. A. Watkins, Director, Division Industrial Medicine, University of Cincinnati.
Discussion: Dr. Otto P. Geier, Cincinnati, O.
3. The Relationship of the Industrial Physician to the Venereal Disease Problem. Dr. Edward Martin, Commissioner, Department of Health of Pennsylvania.
Discussion: Dr. C. A. Lauffer, East Pittsburgh, Pa.
4. Industrial Physiology, Dr. Ryan, Scovil Arms Co. Waterbury, Conn.
Discussion: Dr. B. S. Warren, Washington, D. C.
Evening Session.
Informal Banquet.
Toastmaster—Dr. Rudolph Matas, New Orleans, La.

TUESDAY, APRIL 27

9 A. M. Round Table.
The Problem of First Aid:
Chairman, Dr. J. W. Schereschewsky, U. S. Public Health Service, Washington, D. C.
(This Round Table discussion will be held in the effort to have the members of the Association take at its conclusion some definite stand on the subject of "First Aid in Industry." In other words, the Association should get on record as to the limitations that should be placed on those who are not graduate physicians.)
11 A. M. Round Table:
Standardized Surgical Methods in Industry:
Chairman, Dr. C. D. Selby, Toledo, O.
12:30 P. M. Adjournment for Luncheon.

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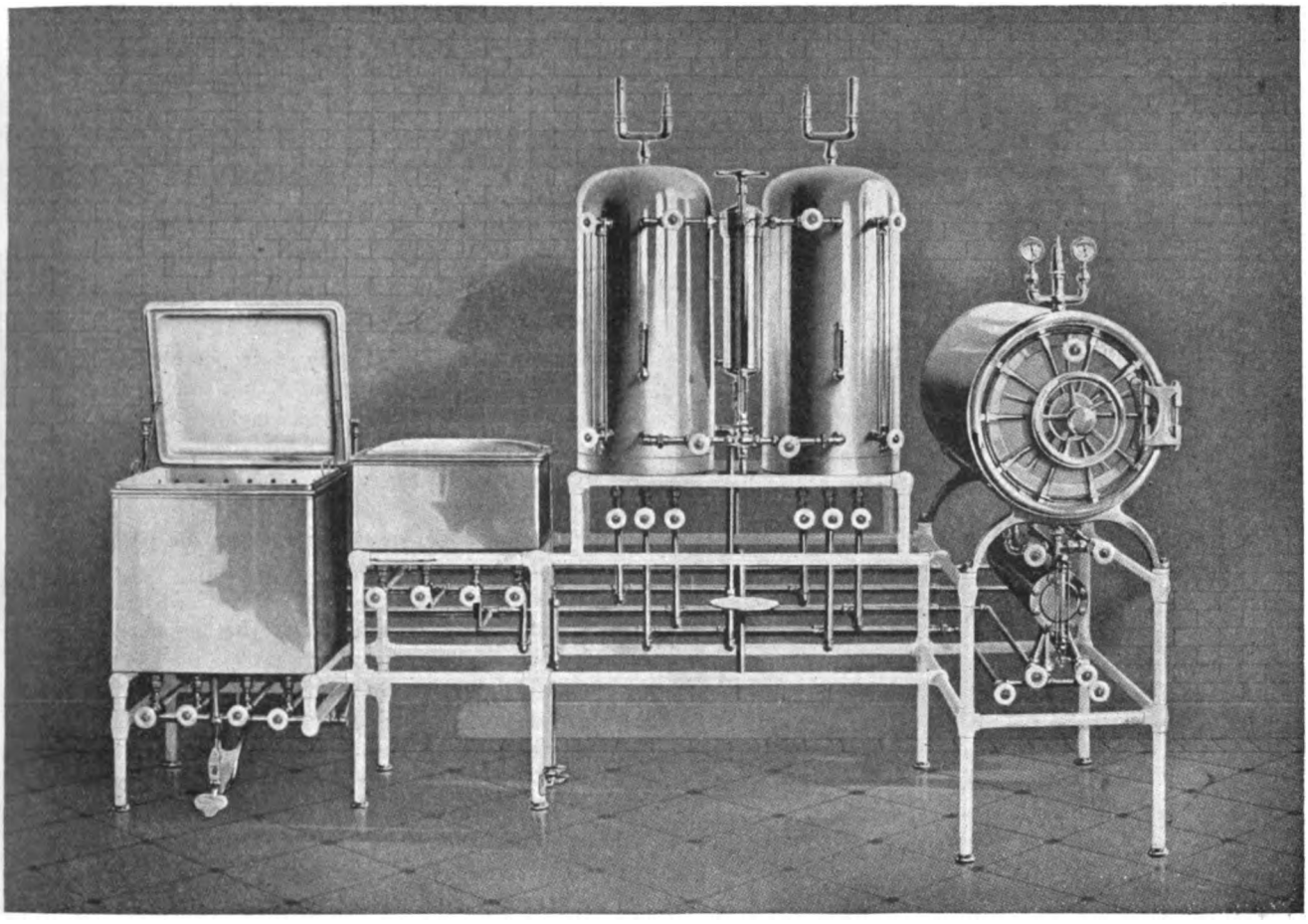
"THE WHITE LINE"



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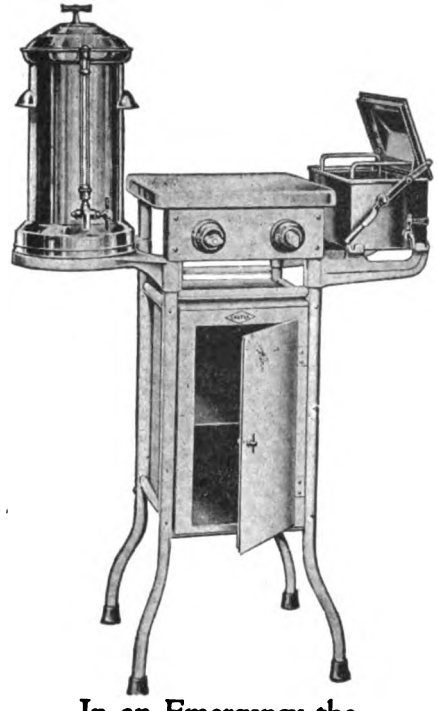

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Emergency Hospitals and First Aid Rooms require exceptionally efficient equipment. Instruments must be handy, and material quickly arranged, so that treatment may be administered without delay.

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Instrument Sterilizer, 11" x 6" x 3½"
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Porcelain Enamel Top Table, 14" x 14"
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is highly efficient in an emergency. The simplicity of its design, its compactness and convenient arrangement make it easy to operate quickly. It is also extremely durable.

Complete illustrated catalogue, describing all types and sizes of Castle Sterilizers, together with prices, sent on request.

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CASTLE

Afternoon Session.
2 P. M. Report on Committee on Nomination of Officers.
Election of Officers.
Report of Resolutions Committee.
Report of Auditing Committee.
2:30 P. M. Round Table: The Problem of Compensation for Sickness.
Chairman, Dr. Francis D. Patterson, Member Health Insurance Commission, State of Pennsylvania.
5 P. M. Adjournment.

Covers Occupational Diseases

Amendment to Wisconsin Compensation Law Will Include Lead Poisoning, Etc.

An amendment of the workmen's compensation act of Wisconsin has made compensable all diseases which arise while the injured employe is performing services growing out of and incidental to his employment. This amendment was made to protect employes in cases of lead poisoning, trade eczema and tuberculosis developed from work in sand blasting rooms, which, under the original act, were not held compensable.

The amendment does not enumerate the particular occupational diseases included in the law, but, according to E. E. Witte, secretary of the Industrial Commission of Wisconsin, it is of no importance whether an injury is an accident or an occupational disease.

"All injuries are compensable which arise while the injured employe is performing services growing out of and incidental to his employment," writes Mr. Witte. "It is very clear that this amendment has made compensable such well known occupational diseases as lead poisoning and trade eczema and any industrial poisoning. It also is clear that tuberculosis developed from work in sand-blasting rooms now is clearly compensable.

"Beyond this it is impossible to say what diseases may be covered. The best statement we can make now is that any disease is covered which arises from employment and which is shown to have been due to employment."

The policy of the Commission before the act was amended, Secretary Witte says, was to include all injuries arising while employes performed services growing out of and incidental to their employment, and while this applied only to accidents arising under such conditions, the Commission and the courts held that occupational diseases in the nature of accidental injuries were compensable.

"There were a number of cases in which there was recovery for such diseases as anthrax, pneumonia and typhoid fever which were incurred while the injured was performing service growing out and incidental to his employment," Mr. Witte concludes. "On the other hand, we were obliged to hold that diseases, even if they arose out of employment, were not compensable if they were not in the nature of accidental injuries. Recovery, consequently, was defeated for such occupational diseases as lead poisoning, trade eczema and tuberculosis developed from work in sand blasting rooms."

Industrial Nursing Course Offered

The New York University School of Commerce, Accounts and Finance, has started a course in standardization of nursing service in industry, arranged for industrial workers, welfare workers and those contemplating entering the industial welfare field.

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Bread!

Bread costs money.

It is a substantial item among your expenditures, and will continue to be.

Are you wasting it, and wasting the time of your help, by hand slicing? Did you know that machines can be had which will slice your bread swiftly and economically?

We have ten styles and types of bread-slicing and stacking machines, hand and electrically operated, ranging in price from $35 to $180. There is surely a Liberty Slicer which will suit **your** requirements.

Let us know—

The number of loaves of bread you are using daily and the size of loaf you use, and we will tell you whether you ought to have a slicing machine, and which of our models will best suit your case.

Then, if you like—

We will send you that machine on trial, for installation and use in your kitchen, with no obligation of any sort on your part, even as to transportation charges, in order that you may test its operation and its efficiency.

You can't lose!

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Liberty Bread Slicer Company

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are fitted with nicalloy tops, which do not stain from the acids generally used. Will not rust, break or chip.

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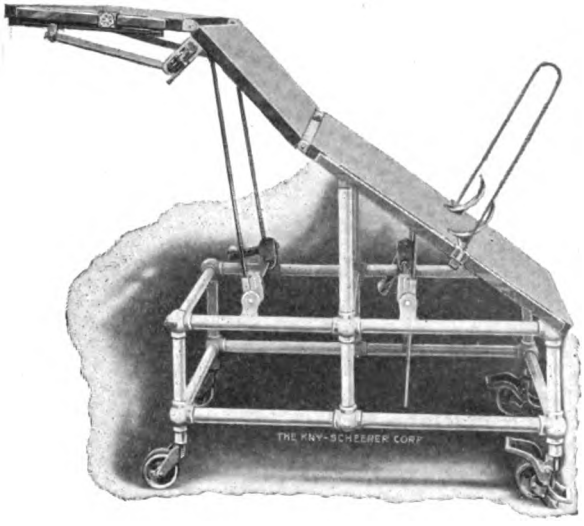
NOT TO A PRICE**



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The table that serves with equal satisfaction in surgery, gynecology, cystoscopy, genito-urinary, rectal, nose, throat, eye and ear work.

Illustrates but one type of operating table. Many other styles available to meet the special requirements of an exacting surgeon.

For that new Hospital or contemplated addition—let us submit a proposal and suggestions for the equipment, based on years of practical experience in modern hospital practice.

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Manufacturers of Surgical and Therapeutic Instruments and Apparatus

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5,000,000 Francs For Free Beds

Mrs. Robert Bacon, widow of Col. Robert Bacon, one time American minister to France, has placed in the hands of trustees of the American Hospital in Paris 4,946,000 francs to endow twenty-four beds in free wards of the proposed American hospital at Neuilly. The endowment is in memory of Col. Bacon, who as president of the American Hospital, was deeply interested in its welfare.

To Talk at Hotel Show

Prof. Lulu Graves, president of the American Dietetic Association, has been asked to talk on dietetics at the second annual hotel men's show at the Coliseum, Chicago, the week of May 10. Hospital superintendents and dieticians are interested in the exhibition because much of the labor-saving devices, equipment, furnishings, foods products, etc., used in hospitals also are used in hotels and will be shown in connection with the exposition.

Nurses' School Established at Prague

The first school for nurses in Czecho-Slovakia has been established at Prague under the direction of American nurses with the assistance of the American Red Cross. It is expected that in three years the school will be in charge of Czecho-Slovakian nurses, for two native women have been sent to the Massachusetts General Hospital to prepare for this work.

New Building for St. Luke's Hospital

Land valued at $200,000 has been purchased by Rev. N. E. Davis, fiscal agent, for the erection of a $1,000,000 building for St. Luke's Hospital, Cleveland. The building which is to contain 300 beds, clinical and X-ray laboratories and a large nurses' training school, is to be completed in two years.

12,717 Free Days at Bayonne Hospital

A total of 28,690 hospital days was recorded at the Bayonne, N. J., hospital last year, of which 12,717, or 40 per cent, were free. The public is being asked to wipe out a $30,000 deficit incurred by the institution.

Norfolk Women Aid Chinese Hospital

Women's auxiliaries of Episcopal church of Norfolk, Va., met each Thursday during Lent to make surgical dressings for St. James Hospital, Anking, China, of which Dr. Harry Taylor is superintendent.

To Rebuild Goetz Sanitarium

Dr. H. E. Goetz, proprietor of the Goetz Sanitarium for mental and nervous diseases at Fountain City, Tenn., is conducting treatments in temporary quarters in Knoxville, pending the completion of a building to replace the seventy-five bed structure that was destroyed by fire.

$100,000 Bequests for Hospitals

St. Elizabeth's Hospital, Utica, N. Y., has been bequeathed $50,000 in the will of James A. Murphy and a similar amount set aside for Rome, N. Y., for the establishment of a public hospital.

Fire Destroys Ovritz Hospital

The building of Ovritz Hospital, Laona, Wis., was recently destroyed by fire at a loss of $20,000. The patients were removed without injury.

Hospital for Negroes to Open

A new $210,000 hospital for negroes at Richmond, Va., will be formally opened June 1. A name for it has not been chosen.

Hospital Bonds Are Voted

County commissioners of Callaway County, Mo., have voted a $75,000 bond issue for the erection of a hospital at Fulton.

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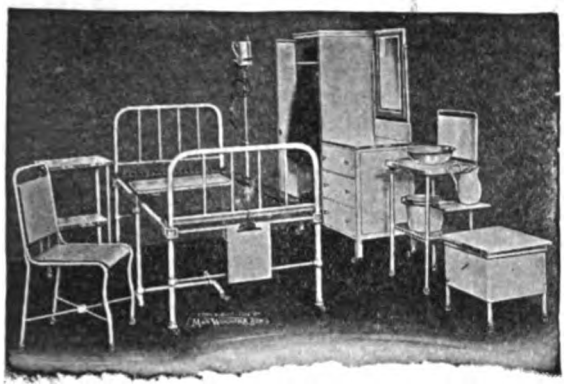

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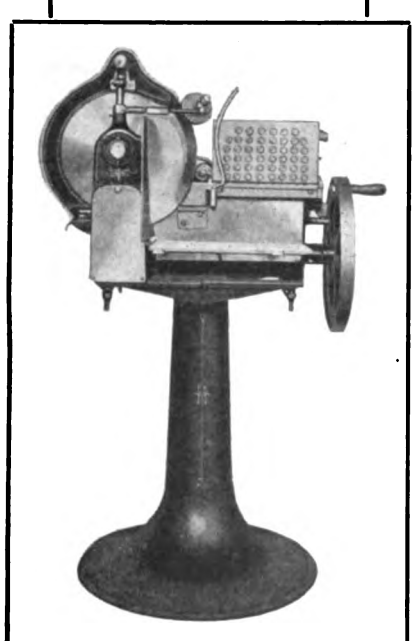

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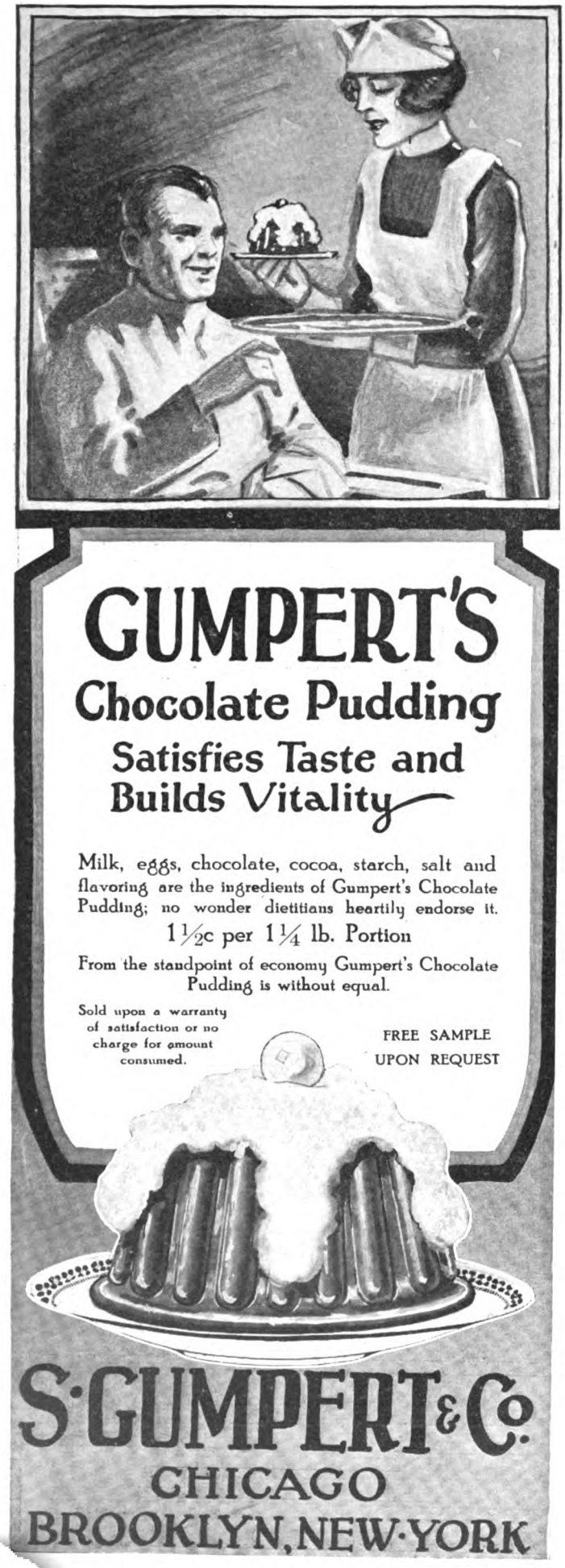

Nurse Training in Panama

Some of the Difficulties Overcome by Santo Tomas Hospital with U. S. Aid

The graduating exercises of the Santo Tomas Hospital Training School for Nurses, Panama, R. of P., was held January 30 at the hospital. The exercises were begun with a short address by the Superintendent, Maj. Edgar A. Bocock, Medical Corps, United States army, which, after a selection by the Republican National Band, was followed by several appropriate addresses by prominent men of the city. The Florence Nightingale pledge was then administered, and the diplomas awarded to the eight graduates by Major Bocock. The exercises were concluded with the National Anthem of the Republic, after which a reception and dance was given by the graduating class to the host of friends who had gathered to congratulate them on their success.

The training school of Santo Tomas Hospital is the only one of its kind in Latin America, and, while short lived, has been extremely successful. The hospital to which it is attached is the oldest one south of the United States, since it was founded in 1696, or shortly after old Panama had been sacked and burned by the Pirate Morgan, and the new city of Panama had been established on its present location. A part of the buildings of this original hospital still stand, and are at present being used as chapel and administration offices. Despite the fact that they are extremely well constructed, they plainly show the wear of their two century use. Very little record can be found of the operations of the hospital after its establishment until 1856, when it was renovated and re-established by the Bishop of Panama, and placed in charge of French Sisters of Charity. It is presumed that if it operated at all it must have been on an extremely small scale, since no mention is made of its work in any official documents.

SANITARY CONDITIONS

The sanitary and health conditions of the Isthmus of Panama beggared description during those days. Yellow fever and malaria raged rampant everywhere, and thousands of deaths were the annual toll which these plagues exacted from the natives, immigrants and later the French laborers who were attempting to make the Panama Canal a reality. In the hospital, in order to prevent ants and roaches from getting on the patients, the legs of the beds were placed in small cups filled with water. This water was rarely ever changed, simply being replenished as fast as it evaporated. Consequently Stegomyia mosquitos bred and multiplied in the wards among the yellow fever patients, forming a constant source of infection to any admissions who were not immune. No screening was obtainable, and a veritable swarm of mosquitos constantly entered the window from the outside.

The majority of the patients were men, and since the Sisters of Charity were not permitted to touch men patients for bathing or treatment purposes, they were necessarily left entirely to the care of servants, and it is a wonder that as many of them recovered as actually did. Since the Sisters of Charity were not graduate nurses and possessed scarcely any training in nursing.

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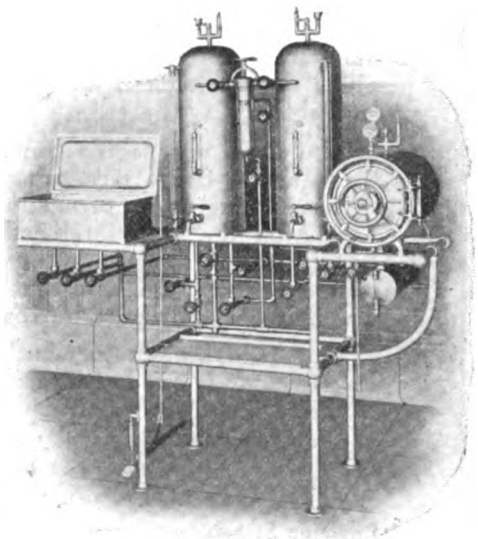

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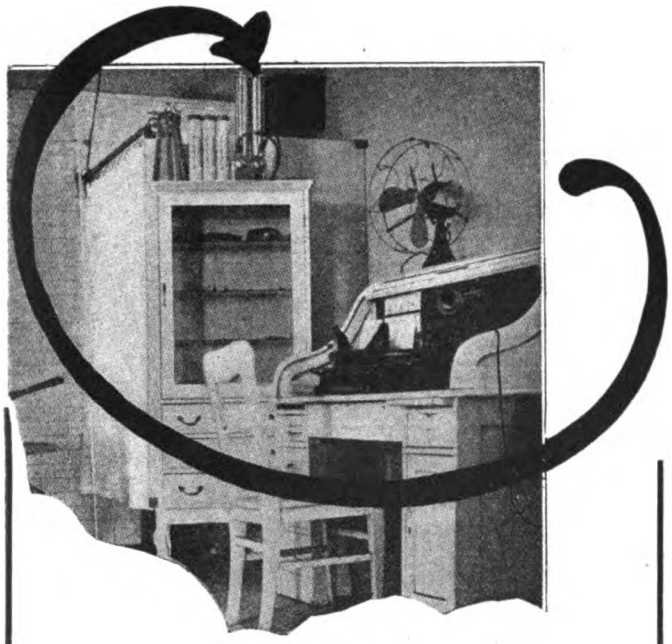

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very little treatment of an efficient type was administered.

The wards were tightly closed at night in order to prevent the entrance of any air which was believed to transmit miasma or poisons, and patients who died during the night remained until the next morning, when they were removed to the morgue.

Since no water supply or plumbing fixtures had been installed in the city, the hospital depended on collected rain water for every purpose, and naturally during the dry season it often became very scarce, with only enough remaining for drinking and cooking purposes. Needless to say, no quantity of anything so precious was wasted on a practice as useless and harmful as bathing, and certainly very little, if any, was ever used for scrubbing or cleaning! No ice was available and the meats which were provided for the patients were necessarily cooked and eaten the same day that the animal was killed. These conditions are only a few of the many difficulties which were encountered during the early days of the operations of Santo Tomas Hospital.

On October 17, 1905, an agreement was concluded between the Governor of the Canal Zone and the President of the Republic of Panama, whereby all sanitary arrangements of the cities of Panama and Colon, as well as the administration of Santo Tomas Hospital, would come under the supervision of the Health Department of the Isthmian Canal Commission. Under the provision of this agreement the Governor of the Panama Canal agreed to furnish a superintendent, two interns, and three graduate nurses for the administration of the Santo Tomas Hospital, while the Republic of Panama were to furnish all other employees, which included twelve additional graduate nurses. This was the first step in the new reorganization of the hospital. The next act was to install a modern sewerage and water system for which there was a crying need in the institution. Having secured graduate nurses and a modern plumbing system, the hospital began to assume a different aspect, and from then on to the present time rapid progress has been yearly noted.

On December 14, 1908, the President of the Republic of Panama issued a decree authorizing the establishment of a training school for thirty nurses, and upon this small basis has been founded the modern up-to-date training school, the graduation exercises of which were described in the first paragraph of this article.

Many difficulties were encountered from the very beginning in the operation and maintenance of this school. The girls of the upper class of society were very loath to enter a hospital, and would not for a moment consider as a means of earning a livelihood a lowly position such as that of a nurse. Consequently it was impossible to secure any candidates for the school from this walk of life. The young women of the common, or intermediate class, of people were in a very few instances willing to enter the training school, but in practically every case were unqualified on account of lacking the necessary preliminary education. In the nineteenth century in Latin America, practical education such as arithmetic, grammar, etc., was not considered essential to the women of the country. All young ladies were supposed to be accomplished in embroidery, dancing, singing

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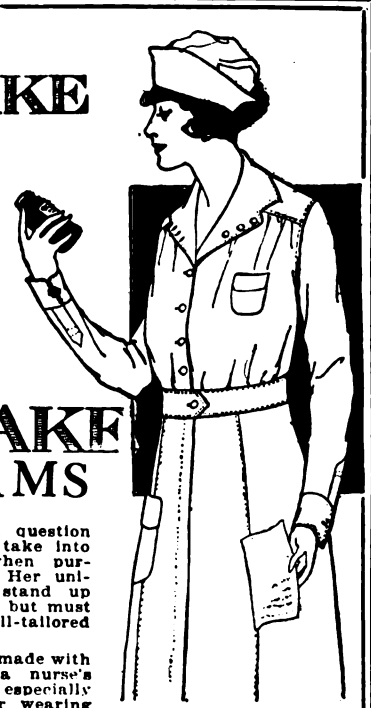

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and music, but very few received any practical education. In fact, so lacking were they in the rudimentary attainments that a candidate who was able to recite the multiplication table correctly considered herself an unusually well educated young woman. For these reasons the standards of entrance for the candidates were very low in order that any pupils might be secured.

The ones which were finally accepted were so lacking in rudimentary education that the doctors who were selected to lecture to them on medical subjects refused to give any additional instructions since the majority of the pupils were not able to grasp the subjects which they were trying to teach them. In addition to this it was very difficult to secure graduate American nurses who spoke Spanish with sufficient fluency to carry on the instructions in practical nursing. One or two such women were finally secured and placed in charge, but with the rapid changing course of events in the institution, they were kept so busy that only a little time could be devoted to teaching. However, despite the difficulties encountered, headway was made, and during the first eight years of its existence the training school turned out eleven graduate nurses, and the hospital during this time has been changed from an unsanitary pest-hole into a clean, well-conducted hospital, well patronized by all classes of Panamanian society.

TRAINING SCHOOL REORGANIZED

In 1916 a re-organization of the training school was considered necessary, since it had been found during the past years that it was absolutely impossible to secure enough young women with sufficient preliminary education to fill out the classes of the school. At this time it was decided to secure teachers and to train the candidates in grammar, arithmetic, and other primary school education within the hospital. This having been decided, classes were begun in the rudimentary subjects as well as daily lectures by the visiting and staff doctors, with demonstrations and lessons in practical nursing by the instructress of nurses.

An additional difficulty was encountered in securing suitable text-books for pupil nurses written in the Spanish language. Since all teaching was necessarily done in Spanish, it was indispensable that text-books in that language were secured, but it was only possible to find a translation of Isabel Adams Hampton's text-books for nurses in suitable form. At present, however, a new volume by Maxwell-Pope has been printed, which is very satisfactory and covers the ground quite thoroughly.

Another difficulty in giving instruction in practical work is the fact that it is not possible to allow the pupil nurses to bathe and give treatments to men patients. This, if allowed, would not be considered "nice", and the men patients would misunderstand and soon become objectionable. Since the hospital usually maintains about five hundred patients daily, and with only thirty-five pupil nurses to carry on the work, necessarily much of it usually performed by nurses must be done by servants, and a great deal of the training which should be given these young women has to be omitted. For this reason much practical training is lost, and since this part of the work is only learned theoretically the training is not entirely satisfactory.

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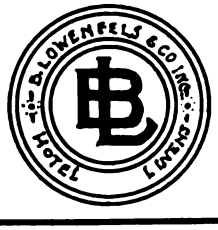

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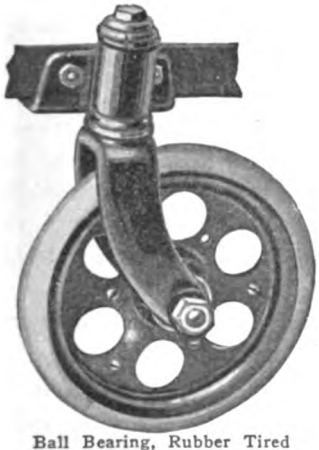

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The pupil nurses that are accepted as candidates come from all classes of homes. Some of them were born and reared in a hut in the interior of the Republic of Panama, and probably have slept on a rug on the floor most of their lives, and in certain instances have never seen a bedstead. Naturally, to these girls much training during the early months must be devoted to learning how to live in civilization. As a general thing they are apt pupils along lines in which they are interested; have splendid memories, and study as well as the usual nurse in training. To offset these good qualities, they are very wasteful, having little idea of economy, and are not reliable as a general rule. Most of them have been accustomed to use what they have on hand today, never giving a thought for the morrow, since they have lived for years in a country where nature very kindly provides for their wants from day to day. In spite of the difficulties which have been encountered, the training school has progressed steadily, both in efficiency and size since its institution.

In January, 1918, a class of ten nurses graduated, this class was composed of all the pupils who had been there over three years. In 1919 another class of nine was finished, while in January, 1920, the third class, composed of eight members, concluded their work. At present three more classes are taking courses. The graduates of the past years are all well placed, and there is constantly a demand for more than the hospital can possibly supply.

As the social position of the nurses who graduate from this hospital has steadily risen with the progress of the institution, and the graduates are now treated as equals, or almost equals by all classes, it is possible to get young women from better families to enter training. Schoolteachers, graduates from normal school, musicians and bookkeepers are in training at the present time; some of these pupils are daughters of the best families in Panama, and with their entrance into the school its reputation is enhanced.

At present the school is conducted along the same lines as any similar institution of any country of the world, but particularly based on the courses that are used in the United States. The entrance requirements are necessarily slightly lower, on account of the facts which have been previously mentioned. But by teaching some elementary classes in the hospital, the standard is raised sufficiently to warrant their admission.

A physical examination with a Wasserman test is required of each candidate, as well as a written and oral examination from an educational standpoint. The girls are accepted for a month on probation, at the end of which time they are either permanently accepted or rejected, according to their merit.

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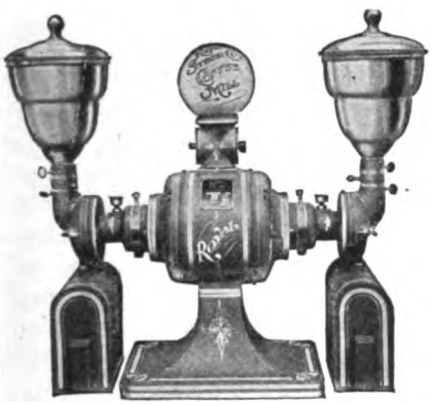

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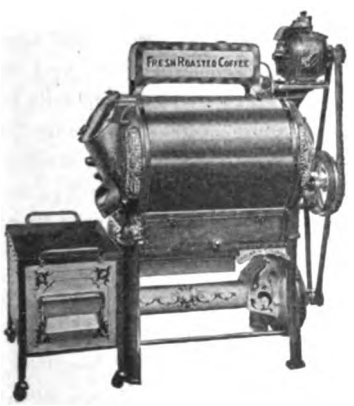

REDUCING COFFEE COSTS

Coffee is necessarily a large item in the budget of any large hospital or similar institution. Investigation shows that the cost per cup varies considerably, depending largely upon the grade of coffee used, but also on the method of making. Whether your costs are high or low, compared to similar institutions,

A ROYAL COFFEE SYSTEM

will show a saving well worth attention from any manager no matter how busy. This saving runs anywhere from five to fifteen cents a pound—usually approaching the larger figure.

With a ROYAL Coffee System you can roast fresh daily in your own kitchen, and better your service substantially. FRESH ROASTED Coffee contains ALL of its aromatic oils, which are lost through evaporation when coffee is roasted some time before using, and consequently makes more cups of better coffee to the pound.

Our Coffee experts will assist you in selecting suitable grades for your particular requirements, and will furnish these grades if you desire. We furnish complete instructions for the roasting of coffee, and any competent employe can learn to operate a System in a few moment's time.

ROYAL Roasters are made in several sizes to meet all requirements, and most styles will burn either gas or gasoline as fuel. A ROYAL Steel Cutting Mill completes the system and insures satisfaction, because it produces the most uniform granulation known to the coffee trade.

Our proposition is well worth your consideration—may we send you full information?

It would be well to ask about ROYAL Electric Meat Choppers and Meat Slicers, which are also furnished in styles and sizes suitable for kitchen use.

THE A. J. DEER CO. INC.

1164 WEST ST. HORNELL, N. Y.

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YOUR LINEN CLOSETS

Any hospital will be a better hospital for having stocked up with Baker Linens. There's a reason. A little usage and a trip or two to the laundry will accentuate the inferiority of low-grade linens as nothing else can. The raggedness and off color thus produced will be distasteful to patients, visitors and help. The cost in unfavorable impressions thus created might extend over a period of years.

We build years of service into

BAKER LINENS

Especially Made for Hospital Purposes

Our scores of hospital customers remain with us year after year because they appreciate that our service means definite co-operation in the raising of hospital standards and the lowering of hospital costs. Our service is direct. No middlemen.

Sheets and Pillow Cases	Table Cloths
Bed Spreads	Table Covers
Blankets	Napkins
Comfortables	Huck Towels
Quilts	Face Towels
Mattress Protectors	Bath Towels
Coats and Aprons for Attendants	Roller Towels
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H. W. BAKER LINEN CO.

41 Worth St., New York City

Boston
Philadelphia

Los Angeles
San Francisco

Higher Prices are Predicted

Now is Said to Be a Good Time to Make Purchases of Sugar and Canned Goods

Hospital superintendents who have postponed purchases of canned goods, tea and coffee and hospital supplies in the hope of a reduction in price in the near future are doomed to disappointment, in the opinion of market experts, who foresee unprecedented costs of material and labor and indications of still higher prices to the consumer.

Canned goods, especially fruits, will be higher than ever before when the new pack reaches the market. Raw sugar, which six months ago could be had for six and a half cents, recently reached the unheard of figure of sixteen and a half cents, and while this may be an extreme instance of how materials are going up, still it gives one a good idea of the increased costs packers are facing.

Another reason why canned fruits and vegetables will be higher is that indications are for a much smaller crop. Last year's pack was about 60 per cent larger than ever before and it is natural to expect a smaller yield this year. Another factor entering into the size of the 1920 pack is that a number of packers were hard hit by the government surplus sale to the public and this, combined with the general high cost of material and labor, will result in their curtailing their output.

CANNED GOODS MARKET QUIET

At this writing the canned goods market is quiet and prices are better than could ordinarily be hoped for. Hospital superintendents who can use these foodstuffs now will make no mistake in buying, for with the advent of the new pack prices will rapidly rise.

The outlook for sugar is discouraging from a consumer standpoint, for indications are that the highest marks reached last summer will be surpassed. Production is hardly normal and the demand has been intensified by European countries that are turning to Cuba and other producing areas that formerly served the United States exclusively, because of the slowness of their own producers to recover from general conditions. The needs of candy and soft drink manufacturers in this country also have greatly depleted the supply and the outlook generally is for steadily rising prices.

Quiet marks the tea and coffee market, with demand unusually light. London tea rose with the improving rate of exchange between England and the United States, but the general tea market was firm. With the appearance of the new crop from Japan, China, and other growing centers, however, an increase in price will come, for strikes, unsettled labor conditions and rising wages are affecting industries in these countries as well as in other parts of the world. Not much change is anticipated in tea and coffee until the new crops come in about July and then the increased cost of production will be felt by the consumer.

HOSPITAL SUPPLIES CLIMB

Rubber goods, cotton, gauze and similar hospital supplies have continued their steady climb in price, and conditions point to further increases in the future. General economic conditions, heavy demand and unusual scarcity

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THE ALBATROSS LINE

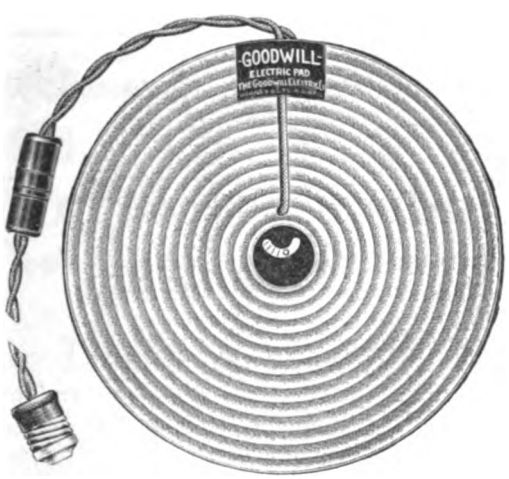
THE STERLING TRADE MARK
in
Hospital and Physicians Furniture

"The Albatross Line"

Is the Direct Line
to Hospital Economy

For furthur particulars, complete catalog and prices, write to Dept. H.

ALBATROSS METAL FURNITURE COMPANY
Manufacturers of
Aseptic All-Steel Hospital Furniture
Portland Oregon, U. S. A.



EXPOSURE
resulting from changing hot water bottles is dangerous.

BURNS
from freshly filled hot water bottles are frequent.

The temperature of the GOODWILL ELECTRIC PAD is more constant than that of your operating room. It will last as long as 8 hot water bottles. It is absolutely safe.

All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price $8.00.

Use it 30 days at our risk—return it if it doesn't make good.

THE GOODWILL ELECTRIC COMPANY
61 E. Van Buren St. CHICAGO

1 Cent Per Dish
is the cost of Quaker Oats

1 Cent Per Bite
is the average cost of meat

And 1 Cent Buys
but one-fifth of an egg

Quaker Oats yields 1810 calories per pound. Round steak yields 890.

Quaker Oats cost 5½ cents per 1000 calories. Meat, on the average, costs 45c at this writing. Average fish costs 50c per 1000 calories, and eggs about 70c.

Quaker Oats form almost the ideal food in balance and completeness.

We argue that Quaker Oats, in these high cost days, should be the basic breakfast.

Quaker Oats

An extra grade of oat flakes made from queen grains only—just the rich, plump, flavory oats. We get but ten pounds from a bushel. These flavory flakes will make the oat dish welcome.

The Quaker Oats Company
Chicago

3286

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No Matter How Far Meals Must Travel, They Reach Patients Piping Hot

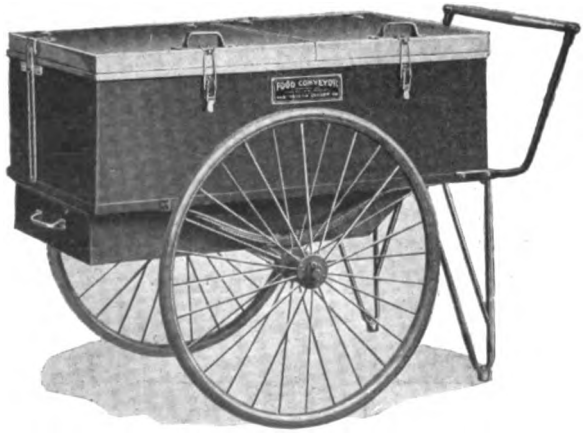
The tremendous distances in large hospitals make the serving of meals difficult. Foods must be transported from the general kitchen to the floors. There, after the trays are made ready, they are carried through long corridors to ward or private room. No matter how well prepared the meals are, they lose much of their savoryness unless they can be served fresh and hot.

"IDEAL"

FOOD CONVEYOR

enables hospitals to serve appetizing meals, hot meals, however far removed the kitchen is from the patients. In this cart are containers of sufficient capacity to serve 70 or 80 people. By the conveyor's fireless principle of heat retention, food remains hot in it for hours, and can be transported for great distances without chilling. It keeps the foods clean, preserves their flavor and moisture as well as their heat; saves time and labor in meal service; lessens waste. The conveyor is strongly built, easily handled, noiseless. It is already in use in hundreds of hospitals, whose names we will be glad to give you upon request. Write for booklet.

TOLEDO COOKER CO., TOLEDO, OHIO



mark this market, with no sign of improvement to be observed.

Drugs and pharmaceuticals are included in the general upward revision of prices, alcohol recently having made sharp advances. There is a pronounced scarcity of important items and it is hard to see how there will be any relief early this summer, as some had hoped for.

Owing to the failure of the linen industry in France and Belgium to recover from the war, production there is running only about ten per cent of pre-war capacity. In Belfast linen prices are tremendously high and buyers are bidding almost any figure to get merchandise. These conditions will be reflected in this country by soaring prices to the consumer, who already is paying an almost exorbitant figure. Pronounced shortage also marks cotton goods, especially sheetings, while the demand continues strong. Slowness of shipments from the mills is another factor in keeping stocks low. Blanket mills have sold their output for fall delivery and are unable to reach normal production. Prospects for better prices on any of these supplies, therefore, are very unlikely.

Hampton Hospital Discontinued

General Hospital No. 43 at Hampton, Va., has been discontinued by the War Department and the buildings returned to the managers of the National Home for Disabled Volunteer Soldiers.

Industrial Rehabilitation Approved

A resolution approving legislative measures extending federal aid for the rehabilitation of men and women handicapped in industry was passed at the convention of the National Society for Vocational Education at Chicago, February 21.

20

Indispensable in the Hospital

20 MULE TEAM BORAX SOAP CHIPS contain 30% of Borax and have twice the cleansing and antiseptic value of ordinary bar laundry soap. They contain no powerful chemicals which have a tendency to rot fabric and fiber. Borax Soap Chips are hygienic and economical and are very efficacious for washing sheets, garments, towels, etc., that have been stained with chemicals or blood.

Sample gratis upon request.

Pacific Coast Borax Co.

New York Chicago San Francisco

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Always Ready for Immediate Use

Puerperal Sepsis

Hyclorite irrigation in puerperal sepsis is a positive aid in controlling infection and stopping discharges and odors without irritating the mucous membrane.

Even in high dilution, Hyclorite destroys toxins, thereby permitting the temperature and pulse to return to normal promptly.

It is a valuable adjunct to the physician's obstetric case because it is always ready in any emergency.

HYCLORITE

Concentrated Sodium Hypochlorite

Hyclorite requires no testing.
It is always ready for use.
Just add water and apply.
No waste. No waiting.
Non-irritating properly diluted.

Price, 32-oz., $1.25

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and strike hard against paying high prices for Rubber Sheeting. Do not be misled by exaggerated statements. Accept facts only. Velvet Finish Rubber Sheeting has been tried and tested in every conceivable manner to give service, and if it does not meet every requirement you can return same at our expense. LEARN TO BUY RUBBER SHEETING ON YOUR OWN JUDGMENT.

Rubber Sheeting
Velvet Finish

Double Coated, White or Maroon

36"	$1.25 yard
45"	1.65 yard
54"	2.00 yard

Adopted as standard by State Institutions.
Rolls 25 and 50 Yards.

Rubberized Sheeting & Specialty Co.
225 Fourth Avenue,
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CELLUCOTTON

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Manufactured by Kimberly-Clark Co., Neenah, Wis.

Try For Yourself This Absorbency Test For Cellucotton

Suspend equal amounts of Cellucotton and absorbent cotton over a bowl of water, immerse about ¼ inch of the end of each in the liquid. At the end of 15 minutes you will find the fluid drawn to the very top of Cellucotton and not more than an inch and a half up the cotton. We will be glad to send a sample of Cellucotton for this test.

Cellucotton is more economical than cotton for many kinds of hospital work. Send for our prices.

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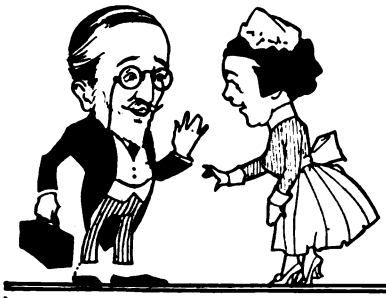


THE DOCTOR
THE NURSE
THE PATIENT

They all know that there is no substitute in cooking ware for

Hall's
SECRET
Fireproof
PROCESS
China

The Doctor knows that the lining of Hall's China never develops those hair line cracks which are lurking places for germs; and that the leadless glazing is poison-free.

The Nurse knows that the food is never so appetizing as when cooked in Hall's, and that the patients respond quickly to the tasty dishes.

The Patient knows that his lackadaisical appetite takes a sudden bounce of joy when the lid is removed and the fragrant vapors pour forth.

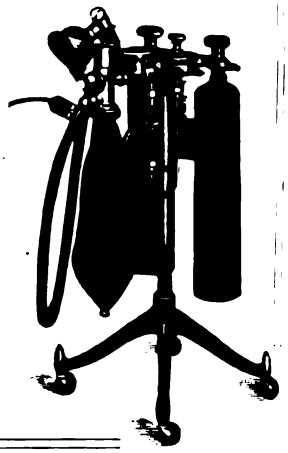
The best hospitals, hotels, and restaurants use Hall's Fireproof China. It is made in three rich colors (white lined) and in all shapes and sizes for all possible needs.

Send for illustrated catalogue.

HALL CHINA CO.
East Liverpool, Ohio

S. S. White
Gas Equipment
(Patented)

Embodies every feature for the safe and effective administration of Nitrous-Oxid-and-Oxygen anesthesia. Its use insures control as to depth and duration of effect, and prevents post-operative complications.



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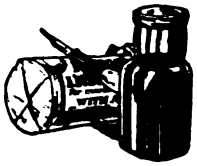
The S. S. White
Dental Mfg. Co.
"Since 1844 the Standard"
PHILADELPHIA

SAVE time and avoid mistakes, delays and losses, by marking all articles that go to the laundry—linens, patients' clothing, uniforms of your staff, etc. Only a small inconspicuous letter or figure is necessary on each piece. A mark made with

PAYSON'S
INDELIBLE INK

lasts as long as the fabric itself. Payson's will not spread, fade or wash out of cotton, linen, silk or woolen goods and will not injure the most delicate fabric.
Be sure to get Payson's—the old reliable—in continuous use for nearly a century. Sold to hospitals direct.
Write the Makers Today



Payson's Indelible Ink Co.
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All the washrooms in your hospital should be equipped with modern, sanitary, Individual Towel service. A clean towel for everybody—doctors—nurses and internes. And no towels lying around loose, to be misused, because every towel is locked in place.

Now is the right time to install Individual Towel service in your hospital.

Individual Towel & Cabinet Service Co.

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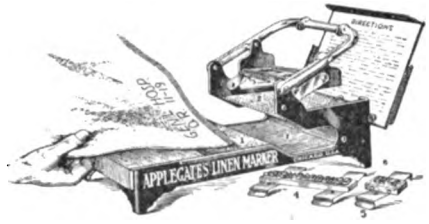

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The continued high cost of cloth fabrics makes it imperative that every protection should be given them. In no way can so near 100% protection be given as in marking them with

Applegate's Guaranteed Indelible Ink

with either Pen, or Marker shown above. Its marks cannot be ripped off or pulled out.

MORAL: MARK YOUR LINENS

The Applegate Marker is very inexpensive, yet most efficient in marking the coarsest as easily as the finest cloth, at less than 2c per dozen — everything included. Marks Name, Dept. and Date—either one, two or all three at one impression.

Let us send descriptive Folder with Sample Impressions

Applegate Chemical Company

6322 Ellis Ave. Chicago

Duretta Cloth

for the

Superintendent Who Knows

The Cloth with a Hundred Uses

We take great pride in the fact that we are able to offer you Duretta Cloth—the material that has no equal for the manufacture of Operating Gowns, Night Shirts and Nurses' Uniforms. This fabric is a carefully made twill woven from selected cotton and distinctive because of its lustre. The combination of Duretta Cloth and our excellent workmanship enable us to produce an Operating Gown and Night Shirt, which are far above anything ever put upon the Market. Combine quality with appearance and will not suffer loss in laundering. Duretta Cloth can be obtained by the yard, 36″ wide. Size of pieces about 35 yards each.

We solicit your kind patronage and urge you to avail yourself of this marvelous opportunity at once.

FOR SALE BY

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THE RIGHT SODA

The importance of using washing soda in the laundry should not be overlooked. The selection of the right soda is equally important.

Blue Label Prosperity Soda

with the ammonia "locked in," offers advantages found in no other soda. It is especially adapted to hospital work. If you are not using it write to the general distributors.

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If yours is satisfactory
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If yours is not satisfactory, or if you contemplate any new installations, you had better write

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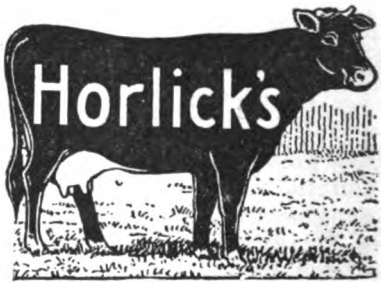

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MALTED MILK

Highest Quality
Most Nourishing
Very Dependable

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In 3 Forms

To Meet Various Requirements

No. 1 With Sodium Chloride 2% for General Use in Infant Diets.

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MEAD JOHNSON & CO.
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Continental Scales

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The "Continental Special" is a platform scale of the highest quality; absolutely accurate, with inlaid cork platform and special lever check attachment preventing the levers from becoming disengaged when the scale is moved. Full length nickel plated measuring rod. 300 lbs. capacity. No loose weights.

Ask your dealer or write direct for descriptive booklet regarding the "Continental Special" and other exclusive hospital scales.

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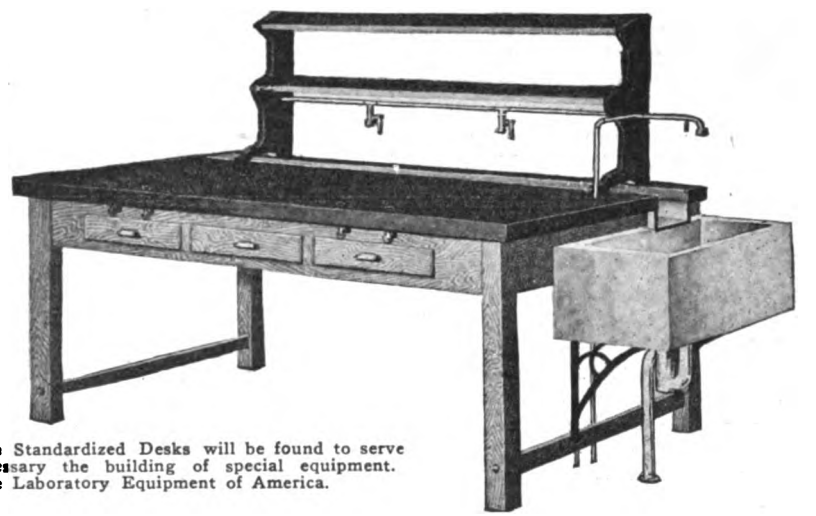

For the Hospital Laboratory, Kewaunee Standardized Desks will be found to serve economically every need, making unnecessary the building of special equipment. **Kewaunee is the Standardized High Grade** Laboratory Equipment of America.

Kewaunee Laboratory Furniture

The correct manufacture of modern laboratory furniture requires an exactness and special attention to detail that cannot be performed by untrained or inexperienced workmen. Our years of experience devoted exclusively to the production of laboratory furniture, our complete factory equipment of modern cabinet-making machinery, with skilled cabinet-makers trained in this special work, our extensive floor space and vast dry-kiln and tempering-room capacity, enable us to extend intelligent service and to supply laboratory furniture of the very best type of construction, of quality and of adaptability.

Blue prints, showing locations of floor connections, will be sent on request to prospective customers. We will make drawings gratis, upon receipt of specifications.

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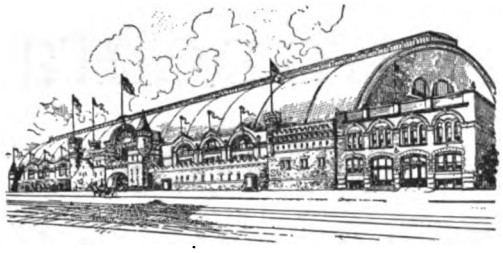


Every Hospital Superintendent and Dietitian

Should attend the

HOTEL MEN'S SHOW

Coliseum, Chicago
May 10-15

Where can be seen all the latest improved labor-saving utensils, equipment and furnishings exhibited for use in the Modern Hotels and Restaurants—every one of which can also be used to great advantage in Hospitals.

More profitable ideas can be gained in a few hours spent at this Exposition than in any other way. Suggestions of real dollars-and-cents value in hospital administration. Methods of increasing productiveness in the service departments, reducing costs, saving time and money. All gathered here for rapid inspection and study.

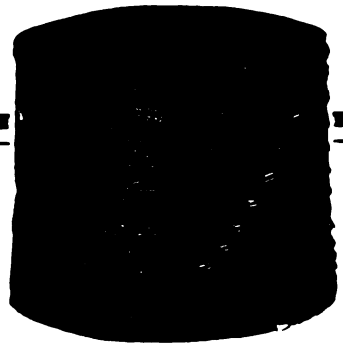
Make the Hospital Kitchen Profitable

Today's close margins of hospital profits demand the saving of every possible dollar in the kitchen. Costs can be reduced by the introduction of the new labor-saving appliances—tested and proved in the hardest service in America's best hotels—which Hospital Executives are invited to inspect and study at the Hotel Men's Show held in the Coliseum, Chicago, May 10-15.

For further particulars write

Hotel Men's Show

417 South Dearborn Street
Chicago, Ill.



"The Tank With a Reputation"

Install a Caldwell Cypress Tank—"The Tank With a Reputation"—and be sure of a dependable, uninterrupted water supply the year 'round.

In addition to the natural long life of the cypress, this tank is built strictly according to approved engineering principles, of the best materials and by first-class workmen.

Our 30 years' experience in building tanks and towers is at your service.

Send for Catalogue

W. E. CALDWELL CO.
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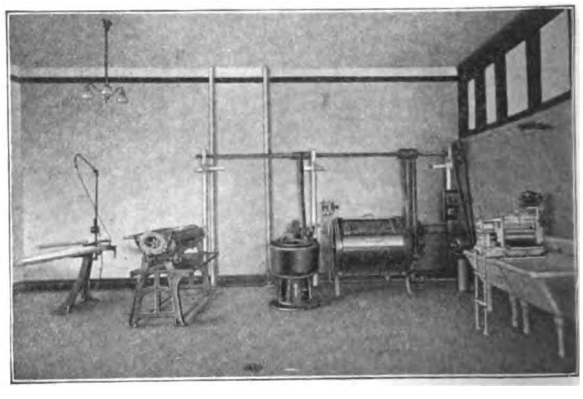
Caldwell TANKS AND TOWERS



INSTALL the complete equipment pictured above and you will find your laundry expense reduced to a fraction of its former cost. Also, you will then avoid the possibility of embarrassing delays through labor troubles.

Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

American Ironing Machine Co.
Hospital Department
170 N. Michigan Ave., Chicago

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Connell Anaesthesia Apparatus

For Suction and for Intra-tracheal, Intrapharyngeal and all other methods of Ether Vapor Anaesthesia—

THE CONNELL SUCTION INSUFFLATION APPARATUS

Write for descriptive literature

SCIENTIFIC APPARATUS COMPANY

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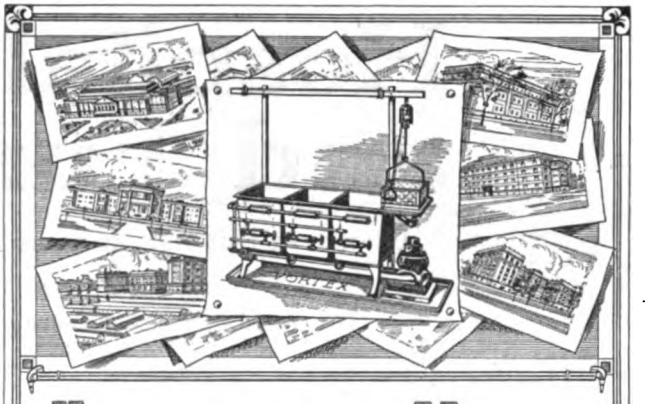
"IT'S SILENT"



HOSPITALS and the VORTEX

Hospitals use the Vortex Dishwashing Machine for three big reasons:

1—**Shortens the work.** The hospital requires fewer dishes because they are washed and returned to service so quickly.

2—**Is more sanitary.** Handling, wet cloths, mussy floors, vermin and other unsanitary features common to hand and sink methods are eliminated. Hotter water for sterilizing can be used for the hands do not touch it.

3—**Saves money.** Less labor needed. Less soap. Less water. Less dish breakage and damage.

Washes and rinses every kind of a dish, metal or china, flat or hollow. *Write us for other Vortex reasons.*

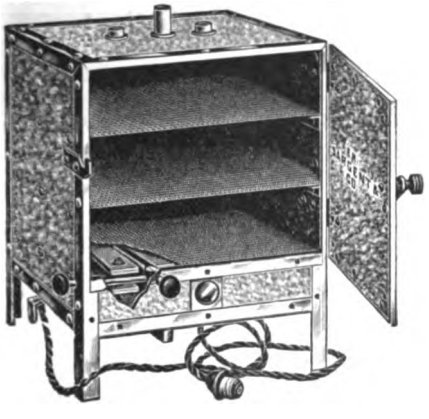
The Hamilton-Low Co.
145 East 42nd Street, New York

SARGENT'S ELECTRIC DRYING OVENS

With Automatic Temperature Control

(Patented Jan 6, 1914)

This is the pioneer of the moderate-priced ovens in this class, and hundreds now in satisfactory operation prove its success. This end has been achieved by ruggedness of construction, elegance of design and due observance of the scientific principles which are demanded in drying ovens.



The ventilation is ample and the cold air enters through the bottom and passes upward, being heated by the heating coils before reaching the sample. The heating units are of the simplest construction and may be rewound or replaced by the operator in two minutes. No lamps are needed for setting the control and thus all glass is eliminated.

Its extreme simplicity precludes the imitation of its patented features and enables it to maintain its position as the best and cheapest apparatus on the market for its purpose.

Extended Descriptive Circular on Application

Price complete, with six foot cord, plug for connection to lamp socket and thermometer, $30.00 net.

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Importers, Makers and Dealers in Chemicals and Chemical Apparatus of High Grade Only

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Hospital Supplies and Furnishings

Glance at this list, and see if there is anything you need:

Surgeon's Operating Gown and Cap

Bags—Traveling
Bath Robes
Batts
Beds—Hospital
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BLANKETS
Carpets
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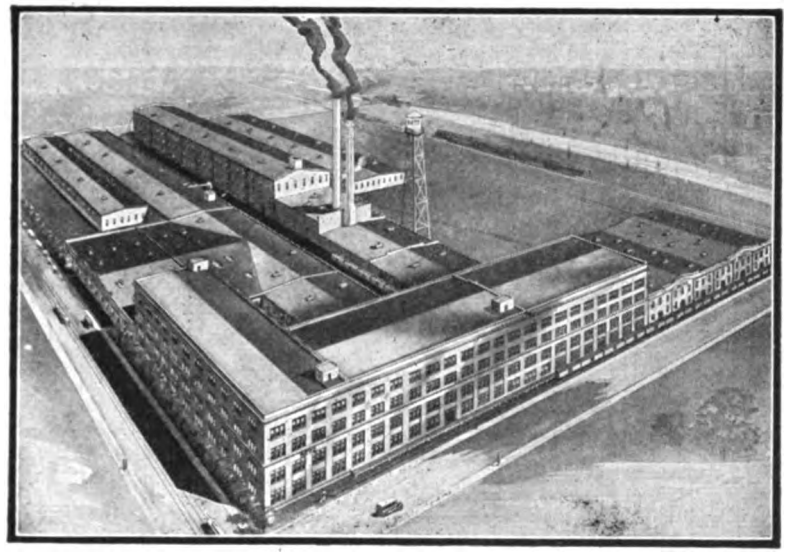

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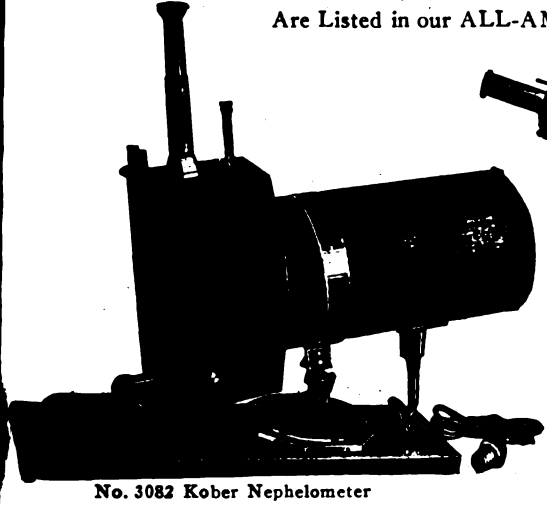

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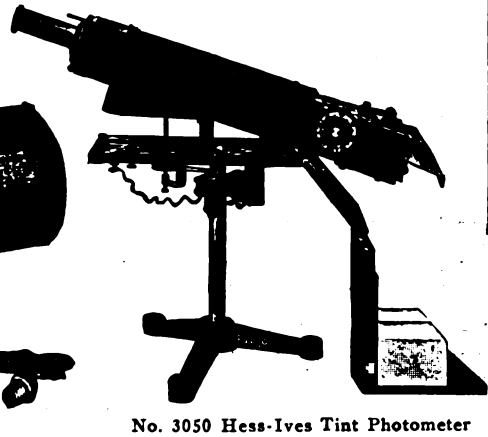

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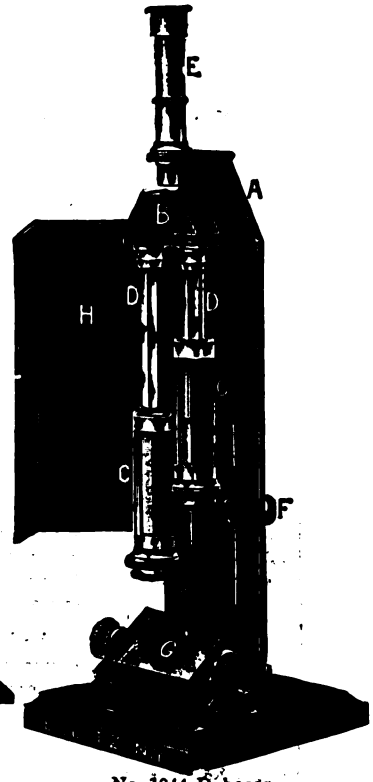

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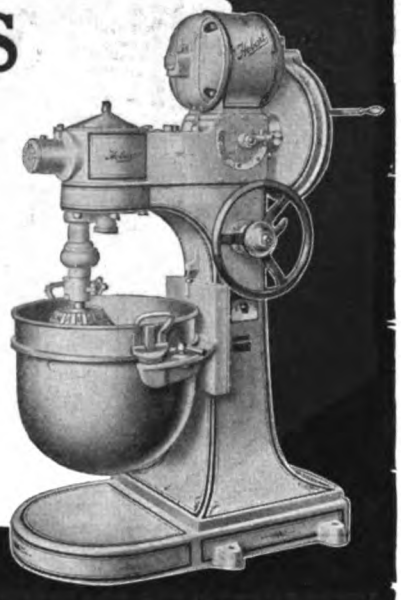

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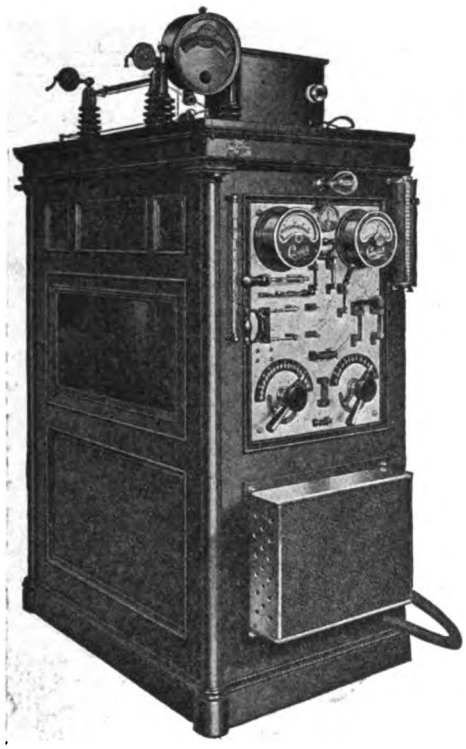

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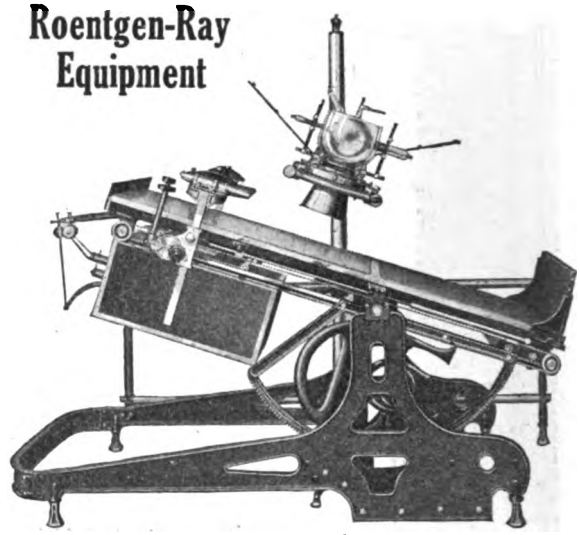

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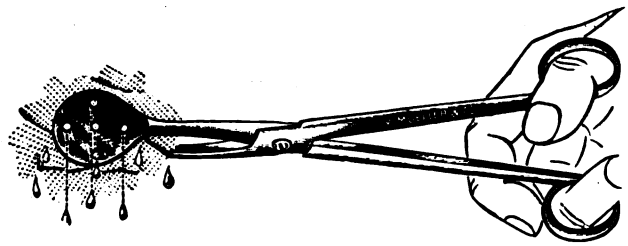

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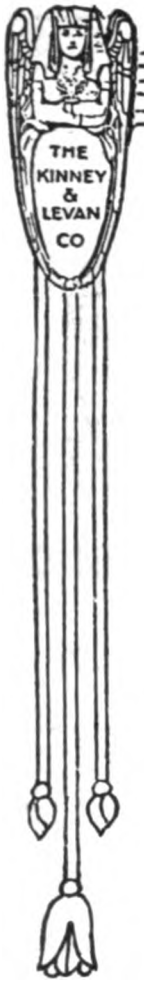

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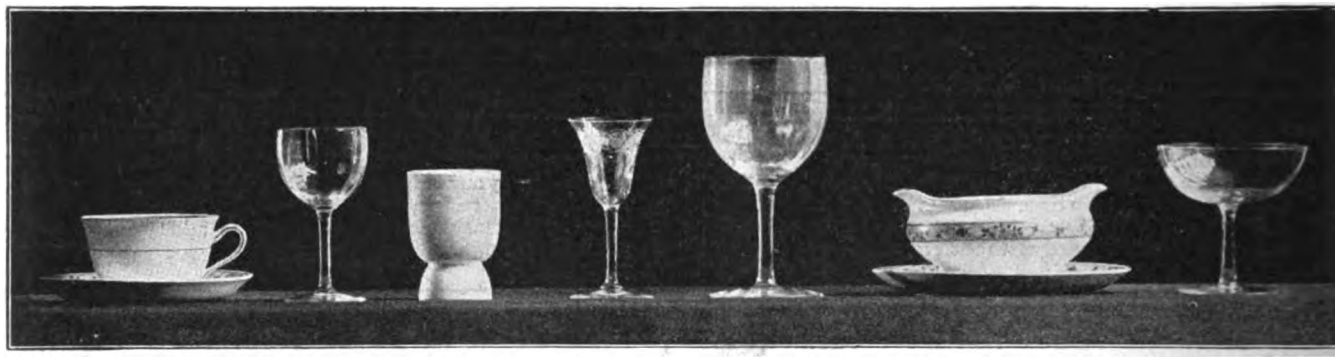

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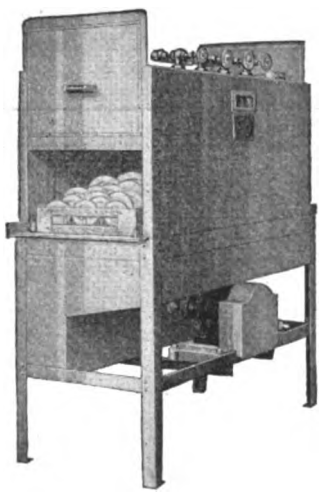

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HOSPITAL MANAGEMENT

Vol. IX May, 1920 No. 5

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Buyers' Guide to Hospital Equipment and Supplies, Pages 29 and 31

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SPECIAL SIZES: Superintendents now using the adult size, as illustrated above, will be glad to know that several small models are now perfected, corresponding to a two-month, four-month, one-year and four-year-old baby.

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No. 174. Regulation style; form fitting; skirt gathered in back; 4-inch hem; seams sewed with small stitch and extra strong. Sizes 36-46.

$48.00 per Doz.

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ALL orders filled promptly—no order too large for our capacity, no order too small to receive our careful, conscientious and immediate attention.

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No. 846. Excellent quality; very heavy material; length 60 inches; long sleeves; all sizes to 48 in. chest; a more durable gown was never made.

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410 Elm Street

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Gowns with the understanding that they may be returned at your expense if not satisfactory.

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In the preparation of culture media it has been found by laboratory technicians that the use of Dehydrated Culture Media and Bacto-Reagents effects a real saving in time and effort, and hence in money. If your laboratories are not already using them, you should insist upon a trial.

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These products are perfected to an unusual degree and standardized to meet the most rigid tests.

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These sugars will be found to exhibit the maximum degree of whiteness, solubility and clarity, and a minimum of ash and moisture.

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DIGESTIVE FERMENTS COMPANY
DETROIT, MICHIGAN

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He little thought that before the night was over, fate would cast dice for this infant's life—would it be three hours or three score years and ten?

Fate — and a Baby's life

"PRETTY fine boy, isn't he, Nurse?" said the proud young father. "Tomorrow e going to let me hold him for a mo-"

was a load off his mind to know the two or whom he cared for so deeply were in a hospital where they would be well taken care of. No fear that anything would go wrong, doctors within call, a nurse always on duty. Could anything more be asked?

Midnight—an alarm of fire—hours of heart-rending and nerve-racking work by heroic nurses, doctors and firemen.

Another day. The little baby was safe, thanks to the nurse who thought more of its safety than she did of her own. The young mother lay at the point of death, her fight for life doubled by exposure and cold.

Safe? Why had the father and the deluded public thought that hospital safe?

It was the best equipped, best protected in the city. But in spite of fire escapes, fire hose, and every seeming precaution the demon had done his work. Ten persons had been sacrificed.

You—what are you doing to make the lives of the patients in your hospital safe? Have you installed in your building that watchman who never sleeps, the Grinnell Automatic Sprinkler System? No other protection is fool-proof and failure-proof. No bungling nor palsied fingers manipulate it. It is constant—automatic. When the fire starts, the water starts.

The watchword of the new age is Service. What better way can you serve than by seeing that a Grinnell Automatic Sprinkler System is installed in the hospitals, schools and institutions of your community?

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This instructive booklet will wake you up to the penalty paid by those who have neglected to provide adequate fire protection. A penny for a postal is a small price to pay for human lives. Write for it now. Address the Grinnell Company, Inc., 281 West Exchange Street, Providence, R. I.

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Vital to Hospital, Patient and Surgeon Alike

Certainty and scientific accuracy in anaesthesia are so obviously necessary that lack of attention to these requirements is difficult to explain. It is no longer unavoidable to trust to guess-work in this important part of hospital work—apparatus is available which makes it a matter of ease and simplicity to administer nitrous oxide, the best and safest anaesthetic, without danger to the patient and with complete assurance that the desired effect is obtained.

Reasons for Its Success

1. It can be *successfully operated* by any competent anaesthetist.
2. Once used the *SURGEONS DEMAND* it constantly.
3. It is *ECONOMICAL* to operate, using from 40 to 60 Gals. N_2O per *HOUR*.
4. It does *not*, with ordinary care, *get out of order*.
5. It has proved a *good revenue producer* wherever used, both directly and indirectly.

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Some of the leading hospitals using it include St. Luke's, St. Anthony's and Mercy, of Chicago; Ft. Sheridan Army Hospital, Ft. Sheridan, Ill.; St. Joseph's and University Hospitals, Ann Arbor, Mich.; City Hospital and Asbury Hospital, Minneapolis; St. Joseph's, St. Paul; Eye, Ear, Nose and Throat, Charity and Touro Infirmary, New Orleans; Texas Baptist Memorial, Dallas; South Highland Infirmary, Birmingham; St. John's and Baptist Sanitarium, St. Louis; and any number of others. There is probably one in your immediate vicinity to whom we can refer you. Ask us about it.

We can place a limited number of anaesthetists for training at a moderate fee.

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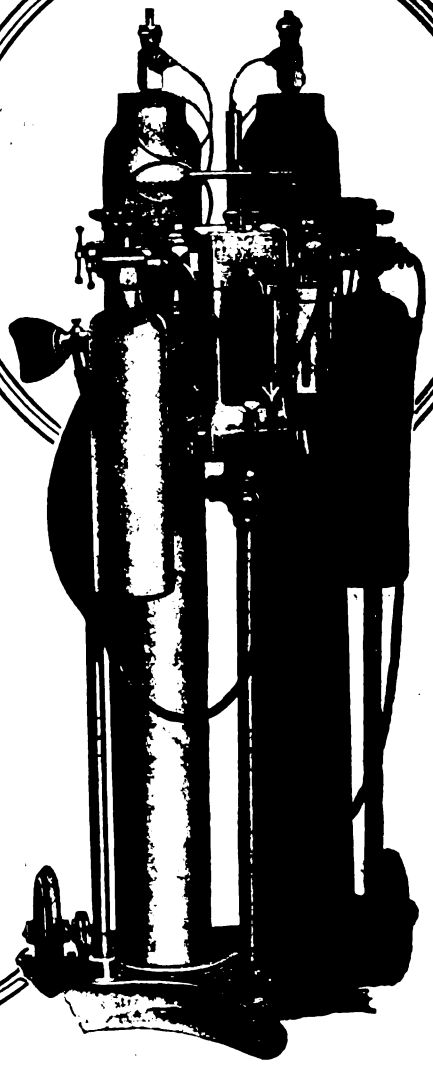

SAFETY ANAESTHESIA APPARATUS Concern

1656 Ogden Ave. CHICAGO, ILL.

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MOnel metal screen

A CONVINCING DEMONSTRATION of the remarkable lasting qualities of MONEL Metal Screen is furnished by an installation at the government hospital at Colon, Panama Canal Zone.

General Gorgas, writing of the service of this screen which is installed on the sea side of wards built on piers over the sea, states:

"This screen was inspected after it had been in place for over a year and it was found that, for all practical purposes, it was in as good condition as when installed and was apparently not affected by the constant exposure to salt spray, moisture, etc. This is a severe test for any screening."

Because MONEL Screen has unusual strength and is practically unaffected by salt air, smoke and chemical fumes, it lasts almost indefinitely where the best grades of supposedly non-corrodible screen rapidly deteriorate.

MONEL Metal is also superior for tops of operating tables, dressing carriages, etc., as it is impossible to stain it by most of the solutions employed in surgery. It is ideal for kitchen table tops, shelves, table cutlery, and coffee urns, because it stays clean, never rusts, and always retains its highly polished nickel finish.

MONEL Screen is made in the usual widths, meshes, and gauges. Write us for names of manufacturers and dealers where MONEL Metal Screen may be obtained.

The name MONEL is given to a line of metal products produced by The International Nickel Company from a natural nickel alloy—67% nickel, 28% copper and 5% other metals. These products include MONEL blocks, MONEL rods, MONEL castings, MONEL wire, MONEL strip stock, MONEL sheets, etc. MONEL products bear the Inco trademark of The International Nickel Company, widely known as the sole producers of Inco Nickel.

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The hospital that buys the highest quality supplies and equipment effects a saving in service many times more valuable than the difference in the initial cost.

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Send for interesting booklet on the Dakin Antiseptics

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Ask us anything about the Laundry or Laundering.

"How Much Starch for Nurses' Aprons?"

"What machine is best for marking linen for a 100-bed hospital?"

"What is the best method of drying blankets?"

"How should blue be used?"

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There are hundreds of questions and we will be glad to answer all of them.

We can effect great savings on your Laundry Supplies.

Send for Price-List.

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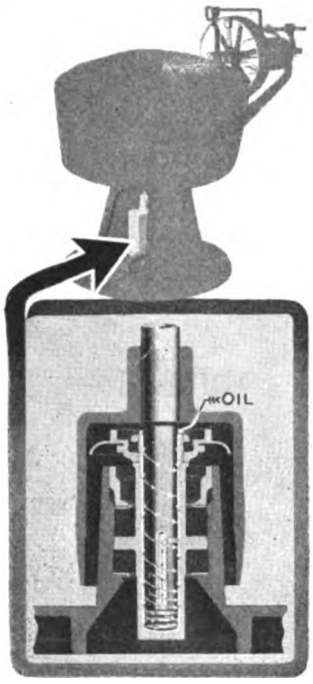
Insurance Against Forgetfulness



When this oiling device is filled with the oil we recommend, we guarantee it not to need filling for another year.

The American Automatic Oiling Device is insurance against the forgetfulness of employees.

By reason of it, American Underdriven Extractors have to be oiled but once a year —month in and month out, with no attention whatever, it keeps the oil circulating about the spindle, and buttons.

Friction is eliminated—consequently there is none of the heat that warps spindles and burns out rubbers.

After years of service, American Extractors are as smooth and quiet running as on the day they were installed.

Loss by reason of the neglect of employees is minimized—seekers after true economy in laundry equipment standardize on American Extractors.

Have us place definite figures before you. Write—you incur no obligation and we will be glad to serve.

The American Laundry Machinery Co.
NEW YORK CINCINNATI CHICAGO

Canadian Factory
The Canadian Laundry Machinery Co., Ltd.
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Hospital Supplies and Furnishings

Glance at this list, and see if there is anything you need:

Surgeon's Operating Gown
Dozen $27.50

Bags—Traveling
Bath Robes
Batts
Beds—Hospital
Bed Spreads
BLANKETS
Carpets
Carpet Sweepers
Comforters
Crash
Curtains
Cushions
Damask
Diapers
Diaper Cloth
Dishes
Domestics
Feathers
Floor Coverings
Furniture
Gowns
Nurse Ginghams
Hosiery
Hospital Bandages
Jewelry
Lace Curtains
Lamps
Linens
Linoleums
Marquisette
Mats—Bath
Mattings
Moth Bags
Muslins
Nurse Stripe
Oilcloth—Floor
Oilcloth—Table
Outings
Padding, Table
Paper
Pillows
Pillow Tubing
Pins—Safety
Poplins
Refrigerators
Rubber Goods
Rubber Sheeting
Rugs
Scrim
Sewing Machines
Shade Cloth
Sheeting
Sheeting, Water proof
Sheets and Pillow Cases
Silverware
Terry Cloth
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Towels
Toys
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Umbrellas
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Wash Cloths
White Goods
Window Shades
Yarns

Patient's Gown
Dozen $18.50

Our new lines of hospital garments, including surgeons' operating gowns and suits, patients' gowns and interns' uniforms, are the best made. All garments are made of Indian Head, tested to stand sterilization and washing; reinforced to stand strains; double-stitched and sewed with a high-grade cotton, eliminating ravels and rips.

Our wholesale lines of hospital supplies and furniture are known all over the country. Deliveries are made promptly from our great stocks in Chicago, the most central point for the country as a whole.

Check the items in which you are interested on the list above, tear out this page, and send it, with your name, to

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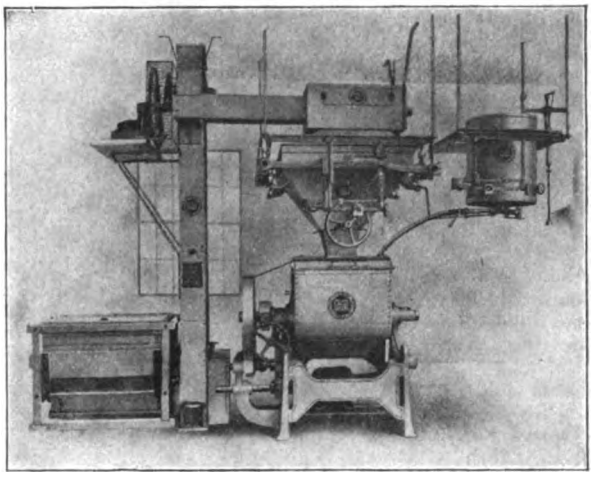
YORK, PA.

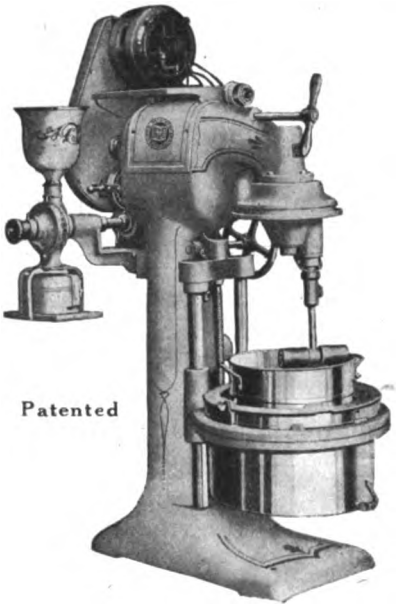
Bakery Outfits and Kitchen Machines



Standard Hospital Bakery Outfit

Standard Hospital Bakery Outfit

The equipment illustrated is entirely automatic and is designed especially for the Hospital Bakery. Flour is conveyed and sifted; water is weighed and tempered, while supply of both is automatically cut off when required amounts are received in Hopper and Tank. The dough is mechanically mixed in the Double Arm Reversible Dough Mixer. The Newark City Hospital, Newark, New Jersey, Cook County Hospital, Chicago, Ill., and others have installed similar outfits. Hospitals having a bed capacity of 500 and upwards can profitably operate and actually require this equipment.



Read Three Speed Kitchen Machine

Three Speed Kitchen Machines

Over 7,500 Read Three Speed Mixers are in use at this time. They perform every kind of mixing, beating, whipping and creaming operation, such as, light bread and roll doughs, cake batches, pastries, dressings, mashing potatoes and vegetables, crumbing bread, crushing fruit, sieving soups and various other kitchen purposes. The auxiliary drive operates coffee grinder, meat grinder, vegetable slicer, buffer, knife grinder and other attachments.

Complete data, illustrated descriptive booklets and quotations will be supplied on request

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The Hospital Supply Company Building New York

View of Sterilizer Factory

View of Furniture Factory

Three Views of Hospitals
Equipped by the Hospital Supply Company

HOSPITAL EQUIPMENT

A COMPLETE LINE

THE Company manufactures and supplies practically everything required for Surgical and Hospital work, from the smallest article required by the practicing surgeon to the complete equipment of the largest hospital. The advantages to the purchasers of securing an order complete at one time, on one shipment, on one bill, are obvious.

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WE produce the goods which we sell in our own factory, which is the most modern in the line. The heads of our Sterilizer factory were pioneers in the industry. The Aseptic Steel factory furniture was the first to standardize this branch in this country. The laboratories for the production of Sterilized Suture and Ligature Materials and Surgical Dressings have built up a world-wide reputation for the reliability of their products.

OUR FACILITIES

OUR building in New York has come to be known as the acknowledged "Surgical Headquarters." It offers prospective purchasers advantages not otherwise to be found. In our Show-Rooms are exhibited samples of practically everything required in Surgical and Hospital work, in large variety. Complete, permanent Model Hospital Rooms show exactly how the apparatus and equipment looks in actual service. We offer unusual facilities to those contemplating the erection of hospitals in the way of service by way of experience gained in the equipment of thousands of hospitals in every part of the world. On receipt of floor plans, we draw up a complete set of specifications for equipping it in accordance with modern practice. Information, suggestions and advice furnished concerning anything connected with surgical and hospital work.

OUR STANDING

THE Company has always enjoyed the highest financial rating in the line. Backed up by unlimited capital, its one aim has been to develop the surgical industry to a point of greatest efficiency through the employment of modern methods of manufacture and distribution and sound business management.

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WE issue a number of catalogues, each of which covers a complete line. Catalogue of "Climax" Sterilizers and Disinfectors, 1920 Edition, covering Sterilizing, Disinfecting and Fumigating Apparatus for every purpose, is just off the press. Catalogue of "Hospital Equipment" embracing Aseptic Steel Furniture of every description. Catalogue of "Hospital and Surgical Supplies" covering instruments, Rubber Goods, Glassware, Enamelware, Suture and Ligature Materials, Gauze, Cotton, Surgical Dressings and Sundries. Correspondence solicited.

THE HOSPITAL SUPPLY CO.
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155-7-9 East 23rd St.

New York
N. Y.

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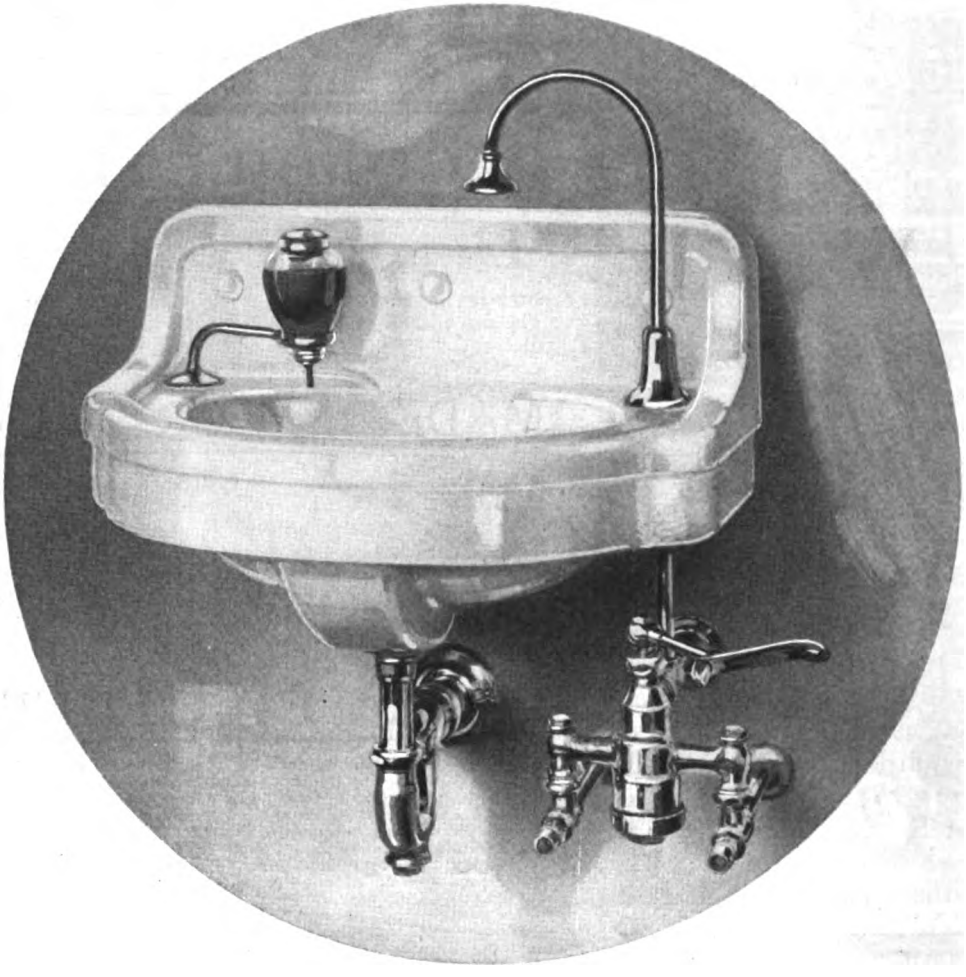

The "VIDAL" Lavatory appeals to the progressive dentist who recognizes the value of modern space and labor saving equipment.

This compact little fixture has a projection of only fourteen inches from the wall, yet the bowl is large—being full sixteen inches long.

The hot and cold water is controlled by our "SIMPLO" knee action valve which obviates the necessity of using the hands.

Look for the Mott line of Hospital Plumbing and Hydrotherapeutic Equipment in the Modern Hospital Year Book. Our Supplement sent on request.

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OUR SERVICE DEPARTMENT will gladly furnish plans and suggestions for special, built-to-order equipment. Let us know as to your requirements.

SEND FOR CATALOG—which shows many new designs for Hospitals and Institutions. No. 52 for Hospitals and Institutions. No. 71 for Grocers and Delicatessen Stores. No. 63 for Meat Markets. No. 95 for Residences.

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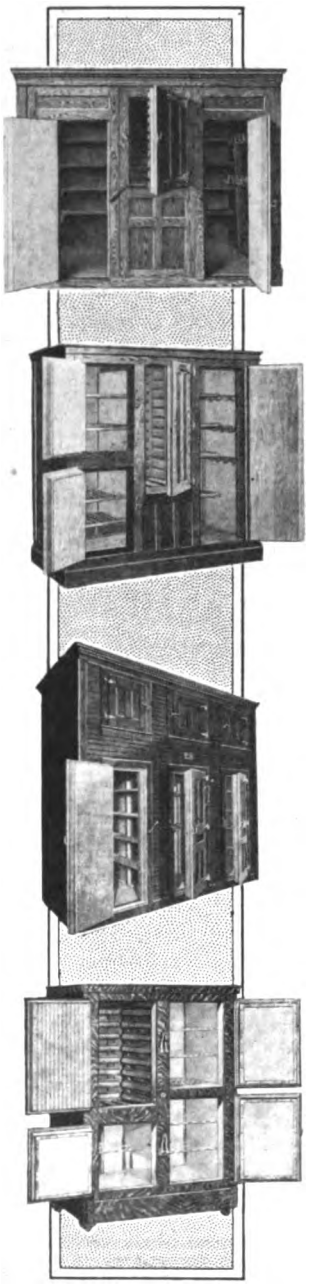

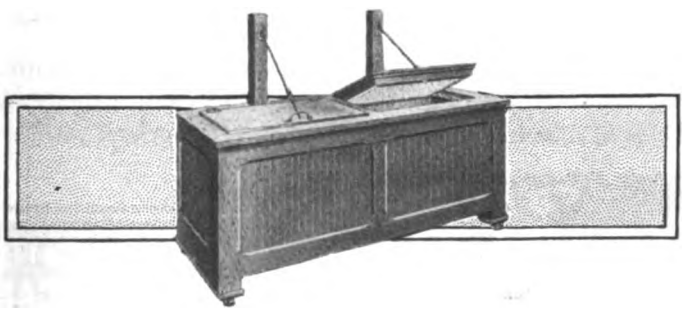

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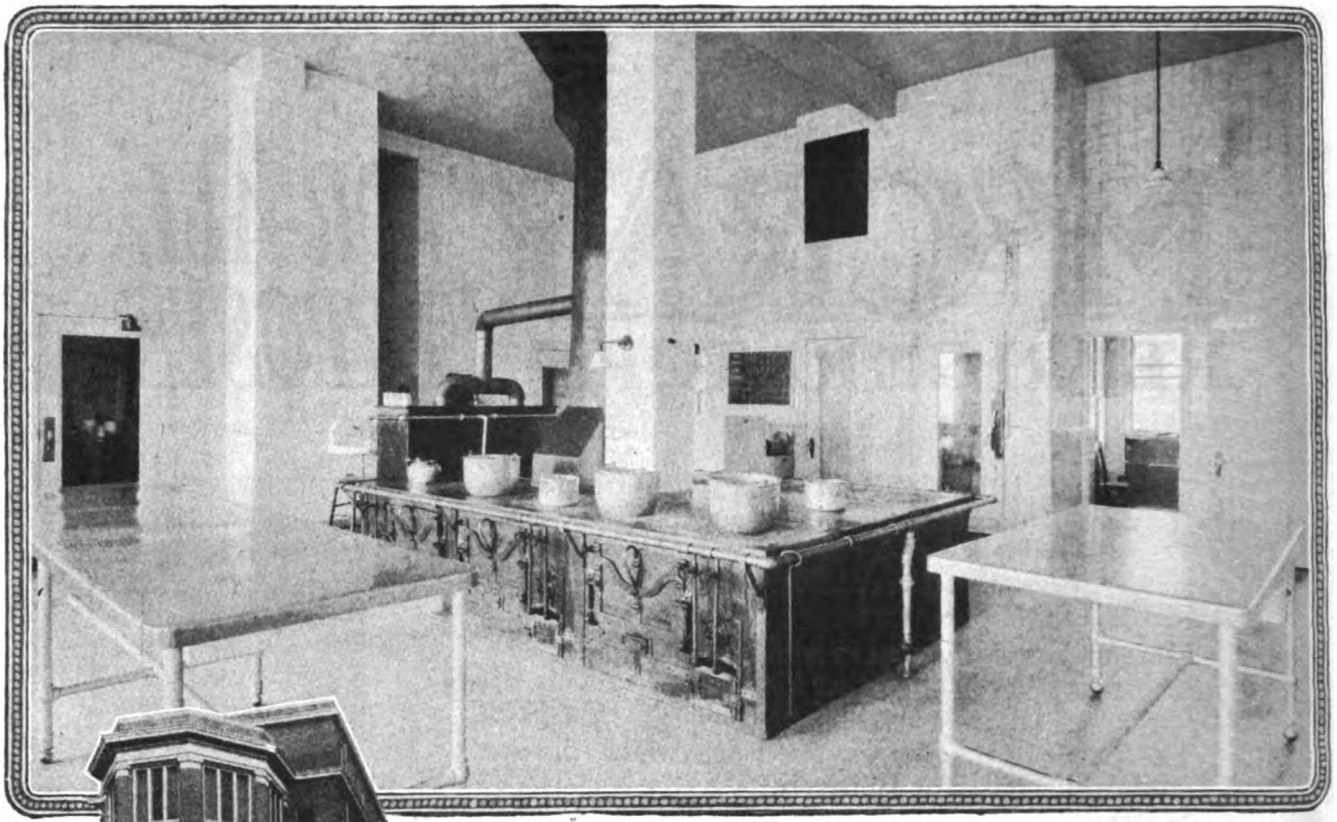

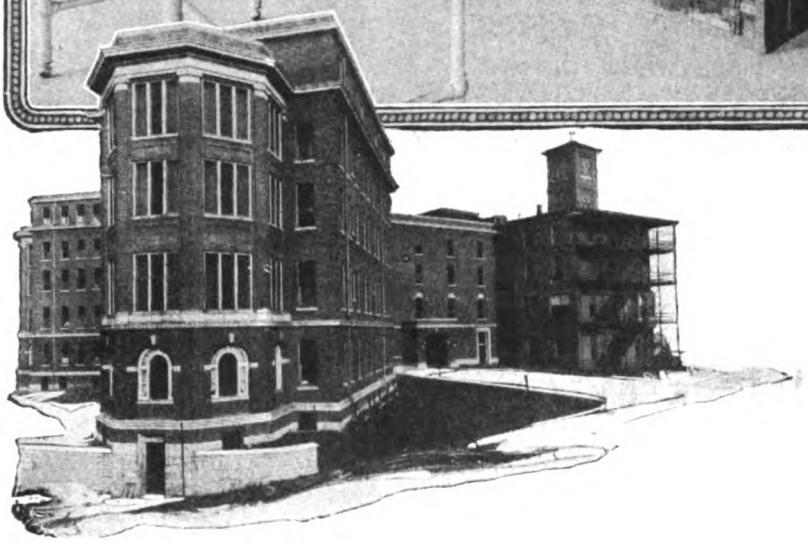

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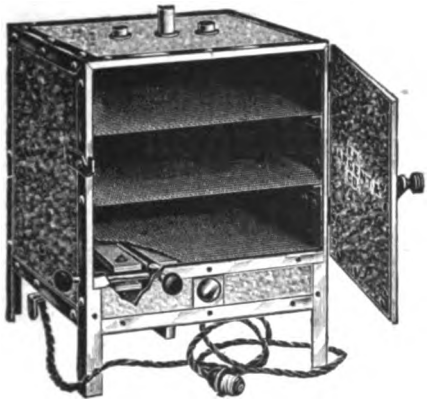

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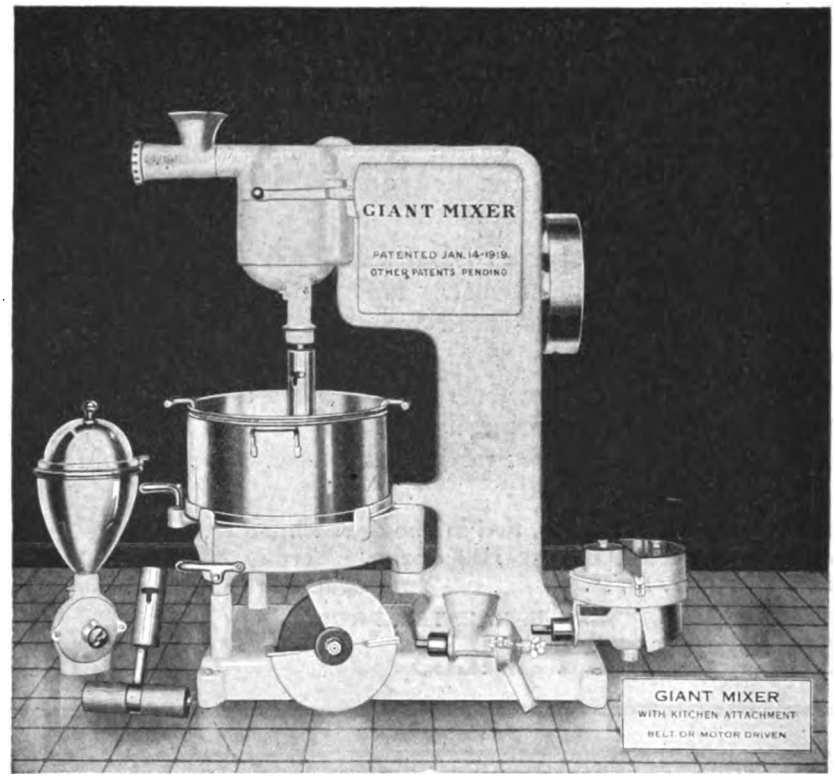

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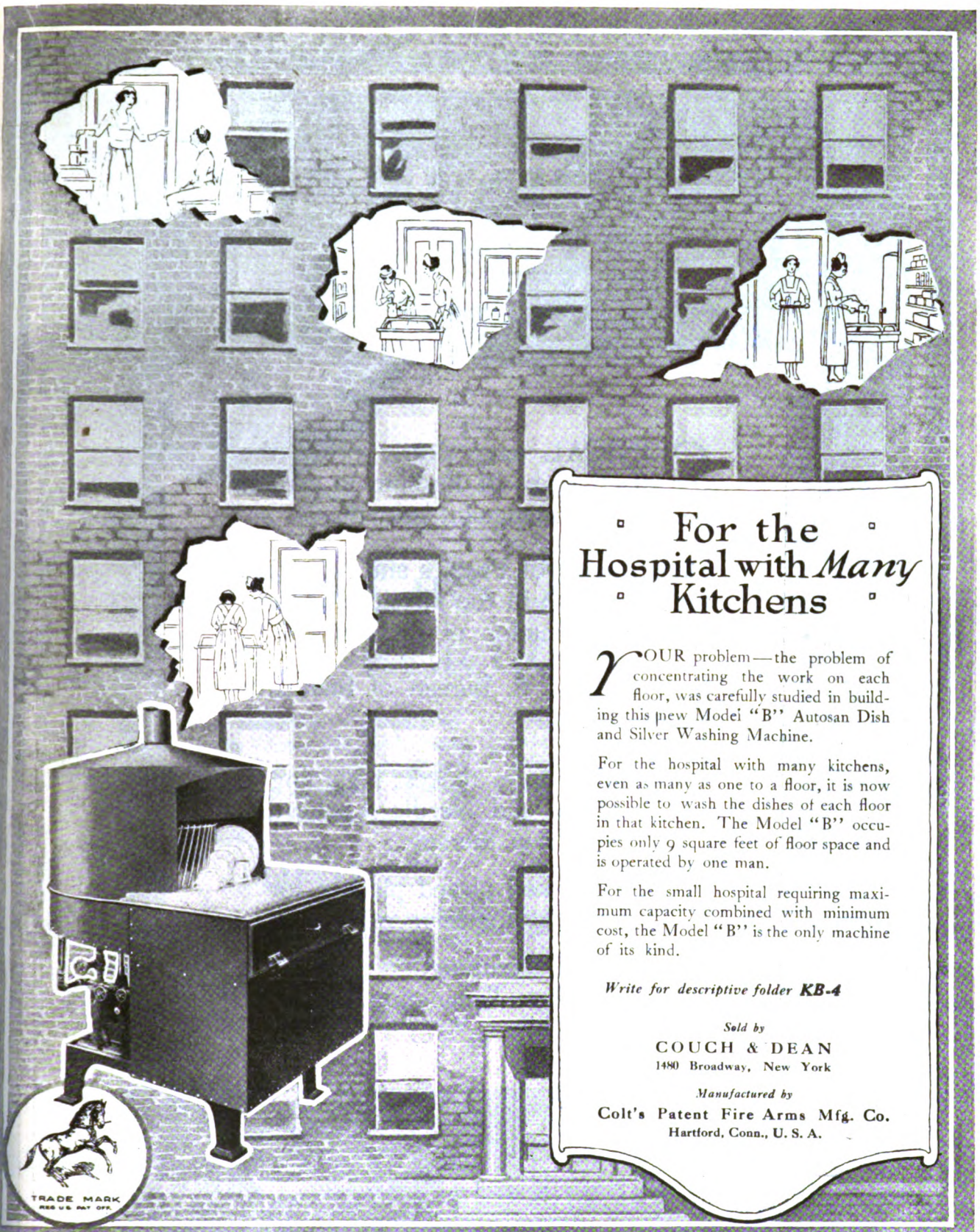

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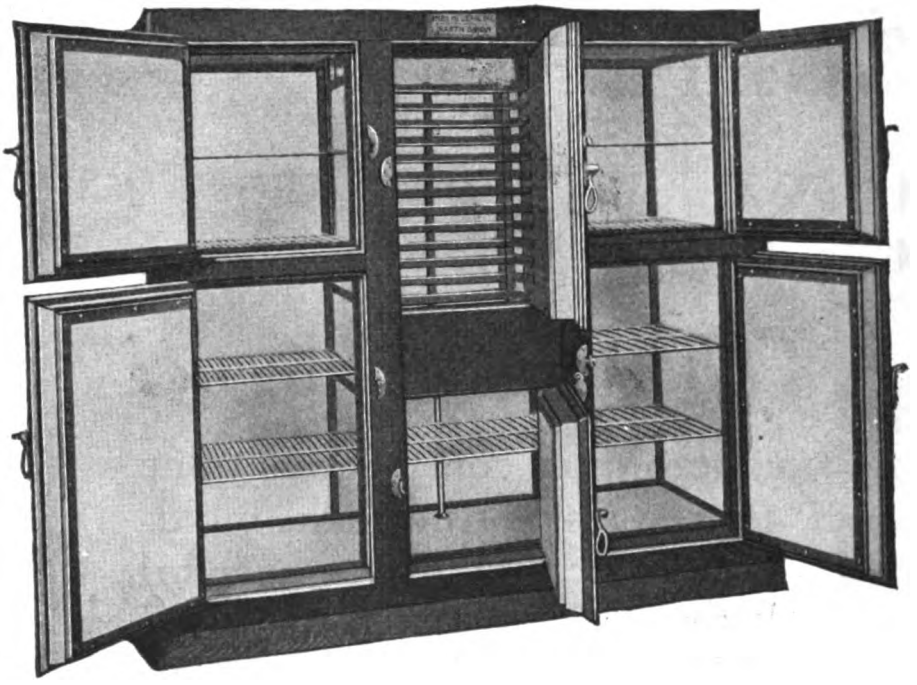

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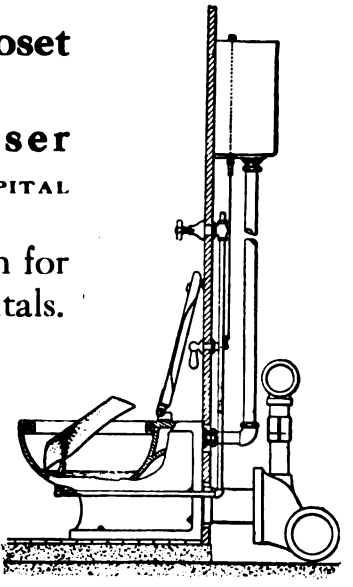

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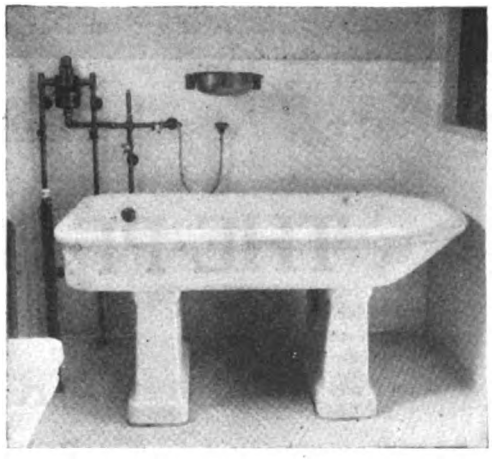

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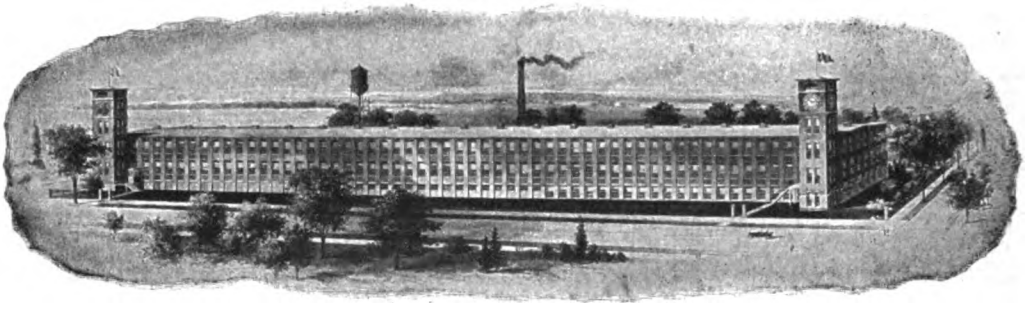

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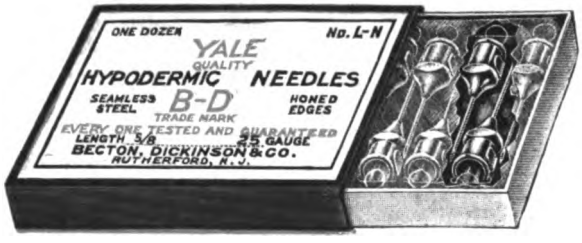

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Vol. IX, No. 5
May, 1920

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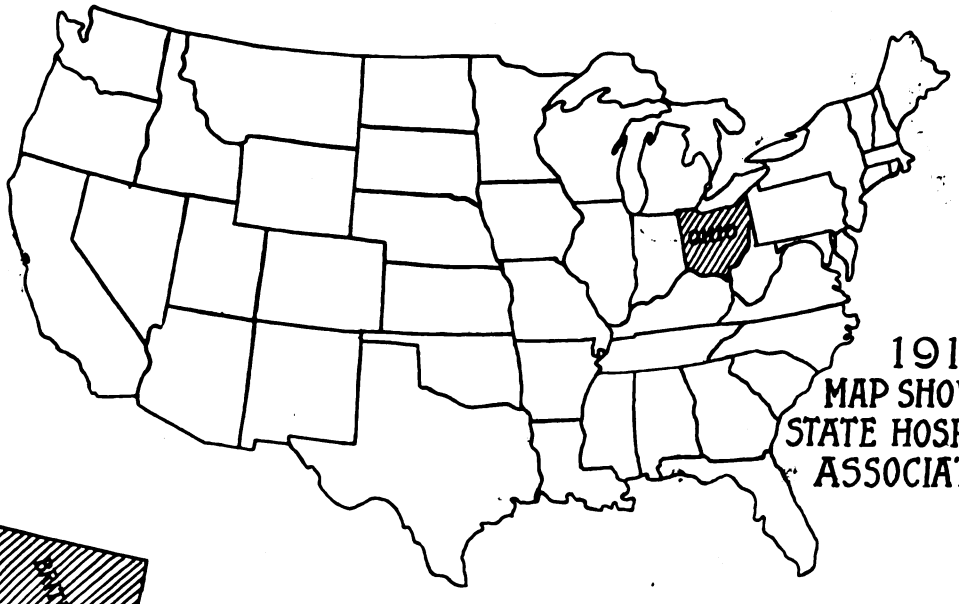
417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Making State Association History



1915
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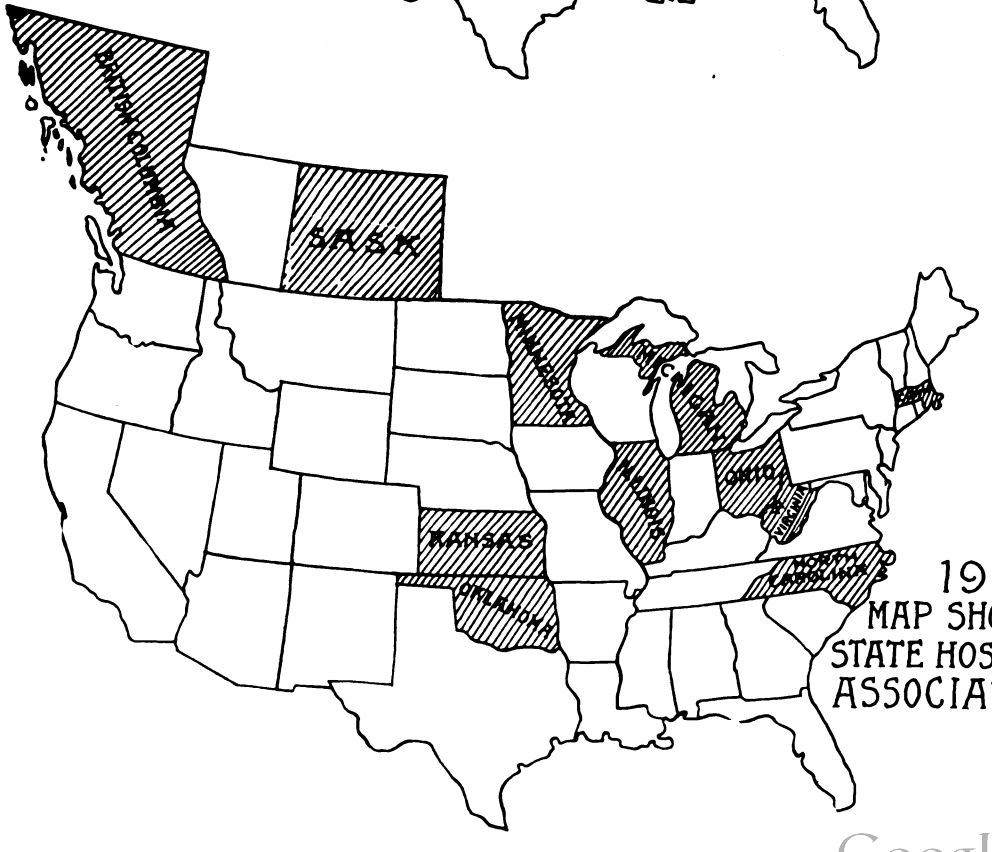

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New Ideas in Columbia Hospital Plant

Young Milwaukee Institution Makes Success Based on Complete Facilities for Medical Service

By C. W. Munger, M. D., Superintendent Columbia Hospital, Milwaukee, Wis.

COLUMBIA HOSPITAL, MILWAUKEE
Richard K. Schmidt, Garden & Martin, Chicago, Architects.

In 1908 a number of public spirited Milwaukeeans organized an incorporated association, the purpose of which was to build a hospital. Their purpose, in addition to the desire to add to the city's very meager number of hospital beds, was to found an institution which should give the medical profession a workshop, and should be so equipped and operated that the maximum of good results might be obtained.

A hospital was started in a rented building. This institution, though small, received patients from the best practitioners. It bore the distinction of being the first hospital in the city to provide a well-equipped laboratory. Its nurses' school earned for itself an excellent reputation, and while the entire hospital was but a makeshift in anticipation of a larger institution, it provided an organization which was ready to work when the new building was completed. In the fall of 1917 an additional $500,000 was raised for a new building.

The new Columbia Hospital is situated on the east side of Milwaukee, near Lake Michigan and Lake Park. The site is six acres in extent, and the institution owns an additional ten acres across the street. The buildings consist of hospital proper, a laundry, engine room and servants' wing, nurses' school, and a bungalow, a part of which is used as a workshop for occupational therapy, and part as storage rooms.

The complete plan of the institution provides for three hundred beds, divided into three one-hundred-bed units.

One unit, a five-story building, has been erected. On the main floor of this building are the waiting rooms, the offices, doctors' coat-room, admitting and record room, electrocardiograph department, nurses' class room, pharmacy, store-rooms, kitchens and dining rooms. There are a ward floor, a private room floor and an obstetrical floor.

The house-staff quarters, contrary to the usual arrangement, are on the top floor. They consist of sitting room, three bed-rooms, a bath, and a large balcony-sleeping porch. These quarters communicate with the floors below by means of a rear stairway, and have a door leading into the operating room corridor.

The operating rooms are on the same floor. There are two operating rooms for general surgery, one for eye, nose, and throat, and an obstetrical room. All operating

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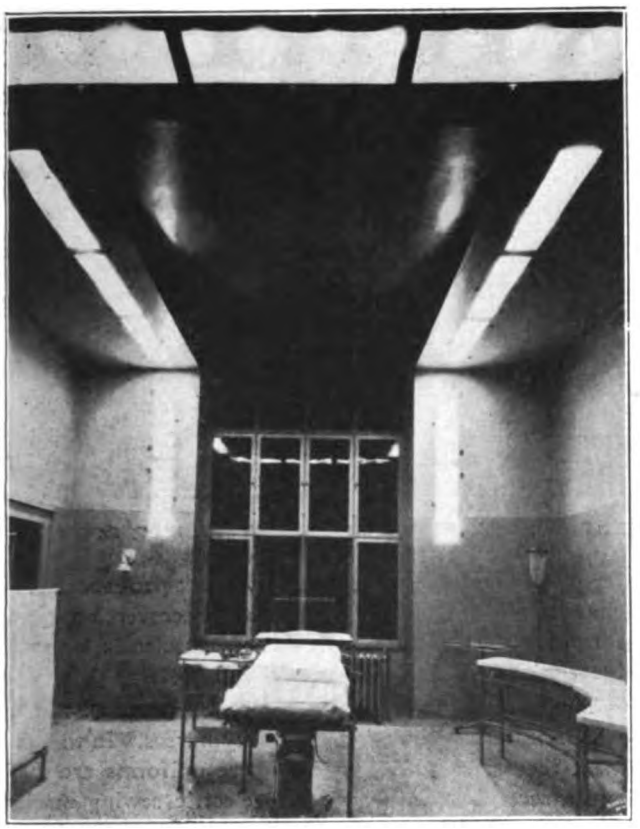


OPERATING ROOM, SHOWING LIGHTING SYSTEM IN USE AT NIGHT.

rooms and operating room furniture are in gray. The walls of the operating rooms are painted dark gray for eight feet above the floor. The upper portion of the walls and the ceilings are a very light gray. The darker color below prevents any glare in the surgeon's eyes, while the lighter ceilings assist in illuminating the room. The floors here, as well as throughout the building, are of terrazzo.

The lighting system in the operating rooms consists of rows of lights placed in troughs sunk in walls and ceilings. These, as the photograph shows, throw light from much the same sources as the skylights used by day. The system is giving excellent satisfaction. Shadows are entirely avoided because of the multiplicity of sources of light. The lights are too far from the operating table for any heat to be noticed in the room.

Compressed air is on tap in every operating room. Nitrous oxide, oxygen and suction outlets are being installed, with tanks and pumps located at one central point. Sterile water is delivered to each operating room through a modified Neidecken mixer, with a long handle, to prevent contamination, the temperature being also regulated to any desired heat. Flush-out sinks are in each operating room.

The eye, nose and throat operating room is equipped with a special table, Barany chair, and an electromagnet. A dark-room is provided for eye work.

Instrument cases are of metal, and are built in the walls. There are individual ones for the use of the various surgeons and larger ones for instruments belonging to the hospital. The anesthetizing room is near the nose and throat room, and is mainly used when there is a series of tonsil cases. Here, also, is the freezing microtome, and a cabinet holds containers in which specimens may be sent to the laboratory.

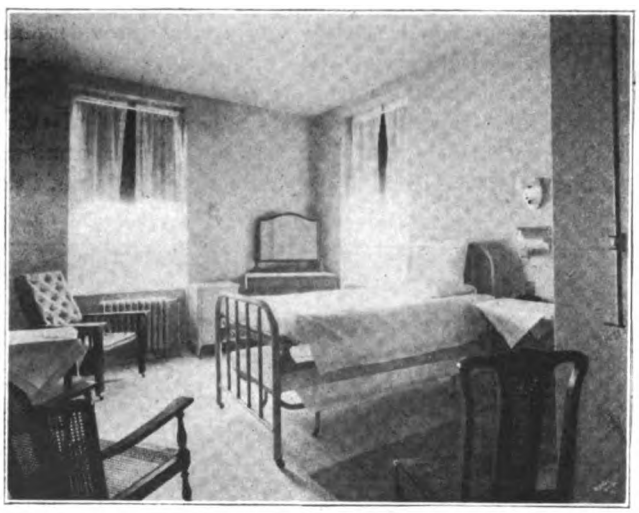
The plaster room is convenient to all operating rooms. Operative patients are taken into this room for casts, thus keeping the dirt from the plaster all in one place. Special table and other apparatus for orthopedic work are located here. This room has a door communicating with the operating room corridor and another leading into the elevator corridor.

The X-ray department consists of a large main room used for radiographs and fluoroscopes, a treatment room and a dark-room, as well as a plate storage room. New modern equipment has been installed, and the department is in charge of a full time physician-roentgenologist and two assistants. An ultra violet light has been installed.

A reference library for the use of resident and attending staff and any others interested is housed in a centrally located room. The library is supported by a special annual gift.

One floor is devoted to obstetrical work. It consists of private rooms, single and en suite, and semi-private rooms. A sound-proof, cork and hollow tile partition separates the nursery and lying-in room from the other rooms on this floor. The nursery is equipped with cribs on individual pedestals. The lighting is of indirect type. There is a Hess incubator. Infants' charts are kept in the nursery, and nurses in this department do not work elsewhere. There is a separate room for bathing and weighing of infants, and equipment for preparation of artificial feedings.

Metal furniture in many of the rooms is gray. In others ivory, and in still others mahogany finish is used. There is no white enamel furniture in the building excepting in the nursery. There are no large rugs in patients' rooms. Metal lockers replace wooden wardrobes in the two-bed rooms.



A TYPICAL PRIVATE ROOM

Another floor is devoted entirely to private rooms, while still another has a ward for men, a ward for women and numerous two-bed rooms. In the wards lights have been placed in the floors. They are covered with heavy glass and are of value at night as they may be turned on from the corridor by the nurse and provide a light strong enough to work by, but, coming from the

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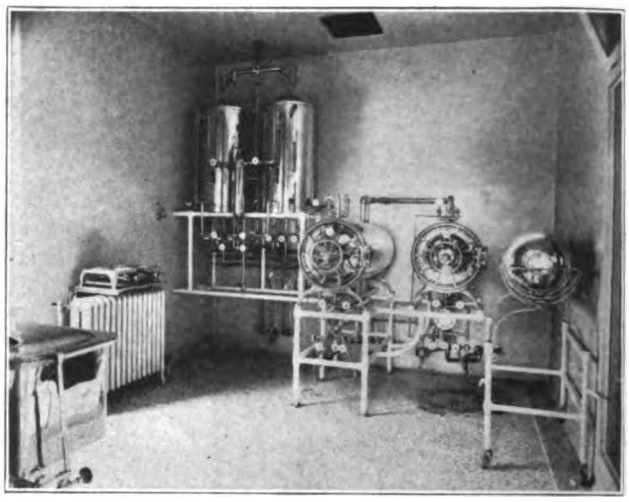


AT THE LEFT IS A PICTURE OF THE X-RAY DEPARTMENT; AT THE RIGHT, OF THE STERILIZER ROOM.

floor, they do not shine into the patient's eyes, nor awaken him. There is a recovery and isolation room convenient to the wards.

The nurses' call system is of the type provided by the Universal Indicator Company. The patient from his bed may inform the nurse at her desk of any one of five services which he may require. Steps are saved for the nurse, since she knows just what the patient wants without first going to his bed. This system includes a system of lights in the office, which indicate the speed with which calls are answered.

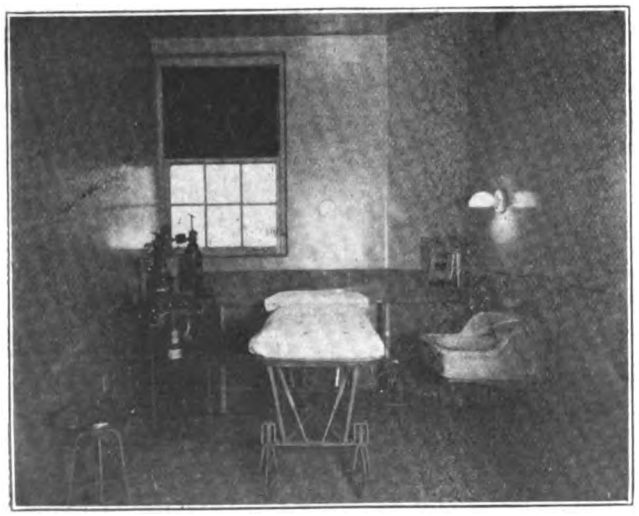
The laboratories are located in a separate wing and are in charge of the pathologist. There are also a chemist, three technicians, research assistants, orderly, etc. All types of routine and serological work are done, and also research in chemical and clinical lines. Animal operating room and rooms for sick and well animals have been provided on the roof of the building. There is a well-equipped morgue.

The occupational therapy department provides both shop and bedside occupations for patients. It is a part of the hospital, but is entirely supported by the Junior League of Milwaukee. A director who has had extensive experience in Canadian war hospitals is employed Shop work is available to hospital patients and in addition any doctor in the city may refer out-patients free of charge. A Mackenzie apparatus for correction of deformities and reclaiming weakened muscles is a part of the equipment.

The nurses' school is a four-story brick structure which has accommodations for sixty nurses. In the basement there is a sewing room where uniforms are made, and a second sewing room with electric sewing machine for the exclusive use of nurses. There is a trunk-room with space for a trunk from each room, and there is a well equipped laundry for the nurses. The nurses' class room has cabinets for the storage of training school supplies, and adjoining it is a large, modern students' laboratory, where every facility is present for the teaching of bacteriology, chemistry, urinalysis and other laboratory branches.

The main floor of the nurses' school has a reception hall, a large living room with porch, a library, a study room, a tea kitchen, office and suite of rooms for the principal of the training school, and a few rooms for pupil nurses. On the upper floors there are accommodations for sixty nurses. Bathrooms are large and are provided with tubs and showers. There is an automatic elevator in the building.

The hospital has been open for a year and its capacity



AT THE LEFT IS THE ANESTHETIZING ROOM; AT THE RIGHT, THE NURSERY

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is already so much overtaxed that a second unit is contemplated. In late months only about 50 per cent of the applicants for admission could be accommodated. A movement is soon to be launched to increase the endowment fund, which is now about $200,000. Those connected with the hospital have been much encouraged by

GLIMPSE OF PUPIL NURSES' DINING ROOM

the loyal financial support which the city gave during a period when the country was at war, and there were many other calls for money. The hospital has never, since it was founded, been conducted for profit. It is the only non-sectarian, non-profit general hospital in the city.

War's Effects in Britain

Financial Problems Confront English Hospitals—Reconstruction Programs Under Way

By Ralph B. Cannings,
Secretary City of London Maternity Hospital.

The financial situation in hospitals in England is a problem that is becoming more and more serious. Special efforts are being made all over the country to obtain more certain support, as most hospitals are seriously hampered in their work because of debt.

In provincial towns local works and factories frequently organize regular support for their hospitals, and it is easier in these communities to enlist the aid of the well-to-do on behalf of one institution only in a town, in which they may take a local pride.

The problem, however, is different in London, where there are 108 different hospitals (general and special). Most of these receive substantial amounts from King Edward's Hospital Fund, the Sunday Hospital Fund and the Saturday Hospital Fund, which distributed among them in 1918 over 300,000 pounds. Several of the larger institutions, such as Guy's, The London, St. Thomas, Charing Cross and St. Bartholemew's, are appealing for sums ranging from 20,000 to 100,000 pounds for purposes of rebuilding and reconstruction, and most of the other hospitals are in need of various large sums for the same purpose. The sum spent by all these hospitals on appeals for 1918 was 35,000 pounds.

There is no doubt that the financial state of the hospitals, generally, in England, has been adversely affected by the war, as a result of diminished incomes by reason of high taxation, coupled with increased prices of all commodities.

With regard to the financial position, it was recently stated by Sir Arthur Stanley, the president of the joint committee of the British Red Cross and the Order of St. John of Jerusalem, that the public contributing towards the support of the voluntary hospitals is only 10 per cent of the population.

Hospital service in England, generally speaking, is conducted on a voluntary basis, that is to say, the bulk of the beds are entirely free of charge. In some instances charges are made for special facilities, such as private wards, or in the case of maternity hospitals, where the patients receive a state allowance under the national insurance act.

A section of the public is in favor of state aid for hospitals, but there is a considerable body of opinion against this course, on the ground that it would militate against efficiency and tend to destroy what one may describe as the humanizing atmosphere at present so noticeable in our hospitals. The government, however, has definitely stated it has no intention of nationalizing hospitals.

GIVEN PERSONAL TOUCH

As a result of the war a majority of the people of England have been brought into personal touch with hospitals, and obtained personal experience which they lacked before of the national work the institutions are doing for the community.

Referring again to the question of finance, the City of London Maternity Hospital has an indebtedness of over 7,000 pounds, but in spite of this incubus a reconstruction scheme has become very necessary. This involves the expenditure of from 20,000 to 30,000 pounds for providing new departments for the development of our maternity work which now covers besides actual treatment of patients, the training of midwives, antenatal clinics and infant welfare center work. Provisions for a venereal disease center are included in the reconstruction plans.

A national effort is being made to deal seriously with the problem of venereal diseases, and there is a notable tendency toward co-operation at the present time on the part of hospitals dealing with special classes of cases.

The recent legislation constituting the ministry of health denotes the movement which is on foot for dealing more adequately with national health, both from a preventive and curative standpoint. Borough councils are being encouraged to open up maternity and child welfare centers in each borough with the object of (a) providing ante-natal treatment and advice for pregnant women and (b) encouraging proper care and feeding of babies. The City of London Maternity Hospital has been constituted the center for Shoreditch, London, E., and half of whatever expense is incurred is provided by the treasury and half from local rates.

Want Government Hospital Building for City

An effort is being made in Baltimore to obtain for use as a city hospital the buildings of U. S. Army General Hospital No. 2 at Fort McHenry which soon will be turned back to the government as "surplus property."

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Ohio Hospitals Ready for Sixth Annual

Convention to Be Held at Columbus May 25-27 Will Be Among Notable Gatherings of the Year

The sixth annual convention of the Ohio Hospital Association will be held at Memorial Hall, Columbus, May 25-27. As the pioneer organization among the state hospital associations, which are now becoming numerous enough to be regarded as a powerful factor in the hospital world, the convention has attracted unusual attention and interest, and the three days set apart for the Columbus gathering are in the nature of a red letter event.

Owing to the central location of the convention city, it is expected that the attendance will set a new record. The Ohio meetings have always been largely attended, and while there are no problems of unusually pressing importance before the organization at this time, the program is such as to insure interest for every session.

DR. E. R. CREW,
of Miami Valley Hospital, Secretary of the Ohio Hospital Association.

DR. A. R. WARNER,
Executive Secretary American Hospital Association, who will speak at Columbus Convention.

Officers of the organization for the past year, whose work has kept the association in touch with the legislative and other affairs of interest to the hospital people, are Father M. F. Griffin, St. Elizabeth's Hospital, Youngstown, president; Frank E. Chapman, Mt. Sinai Hospital, Cleveland, first vice-president; Miss Alice M. Thatcher, Christ Hospital, Cincinnati, second vice-president; Miss Mary A. Jamison, Grant Hospital, Columbus, third vice-president, and Dr. E. R. Crew, Miami Valley Hospital, Dayton, secretary and treasurer. Members of the executive committee are Dr. A. C. Bachmeyer, Cincinnati General Hospital; P. W. Behrens, Toledo Hospital, and Mr. Chapman.

Representatives of the various state departments which come in contact with the hospitals are to participate in the convention. Of special interest is the address of H. G. Southmayd, chief of the Bureau of Hospitals of the Department of Health, who has been in charge of the administration of the new law requiring reports by hospitals to the state. As Ohio has been among the first states to assume complete supervision of hospital activities, the discussion following Mr. Southmayd's report, as to the effect of the application of the new law, should bring out information of national interest.

The State Industrial Commission, which as a result of the efforts of the association has gradually liberalized the interpretation of the compensation act with reference to provisions for payment for hospital service in industrial cases, will also be represented with a speaker, while the Miss Ida May Hickox, chief examiner of nurses of Ohio, will be in charge of a round table on nursing subjects that will give opportunity for the hospitals to present their points of view on this important subject.

An interesting development indicated by the program for the convention is the increasing part that state hospitals are to play in the organization. Dr. E. A. Baber, of the Dayton State Hospital, will talk on "Mental Hygiene," while Dr. S. A. Douglass, of the Ohio State Sanatorium, will tell of the work being done by the state along tuberculosis sanatorium lines.

The entertainment features include a dinner at the Hotel Deshler and a luncheon at the same hostelry. Im-

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portant speakers will address the convention on both of these occasions. Time will also be given the hospital people for complete inspection of the commercial exhibits, which will be displayed in Memorial Hall close to the convention proper.

The program for the convention is as follows:

FRANK E. CHAPMAN,
Superintendent of Mt. Sinai Hospital, Cleveland, and First Vice-President of the Ohio Association.

MAY 25
FORENOON SESSION, 10 A. M.
Meeting of Committees.
AFTERNOON SESSION, 2 P. M.
President's Address, Rev. M. F. Griffin, Youngston.
Secretary's Report, Dr. E. R. Crew, Dayton.
"The Relation Between the American Hospital Association and the State Hospital Association," Dr. A. R. Warner, Executive Secretary, American Hospital Association.
General Discussion.
EVENING SESSION, 8 P. M.
"Relation of the State to Hospitals in the Light of Recent Legislation and What Has Been Accomplished Under That Legislation," Mr. H. G. Southmayd, Chief, Bureau of Hospitals, Department of Health of Ohio.
"The Industrial Commission and the Hospitals," Dr. T. R. Fletcher, Industrial Commission of Ohio.
"Problems of the State Board of Health," Speaker from the Office of the Commissioner of Health of Ohio.

MAY 26
FORENOON SESSION, 9 A. M.
9-11 A. M., Round Table on Nursing Problems. Discussion led by Miss Ida May Hickox, Chief Examiner of Nurses of Ohio.
11-12 A. M., Round Table on Dietetics.
AFTERNOON SESSION, 2 P. M.
"Mental Hygiene," Dr. E. A. Baber, Superintendent, Dayton State Hospital.
"The Tuberculosis Hospitals of the State," Dr. S. A. Douglas, Superintendent, Ohio State Sanatorium, Mt. Vernon, O.
EVENING SESSION, 7 P. M.
Banquet, Hotel Deshler.

MAY 27
Address, Dr. Brewster, Representing the American Red Cross.
Reports of Committees.
Election of Officers.
Noonday Luncheon, 12 M., Hotel Deshler.
Speaker, Rev. Chas. B. Moulinier, Regent of Marquette University, Milwaukee, Wis.

Exhibitors at the convention include the following:
American Laundry Machinery Company, Cincinnati.
American Sterilizer Company, Erie, Pa.
Cleveland Breathing Machine Company.
Columbus Aseptic Furniture Company.
Crescent Washing Machine Company, New Rochelle. N. Y.
Coast Products Company, St. Louis, Mo.
Colonial Hospital Supply Company, Chicago.
J. B. Ford Company, Wyandotte, Mich.
Genesee Pure Food Company (Jell-O), LeRoy, N. Y.
Goodwill Electric Company, Chicago.
HOSPITAL MANAGEMENT, Chicago.
John Sexton & Co., Chicago.
Kress & Owen, New York.
Lewis Mfg. Company, Walpole, Mass.
Lungmotor Company, Boston, Mass.
Meinecke & Co., New York.
Morris & Co., Chicago.
Albert Pick & Co., Chicago.
Randles Mfg. Company, Ogdensburg, N. Y.
Takamine Laboratory, Inc., New York.
Thorner Bros., New York.
Troy Laundry Machinery Company, Chicago.

Georgia Hospitals Organize

Dr. W. P. Morrill, of University Hospital, Macon, Heads Newest Association

Dr. W. P. Morrill, of the University Hospital, Augusta, Georgia, was elected the first president of the Georgia Hospital Association at an organization meeting held Tuesday, May 4, in the Hotel Dempsey, at Macon, Georgia. Macon was designated as the permanent meeting place for the association.

Other officers elected were Miss Carolina Clark, of Atlanta, vice-president, and L. C. Brown, superintendent of the Macon City Hospital, secretary and treasurer.

The meeting was called to order by Mr. Brown. He explained that the purpose of the meeting was to encourage co-operation in the broadening of the hospital field, and the association was formed with that end in view. Regular conventions are to be held in the future, and the membership will comprise hospital officials from over the entire state.

A committee was appointed to draw up a constitution and by-laws. This being done discussion was heard, after which they were adopted.

It was not definitely decided when the next meeting will be held. Mr. Brown stated that he would shortly appoint a committee to prepare another session, and that committee would notify various members where and when the meeting would be held.

Following the adjournment Tuesday afternoon the association was entertained with a dinner at the City Hospital.

Among those who attended were Miss Carolina Clark, of the Piedmont Sanitarium, Atlanta; Miss Gertrude O'Kelly Mock, of the Phoebe Putney Memorial Hospital, Albany; Dr. J. A. Hornsby, of Washington, D. C.; J. M. Long, of the Georgia Baptist Hospital, Atlanta, and Dr. F. L. Rosenthal, of the Columbus City Hospital, Columbus.

Gallinger Hospital Construction Postponed

Construction of the Gallinger Memorial Hospital in Washington, D. C., has been indefinitely postponed owing to the appropriation being stricken from the District Bill on the floor of the House following a debate which showed that this appropriation of $1,500,000 was exactly three times as large as had been provided for the building in 1917. The district commissioners have failed to negotiate a contract for the erection of the building since 1917 and Congress decided to postpone the structure indefinitely on account of excessive costs.

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Hospital Flooring Presents Big Problem

Analysis of All Types and Requirements of Various Departments Indicate Difficulty of Making Selection

By Richard E. Schmidt and Carl A. Erikson. Richard E. Schmidt, Garden & Martin, Architects, Chicago.

The Sphinx and hospital flooring each set a riddle and, no doubt, immortality awaits the man who solves either. *Perhaps* the riddle of the floors will be solved first.

Many reams have been used in discussing this simple problem, and; while we can not solve it, it may be worth while to set down our experience with the various types of flooring now commonly used.

It is obvious that the problem is not identical throughout the hospital; the requirements of a good floor for the operating department, the culinary department, the wards and the private rooms, and the toilets differ. The large modern hospital has many shops and offices, a machine room, a laundry, dormitories for help and nurses, dining rooms, kitchens, store rooms, bath departments, offices, in addition to the quarters for patients and the treatment rooms. And so it will be found that almost every known type of flooring may be in use somewhere. Theoretically, one might select a floor to meet the exact requirements of each room; practically, this is out of the question because of the great expense. Standardization should be the aim.

Not so long ago hospital authorities declaimed the virtues of the white ward, in which all of the dirt could be "spotted" immediately. Experience has been an invaluable bludgeon in destroying this theory, and color now receives a great deal of attention. The application of theories evolved through research has slowly spread until we find that operating rooms are "symphonies in color," and that at least one operating room resembles the early morning of a bright spring day! Far fetched, no doubt, but it indicates how far from the "stainless white" the pendulum has swung.

The reaction of the patient to pleasant colors is now generally admitted. This arbitrarily rules out such floors as asphalt, except in service departments. A pleasing color is an important desideratum in almost every part of the hospital.

SUBDIVISIONS OF HOSPITAL

The larger subdivisions of the hospitals are, roughly:

1. The patients' wards and rooms and the adjacent corridors.
2. Toilet, bath and utility rooms.
3. Patients' recreation rooms, such as solaria, roof gardens, etc.
4. The operating rooms with their dependencies and surgical dressing rooms.
5. The medical treatment rooms.
6. The laboratories.
7. The lobbies and waiting rooms.
8. The business offices.
9. The kitchens, bakeries and their dependencies, including the floor pantries.
10. The receiving room and the store rooms.
11. The clinic or out-patient rooms.
12. Stairs and elevators.
13. Laundry and its dependencies.
14. Engine and boiler room and shops.
15. Nurses' quarters.
16. Help quarters.

To enumerate the qualities of a flooring which would do equally well in all these rooms is obviously futile. The ward and room flooring bulks largest, and is probably of the greatest importance to the comfort and well-being of the patient. The ideal ward floor must be quiet; impervious to water, bacteria and grease; warm; durable; unaffected either by alkalis or acids; hard enough to resist impressions from furniture standing on it; easy under foot, without joints, tough, easily and neatly patched; sure to stay down; with sufficient elasticity not to crack or buckle; easy to clean; and inexpensive.

Broadly, the floorings that have been used to meet these needs fall into these classifications: tile, cement, composition, mastic, cork and rubber, wood. The classification is a crude and arbitrary one, made only for the purposes of this article. We shall discuss the qualities of the various types with relation to the ward and only incidentally discuss them from the point of view of other departments.

Under tile floors we include not only the clay tiles, but marble, glass, artificial marble tiles or terrazzo tile, and cement tiles. As a class, they are noisy, cold, hard under foot and expensive. Where used in wards and adjacent corridors they are usually covered by rubber matting. Bedside rugs are imperative.

Marble, either in large pieces (12-inch by 18-inch) or in the marble mosaic (1-inch by 1-inch) is the most expensive of all flooring. In the larger slabs the joints are very few and very tight and for this reason it is sometimes used in the operating rooms. When wet it becomes quite slippery, a feature which has prevented its more extensive use. Marble is not acid proof and only the harder marbles should be used in the operating room. Care should be exercised in selecting it. Marble floors in lobbies and waiting rooms, if of the proper color and in character with the other architectural settings, are very delightful.

Marble mosaic is far more expensive than encaustic mosaic, and has no advantages. Artistically, marble mosaic is far superior to the encaustic.

TERRAZZO TILE SATISFACTORY

Artificial marble or terrazzo tile (terrazo made into tiles under hydraulic pressure) has practically all of the advantages of marble and is very much cheaper. We have used this material in almost every part of the hospital with satisfactory results, considering its very obvious defects. It can be moulded into large pieces for stairs and base. The color may be selected to suit almost

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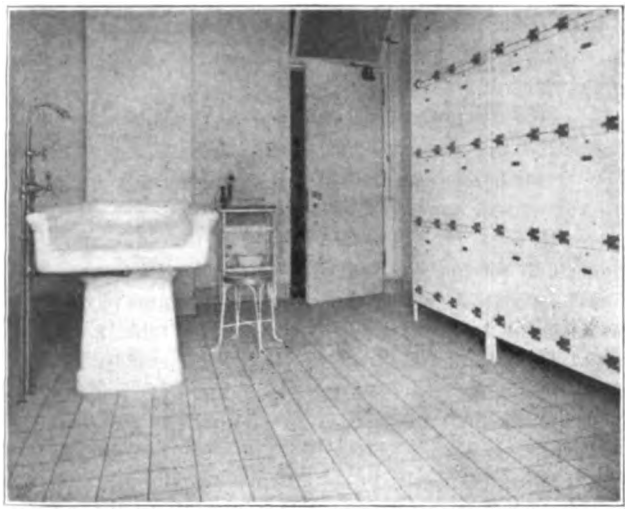
any whim. Borders and patterns are inexpensively produced.

Clay tile floors are legion in number. Excluding the decorative tiles, the commoner ones are the promenade tile (red, 6-inch by 12-inch and smaller in sizes), the vitrified flint tile (gray or white, 6-inch by 6-inch square or hexagon down to 2-inch by 2-inch in size), the ceramic



OHIO FLINT TILE FLOOR, RECEIVING BATH ROOM, LYING IN HOSPITAL, CHICAGO

mosaic (1-inch by 1-inch, great varieties of colors, shapes and patterns). All of these have been used in varying degrees of lavishness. They all have qualities and defects similar to the marble floors, but in addition have larger and more numerous joints. While sanitary bases of a similar material are available, we have found that an artificial marble or terrazzo base and border is better and less expensive. There is a great range in cost in these materials.

Promenade tile, as its name indicates, is primarily intended for terraces, roof gardens, etc. Properly laid, there is no better flooring available for this purpose. It has been used in kitchens and operating rooms.

The vitrified flint tile, with an artificial marble base, is, in our opinion, the most satisfactory of all floors for operating and similar rooms. In addition to being impervious to water, bacteria and grease, it has a slightly abrasive surface which tends to prevent slipping when the floor is wet. It is hard, acid- and akali-proof and easy to keep clean. The cost prevents its more extensive use throughout the hospital buildings.

The other clay tile floors are frequently used. As they have most of the objections of the terrazzo floor and are ordinarily more expensive, we have almost abandoned their use in our hospital practice.

The hydraulically compressed cement tile, because of its many pleasing colors, is appropriately used in lobbies, etc. Its cost and nature inhibits its use for operating rooms, laboratories, etc.

GLASS IS EXPENSIVE

Glass floors are prohibitively expensive and extremely fragile.

With the cement floors we arbitrarily include terrazzo. Terrazzo is essentially a cement floor, into whose top finish a large quantity of marble chips have been introduced and its final finish obtained by grinding and rubbing. The cement floors, as do all the others, imperfectly meet the specifications for the ideal ward floor. They are more noisy, but impervious to water; they are cold, but without joints, and they are hard under foot. They are not easily and neatly patched, and they crack with the building's expansion or settlement; but they are easy to clean and inexpensive.

Terrazzo floors, properly laid, are probably the most satisfactory for general use of all the floors discussed in this paper. At present prices in the Chicago district they are the cheapest of all, except, perhaps, some forms of mastic and the ordinary cement floors. Terrazzo is not impervious to acids, but we have not found this to be a practical objection.

In some of our hospitals we have used terrazzo throughout, except in store rooms and the like, with very satisfactory results. The palette is almost limitless—patterns, borders, etc., may be used with slight additional expense.

The cement floor is, ordinarily, a very poor investment, and its use anywhere except "in the depths" very much to be deplored. First, it wears badly and unevenly, and can never be neatly patched. If patented hardeners are used the wearing quality is *sometimes* improved, and the cost becomes nearly as great as terrazzo. If the floors are painted they must be renewed at regular intervals and, in spite of this, soon becomes very unsightly.

The results with the heat treated waxed floors are eminently satisfactory. In a baking powder factory where absolute cleanliness and non-dusting were required, we used it with splendid effect. Cement floors so treated are almost as expensive as terrazzo and not nearly as attractive in color.

If hard floors are used throughout the building, the already noisy concrete structure has seven added devils

TERRAZZO FLOOR, ZANDER ROOM, ILLINOIS CENTRAL HOSPITAL, CHICAGO

which must be exorcised. The stairs and elevators must be isolated. If the corridors are of any length they should be broken up by pilasters and deep beams. Removable rubber matting should be used in the corridors, and all carts should be rubber tired. Fans and other mechanical contrivances must be guarded against. The very hard patented plasters now used only serve to emphasize the problem of "noiseproofing."

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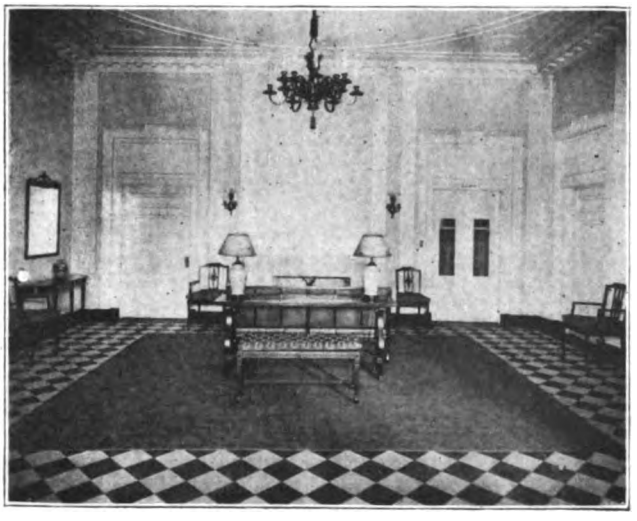
Among the composition floors we include every variety which has magnesia cement as its base. Among these the wise tread warily. Theoretically, they are much better than terrazzo and the harder floors. They are quieter and softer. They were cheaper than terrazzo, though now they are generally more expensive. It is a fool-hardy speculation to use any of these floors except when laid by the manufacturers' skilled workmen and according to their exact direction. Only the products of trustworthy manufacturers with years of experience should be considered. The housekeeping staff must be



BLACK AND WHITE TILE FLOOR, MARBLE BASE, LYING IN HOSPITAL, CHICAGO

instructed to clean the floors exactly as directed by the makers, to the very crossing of the "t's" and the dotting of the "i's." A magnesia cement softens readily under constant moisture, and its use in bath rooms, toilets and the like is out of the question. When properly laid and cared for, they are excellent. The colors obtainable are very pleasing; patterns and borders are comparatively inexpensive. In some of these floors marble chips are introduced, as in terrazzo, with attractive results.

The mastic floors are derived from elaterite, a black, sticky material, by the addition of pigment and other materials. As may be imagined, the color range is limited. It is laid hot, from one-sixteenth to one-eighth of an inch thick, and troweled smooth. As animal fats attack it with vigor, it cannot be used in kitchens and similar places. It is quiet and very desirable; moisture, acids and alkalis do not affect it. It is without joints and impervious to bacteria. It cannot be readily used as a sanitary base or on vertical surfaces. The rough structural cement floor slab may be troweled smooth and this flooring directly applied, resulting in a considerable saving in dead load on the construction. It is less expensive than composition or terrazzo. As with the composition floors, it is necessary to select the manufacturer rather than the material.

In the cork and rubber derivatives will be found the most interesting of the hospital floors. Linoleum, cork carpet, cork tile, cork composition tile, rubber, rubber tiles and rubber composition tiles are all very useful in a hospital. All nearly fill the requirements of the ideal ward floor and all of them bring one mighty boon: quiet.

Linoleum is the commonest form of cork floor and the cheapest. Properly cemented to a cement floor it is nearly ideal. Washing and mopping of the floors must be carefully restricted, lest it remove the linseed oil, a most important constituent of the linoleum, with rapid disintegration the inevitable result. Bed posts and chair and table legs mar it very quickly, and the floor soon appears untidy. It is very difficult to patch neatly at worn spots such as room entrances. It is difficult to lay snugly against and around the coved bases, and dirty pockets result.

Only the best grade of battleship linoleum should be considered for hospital uses, though some of the imported moires have withstood very hard usage and seem quite as satisfactory. Linoleum has a long and eminently worthy record in institutions, and if its limitations are understood by the entire housekeeping and nursing staff, it will prove very satisfactory. Glass cups in sliding shoes should be provided and *kept* under table and chair legs. Wide tired castors of large diameter or sliding shoes should be provided for the beds. Linoleum obviously should not be used in toilets, kitchens and the like. The range of colors is small. The cost is now greater than that of terrazzo.

Cork carpet, while quieter and softer than linoleum, has not been used to any considerable extent in hospitals because it is quite expensive.

Cork composition tile floors are very attractive. They are harder than either linoleum or cork and, perhaps, slightly more durable. They are more expensive than either.

CORK TILE QUIETEST

Were it not for the cost, the cork tile floor might be accepted as the perfect ward floor. While not more costly than artificial marble or flint tile, it costs nearly twice as much as either linoleum or terrazzo. Cork tile floors are in great variety of sizes and patterns, but the color range is limited to various shades of brown. By using two shades laid alternately, a very pleasing checker board pattern results. The numerous joints are very tight, but the cementing material has been objected to as being an excellent medium for bacteria. The cork itself is acid, alkali and bacteria proof. It is the quietest of all floors, easily and neatly patched, very durable, elastic, and, alas, expensive. One hospital superintendent who has it in his operating room claims it is ideal there. In the high priced private rooms its use is clearly indicated. In corridors it is equally to be desired.

A little used floor is the "Torgoment". This is a linoleum floor cut into squares three feet by three feet or smaller, cemented to a magnesia cement base into which a liberal quantity of cork mixed (an excellent deadener and cushion). A space one inch or smaller is left between the squares of linoleum. Magnesia cement of any color desired is used to fill these joints and at base board. It has only two advantages over linoleum, being easier to repair and quieter. It has been used in a number of hospitals, though in our own experience it has been limited to its use in a high grade office building. Here is has been very satisfactory.

Rubber floors present no advantages over the cork. Because of their higher price they find little use in the hospital except as runners over tile or terrazzo floors.

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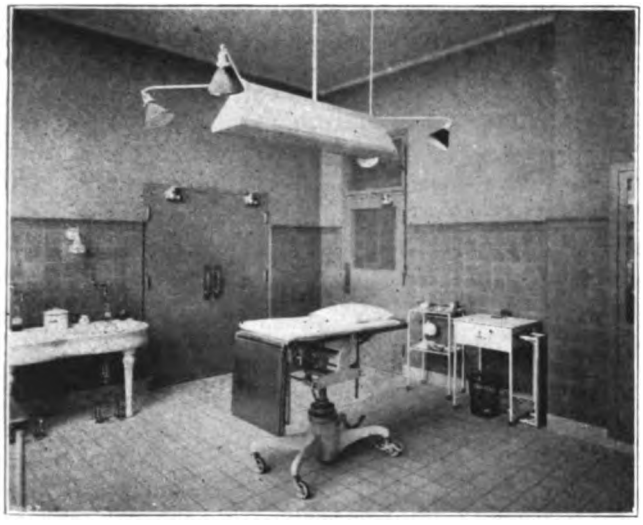

OHIO FLINT TILE FLOOR, OPERATING ROOM, LYING IN HOSPITAL, CHICAGO

Rubber composition tile floors are often very attractive in pattern and color.

Little need be said about wood floors; their advantages and disadvantages are known to every one. Quarter sawed yellow pine, oak and maple are the commonly used woods. Whether varnished or waxed they require constant attention. The numerous large joints are a menace, though one superintendent advocates the internment of the bacteria and dirt in the joints by the frequent application of varnish. He contends, after wide experience with many types of flooring, that the best ward floor is wood. There are few who would agree. There are many places where they are obviously out of place Today these floors are more expensive than terrazzo when laid on a fireproof construction.

Special foundations are found necessary in some instances. For this purpose there is obtainable at the present time a nailing concrete which has proved successful. It is laid about two inches thick on the structural floor to form a nailing base for the finish of wood flooring, linoleum, cork or carpet, taking the place of sleepers, cinder fill, and underflooring. It possesses the essential properties of being fire proof, elastic and sound deadening and thus serves also as a proper base for terrazzo, composition and mastic floor surfaces.

In many parts of the hospital there is no great difficulty in making a selection of the flooring material. The difficulties of selecting the ward and room floors are trying, the rewards are nil. It is a question of selecting the least objectionable floor, always an awkward decision to make and often difficult to justify. When the selection is further complicated by the necessity for conserving limited funds, it requires the wisdom of Solomon and the patience of Job. The wisdom will be needed by the building committee, the superintendent and the architect in selecting the material and the patience in hearing the criticism after it is in use.

Seven Visitors in the Field

American College of Surgeons is Surveying General Hospitals Above 50-Bed Capacity

Details of the progress of the program of hospital standardization of the American College of Surgeons, as announced in a recent bulletin, show that seven visitors now are in the field surveying 1,667 general hospitals in the United States and Canada. Of these institutions, 671 have a capacity of 100 or more beds and 906 of 50 to 100 beds.

The information to be gathered by these visitors and methods of recording the data are described in the bulletin as follows:

"The minimum standard of the College in its hospital program is now familiar to a majority of the physicians and surgeons of the continent, and it is well known to practically every hospital superintendent. Further, doctors and superintendents know that the minimum standard is their own expression as to the first essentials in the right care of patients. The time of discussion has gone by and the time of action has arrived. Some details of this action, or or the process of standardization, may be of interest.

"The program of the College for 1920 is, through its staff of visitors, to explain in detail to superintendents, staffs and trustees of 1,667 general hospitals in the United States and Canada what the minimum standard is, what the problems are which arise in connection with it, and what the practical solutions to these problems are as determined by experience among hospitals. Further, the visitors are to collect on record cards exact information as to the extent to which each hospital fulfills the standard. On the face of the card the visitor reports concerning staff meetings, case records, and laboratory service; on the reverse side of the card, concerning the number of deaths, autopsies, facilities for pathological work. General notes are also included.

"At the present time there are seven visitors of the College—all men with medical education—at work in the field. One is now in Louisiana, one in South Carolina, one in New Jersey, another in Michigan, another in Ohio, still another in Oklahoma, and two in Canada. The number of field workers is to be increased. The work of the visitor is to be helpful and constructive. With this policy thoroughly understood, he starts on an itinerary planned some two months in advance. The hospitals are notified in advance of each visit. On visiting a hospital the man in the field mails a daily report to the central office. With this daily report are enclosed cards with the information gathered at each of the hospitals. At the end of each week the visitor also sends to the College a letter which covers in minute detail the results of his week's effort He reports especially suggestions of value which he has received, and he gives any information which in his opinion will make for the betterment of the work.

"Busy superintendents, busy doctors and busy trustees are cordial in their co-operation. As one doctor put the matter: 'It is wise that we lead now in a program for the better care of patients rather than to be forced later by the public to follow in such a program.'

"The following extract taken from the instructions issued to each hospital visitor tells its own story:

"'The visitor is to collect facts, and he is to collect facts only with the good will and approval of the respective hospitals. His mission is business. He is not a detective, an unbidden critic, nor a social caller. He is not to make comparisons of one institution with another. He is to be helpful and constructive. The success of his visit will depend much upon his sincerity. He must *believe* in his work. The visitor who is unwelcome has in all probability not wisely handled the situation.'"

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Department Accounts Check Expenses

System of Wesley Hospital of Chicago Furnishes Constant Comparison of Consumption of Supplies

A hospital, even of average bed capacity, presents so many chances for waste and extravagance, owing to the large number of patients, and employes cared for and housed, that eternal vigilance is necessary for successful administration, and strictest economy of materials and supplies must be practiced to prevent or cut down deficits.

Hospital superintendents, constantly on the look-out for better methods of operation, are unusually alert at this time, when abnormal scarcity and excessive cost marks nearly everything needed in an institution. Many systems have been suggested and tried out to maintain a check on the administration of hospitals and their various departments, many of which, while sound in theory, fail to bring desired results because of the volume and variety of supplies used and the many hands through which they pass.

At Wesley Memorial Hospital, Chicago, of which E. S. Gilmore is superintendent, a method originated and adopted twelve years ago still is in operation without a change. This system, briefly, consists of a highly detailed accounting sheet on which is shown the value of the materials and supplies used in each department each month or for any period since the method was started.

According to Mr. Gilmore, several hours spent studying this record gives him more information and insight into the conduct of the hospital and all departments than could be obtained in an inspection of several days. At a glance he can learn how any particular department is being operated with reference to previous periods. If there is a marked increase in the amount of material used, the reason may be ascertained in a moment's time by calling in the head of that department. As a rule, of course, there's always a reason for an unusual fluctuation in supplies required, but the record keeps constant guard on all departments.

In addition to checking automatically the demand for varying quantities of material by any department, the system promotes economy all along the line because the department executives and employes know the system and its workings and realize that they will be called on to explain any variation in the requisitions made by them. Another feature of the method is that it serves to credit executives who are doing good work by showing their economical administration of their departments.

Entries in the record for the steward's department are a typical example of the effectiveness of the Wesley Memorial record. Separate entries are made for pay roll, groceries, bakery goods, vegetables, fresh and canned; fruits, fresh and canned; meats, fresh, cured and canned; butter and butterine for eating, butter and butterine for cooking, eggs, milk and cream, ice, new equipment, equipment repairs, equipment labor, glassware and chinaware, metalware, coal, gas, patients' extras, mops, brooms, brushes, etc.; soaps, polishes, etc.

The pay roll items include only regular employes of the department, extra labor for repairing equipment, etc., being shown separately. This system serves as a better check on the expense in this particular matter, for if the regular employes' salaries and the cost of extra labor were lumped in the record, extravagance would be more difficult of detection. In like manner more efficient supervision is maintained over the purchase of vegetables, since separate entries are required for fresh and canned and for fruits and meats, which also are divided, for supervising purposes, into fresh and canned and, for meats, cured.

A distinction also is made between butter and butterine for cooking and for eating purposes, while three separate entries are required for equipment expense, which must be specified as to whether it is for new equipment, equipment repairs or equipment labor.

A similar method of detailing the items of expense for the other departments of the institution is followed, serving the same purpose and acting as an efficient record of how these departments are being conducted from the standpoint of economy.

The revenue from patients, for recording purposes, also is separated under the general headings of regular services, special nurses, operating fees, patients' sundries and laboratory fees. Regular services, operating fees and patients' sundries are detailed as to private room, private ward and general ward. Revenue from special nurses is shown as coming from private rooms or private wards, while laboratory fees are divided into special fees and regular fees.

Other sources of income are grouped under income from sundries, including guests' dining room, sales and rebates, interest and discount (net), property owned by the hospital (net), and clinic ticket sales to students of Northwestern Medical school.

The complete list of items listed on the Wesley Memorial records by which constant supervision of all departments is maintained is as follows:

INCOME

Regular services—
- Private room patients
- Private ward patients
- General ward patients
- Regular services, total

Special nurses—
- Private room patients
- Private ward patients
- Special nurses, total

Operating fees—
- Private room patients
- Private ward patients
- General ward patients
- Operating fees, total

Patients' sundries—
- Private room patients
- Private ward patients
- General ward patients
- Patients' sundries, total

Laboratory fees—
- Regular fees
- Special fees
- Laboratory fees, total
- Total income from patients

Income sundries—
- Guests' dining room
- Sales and rebates

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Interest and discount (net)
State street property (net)
Clinic ticket sales
Income sundries, total
Total income

EXPENSES

Departmental expenses—
General administration
Maintenance and operation
Household department
Laundry department
Steward's department
Medical and surgical department
Operating rooms
Departmental expenses, total
Laboratory expense—
Nurses' department, deficit or surplus
Expense sundries, total
Total expense

The report gives the following items in the detailed statement of departmental expenses:

General administration department—
Office payroll
Expense of endowment funds
Stationery and printing
Office supplies
Office equipment
Telephone and telegraph
Auditor's expense
Postage
Legal expense and office liabilities
Collection of accounts
Express and freight
Sundries—carfare
General administration department, total
Maintenance and operation—
Pay roll
Extra labor
Supplies—carpenter
Supplies—electrical
Supplies—plumbing
Supplies—painting
Supplies—steam
Coal
Gas
Electric light
Electric power
Tools
Taxes, assessments, insurance
Rent
New equipment
Sundry charges
Maintenance and operation, total
Household department—
Pay roll
Repairs, supplies—furniture
Furniture—new equipment
Furniture, repairs (outside)
Janitor supplies
Soaps and polishes
Toilet paper and paper towels
Cleaning and renovating (outside)
Linen and linen-room supplies
Sundries
Bedding, rugs, drapes
Household department, total
Laundry department—
Pay roll
Equipment repairs—labor
Equipment repairs—material
New equipment
Operating expense—gas
Operating expense—steam
Supplies—soap and starch
Supplies—chemicals
Supplies—sundries
Oil, grease, packing
Total
Less nurses' department, laundry
Laundry department, total
Steward's department—
Pay roll
Groceries
Bakery goods
Vegetables—fresh
Vegetables—canned and preserved
Fruits—fresh
Fruits—canned and preserved
Meats—fresh
Meats—cured and canned
Butter and butterine—eating
Butter and butterine—cooking
Eggs
Milk and cream
Ice
New equipment
Equipment repairs
Equipment labor
Glassware and chinaware
Metalware—utensils
Fuel—coal
Fuel—gas
Patients' extras
Sundries
Mops, brooms, brushes, etc.
Soaps, polishes, etc.
Steward's department, total
Less nurses' board
Steward's department, total
Medical and Surgical department—
Pay roll
Research pay roll
Nurses' services—floor
Nurses' services—special
Gauze, cotton, etc.
Rubber goods
Tin and enamelware
Glassware
Metalware
Drugs and chemicals
Instruments—new
Other new equipment
Repairs
Employes' hospital services
Laboratory equipment
Laboratory supplies and repairs
Sundry charges and supplies
Medical and Surgical department, total
Operating rooms—
Pay roll
Under graduate nurses' service
New equipment—instruments
Other new equipment
Equipment repairs
Gas
Ether and chloroform
Other drugs and chemicals
Gauze, cotton, etc.
Rubber goods
Catgut and silk-wormgut
Other supplies
Operating rooms, total
Total departmental expense

Supervision of the nurses' training school and home and the free bed department of the hospital is maintained by watching the following items of revenue and expense as shown on the monthly reports:

CREDITS

Training school department—
Nurse service floor duty
Nurse service operating rooms
Nurse service special duty
Total revenue for services
From patients for special nurses' board
From entrance fees
Total revenue of training school department

CHARGES

Expense, Training School Department—
Pay roll
Special lectures
Nurses' allowances
Nurses' uniforms
Nurses' board
Nurses' laundry
Graduate nurses' board
Nurses' hospital services

(Continued on Page 78)

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Methodist Centenary Plans 25 Hospitals

Huge Medical Program of Foreign Mission Board Includes Institutions for China, India, Malaysia and Africa

By J. G. Vaughan, M. D., Medical Secretary, Board of Foreign Missions, Methodist Episcopal Church.

At the cost of two francs (about forty cents), Dr. Arthur L. Piper built his first hospital. It was not a very imposing structure, even for the wilds of the Congo, five days trek from the railroad. It was little more than a rude native hut with mud walls and roof thatched with blades of giant jungle grass. Here he began his work as a medical missionary for the Methodist Episcopal Church with two patients, one with appendicitis, the other with tropical fever. The two natives brought their own beds, bamboo mats such as they always slept on; and they were as comfortable as they ever were in their lives. Then there was the dispensary on the tiny porch outside, at which a growing line of blacks gathered each morning to display their various aches and ailments.

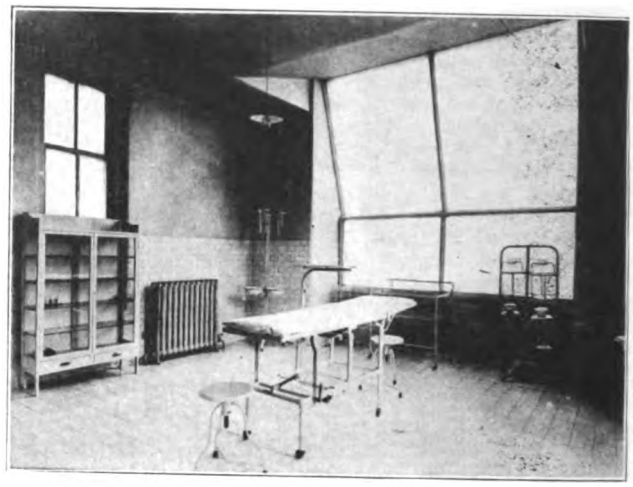
Here, with the assistance of Mrs. Piper, who is a trained nurse, Dr. Piper began his life work. He had instruments for only simple operations, but he learned to employ them successfully in more difficult ones. Necessity, or rather humanity, demanded it.

This was five years ago. When he left to come to this country last fall, Dr. Piper had over $3,000 worth of equipment, a band of native nurses and hospital assistants trained by Mrs. Piper, and a building five times as large and commodious as his first establishment. And now he is to have a building which will cost $10,000 in that country where forty cents builds the average residence. He is to have $5,000 worth of new equipment besides.

When the Centenary Deputation toured the world last year investigating the aspects of Methodist Mission work, it found that pioneer hospitals like Dr. Piper's in the Congo have made good in many remote parts of the earth. It became evident in more than an academic way that hospitals and dispensaries among the people of heathen lands made powerful appeals for Christianity. They supplemented the Christian doctrines of spiritual renewal with the practice of physical renewal. The report of the Centenary Deputation to the Board of Foreign Missions covered this point in full. More keenly than ever the Board of Foreign Missions realized the necessity of providing more medical facilities in many far parts of the earth. They were plainly the basic need in the isolated mission fields. The situation called for a huge program and enormous expenditures, and now was the time to make them. The Centenary Fund of $113,000,000 had just been raised by the Church for a world program of regeneration and Christian expansion.

Plans for twenty-five new general hospitals with many out-lying dispensaries and clinics have been included in the new Centenary program now being formulated. Information from all the various localities in Asia, Malaysia and Africa, where these hospitals are to be built, is now being gathered, and definite specifications for construction and equipment are in the making. The twenty-three hospitals now operated by the Board of Foreign Missions are also to have additions to their structures, equipment and personnel.

This program is one of the broadest and most comprehensive building schedules in the history of hospital expansion. It is probably the most wide-spread medical program ever undertaken by any private organization. Yet vast as it is in scope, the details are being worked out by men on the field with the utmost care. Each hospital is to be especially adapted to the conditions existing in its own locality.



OPERATING ROOM, METHODIST HOSPITAL, YENFING, CHINA

In Java, for instance, eye-trouble is one of the most widespread ailments. Plans for the four general hospitals to be erected there include provisions for eye-specialists, eye-clinics and optical parlors with complete equipment for grinding lenses and fitting spectacles. At Peking, where eye-trouble also predominates, the Methodist hospital already in operation there has such a clinic and specialists at work. In Inhambane, Portuguese East Africa, where a general hospital is now being erected, there is to be a special building for tuberculosis patients, because of the great preponderance of this disease in that region. In Haiju, Korea, where leprosy is common, the church plans to establish a leper ward.

Standardization of architecture or general style of building is impossible in the program of the Board of Foreign Missions. The reason lies in the variety of climates and temperatures, as well as the remoteness from traffic highways. Generally speaking, the buildings will follow national lines, whenever practicable. Those materials which are most readily obtainable will be used in construction. The ten hospitals to be built in Malaysia in cooperation with the Dutch Government will be only one story high, with frame work of hardwood and panels

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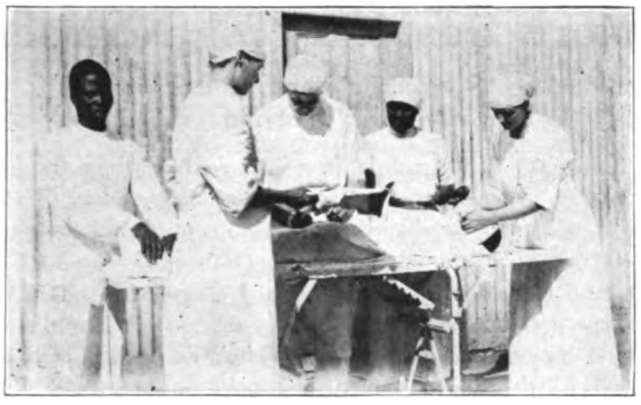

OPERATING UNDER DIFFICULTIES AT INHAMBANE, PORTUGESE EAST AFRICA

of reinforced concrete. This peculiar structure is necessary because of the frequent earthquakes.

Dr. Piper's new hospital in Africa will be made of sun-dried bricks, with thatch roofs for the various buildings. No cement or even corrugated iron can be obtained in any quantity at Kapanga, where he is located. Only such freight as can be carried on the backs of porters reaches there. Dr. Piper's floors will probably be of clay, pounded and baked so that they will be as hard if not as hygienic as tiling. No woodwork can be used, because of the white ants of Africa, which eat the inside of wooden beams and leave the shell to collapse with the weight of the structure. The hospital in North Africa will be situated in one of the lofty villages of The Great Kabylia, in the heart of the Jura-jura mountains. It will be built of native stone, the material used by the Berbers thereabouts for building their houses on the mountain-tops.

Hospital equipment, like the building material, will be obtained from the most practical point. The hospitals now operated under the Board of Foreign Missions in the various parts of the world have compiled special data on this subject, gleaned from their own individual experience. In general, it has been found that in Africa, British hospital furnishings are the most accessible and have become the standard. The same is true in India. But in China and Malaysia, equipment is mostly purchased in America or Japan, with a sprinkling of British goods here and there.

Surgical instruments for the Centenary hospitals, will, in all probability, be purchased from American manufacturers, since physicians of American training naturally prefer familiar types of instruments. Glassware and laboratory equipment will also be of American manufacture, Japanese products being open to the suspicion of inaccuracy. Enameled furniture made by Japanese is cheap in price, but in appearance also, and is not so strong and stable as the American.

OPERATING AT KAPANGA, BELGIAN CONGO, BEFORE METHODIST HOSPITAL WAS COMPLETED

The Lawson Tait bed, of English manufacture, is most popular in Methodist hospitals now in operation, because there is never any sagging of the springs as in many other models. It has been difficult to find American-made beds equipped with simple mechanism for supporting the all-important mosquito netting in mission hospitals in the tropics. Here, also, British appliances have been found to excel.

The Baldwin operating table has found favor because of its simplicity and freedom from cog-wheels or angles where dirt collects. Absolute simplicity of mechanism is one of the main considerations in choosing the equipment for the Centenary hospitals. This is imperative because of the large percentage of native nurses and hospital assistants who must operate them.

In the interior of China, where only the very lightest of hospital furniture can be carried, a rude operating table has been evolved. It consists of a single board, covered with a heavy native water-proof lacquer, slightly convex and sloping toward the foot pan for the disposition of discharges and irrigating fluids. Resourcefulness is a trait for which medical men and women are known the world over, and those in the mission field develop it to an advanced degree under the dictates of necessity.

The superstitions and habits of the native patients also make many picturesque variations in the hospital equipment. One great difficulty in all the hospitals is that the patients are afraid to get into the beds. Accustomed to sleeping on mats on the ground or floor, the natives regard even the low beds as dangerous to lie upon. And the high beds are used only by the most educated among them. In the tropics mattresses are generally dispensed with, even when easily obtainable, because of the heat. Only the springs, a native mat and thin coverlet are necessary. Pillows are usually looked upon by the natives as instruments of discomfort. They say that white men's pillows tickle their ears. The Chinese have a pillow which they use in their homes which has been found to be highly suitable in Methodist mission hospitals. It is of enameled leather, stuffed tightly, and has a certain resiliency which just suits the Chinaman. In addition to this last quality, its smooth exterior makes it unusually hygienic for a native invention.

The majority of cases in a mission hospital are infections. It is only in industrial centers, of which there are few in the Orient, that accident surgery is a feature. Fractures result mainly from industry, traffic, or high buildings. But in the isolated regions where civilization is unknown, tuberculosis, venereal diseases and all varieties of skin infections are prevalent. The Centenary hospitals will be specially equipped to handle these cases in the most effective manner.

In connection with the hospitals there will be nurses' training schools, where native men and women may be trained for duty in the hospitals and dispensaries operated by them in the various out-stations. Other natives will be given advanced courses in hygiene and sanitation, and will go forth to teach the people to avoid in-

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fections to which they are peculiarly subject through ignorance or superstition.

Each of the six Central Training Schools in Africa to be constructed by the Board of Foreign Missions is to have a complete general hospital on its demonstration farm. At these schools thousands of natives will receive industrial training under American experts. Courses in hygiene and simple medicine, with laboratory work in the hospital will be compulsory for the entire student body.

The significance of the Methodist hospital program for far-off lands is brought home to America when we remember that some authorities say that Spanish influenza started in a remote section of Turkestan, whence it spread throughout the earth. Had there been mission hospitals there, it is possible that the epidemic would never have taken its toll of American lives.

There is just one great obstacle to this program. That is the lack of American physicians and nurses to go abroad and serve in these hospitals. This lack is serious, and everything possible is being done to remedy it. The use of native physicians trained in America or other civilized lands, the training schools for native nurses, and many other methods of supplying the deficit are being pushed vigorously. In spite of these measures doctors and nurses are needed at present to serve under the Methodist Board of Foreign Missions in China, Malaysia, India and Africa. With the erection of the new hospitals this need will be acute, and the opening to medical men and women in foreign service will be unusually large.

For Tuberculosis Patients

U. S. Public Health Service Asks General Hospitals to Open Their Wards

General hospitals of the United States are urged to admit tuberculosis patients and provide separate wards for them in a circular sent out by Surgeon General Hugh S. Cummings, of the U. S. Public Health Service, who points out that this step will make more effective the campaign against the disease and also provide for the care of thousands of tubercular ex-service men, who at present practically have no place to obtain treatment.

"There is almost everywhere throughout the United States a lamentable shortage of hospital facilities for those ill with tuberculosis," the circular says. "The opening of general hospitals to this class of patients would do very much more than provide relief for a large class of unfortunates; it would undoubtedly contribute enormously to the efforts now being made to control tuberlosis."

General hospitals, by admitting tubercular patients, Dr. Cummings continues, will render invaluable assistance in the fight, the success of which, he asserts, depends largely on convenient facilities for observation and prompt treatment of sufferers and more skillful diagnosis, all of which would result if patients were permitted to enter general hospitals.

The Surgeon General recently telegraphed the American Medical Association at its recent meeting in New Orleans, asking it to recommend to general hospitals that tuberculosis patients be admitted.

More Hospitals for Negroes

Many Projects in South and Elsewhere to Provide for Colored Population

Hospital facilities for negroes are being rapidly increased in the South, where one building costing $210,000 is nearly ready for occupancy and a number of others are contemplated or being erected.

At Richmond, Va., the Medical College of Virginia is preparing to take possession of a seven-story brick hospital building rapidly nearing completion. This institution which will be known as St. Philip's Hospital will be the largest negro hospital in the South and plans are being prepared for its occupancy about June 1. All modern comfort and labor-saving devices have been incorporated in the building, and Superintendent Frederick B. Morlok, who is in charge of all the hospitals operated by the medical college, is selecting negro candidates for the first nurses' training school, which will be started with the establishment of hospital work.

Citizens of Louisville, Ky., and vicinity are being appealed to by the Red Cross Sanitarium for funds with which to erect a hospital building for negro children, the cost of which is estimated at $20,000.

The Millie E. Hale Hospital of Nashville, Tenn., which has been in operation for three years, recently was incorporated. Dr. J. H. Hale, professor of clinical surgery at Meharry Medical College, is chief surgeon of the hospital.

The problem of providing hospital facilities for negroes also figures prominently in the plans of the Interchurch World Movement, which proposes to erect general hospital buildings for negroes in Kentucky, Virginia, Alabama, Mississippi, Georgia, North Carolina, South Carolina, and Texas. The cost of these buildings has been estimated at $3,100,000. According to the Interchurch survey there are only three hospitals for negroes in the South, at Nashville, Jacksonville and New Orleans.

Northern negroes also are devoting attention to improving service. At Fort Wayne, Ind., a group of negroes known as the Cosmopolitan Hospital Association, is behind a movement to establish a hospital for negroes in that city.

Addition for Clinton, Ia., Hospital

Plans have been drawn for a $250,000 addition to the James Lamb Memorial Hospital, Clinton, Ia.

"Help Wanted" Ads Cost $1,293

Presbyterian Hospital, New York, spent $1,293.75 during the year in advertisements for help, according to the annual report.

Invests $25,000 to Treat Nervous Patients

An investment of $25,000 for treatment of nervous patients at Morningside Hospital, Portland, Ore., will be made by Dr. Henry W. Coe of the public health service.

To Rebuild Corpus Christi Hospital

Civic organizations of Corpus Christi, Tex., are interested in a movement to raise $100,000 for rebuilding the Spohn sanitarium, hospital and home of the Sisters of the Incarnate Word which was destroyed by a hurricane in September.

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Circus Performs for Children

The problem of furnishing amusement and entertainment to small patients, an ever-present question before superintendents of children's hospitals, was solved in a highly satisfactory manner at the Home for Destitute Crippled Children, Chicago, April 21, when a number of performers from the Sells-Floto circus playing at the Coliseum set up a ring in the hospital yard and gave a special show for the benefit of the little sufferers.

A full quota of clowns, which, of course, constitutes the greatest feature of any circus in the estimation of a child, performed their funniest antics and readily added encore after encore. Acrobats, bareback riders and other headliners, including the red-coated band, likewise displayed their fine skill and eagerly repeated their feats as the ninety-odd spectators shrieked and yelled their approval. Even the big elephant, the star of the herd, seemed to sense the nature of the occasion and obeyed his trainer's commands with alacrity.

The fact that it was a dreary afternoon after a morning's rain and that the show was given in the mud failed to dampen the enthusiasm of the spectators or the ardor of the performers, who after they packed up their paraphernalia, asserted it was the most enjoyable performance they had ever given. Tentative arrangements were made for a return engagement the next time the circus comes to Chicago, and if the circus folks have their way the show at the Home for Destitute Crippled Children will be an annual number during the Chicago stay.

Circus day at the Home used to be sort of an annual affair, as other shows saw to it that they performed before the unfortunate children, but for several years past the little patients were compelled to forego their special matinees because of untimely diseases that quarantined the hospital.

The effect of circus day, however, isn't limited to the duration of the performance, according to Miss Harriet M. Phillips, superintendent. The show only is the beginning of a long period of excitement which continues even as long as a month after the circus appears. Every child has seen something that is told over and over again and the show consequently furnishes a subject of vital interest to every patient for weeks afterward. During the first few days after the performance mere words were too meager to describe the stunts that appealed to some of the children and these patients endeavored to turn somersaults or do other feats that especially interested them.

To Open Clinic at Memphis

Dr. Willis Campbell plans to open a clinic in Memphis, Tenn., about September 1. A two-story brick building costing $50,000, is expected to be ready for use on that date.

Minnesota Towns Seek Hospital

Eveleth and Gilbert, two towns in Minnesota, have begun a campaign for the establishment of a large hospital at some central point. The commercial clubs of the towns are seeking to interest Virginia, another nearby town, in the project, which will be pushed to completion this year.

The Canned Goods Market

Expert Analysis Emphasizes Reduced Output and Higher Prices for New Pack

By H. R. White, Manager Canned Goods Department, John Sexton & Co., Chicago.

Looking forward to the fall, I see two facts standing out clearly with reference to the new season's pack of canned fruits and vegetables. These are: increased cost of production, and decreased quantity of production. The reasons for this conclusion are the prospect of smaller farm acreage, the certainty of higher cost of materials and labor, the scarcity and inefficiency of labor, and the stringency in the money market.

With the farmer and the canner, just as with all industrial activity, the most perplexing problem today is the labor situation. The problem is not merely one of cost, the necessity of granting the never-ending demands for higher wages, shorter hours, and better conditions, it is the uncertainty as to the supply of labor that makes the problem so difficult for both the grower and the canner. It is this, mainly, that deters the farmer from growing the crops that he does not know whether or not he can get the labor to cultivate and harvest, and the canner from contracting for the crops that he is not sure of being able to get the labor to handle.

The question of money, also, is all-important. The continually advancing prices call for a greater amount of money to handle the same volume of business, and, as it becomes more difficult for the dealer to secure the money from the banks, he tends to be more cautious in contracting for future obligations. The result is that the canner sells smaller orders for future canned goods, so cannot get the money from his banks, hence is obliged to curtail his pack accordingly.

The high prices that will prevail for 1920 pack canned fruits and vegetables suggest for the buyer a policy of great conservatism, a careful study of requirements, and judicious discrimination with reference to the various articles. My opinion is that you should be guided rather by the necessity for insuring a supply of what you must have rather than by the hope of saving money by buying for future delivery. There are certain articles that must be contracted for in advance, such as No. 10 canned fruits and vegetables, and the choicer grades of fruits, vegetables and fish in the small cans. On the lower grades of canned goods, particularly in the small cans, it would seem that a policy of buying from hand to mouth would be advisable.

BUY ASPARAGUS NOW

Canned asparagus is one of the articles on which it would seem necessary to insure a supply by purchasing for future delivery. The unusually dry weather in California cut the crop short, and the pack will be small. At the same time, prices will be very high, about one dollar per dozen higher than last year for either the No. 2½ or No. 1 cans, making asparagus a decided luxury. Reducing the amount of your asparagus order to a minimum would seem to be desirable, on account of the high price, but whatever quantity is wanted should be arranged for.

(Continued on Page 80)

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THE HOSPITAL DIETARY DEPARTMENT

Food, Its Selection, Preparation, Service. **E. M. GERAGHTY, 1332 Forest Court, Ann Arbor, Mich., Editor**

FOREWORD

It is the hope that this department may serve as a clearing house for practical suggestions and ideas tending toward improving the food departments of institutions. As far as possible all types of hospitals will be considered when any topic is under discussion.

Free exchange of ideas by correspondence involves much labor and expense. There is not enough time at association meetings for round table conferences on all subjects, so a department of this sort should do much to disseminate information. However, the value of this will depend largely upon the generosity of the readers in giving us new material and the findings of their investigations along certain lines. E. M. GERAGHTY.

A couple of weeks ago I had a letter from the dean of a medical school, stating that they were assuming entire control of their clinical hospital and would reorganize it inside of a few months. When this was done they hoped to have every department adjusted according to the most modern and business-like methods. Among other things, he advised me to outline the province of the dietitian and to suggest the scope of each branch of her department.

Since this report was prepared I have had a number of letters asking similar information, so I shall reproduce here some of the points specified.

The dietitian should have entire charge of all problems pertaining to food (purchase, preparation, distribution, service and waste accounting) for all persons connected with her institution, and should be responsible to the head of the hospital only, giving co-operation with all other departments.

It will be possible to discuss only one phase of this province in this issue.

PURCHASING

There has been so much agitation about the question of who shall purchase the food that it may be well to consider a few points here. The following extract from an article by Miss Gretta Kennedy is in accord with my views on the subject:

"Life is so full of a number of things
We should all be as happy as kings"

the poets tell us; but surely a poet never lived in a hospital! Among the things encountered in hospital life are many problems.

"The question arises, who shall do the purchasing? A purchasing agent or a trained dietitian who through practice knows not only which cut of meat is going to be most economical for her particular use, but also the brand of canned goods best suited to her needs, how to buy perishable goods to the best advantage and the practical utensils required? Just here let me remind the reader of the definition for economy—the very best material, purchased at the lowest cost, neither paying for a label or name of dealer, nor buying an inferior article because it costs little money.

"Success depends upon training and intelligence. Granted that the latter is possessed equally by man and woman, the problem resolves itself into one of training. In contrast to the scientific knowledge possessed by a trained dietitian, we have a purchasing agent's knowledge of markets, by virtue of which he is believed to be able to do better bargaining; but does the training which a man gets in buffeting about the world, buying and selling, and learning when and how to buy, overbalance the scientific knowledge of food values acquired by dietitians during undergraduate days, and the subsequent knowledge of markets gained as student dietitians? I grant you a purchasing agent may have a splendid foundation for buying meat or for buying groceries or dairy products. On the other hand, he is just as apt to have a splendid foundation for buying lumber, or boots and shoes or books. At any rate it is inconceivable to believe that any purchasing agent has gained experience in purchasing all the supplies for a dietary department—while that is just what a dietitian has been trained to do. A man who is ill prefers a specialist as his medical advisor. Why shouldn't a patient in a hospital have food which is purchased by a specialist in dietetics?

"Speaking of markets, is a woman with a trained mind, who is capable of knowing how and what to buy, incapable of learning to know markets? Surely it is unreasonable to say that intuitively a man is better qualified than a woman to do so. That is rather contrary to the laws of nature. Lunch rooms, cafeterias, and even hotels seem to have capable dietitians who are sufficiently conversant with markets to do their purchasing in a successful manner.

To this I might add that since the dietitian is responsible for the per capita cost and satisfaction with food served, she should regulate the price, quality and quantity, and this is not easily done unless she has complete control of the purchasing. It is rather discouraging to an earnest, progressive dietitian, trying to keep down costs and at the same time serve a goodly variety to her numerous household to find that two dollars and fifty cents has been paid per bushel for string beans when the public market offered the best quality at one dollar per bushel; or that great quantities of meat are being bought with the bones in, said bones to be used for soup stock, making a soup cost about ninety cents per quart when skimmed milk is costing three cents per quart and milk soups are in high favor with the doctors and nurses; or because some article was "cheap" so much was purchased that it is necessary to have it appear on the table daily until the supply is exhausted.

The menu written may be all that could be desired, but if the food is not supplied on time or in good condition and the exact quantity required, the result will be far from hopeful.

CONDITIONS OF LABOR

Who better than the dietitian knows the conditions of labor in her department? She knows just how many

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helpers she has, and in detail what the work for the next few days will include, so can regulate all purchases accordingly. The menus have taken account of labor involved in preparation of all dishes and some times the extra bit has proven the "straw." It is Saturday noon—the cook has not had a "half day" for two weeks—there are two less helpers than usual in the kitchen—the purchasing agent has found a "bargain" in half decayed cauliflower and has sent it up as a treat for Sunday dinner. Can any one estimate the value of the time the dietitian spends calming the kitchen force? On the other hand, since she knows her organization, she can often substitute a vegetable or fruit which she finds is being offered freely and at a low figure.

The alert dietitian is a student of human nature and knows food habits of people. She notes what people order when in hotels and on dining cars, and if the cost equation is given due consideration she has a very good estimate of what they really like, and can form an intelligent conclusion as to food habits of men and women. Travel, no doubt has made her familiar with food habits as influenced by locality, but she can have no hard and fast rules, rather she must apply tests for each group of people and consider the ever changing type of her guests.

Equally necessary is it that the dietitian should purchase the equipment for her department. Proper equipment or lack of it has much to do with the present day labor problem in hospitals. It may look well to have a meat slicer in the kitchen, but if this is of a type which is frequently "out of order," what percentage are you receiving on your investment? Certain materials will not be used because of the labor involved in cleaning though the initial cost might have been small. Shall we have stamped, spun or cast aluminum ware? The dietitian knows the answer, and has a product suited to the work required.

The dietitian is responsible for the appeal the food makes to the patient; how much this is helped by dishes of an unobtrusive pattern and with sufficient number and variety for each use. She knows that cups, vegetable dishes and side dishes break more readily than plates and saucers and will consider this factor in placing the order. She know that the bouillon cups with two handles are very short-lived; one handle is broken and the cup is no longer of use. The same cup made without handles answers for nearly all services, looks as well and lasts infinitely longer.

I had occasion once to be in a hospital equipped by an "expert." The stock included six cherry stoners, somewhat on the order of the hand power food choppers. The only cherries we ever saw were from California and were in those days of long ago twenty-five to fifty cents per half pint.

From the viewpoint of training, responsibility and knowledge of organization, the dietitian is the one best fitted to purchase the food and equipment for her department.

The Lake Placid Conference

In order that the wholesome spirit of the conferences at Lake Placid might again be enjoyed, and to establish a Bureau of Research in Institution Administration, on much the same lines as the School of Business Administration at Harvard is established, it was decided to hold a four-day conference on Group Living late in May. The program given below shows the many fields represented. The report of this meeting should be of great interest to hospital executives, as the fundamental principles of successful administration are the same whether applied to banking or to hospital management.

Thursday, May 27, 10 A. M.

Foreword: Group Living—Annie Dewey, Lake Placid Club

DIET AND FOOD SERVICE

Cafeteria Service-Demand for Extension....Margaret Proctor
Economic Secretary, Y. W. C. A., New York City

Community Kitchen Experiments.....Alice Dresser
Director, Food Economy Kitchen, Boston, under National Civic Federation

Diet Department Administration of Hospitals in the United States .....E. M. Geraghty
Secretary, American Dietetic Association

The Social Service Dietitian.....Bertha Wood
Food Clinic, Boston Dispensary, Boston

Constructive Work for Dietitian.....Lulu Graves
Professor of Home Economics, Cornell University, President, American Dietetic Association.

Thursday, May 27, 8 P. M.

BUYING

Co-operative Buying .....Herschel Jones
Director, New York Office of Division of Foods and Markets, New York State

Economic Aspects of Buying Meats.....John H. Kelley
Buyer, Arthur Dorr Markets, Boston

Selection of Fruits and Canned Goods.....George Cullen
Vice President of North American Fruit Exchange New York, N. Y.

Friday, May 28, 10 A. M.

TRAINING

Opportunities and Training for Technical Fields.....
.....Emma Hirth
Bureau of Vocational Information, New York, N. Y.

Our Plan of Training for Administrative Positions in Cafeterias .....Roland W. White
The Colonnade Food Co., Cleveland

Training of Executives for Banks.....Roger Steffan
Educational Director, National City Bank, New York.

Training of the Administrator as Compared with the Technical Workers .....Adelaide Nutting
Director of Nursing and Health Department, Teachers' College, Columbia University.

Friday, May 28, 8 P. M.

HOUSING

Plans—Cooperation of Architects and Household Consultants (Blue Print Studies).....Blanche Geary
Director of Economic Department, Y. W. C. A., New York, N. Y.

Government Hotels—An Experiment in Democracy.....
..... Harlean Hames
General Manager, Government Hotels for Women, Washington, D. C.

Housing—A Major Responsibility....Sarah Louise Arnold
Dean of Simmons College, Boston.

Saturday, May 29, 10 A. M.

RESEARCH

Methods—

Department of Business Research, Harvard University, Cost Studies .....Wm. Morse Cole

School of Business Administration, Harvard University, Research Department, Women's Educational and Industrial Union, Apartment Hotel Study.....
.....Dr. Lucille Eaves

National Dietetic Council, Diet Studies .....Dr. E. V. McCollum
Johns Hopkins University, Baltimore, Maryland.

Research Department, Bryn Mawr College, Employe Study .....Susan Kingsbury
Director

Saturday, May 29, 8 P. M.

PERSONNEL

Recent Employe Studies.....Dr. Royal Meeker
Chief Statistician, Department of Labor, Washington, D. C.

Personnel Work .....H. C. Metcalf
Director of Bureau of Industrial Research, New York City

Developing the Initiative of the Worker (lecture with lantern slides) .....Robert Wolf
Consulting Engineer, New York, N. Y.

Monday, May 31

ROUND TABLE CONFERENCES

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round

REV. MAURICE F. GRIFFIN,
President of the Ohio Hospital Association, Whose Annual Meeting is Scheduled for Columbus, May 25-27

Father Griffin is one of the most active workers in the Ohio Hospital Association, and has long been one of the "wheel horses" of that successful and pioneer organization. He was honored at the 1919 convention in Cleveland with election to the presidency, and will preside at the meeting to be held this month at Columbus. He represents St. Elizabeth's Hospital, of Youngstown, one of the leading Catholic hospitals of Ohio, and indeed of the country. In addition to his work in the Ohio association, Father Griffin is taking a leading part in the Catholic Hospital Association, whose meeting will be held in June.

Dr. Thomas R. Zulich, superintendent of the Paterson, N. J., General Hospital, has been delegated by the American College of Surgeons, to visit the hospitals of New Jersey in the interest of the minimum standard. Dr. Malcolm T. MacEachern, superintendent of the Vancouver General Hospital, will visit institutions in British Columbia for the same purpose.

Dr. Harry L. Cohn has resigned as director of the Milwaukee County Free Dispensary, Milwaukee, Wis.

Dr. G. W. Cale, Jr., for twenty-two years in charge of the Frisco Lines hospitals and dispensaries, resigned April 1. Dr. Ross A. Woolsey, St. Louis, succeeded him.

Dr. Myron E. Lane, member of the staff of the Chicago Municipal Tuberculosis Hospital, has been appointed medical director and superintendent of the Jasper County Tuberculosis Sanatorium, Webb City, Mo.

Dr. Herbert G. Lampson, superintendent of the Nopeming Sanatorium, Duluth, has been appointed county physician of St. Louis county, Wisconsin.

Dr. Boris E. Greenberg has been appointed superintendent and resident physician of Beth Israel Hospital, Boston.

Miss Louise Arnold has begun her duties as superintendent of the nurses' training school of the Knoxville General Hospital. She also will assist in the administration of the Knoxville City Hospital.

Dr. Birckhead Macgowan is the new superintendent of Sydenham Hospital, Baltimore, Md.

Dr. John Peters, superintendent of Rhode Island Hospital, Providence, who is traveling in Japan, is expected to return the middle of June.

Miss Jessie Clark has been appointed superintendent of nurses of the Ohio Valley General Hospital, Wheeling, W. Va. She is a graduate of Massachusetts General Hospital and for some time was an instructor at the Peter Bent Brigham Hospital, Boston.

Dr. Harry L. Ratcliff, of Webb City, Mo., superintendent of the Jackson County Tuberculosis Hospital, has resigned.

Miss Shirley C. Titus of Teachers' College, Columbia University, will succeed Miss Florence E. Prouty as superintendent of nurses at Columbia Hospital, Milwaukee, July 1. Miss Prouty has tendered her resignation as she is to be married in August to a member of Columbia Hospital staff. Miss Shirley formerly was at St. Luke's Hospital, San Francisco, and also was associated with Miss Julia Lathrop in child welfare work.

Mrs. Josephine H. Coombs, superintendent of the Nathan Littauer Hospital, Johnstown, N. Y., has resigned to become superintendent of nurses at Woman's Hospital, New York.

Miss Nelle A. Learned, former night supervisor of the Ohio Valley General Hospital, Wheeling, W. Va., has been appointed superintendent of the C. and O. Hospital at Huntington, W. Va.

Miss Anna E. Radford has resumed her duties as superintendent of the Charlesgate Hospital, Cambridge, Mass., after twenty-one months' service in A. E. F. hospitals.

Miss Mabel Scott has been named superintendent of the Hamilton County Hospital, Noblesville, Ind. She formerly was assistant superintendent at the Indianapolis City Hospital.

Dr. Ross McC. Chapman is the new superintendent of the Sheppard and Enoch Pratt Hospital, Baltimore, succeeding Dr. Edward N. Brush, resigned. Miss Edna M. Obenchain, who served in France for two years, has been appointed superintendent of nurses in place of Mrs. Cora McCabe Sargent, resigned.

Miss Ada Knox, formerly superintendent of the Mt. Vernon, Wash., General Hospital, has been named superintendent of St. Luke's Hospital, Bellingham, Wash.

Miss Laura Chaddock, superintendent of the Glendale, W. Va., Hospital, and Miss Gay Bourn, head nurse, have resigned to do private nursing in Wheeling.

Miss Gertrude Mock has been appointed superintendent of Phoebe Putney Memorial Hospital, Albany, Ga., succeeding Miss Nellie Abshire, resigned. Miss Mock was superintendent of this institution prior to her enlistment for war service two years ago.

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THE HOSPITAL ROUND TABLE

Anticipating Staff Objection

It is a general experience among hospital superintendents that when an advance in rates is announced, their staff men invariably object on the ground that too great a burden is being imposed on their patients.

One superintendent has found a way to overcome objections of this kind. In the doctors' locker-room of his hospital he has posted a sheet from a report of an Eastern institution where, according to the figures, it costs about $10 a day to maintain a private room patient. Compared with this, the charges made for private rooms in the local hospital look small.

In the same way, when he announced his most recent increase, he accompanied the announcement to the doctors with comparison of rates for similar service in other local hospitals, showing that his rates were not unduly high, but in some cases were still below the figures being charged by other good hospitals.

By these means the objections of the staff men relative to rates have been anticipated effectually, and little is now heard on this subject when increases become necessary.

Getting a Medical Records Clerk

With hospitals records receiving the amount of attention they are getting at present, a most important subject is the appointment of a good medical records clerk. It is not easy to get the right person, because not only must that person be a qualified stenographer or dictaphone operator, but also be familiar with medical nomenclature.

Experience has shown that a former student nurse is excellent material for this work. Oftentimes a student drops out of her class on account of physical disability or for other reasons, and later takes up stenographic work. Her hospital experience, coupled with her business training enables her to handle the histories and other records without difficulty, and the work in this department is immensly improved.

Familiarity with medical terminology is especially desirable when a dictaphone is used, as the operator in this case has not the advantage of transcribing from notes in which unusual terms might have been written out.

Foot Prints on Baby Records

The head nurse of every maternity department knows that lingering in the back of the mind of every mother is the fear that her baby will not be properly identified while in the hospital, and that it may be confused with some other infant. While present methods of identification, which are applied immediately following birth and before the child leaves the delivery room, makes this next to impossible, it has been found that having a print made of the baby's foot for inclusion with the other birth records is especially reassuring to the mother.

The foot-print is declared by experts to be just as effective for purposes of identification as finger-prints, and in the case of a new-born baby gives a sufficiently large impression to enable the record to be handled without difficulty. This is an addition to the usual precautions that it seems well worth while to take.

Putting Property to Use

In most communities hospital property is not subject to taxation on account of its use for charitable purposes.

An interesting experience was recently reported, emphasizing the value of getting all hospital property into usable condition. An institution owned a large vacant plot near its building, this being held for possible expansion later. Because it was not actually used for hospital purposes, the local authorities taxed it, the taxes amounting to $2,600 a year. The superintendent wisely devoted it to garden purposes, and last year raised not only enough produce for the hospital, but even had a surplus to sell at certain seasons. Incidentally, this showing convinced the taxation officials that the ground was being used directly by the hospital, and the $2,600 item of expense was thereby eliminated.

Fighting the Roach

How do insects get into new hospitals?

This is a question suggested by a recent trip through a "brand-new" hospital, where the use of insecticides has already become necessary.

The steward has suggested to the superintendent that the insects may come in with the bread, which is delivered from outside; but it is more likely that the larvae of the insects were transmitted in that and other ways, causing cockroaches to appear in pantries and elsewhere when least expected.

Eternal vigilance is the price that hospital executives must pay for insect-less buildings.

Detroit Hospital Purchases More Land

The Woman's Hospital and Infants' Home, Detroit, has purchased the greater part of the block on which it is situated and plans to buy the remaining portion and erect a new building.

Out-of-Town Sanitarium for San Francisco

An out-of-town sanitarium for San Francisco's tuberculosis patients is under consideration by the board of health and board of supervisors which has inspected several institutions with a view of purchasing one.

$5,000 Bequeathed to Hospital

The Salem Hospital, Salem, Mass., has been bequeathed $5,000 by Mrs. Emma Chamberlain of New York with which to endow a bed in memory of her father. A like amount was set aside for tuberculosis work in France.

$500,000 Hospital Drive at Spokane

A drive for $500,000 is being planned at Spokane, Wash., on behalf of the Sacred Heart, St. Luke's and Deaconess Hospitals. Deaconess needs $50,000 to complete its building because of increased costs since the structure was begun. St. Luke's and Sacred Heart also have plans for increasing facilities and improving equipment.

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Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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The State Hospital Associations

The fact that the Ohio Hospital Association will have its annual convention at Columbus May 25-27 reminds the observer that since this pioneer state organization was formed five years ago much water has passed under the bridge and much activity along hospital association lines have has been evidenced.

The actual results that have been obtained through the co-operation of hospital workers in their state organizations have encouraged many other communities to form associations, and HOSPITAL MANAGEMENT expresses again the hope that before long every state will have its organization, which will look out for the interests of the hospitals and will promote hospital welfare in every direction.

Without attempting to call the roll of State associations, it need only be said that in addition to Ohio, the following states now have associations, with more in prospect: Minnesota, West Virginia, North Carolina, Kansas, Connecticut, Oklahoma, Michigan, and Illinois, with British Columbia and Saskatchewan organized on the other side of the border.

This does not take account of the local associations which flourish in a great many cities, and which serve their members effectively in meeting emergencies due to legislative and other developments which require organized attention. The association idea has spread, and it has demonstrated that it is a sound idea, and one that deserves general adoption.

The whole country owes a debt to the Ohio Hospital Association for the pioneer work which it has done in this field.

Publicity for the Nursing Profession

The description of the plan adopted by the Illinois Council of Nursing, as published a few months ago in HOSPITAL MANAGEMENT, might be repeated on a larger scale, as the idea has been applied to the national field. Publicity of a favorable and constructive character will be used to get the interest and support of young women and their parents and friends with reference to the nursing vocation.

An example of the possibilities of publicity was the publication in a recent issue of *The Literary Digest* of an article dealing with the life and work of Florence Nightingale, the Lady of the Lamp; this and similar articles, bringing nursing in its finer aspects before the public at large, are bound to awaken appreciation of the splendid ideals of the profession, and win a reaction and a response from those who are in a position to take up the calling.

The opportunities for the nurse were never greater. In hospital work and in public health nursing, especially in the industrial section of the field, not to mention the requirements for nursing in private homes, the trained nurse of today has a field second to none in its opportunities for service. But it must be emphasized that the nurse is primarily rendering a big, human service, and the appeal must be based on altruism and unselfish devotion rather than merely material considerations.

Active promotion of the nursing idea and nursing ideals, with plenty of publicity in the right channels, will do much not only for nursing as a profession, but to improve the conditions along this line for the hospitals.

Cheap Food Is Unprofitable

An experienced hospital dietitian recently called attention to a factor in food consumption which is not always taken account of by buyers, especially when the buying is in the hands of those not directly connected with the management of the hospital.

"Cheap food is an extravagance," she said, "when most of it finds its way into the garbage cans."

The best food, properly selected and properly prepared is an economy, because under those conditions comparatively little of it is wasted.

Buying food products that are not up to grade because the quotation is attractive; serving large quantities of certain items because they are plentiful, rather than because of their appropriateness and food value; serving the same food to all classes of patients, without analyzing their individual requirements—these are obvious errors in managing the dietary department that supply their own criticism, and yet they are constantly made in some fairly large institutions.

The rise of the dietitian in the hospital world is a significant improvement in conditions. The dietary expert, who is given authority—and responsibility as well—in choosing, preparing and serving all of the foods in the

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Hospital Convention Calendar

Ohio Hospital Association, Columbus, May 25-27, 1920.
Oklahoma Hospital Association, Oklahoma City, May 19, 1920.
American Medico-Psychological Association, Cleveland, June 1-4, 1920.
Catholic Hospital Association, St. Paul, Minn., June 23-25, 1920.
Minnesota Hospital Association, Duluth, September, 1920.
American Hospital Association, Montreal, October 4, 1920.
American Conference on Hospital Service, Montreal, October 4, 1920.
American Dietetic Association, New York City, October 25-27, 1920.
American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

hospital, is the logical person for that authority and responsibility, and can save money for the institution while at the same time improving its food service.

The supply of dietitians is hardly sufficient to take care of the demand at this time, but the institution which is able to get the services of a qualified person in these days of high food costs is to be congratulated, because taking that step means insuring the most possible benefit from expenditures for food.

What Becomes of the Convalescent?

The writer was in the office of a hospital superintendent a short time ago. A staff man called up to make arrangements for the reception of a patient the following day. The hospital was full, but the superintendent examined his records and finally determined that he could get a certain patient out of the institution the next day, so that room was made for the newcomer.

The superintendent explained that it is a case of constant manipulation of beds, that it is almost impossible to take care of all of the cases that are offered, and that only by clipping the term a bed is occupied by each patient is it possible to handle the present volume.

There are a number of conclusions to be drawn from this and other typical cases, including the need for more hospital beds, but one striking question which is presented forcefully is this:

Where does the convalescent go?

Home, of course; but to what kind of a home? Is proper care for the still sick person assured? Is the right kind of food to be had? Is the trying period between acute sickness and complete recovery properly bridged, not merely for the fortunate few, but for the majority of hospital patients who leave in ten to fourteen days after admission?

The answers to these questions indicate the importance of special provisions for convalescents, and the necessity for communities which are planning complete hospital programs taking into account the possibilities and advantages of supplying facilities for the care of the convalescent as well as the acutely sick.

Occupational Therapy By-Products

An interesting result of occupational therapy activities, which are becoming the accepted thing in most well-organized general hospitals of one hundred or more beds, is the effect it has had on the morale of the patients at large.

In view of the fact that the department is usually given contact with all of the patients, and supplies them with that much-needed "something to do," it has been found that the number of complaints regarding service has shown a rapid decrease whenever opportunities for this work are provided.

One needs only remember that in the average general hospital three-fourths of the patient's time is spent in convalescence, as compared with one-fourth in an acutely sick condition to realize that the necessity for mental activity on the part of the patient must be met. If it isn't met by the hospital, the opportunity for developing complaints from minor or inconsequential causes is sure to be taken advantage of.

But when the occupational therapy department comes along and invites the patients to join in the distinctly pleasurable activities which it provides, the mind of the sick person is taken off himself, and the likelihood of developing an unjustified "kick" is greatly reduced.

This, as suggested, is merely a by-product of occupational therapy, but it is one that is so much worth while as to justify superintendents in considering it among the many advantages of having such a department.

Wanted: A Noiseless Hospital

"Silence" is the word that expresses the ideal hospital atmosphere.

Absence of sound, or, to be exact, of unnecessary noise, is an ideal that hospital workers have been striving for more or less ineffectually ever since hospitals were established. It is the one factor that is most difficult to control, because it demands co-operation on the part of all those in the hospital.

Thoughtless nurses and doctors, visitors who believe that their friend or relative is the only person in the hospital, employes who are thinking only of their work and not of the patients—all of these contribute to the noises that seem to afflict the hospital, and that seem so hard to eliminate entirely. Then, too, outside noises, especially when the hospital is near a thoroughfare where street-car or automobile traffic is heavy, are numerous and irritating.

Hospital construction, too, especially the modern type of fireproof construction, emphasizes rather than reduces sound. Take the one item of floors. The hard floor which is typical of the hospital today is a great factor in increasing the amount of noise, while the unresilient surfaces encountered everywhere else do their part to increase the sounds that a hospital holds.

Architects in the hospital field, as well as active hospital workers, will do well to study the question of sound reduction, for it is one of the directions in which great improvements are still to be made.

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Plant Dispensaries and Their Equipment

Factors Which Make for Good Service Include Accessible Location, Unit Arrangement and Agreeable Personnel

By C. D. Selby, M. D., Consulting Industrial Physician, Toledo, O.

[CONCLUDED FROM APRIL ISSUE.]

Standards of dressing table equipment should be rigidly adhered to, otherwise much that is useless is gathered, and the table becomes cluttered, which militates against clean, effective work. Just what the standard should be is pretty much a personal matter with each individual physician. In our work in Toledo we have gradually come to the adoption of the following list:

(1) One white enameled jar, 5″ by 6″, containing 1″ bandages.

(2) One white enameled jar, 5″ by 6″, containing 2″ bandages.

(3) One white enameled jar, 5″ by 6″, containing sterile gauze.

(4) One white enameled jar, 5″ by 6″, containing sterile cotton.

(5) One white enameled jar, 5″ by 6″, containing sterile wooden tongue blades used as spatulas for the application of an ointment and applicators tipped with cotton swabs.

(6) One white enameled jar, 3″ by 4″, containing a neutral hydrocarbon ointment.

(7) One covered glass dish, 2″ by 1″, containing sterilized rubber tissue cut into strips for drainage purposes.

(8) One white enameled tray, 4″ by 17″, containing 6 splinter forceps, 6 sharp pointed scissors and 6 probes, all sterilized.

(9) One medicine glass, containing a five-per-cent solution of carbolic acid in which is kept a forceps for the removal of sterile instruments from the previously named tray.

(10) One white enameled tray, 3″ by 8″, in which are discarded used instruments and from which they are gathered from time to time for sterilization.

(11) One hard rubber atomizer, containing a two-per-cent solution of iodine.

(12) One ordinary atomizer, containing Dakin's solution, made fresh daily.

(13 One atomizer containing a solution of iodine in hydrocarbon oil.

(14) One atomizer containing benzine.

(15) One can of ether.

(16) One jar of solidified liniment.

(17) Several ¼″ strips of adhesive plaster 1″ long.

(18) One bandage shears.

(19) A number of aluminum finger guards. (These, by the way are very useful, they enable workmen who have lacerated finger tips to continue at work with a great deal more comfort than if unguarded.)

I have given considerable space to this description of the dressing table equipment for the reason that I am of the opinion (this is repetition, but it is for emphasis) that promptness and efficiency in dispensary service begin with the treatment of injuries, begin at and radiate from the dressing table. Certainly, in the vast majority of plants, the most apparent and frequently the only reason for the existence of medical service is the accidental injury. The injury is the physician's introduction to the plant. If he utilizes it to advantage he will be able to assume other duties from time to time and the addition of other units will come as a matter of course.

The fourth element in good plant dispensary service is *personnel*. Needless to say, a physician should be in charge. If not present throughout the entire day, he should have definite hours during which his attendance can be relied upon. A rather common practice has grown up among small industrial establishments of having nurses on duty to attend all patients and to call in physicians only when they are confronted with cases they deem to be beyond their ability. This is extremely fallacious, if for no other reason than that under these circumstances nurses are deemed to be practicing medicine and are consequently in violation of medical practice acts. The attending physician is of course held responsible for the acts of the nurse. He should therefore view all cases. It is not necessary, of course, that he dress all injuries. This duty he may delegate to nurses

From a paper read at the Conference of Industrial Physicians and Surgeons, Harrisburg, Pa., March 25, 1920.

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SUMMARY OF HEALTH RECORD

DEPARTMENT ..... CHECK NO. 313

NAME [redacted]

DIAGNOSIS	COMPLICATIONS	DATE OF INJURY OR ILLNESS	DAYS LOST	COST	CLAIM NO.	RESULT
Headache		11-4-19	no			Improved
Headache	& Nausea	11-28-19	"			"
Headache		12-22-19	"			"
Headache	& Nausea	1-13-20	"			"
Headache	& Nausea					
Punctured	rt hand wound of	12-17-19	"	$4.00	685139	Cured
Headache		2-1-20	"			Improved
Constipation						
Physical Exam		3-1-20	"			

FORM USED IN MEDICAL DEPARTMENT OF DeVILBISS MFG. COMPANY, TOLEDO.

or even untrained assistants, so long as he exercises supervision over them. One physician in a large dispensary is able to handle a considerable volume of work each day by viewing all patients upon their entry and by assigning them with definite instructions to various attendants.

Inasmuch as physicians are notoriously negligent in the matter of records, and busy nurses are not overly competent in this respect, there should be among the dispensary personnel a clerk or a stenographer whose duty it is to keep the records. As a matter of fact, it is cheaper to employ a clerk for this purpose than to require record keeping of physicians and nurses, who may use their time to better advantage in the actual treatment of patients.

Is your dispensary neat and clean? Does it do you credit? These are questions that might well be put to many industrial physicians. Over in Youngstown I saw a dispensary that was a credit to its directing physician. It was at one of the plants of the Carnegie Steel Company. I was present during the dressing hour, and in that time something like 25 patients were taken care of. At the end of the hour the floor was just as immaculate as it had been in the beginning; it was without a single spot on it. The dressing table was neat, and the equipment throughout was in tidy arrangement. This was made possible by the constant efforts of a negro attendant, whose duty it was to keep the place clean and in order. To require menial service of a nurse is neither dignified nor effective in dispensary practice. The constant presence of a care taker is justified, for nothing reflects against the quality of service that a plant dispensary might be expected to render as an unkempt appearance. Clean rooms can be secured only through constant attention of a care taker.

The appearance of the various attendants, physician, nurse and clerk is likewise of great importance because of the effect it has upon the employes who have occasion to visit the dispensary. Their conduct is also of exceedingly great importance. In selecting physicians and nurses we consider (1) knowledge, of course, and (2) experience, but these we do not consider to be the major points. They weigh perhaps equally with the following points: (3) appearance, (4) conduct, (5) loyalty, (6) industry, (7) co-operation, (8) initiative, (9) responsibility, and (10) regularity.

The *methods* of giving treatment constitute the fifth element in plant dispensary service. The facts that a physician has been employed by the management of a company to attend injured employes and is given a dispensary in which to do so do not necessarily imply that his service will be acceptable to the employes of that company; in the last analysis, if the physician will satisfy the management, he must satisfy the employes. The plant physician is therefore constantly face to face with the necessity of creating and fostering a demand for his service among the working people of his establishment. This is ofttimes quite difficult to do, for employes are a discriminating and frequently a critical people. They know when they are well treated, and they know when results are uniformly bad.

Unfortunately, in dispensary practice physicians can not always treat patients as they would in private practice. They are forced to delegate small duties to others. There is danger in this that the service might become mechanical in nature and the patients thereby get the idea that they are being slighted. The methods of rendering service are therefore of extreme importance.

It is very generally understood in salesmanship that the introduction, or the approach, as it is termed, may determine the success or failure of a salesman. So it is with the introduction of a patient into the plant dispensary. The manner in which he is received may determine his empression of the service he is given.

In one of our own dispensaries in Toledo, a small one, there is an attendant who acts also as the safety man. Whenever an injured employe comes in, this attendant thinks of his safety record, and he scolds because an accident has happened. The condition has become so bad that the employes are now reluctant to seek treatment for injuries, and infections are beginning to appear. This spirit is quite the contrary of that which has been built up in a nearby plant by the attending nurse. She receives all patients pleasantly and with a

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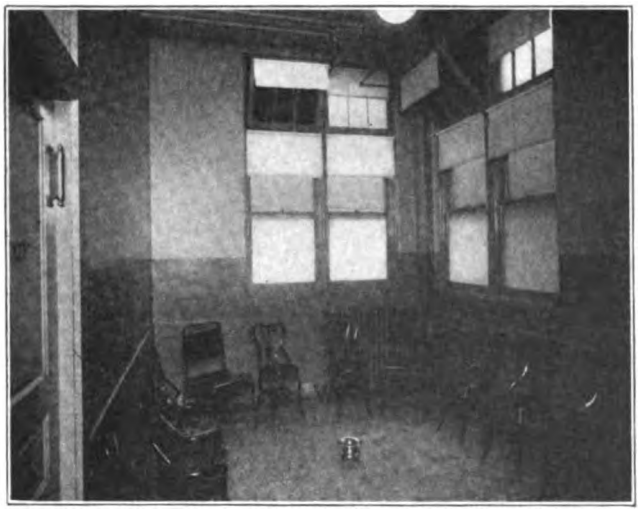
womanly dignity that has won their hearts and loyalty. The service in her dispensary is appreciated and popular. There is not a man in the plant who does not seek the service when he needs it, and there are none who seek it unnecessarily. Although we visit this dispensary daily and view all patients, we are frank to give this nurse the credit for effective service.

One full-time physician has solved the problem of the



WAITING ROOM, DISPENSARY, NATIONAL MALLEABLE CASTINGS COMPANY, TOLEDO.

introduction of patients to his dispensary by meetng all of them himself. He takes off their soiled dressings and views the wounds, then assigns them to attendants with a few words of instruction. This physician is tremendously popular in his plant, and he has the reputation of being a very capable man.

He serves a number of industries, mostly on a part-time basis, and our organization is such that we are occasionally forced to rotate the physicians who visit the various plants. This means that several physicians may attend one patient during the course of his recovery. The fault of this system was brought to our attention one day by a patient who remarked that every time a different doctor took care of him the treatment was changed, with the result that he had become skeptical of all. We have sought fairly successfully to overcome this by standardizing the use of antiseptics and medicaments used in treating wounds. The standards are as follows:

FRESH WOUND

(1) Remove devitalized tissue.
(2) Cleanse with ether.
(3) Spray iodine (2 per cent solution) into wound.
(4) Pack cavities with dry gauze.
(5) Dress dry.

INFECTED WOUND

Treat all wounds as though infected the second, third and fourth days after the injury is received.
(1) Remove all scabs and loose skin.
(2) Cleanse with ether.
(3) Spray with chlorinated solution.
(4) Pack cavities with gauze saturated with chlorinated solution.
(5) Dress moist.

CLEAN WOUND

Treat all wounds as clean on the fifth day and after unless infected.
(1) Spray with antiseptic oil (a neutral hydrocarbon oil containing iodine).
(2) Pack with dry gauze if necessary.
(3) Dress dry.

INDOLENT WOUND

(1) Cleanse with ether.
(2) Spray with argyrol (5 per cent solution) or balsam of peru.
(3) Pack with dry gauze if necessary.
(4) Dress dry, using slight pressure.

BURNS

(1) Apply hydrocarbon salve and dress dry.
(2) This may later be varied with antiseptic oil.
(3) Or treated as an indolent wound.

Perhaps these standards are not all that could be desired, but we believe they are a step in the right direction, and they are serving to give us a basis for obesrvations which will probably lead to definite conclusions. At any rate they have solved the problem mentioned.

All industrial physicians evolve from time to time little things in the way of instruments, or supplies, or procedures that help them to improve their service. In our own practice, for example, the substitution of the atomizer for the swab has proven very satisfactory. The little trick of leaving the beginning of a bandage loose and tying the end to it when the application is completed has also proven effective. The bandages stay better. And the use of the aluminum guard on the lacerated end of a finger has helped us to return many a man to work who otherwise would probably lay off.

Records, the sixth element in prompt effective service, are of very much importance, not alone from the standpoint of compensation, but from the standpoint of the physician himself. I need not enlarge upon this point; we all realize it; the chief difficulty is to determine what records to keep and how to keep them. We have decided that records should be grouped into three classes—(1) those relating to the individual injury or illness, (2) the chronological history of each workman with respect

A GOOD ONE-ROOM DISPENSARY—THAT OF PERRY IRON COMPANY, ERIE, PA.

to injury and illness, and (3) the summary of the variety and volume of cases treated.

The record of illness should be such as will identify the patient, the nature of the illness, the dates and character of treatments, and the results. When the patient is discharged the record may be filed in a jacket or folder, together with other records of illness and injury which concern the patient, and the case summarized in spaces prepared for that purpose on the front of the jacket.

The injury records should be kept in a similar manner.

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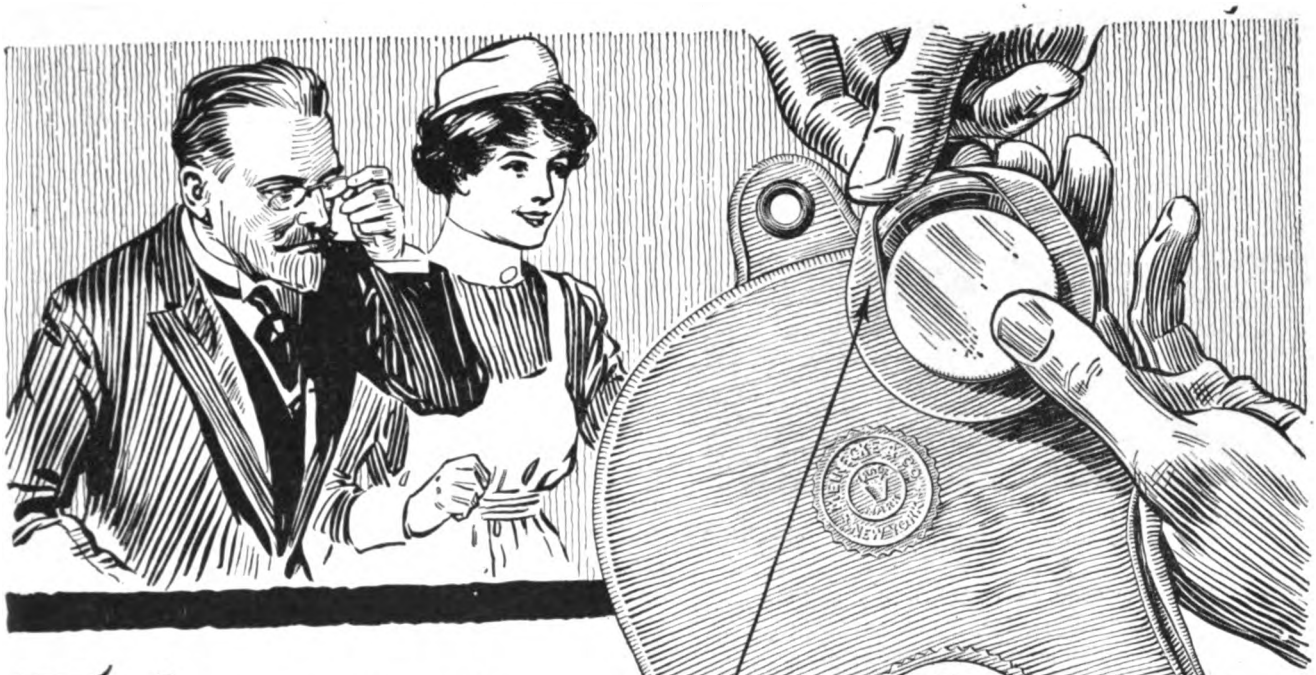

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Pleat All Around
(Gives Large Capacity)

ALL "Meinecke" Ice Bags are fitted with our patented Unlosable Washer and have a pleat all the way round to give extra capacity. These Ice Bags are made of our well known Maroon Rubber which will not get hard, soft, crack or peel off, and they can be depended upon to give the maximum Ice Bag service, either from the viewpoint of durability or utility.

A—Progress Oblong Ice Bag. Size 7x11. Made of Cloth-Inserted Maroon Rubber. The best all-around Ice Cap made.

B—Perfection Ice Bags. Made in three sizes, namely, small, 5x9, medium, 6x11, large, 7x13 inches. The upper part is made of Cloth-Inserted Maroon Rubber, and the lower part of all Rubber Stock. The box-like pleats permit this Bag to assume a square shape when filled.

C—Army and Navy Combination Ice Bags and Helmets. Made in two sizes, namely, large size, (for adults) 12½ inches in diameter, small size, 10 inches in diameter. Made of Cloth-Inserted Maroon Rubber. This is an unusually good Ice Bag for use in fever cases, as the ice can be centered over the base of the brain. Loops are provided for tying on, in case the patient is delirious. This Ice Cap can be flattened out to form a large round Ice Bag, for use when a large area is desired to be covered, especially over the chest or abdomen.

D—Progress Throat Ice Bag. Made of Cloth-Inserted Maroon Rubber in two sizes, namely, small size, 10 inches, large size, 12 inches. For application to the Throat or head.

E—Face and Ear Bags. Made in one size only, of all Rubber Stock, for use on the forehead, back of the ear or back of neck and over the head. This Bag can be used for either Ice or Hot Water. For tying on purposes this Bag is provided with a linen bandage which fits over the Cap.

A—"Progress" Oblong Ice Bag.

B—"Perfection" Ice Bags.

C—"Army and Navy" Combination Ice Bags and Helmets.

D—"Progress" Throat Bags.

E—Face and Ear Bag.

MEINECKE & CO., *New York.*

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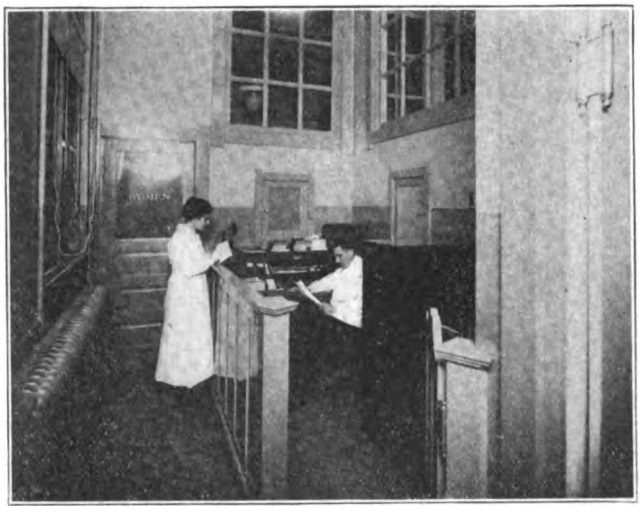
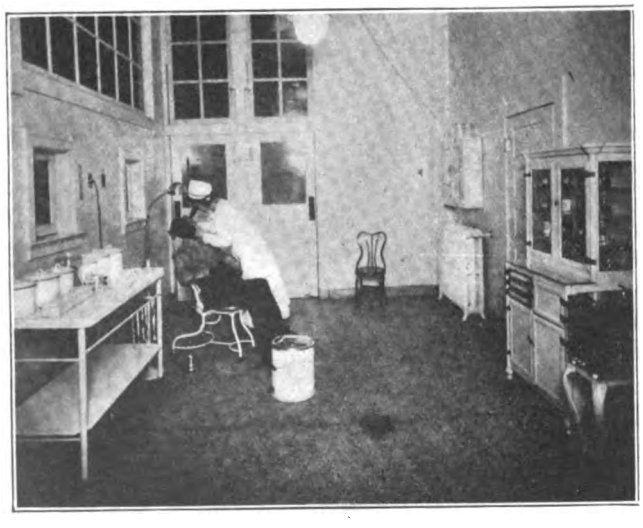


DISPENSARY OFFICE, NATIONAL MALLEABLE CASTINGS COMPANY, TOLEDO.

If this record is needed to establish the validity and amount of compensation payable, it will be found advantageous to make it a duplicate of the report made to the compensating agency.

The chronological history of the illness and injuries of each workman may be kept on the face of the jacket containing his case histories. This record is of tremendous assistance in the supervision of health. If a workman becomes a repeater, or a chronic complainer, that fact becomes readily evident in the chronological history and serves as a visual reminder to the physician. It also serves as a key for the investigation, suggesting lines of procedure and remedial agencies.

The summary of the variety and volume of cases is particularly useful in keeping the physician informed on conditions in the plant. This can be kept on a sheet ruled vertically and horizontally, the columns to indicate the



SPECIALISTS' UNIT DISPENSARY OF NATIONAL MALLEABLE CASTINGS COMPANY.

variety of cases, the horizontal lines the volume. The record is compiled by adding a line for each day. Comparisons are thereby permitted at any time, and totals may be drawn when desired. If acute respiratory infections increase it becomes quickly evident, and the same is true with respect to the various injuries that occur. The summary is really the pulse that enables the physician to keep informed on the health of all the workmen and conditions generally in the plant.

In closing, it is desirable that six points be re-emphasized: (1) Plant dispensaries should be accessibly located.

(2) The arrangement of the rooms should be such that those which are used most will be most accessible.

(3) Equipment should be grouped in units and the units so arranged that those most used will be most accessible.

(4) Personnel should be pleasant and pleasing to look at, as well versed in knowledge and trained in technic.

(5) Patients should be treated with the same consideration and conscientious attention as though they were private patients.

(6) Records should concern individual cases of injury and illness, chronological histories of each workman, and show in summary form the variety and volume of cases occurring.

Dodge to Give $50,000 Hospital

Horace Dodge, Detroit automobile manufacturer, has given $50,000 for the construction of a contagious disease hospital building on the grounds of the Good Samaritan Hospital, West Palm Beach, Fla. The institution will be known as the Delphine Dodge Hospital, after Miss Delphine Dodge, the donor's only daughter, and will cost $50,000.

Public Health Service Asks More Hospitals

The United States Public Health Service has asked $25,000,000 for the construction or purchase of hospital buildings in which to care for ex-service men. The committee on buildings and grounds of the House of Representatives, to which the request was made, was told that the Public Health Service will be required to care for 30,000 patients during the coming year. An expenditure of $15,000,000 for buildings this year is asked.

Cambria Steel Company Builds Nurses' Home

The Cambria Steel Company has awarded contracts for the erection of a series of nurses' homes in Pittsburgh and Johnstown, Pa.

Physio-Therapy Service Planned

A physio-therapy hospital service, through which injured workmen will be fitted for new tasks, is planned at Indianapolis, Ind., with Miss Bessie C. Morgan, physio-therapist of the United States Marine Hospital, Chicago, in charge. Details of the service are under the supervision of Morris E. Nicholson, general manager of the Indiana Manufacturers' Reciprocal Association.

Fruit Growers to Erect Employes' Hospital

Construction of a hospital building for employes of the Fruit Growers' Company at Susanville, Cal., is under way. Provisions also will be made for the general public. The building is expected to be ready July 1.

Hospital Drive Is Over the Top

The drive for the $300,000 Victory Memorial Hospital at Waukegan, Ill., has gone over the top and plans for the construction of the building will be pushed.

Johnson City Wants Hospital

Johnson City, Tenn., has raised $65,000 for a hospital. The project is in charge of the Chamber of Commerce.

Million Raised for Hospital

The campaign for the Baptist Memorial Hospital of Memphis, Tenn., resulted in raising more than $700,000 in the Memphis district for the institution. Other districts contributed more than $300,000, making more than $1,000,000 available.

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Powder Facts *for* Hospitals

The reproduction of the page herewith is taken from the leading nurses' publications and reprinted to advise you of Colgate & Co.'s educational work among nurses.

Analysis of Talc Powders by A. A. Breneman, M. Sc.

New York, Feb. 14, 1916

Colgate's Talc	contains	10.54%*	of boric acid
No. 2 talcum powder	"	no	" "
No. 3 "	" "	4.00%	" "
No. 4 "	" "	1.12%	" "
No. 5 "	" "	.40%	" "
No. 6 "	" "	no	

*Just the right amount.

Six years before, Dr. Breneman made the same impartial test, with the same 6 brands. The only difference is that the 1916 report shows that Colgate's and one other talc have somewhat increased the amount of boric acid.

COLGATE'S TALC POWDER

The Real Boric Powder

All talcum powders are *not* alike. The rich boric acid content of Colgate's Talc is shown by the above impartial report of analyses of various well-known brands purchased in the open market.

And besides this proper amount of boric acid, Dr. Breneman found at both tests the presence in Colgate's Talc of two other ingredients described in the U. S. Dispensatory as "healing and soothing". These ingredients were not found in any of the other powders examined.

For the comfort of your patients—suggest Colgate's Talc. There are 11 choices of perfume—besides Tinted and Unscented Talcs.

COLGATE & CO., New York
Established 1806

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Industrial Physicians at New Orleans

Problems of Medical Service in Industry Discussed from All Angles — First Aid Methods Analyzed

The annual meeting of the American Association of Industrial Physicians and Surgeons, held at New Orleans on April 26 and 27, in connection with the convention of the American Medical Association, was in many respects the most interesting and constructive which the organization has yet held, although it was by no means the largest.

The sessions were held at the Hotel Grunewald, with Dr. Harry E. Mock, president, in the chair. Several other of the more prominent members, however, were among the absentees, including Dr. Otto F. Geier, of Cincinnati, who was elected president to succeed Dr. Mock. The round table discussions, conducted by Dr. Charles M. Harpster, Dr. C. D. Selby and Dr. F. D. Patterson, the secretary, were especially practical, and brought out warm debate, this being notably the case with Dr. Patterson's subject, "The Problem of Compensation for Sickness," where the question of health insurance arose.

The chief points of interest in the report of the board of directors, whose meeting was held on the preceding day, with a full attendance, were the recommendation for increasing the dues from two to five dollars a year, and that a journal be adopted as official publication of the Association. The board also indorsed the plan of forming State associations, following the idea which has been in operation in Pennsylvania, and the plan of standardizing codes of safety and sanitation, preferably through the adoption of a national code.

On the last suggestion, it was decided that the Association should not take on itself the burden of sponsoring a sanitary code, but should rather co-operate with the American Association of Mechanical Engineers in formulating it, adopting it thereafter. The proposal to raise the dues was adopted. A committee, consisting of Dr. W. Irving Clark, chairman, Dr. Otto Geier, Dr. Thomas Crowder, Dr. Francis Patterson and Dr. H. P. Hourigan, was appointed to report to the directors, who will have power to act, upon the matter of the adoption of an official journal.

The most warmly-debated recommendation of the board was that to give the directors power to select a place for the annual meeting other than that of the American Medical Association, the point being made that the A. M. A. meeting is sometimes held in a city distant from the centers of industry, under circumstances rendering it inconvenient to attend. However, it appeared that most of the members felt that the meetings should continue to be held at the same time and place as those of the great national association of medical men, and voted accordingly.

HAS 550 MEMBERS

Dr. Patterson's report as secretary showed a total of 550 members in the Association, including eighty new members who joined during the year. He pointed out that there is still a lot of room for growth, however, as a list of 2,500 industrial physicians has been compiled, showing the considerable number still outside of the organization. The report of the prize committee enumerated theses submitted, none of which, however, was adjudged of sufficient merit to warrant an award. The reports of the committee on publicity and legislation, which were to have been rendered by Dr. Loyal Shoudy and Dr. J. W. Schereschewsky, respectively, were omitted on account of the absence of those gentlemen.

A brief but meaty and significant paper, embodying the report of the committee on teaching, was read by Dr. Hourigan. It was written by Dr. E. R. Hayhurst, a member of Dr. Geier's committee, and Dr. Geier submitted it as an excellent statement of the condition of the matter of teaching. It was stated that courses in social work, business management and occupational therapy, especially the last, are needed to fit men for work as industrial physicians, and that the universities should render this training. The course at Harvard was mentioned as perhaps the most satisfactory now available, while Pennsylvania, Yale, the University of Cincinnati, and the Ohio State University offer supplemental courses.

It was emphasized that employers of untrained men, because of the inability of the latter to grasp the needs of the situation properly, fail to lay proper stress on preventive measures, which in many respects furnish the most important phase of the industrial physician's work. Complete proper medical service is the best common meeting ground for labor and capital, it was pointed out. The demand for qualified men is indicated by the numerous calls for graduates at salaries of $2,500 to $3,000 a year to start. The suggestion was made that it should be easy in most schools to arrange at least a year of work for men planning to specialize in industrial service, without adding to the faculty, by selecting subjects already taught in the engineering, scientific and other courses, while there is ample literature on the subject, including both textbooks and periodicals.

The report concluded by pointing out that as at least a hundred million dollars a year is spent on industrial medical service—several members suggested that this is probably a very low estimate—adequate provision for the training of men to handle the work is an obvious necessity, and that this need not lead to a special degree, nor interfere with the regular work of the undergraduate, but that a certificate be given. The report met with warm approval, and a motion was adopted to have it printed and a copy sent to every medical school in the country. The interest in the subject and its liveness, were shown by the attention paid to Dr. Watkin's paper on "Training the Industrial Physician," in the afternoon, and in the discussion which followed it.

DR. MOCK'S ADDRESS

The president's address, by Dr. Mock, was a most able resumé of the field as a whole, and embodied definite recommendations for its advancement, born of Dr. Mock's wide experience, including his leadership of the Associa-

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Hemostatic Serum
(Hemoplastin)

Process of Vincent A. Lapenta, M.D.

This product is composed principally of prothrombin and anti-antithrombin in physiologically balanced solution. It is a clear, sterile, amber-colored liquid, and is suitable for subcutaneous, intraspinal or intraperitoneal injection, or local application.

HEMOSTATIC SERUM (Hemoplastin) is indicated in the treatment of all types of hemorrhage, particularly those depending upon faulty coagulation of the blood. It is used with marked success in the treatment of pulmonary hemorrhage, purpura hemorrhagica, intestinal bleeding, bleeding of the new-born, indolent ulcers; also hemorrhages incidental to various surgical procedures, such as bone operations, intracranial surgery, herniotomy, tonsillectomy, amputations and hysterectomy.

HEMOSTATIC SERUM (Hemoplastin) constitutes a very efficient hemostatic for local treatment, a small piece of sterile gauze being saturated in the serum and applied to the bleeding surface.

HEMOSTATIC SERUM (Hemoplastin) is the most efficient hemostatic that has thus far been developed. Both laboratory and clinical evidence substantiate this conclusion.

Bio. 70. 2-mil (2-Cc.) bulbs.
Bio. 72. 5-mil (5-Cc.) bulbs.

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tion. As he declared at the outset, industrial medicine as a specialty has made good, referring to the recognition of the organization as a vital factor in health service by its inclusion in the American Hospital Conference with such bodies as the American Medical Association, the American College of Surgeons, the American Public Health Association, the American Hospital Association and others of similar high rank, while a majority of the great industries have provision for medical service, this being especially true of the railroads. The rapid spread of compensation legislation, led by such states as Pennsylvania, Massachusetts, Ohio and California, has played its part.

In the future, however, the Association and its members must do more for each other, if industrial medical service is to grow as it should, Dr. Mock said. The readjustment following the war, on the part of both the medical men and industry, is about over, and things can go ahead. State associations of industrial physicians should be formed, and the parent organization should aid them, all working to the great end that accidents and disease should be prevented to as large a degree as possible, and that injured men should be rehabilitated instead of scrapped. The possibilities of large membership in State organizations lie in the eligibility of railway and mining surgeons, insurance physicians and medical men on compensation boards, as well as the physician or surgeon devoting all or part of his time to ordinary industrial practice.

PHYSICAL EXAMINATIONS NEEDED

The program of industrial medicine should call for continued evolution, just as the company doctor of ten years ago has evolved into the industrial physician and surgeon of today, and should cover every phase of health service, to the end that more and better man-power for industry may be provided. Pre-natal care, the reduction of infant mortality, provision for the best medical care for the poor as well as for the rich, not as a matter of charity, but under such a plan that it can be paid for, are salient needs in medical economics from the industrial side, Dr. Mock declared. He pointed out in this connection that few hospitals outside of the larger cities are at present able to give adequate care to serious industrial injuries, such as a broken femur, where X-ray work is essential, and the development of portable Roentgen outfits was mentioned as a welcome one to meet this need.

Provisions for physiotherapy and hydrotherapy, to facilitate full functional recovery, are also a vital need in industrial medicine; while the dearth of hospital beds is noted everywhere, resulting in patients actually being turned out of the hospital to convalesce, at a time when expert care, aided by every modern device, is most necessary if full recovery is to take place. Dr. Mock suggested on this point the desirability of convalescent centers, provided with equipment to enable the return of men to work, or their retraining for work other than that which they formerly did. This latter has been a phase of rehabilitation too often overlooked, he commented, but its importance is obvious.

The physical examination of applicants for positions is vital, Dr. Mock insisted, although it is opposed by union labor on the ground that it can be used as a means of ousting labor leaders and otherwise exercising unfair discrimination; but, as he said, it is certain that no honorable industrial physician would prostitute his position for such purposes. The selection of able-bodied men for positions which could be filled by the handicapped was a defect suggested in present placing methods, resulting in a waste of man-power, through the rejection of men who might be used. An employes' council to work with the industrial physician can do much to eliminate friction.

Compensation to the physician should be adequate. Dr. Mock referred to cases where men had been forced to resign from industrial medical work on account of inadequate pay, such as $100 a month, and declared that $200 a month, far too little, will obtain many physicians, who, however, are selling their services many times too cheap if they are worth anything at all, and probably rendering service which is correspondingly below par. In the future better-trained men must be available, on one hand, and, on the other, the industries must learn to pay them properly; and an important factor in this is to show the employer the actual value to him of the industrial physician's services.

Dr. Drury Hinton, medical supervisor of the Philadelphia works of the DuPont industries, with an extensive war experience behind him, discussed "Wound Infection in Industry," giving interesting data from his war work, and relating instances of the application to industrial work of war-time experience. As he pointed out, in war the first object is to return the wounded man to the firing line as soon as possible, and the parallel object in peace is to return the man to work as soon as possible. Under war conditions, there is some excuse for infection, chiefly on account of the lapse of time frequently unavoidable between the time of the wound and treatment. In industry, there is no such excuse, because treatment should be possible at once.

Every scratch should be washed with a disinfetcant, preferably Dichloramine-T, and after cleansing a simple dressing, consisting of a few layers of gauze, should be applied. For torn wounds, a packing of gauze soaked in sterile oil should be used, and the skin around the wound cleansed to avoid infection from that source. Dead tissue should be cut away and stitches applied. A light dressing is best, because it keeps the skin dry by avoiding perspiration, and permits ventilation. Dr. Hinton stated that out of 2,400 cases handled under treatment along these lines, only three infections developed. Rules should require every injured man to report to his foreman, and for all cases involving a real wound to be sent to the dispensary for proper treatment. The industrial surgeon can save serious developments by giving prompt and adequate attention to injuries.

The discussion following Dr. Hinton's address developed the fact that iodine is no longer popular among industrial physicians as a wound disinfectant, as the men object to the smarting which follows its application and refuse to apply for treatment where they know iodine will be used. One member stated that he had records of 7,000 cases where Dichloramine-T was used successfully. Its contact with healthy skin should be prevented, however, an application of vaseline around the wound for this

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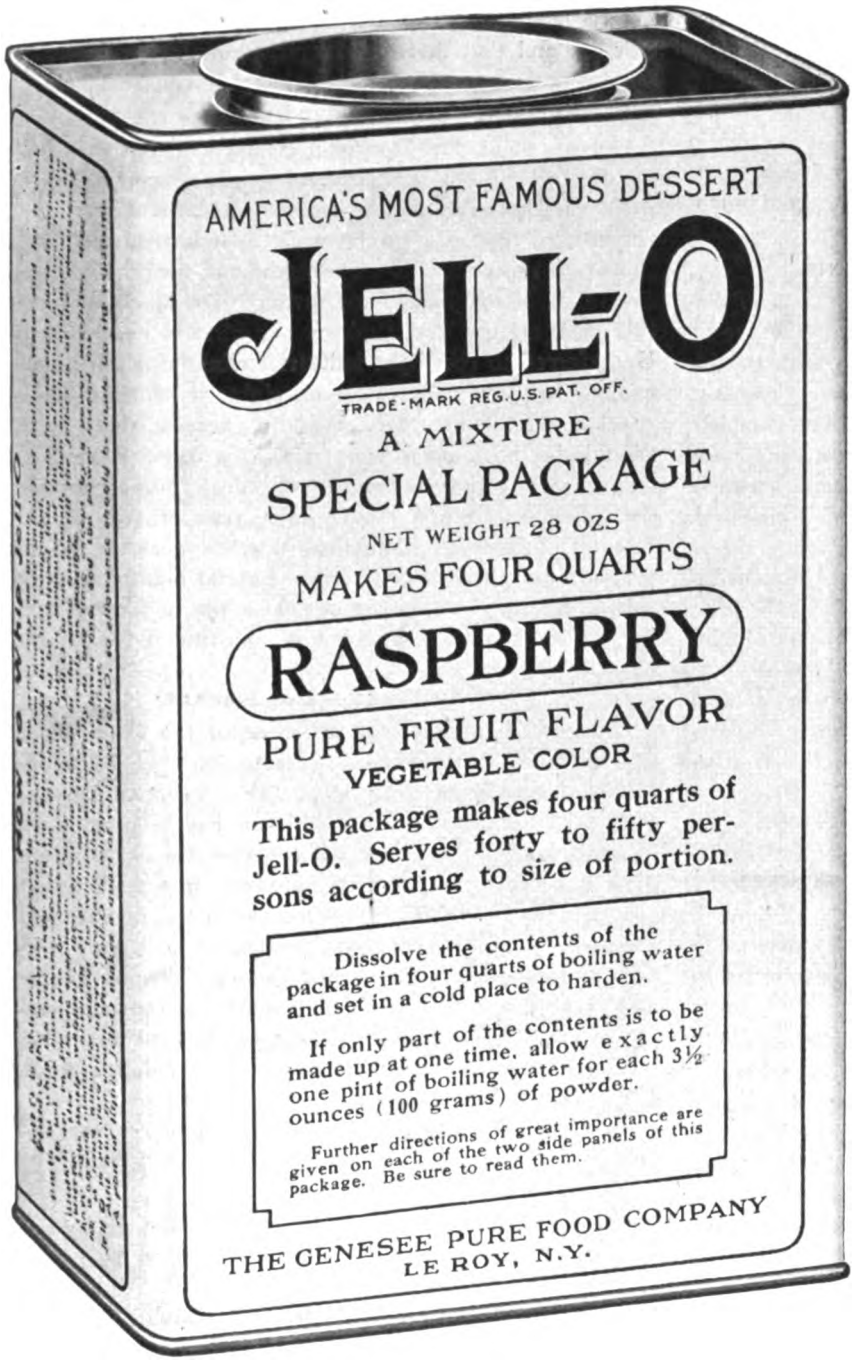

The Easy and Sure Way For the Nurse

Among the dishes which the nurse likes to prepare are the refreshing and attractive salads of which the foundation is Jell-O. These are made by adding to the Jell-O chopped celery and bits of fruit and nutmeats. They are moulded in teacups or little moulds and each is turned out on a lettuce leaf.

Such a dish may be called a salad or a dessert and be very good as either. If served as a salad, Mayonnaise or other salad dressing goes with it.

As made of Jell-O, which contains all the ingredients that would have to be added if plain gelatine were used, there is a great saving of time and labor, and the result is always satisfactory. The nurse who uses Jell-O for her dainty dishes is never obliged to depend upon luck. She can easily and surely accomplish what she used to do with tedious detail and with qualms as to the outcome.

Jell-O is made in six pure fruit flavors: Strawberry, Raspberry Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y., and Bridgeburg, Ont.

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purpose being suggested. Chlorcosane was given as the dilutant for Dichloramine-T, to form a two percent solution; and results were said to be better where the application was on a dry surface, alcohol or ether being used for drying.

Dr. Hinton stated in reply to a question that anesthesia should be resorted to where a large wound has to be handled, gas oxygen for complete anesthesia and novocaine for local anesthesia.

TRAINING INDUSTRIAL PHYSICIANS

"Training the Industrial Physician" was the topic discussed by Dr. J. A. Watkins, of Cincinnati, O., where he is connected with the University as well as with the industrial medical service of the Lunkenheimer Company. Only two universities offer anything like complete courses, he said, these being Harvard, with a course for graduate physicians leading to a doctorate, and a course for undergraduates, and the University of Cincinnati, with a course established in 1919. The latter school offers field work in the industrial districts, with a subsequent internship under an industrial practitioner.

Many other institutions, however, offer courses in industrial medicine to be taken during the regular medical course, these including Rush, with a 48-hour clinical course, limited to ten men; Ohio State, with its department of public health and sanitation, and elective courses for the medical student, which were dropped during the war, but were resumed this year; Minnesota, Bellevue, New York University, Columbia, Michigan, Northwestern, Johns Hopkins, Washington (St. Louis), and the University of California, with various courses, all limited, for special study in industrial medicine. Pennsylvania is arranging a post-graduate course, and Yale offers two degrees in public health.

A third educational factor is present in the clinics held in most of the industrial centers, where the actual treatment of industrial injuries and of occupational diseases can be observed by medical students. Group clinics are becoming more common, that of the suit and cloak trade in New York being cited as a prominent example. Lack of attention on the part of the profession to preventive medicine was referred to as growing out of lack of training to impress its importance and its intimate connection with working conditions.

Several interesting suggestions were brought out in the discussion of Dr. Hinton's address, one member remarking that the proper splinting of fractures is neglected, resulting in many permanent disabilities. Mr. Lapp pointed out that the training required is needed in several degrees—for students who desire later to specialize, for the graduate who desires a post-graduate course, for men in practice who want opportunity for occasional study, and short courses for all who may be able to use them. Dr. French emphasized the need for diplomacy on the part of the industrial physician as essential to secure the co-operation of the men, and the possibility of educating students on this point.

It was declared, however, that a great difficulty in handling industrial work is not in a deficiency in special training in subjects peculiar to that specialty, but a lack of specific knowledge which a competent physician should have. A member asserted that there is little special knowledge required by the industrial physician or surgeon which should not belong to every competent practitioner, and that there is danger, in multiplying special courses, of turning men out without enough real knowledge of anatomy and other fundamentals.

On this point, Dr. Hourigan commented that the University of Buffalo is offering preventive medicine work in its public health course, not in a medical course, and emphasized that any special work in industrial medicine should be postgraduate. Undergraduate medical courses should not be overloaded any further. Dr. Mock indorsed this idea, stating that students are already overworked. He referred to the night industrial clinic at Rush as an example of practical education, eighteen students being regular attendants. Dr. Watkins agreed that there should be no interference with the regular medical course, stating that his idea of the ideal training for industrial specialization would be a year or two in the hospital, following graduation, another year or so in practice, and then special study. Special industrial work should certainly not be attempted by the undergraduate, he said, and neither should it be substituted for an internship.

FIGHTING VENEREAL DISEASE.

Dr. Edward Martin, commissioner of the Department of Health of Pennsylvania, speaking on "The Relationship of the Industrial Physician to the Venereal Disease Problem," described the work which has been done by his department in stamping out venereal disease, pointing the connection by saying that any work in that direction concerns the industrial physician, who both prevents and cures. The Pennsylvania method, based on Army records and experience, has been to adopt a definite course and carry it through, beginning with a sincere and emphatic campaign against sex commerce and including thorough education in prophylaxis. On the latter point, Pennsylvania has caused every druggist to stock a specially-prepared packet, and has secured newspaper co-operation to educate the public to the necessity of its prompt use following exposure.

Every case which has not been rendered non-contagious by prompt and adequate treatment is subject to report and quarantine, with reasonable exercise of the board's authority. Clinics have been established, and infection is regularly traced to its source. Dr. Martin stated that these measures have given reasonable hope that syphilis, as a menace to public health in Pennsylvania, may be abolished within a single year. His attitude toward the high desirability of immediate prophylaxis was indorsed by several members who commented on the subject.

Dr. A. H. Ryan, of the Scovill Manufacturing Company, Conn., concluded Monday's program with a stereopticon talk on "Industrial Physiology," showing the results obtained in his work. He emphasized his belief that the divergence on the part of many physicians in their attitude toward psychology, on the one hand, and physiology, on the other, is regrettable, as in industrial medicine especially the two are closely related.

Tuesday's session was devoted almost entirely to round-table discussions of live topics, and these brought out the most lively debates of the meeting, as nearly everybody present had more or less emphatic opinions on the sub-

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to this

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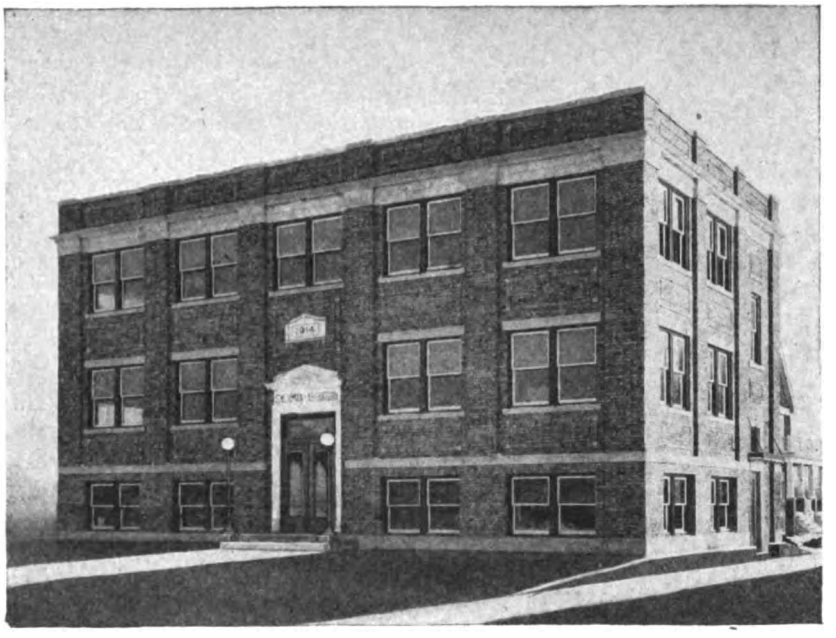

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Vaccine Therapy is now developed into a practical, serviceable, therapeutic agency. You will never be certain that you have accomplished the most for your patient until present day methods—VACCINE THERAPY—have been tried.

Experience in the clinical field has shown that recuperative power during the course of a disease depends upon the possible raising of metabolism and defense. It is by means of stimulating the defenses of the body that Bacterial Vaccines promptly produce results.

The list of SHERMAN'S BACTERINS is large and varied. Our products are carried in stock by over 1,000 drug stores throughout the U. S. A.

New ideas evolved from time to time by studies in laboratory observation are outlined in literature that we publish. It is mailed free to hospitals and physicians desiring it. All vaccines marketed in specially devised aseptic antiseptic bulk packages insuring absolute safety in withdrawing contents. Complete price list on request.

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jects discussed, and was ready to express them. The first topic of this sort handled under the direction of Dr. Charles M. Harpster, of Toledo, in the absence of Dr. Schereschewsky, was "The Problem of First Aid." Dr. Harpster, outlining the topic to start the discussion, pointed out that the first-aid station has a definite purpose, but that it should not be permitted to take the doctor's place nor to attempt too much; and the general tendency, he said, is to do too much.

The first-aid kit, he said, should be simple, including, for example, a compress, bandage, triangular bandage, gauze, ampoule of iodine, wedge for broken jaw, tourniquet. These kits should be placed at proper points around the plant, with a store-room to replenish the supplies.

Dr. Patterson stated that in Pennsylvania, while the law permits anybody to render first aid, redressing of wounds must be under the direction of a physician. A problem is to handle first aid and subsequent care properly in isolated plants, as in mining regions, where it may be difficult to secure a physician promptly, and it should be with these cases in mind that the questions of what first aid is to consist of, and how far it should go, should be determined. Dr. Patterson also suggested that a kit suitable for one plant or industry might not be satisfactory for another, the nature of the injuries usually suffered and the proximity of a physician or a fully-equipped dispensary being controlling factors.

CARNEGIE STEEL METHODS.

Dr. A. W. Colcord, of the Carnegie Steel Company, referred to the suggestions of the National Safety Council two years ago regarding minimum first-aid requirements, and remarked that the kit should of course be adapted to place and circumstances. The Carnegie kit contains a flat package of sterile gauze in wax paper, a small roller bandage and a small ampoule of ammonia. Where, as at the Carnegie plants, every man in 5,000 can be got to a fully-equipped hospital in ten minutes, elaborate first-aid equipment is unnecessary. Dr. Colcord stated that he would rather expose a wound to the air two hours without attention than to have it dressed at once by the best layman, and that the former course would result in a lower percentage of infection. The Carnegie company trains first-aid classes, containing a high percentage of college men, and the instruction emphasizes what not to do, as well as what must be done.

The essential things to know in first aid, as Dr. Colcord outlined them, include how to stop the flow of blood, by means of direct pressure with sterile gauze, instead of with the tourniquet, which is used too much, instead of being applied only above the elbow and knee; how to start breathing, by the Schaefer method; how to handle a severely injured man without shock, reassuring him and handling him gently in getting him on the stretcher. In some places, where acid burns occur and quick relief from pain is desirable, a 5 percent boric acid ointment is provided in the first-aid kit.

Nurses can be trained to do wonderful work, as they see the injured first, and with proper training can do everything that the physician would direct, such as stopping hemorrhage, easing pain in severe cases by a hypodermic of morphia, and otherwise seeing to the patient's general comfort, especially by the use of electric warming pads. In fact, a competent nurse can attend to all ordinary injuries without the immediate supervision of a physician, Dr. Colcord declared, stating that his practice is to spend at least two hours in the twenty-four in the plant hospital, and to see every case. Some of his nurses, he said, can splint a fracture or suture a wound as well as any surgeon.

FIRST AID BY LAYMEN.

"But," he emphasized, "first-aid by untrained laymen should be kept at the minimum, and we make it very unpleasant for the first-aid man who attempts to dress a wound in our plant. Iodine is one of the best first-aid helps, because it is fairly safe, although I am not an iodine man, and won't use it in my hospital, preferring Dichloramine-T."

Dr. Hinton, called upon to give the military viewpoint, indorsed the view that the minimum is the best first aid, and also Dr. Colcord's praise of what a good nurse can do. He said that experience with the British Army had convinced him that there is virtually nothing that a good nurse cannot do except major surgery. The original experience of the British, he said, was that the men with the least first-aid attention got the best results, an appalling amount of infection following probing and swabbing with iodine in unskilled hands. Later only a dry sterile dressing was used in first aid.

The subject of the "eye picker" was brought up by Dr. Sulzman, who expressed the general view on this subject, referring to abrasions of the cornea resulting from well-meaning first-aid workers digging after foreign objects, placing the victim out of commission for weeks instead of hours. Dr. Harpster commented that no first-aid man should be permitted to touch the eye.

Dr. Hourigan was inclined to believe that the services of trained first-aid men should be relied on rather freely, pointing out that the days are not long enough for either physician or nurse to give personal attention to all of the cases. The "eye-picker" is dangerous, but he said that the remedy is to educate him and make him serviceable. Not one-tenth of the cases of illness or injury come to the physician, or the profession would be swamped with work. He referred to a meeting of first-aid men in Buffalo, attended by representatives of 400 industries, at which it was brought out that 95 per cent had neither nurse nor attending physician, making it self-evident that some sort of plant first-aid work must be done.

The meeting greeted with enthusiasm Dr. George W. Crile, of Cleveland, who was called on to tell something of his Army experience while a division consultant overseas. He started off by remarking that there are more industrial casualties yearly in the United States than there were in the Army during the war. Army experience showed that wounds did best when closed, and even after infection they could be closed with good results. Two main requirements should be observed, the first being that no pooling of wound secretions should be permitted, and the second that under no circumstances should pressure be brought to bear on the wound. If stitches become tight under swelling, they should be cut. The only good antispetic is the patient's living tissue, aided by heat.

"By avoiding circular bandages and aiding the natural

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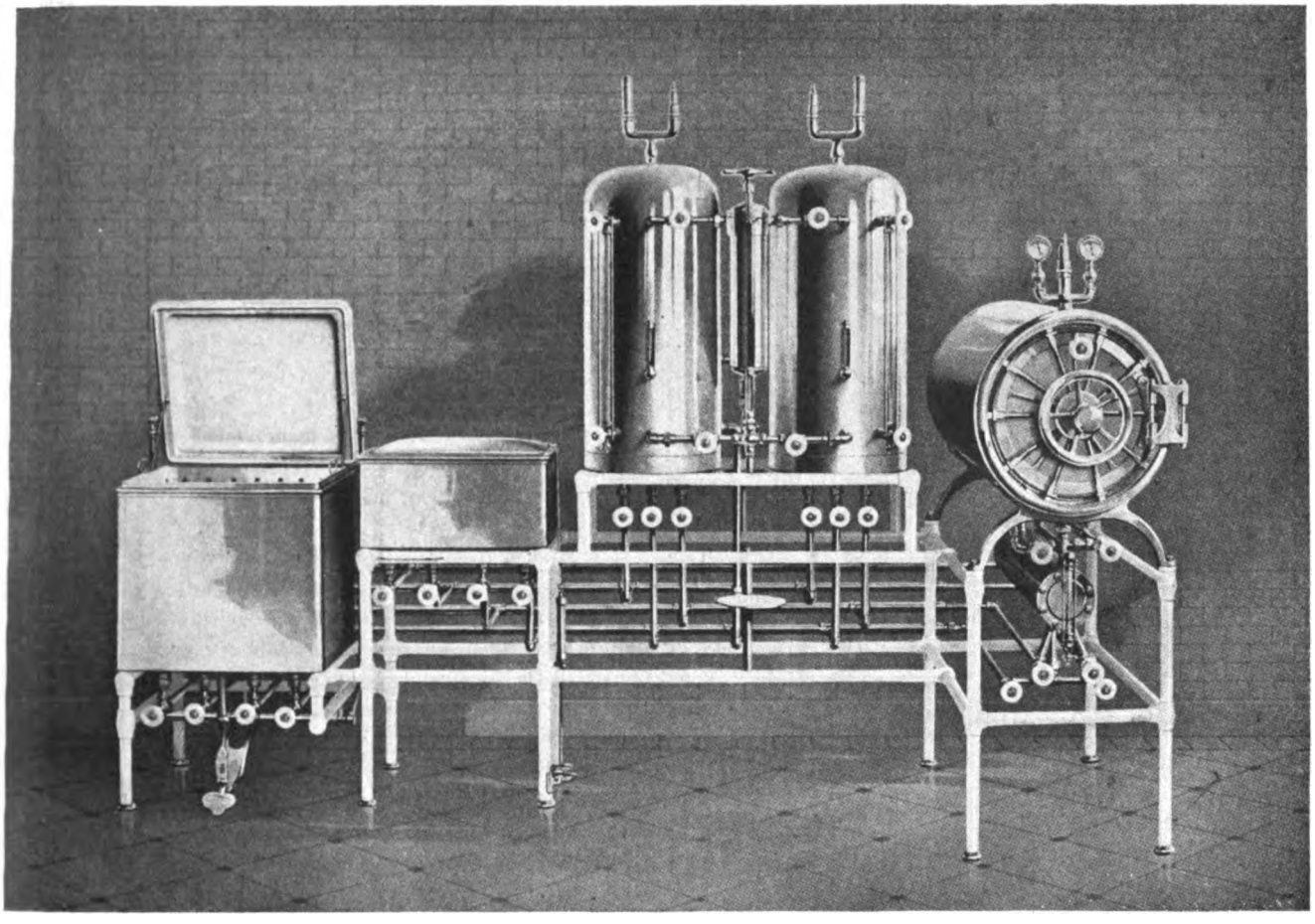

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defense of the patient, wonderful results were secured," he said, referring to the remarkable record of a group of young surgeons in his area who handled 1,700 compound femur fractures from March 21, 1918, to the armistice, all infected from lying out, with only nine per cent amputations, and no shortening. All measurements were taken early, the Thomas or Hodgens splint was used, if the patient had low blood pressure transfusion was resorted to promptly, a fine dietary and plenty of fresh air were provided, circular bandages were eliminated, and little pain was permitted. Gas oxygen anesthesia was used in all cases. The necessity of keeping the patient warm was especially emphasized by Dr. Crile.

HANDLING BURN CASES.

Dr. Watkins, called upon to tell of first-aid work in burn cases at Nitro, stated that few serious burns occurred, most of them being superficial. He suggested that too much emphasis has been laid on first aid, and that few cases require attention before the arrival of the physician.

The practical elimination of first-aid work at the Overland plant was referred to by Dr. Smead, who said that no kits are used, as every man is within two or three minutes of the hospital or a branch dispensary. He emphasized the desirability of getting the patient to the physician early, and reiterated the statement previously made that iodine, by causing pain, tends to keep the men from coming for treatment, and thus is a bad influence.

Dr. Halberson, of the Reading, gave some interesting details of the railroad and mining work of his company, stating that he has fifty-nine surgeons in his department, with 700 men in the whole medical service, and three good-sized hospitals. In the course of seventeen years 3,500 men have been instructed in first aid by this company, and the United States Bureau of Mines has paid it the compliment of sending others to study Reading methods. The men are kept in training, and know what to do in eye work as in other cases, Dr. Halberson declaring that his first-aid men have little trouble and cause little infection in eye work.

Burn cases are numerous with the Reading, and are treated with a two per cent picric acid dressing, which is not disturbed for 48 hours, as change of dressing means secondary shock and a large increase in the proportion of fatalities, Dr. Halberson emphasized.

Dr. Patterson here moved that the chairman appoint a committee of five to draw up first-aid standards, and this motion was adopted.

Dr. C. D. Selby, before starting his round table on the subject of "Standardized Surgical Methods in Industry," presented the report of the committee, of which he was chairman, to consider the president's address. The committee recommended wide publicity for the address, and also recommended that all of the measures suggested by Dr. Mock be adopted, pointing out that this would probably involve the necessity of employing an executive secretary to give all of his time to the Association, and recommending that this be done as soon as the funds of the Association would permit.

This suggestion seemed to meet with general approval, the committee report being adopted; but when it was pointed out that the employment of a full-time executive

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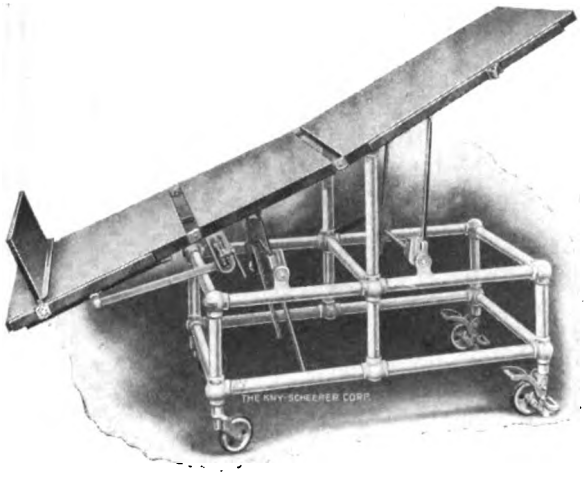

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secretary would involve the necessity of some means of raising considerable sums annually there was some debate. Dr. Mock and others believed that there would be no difficulty in raising any amount necessary, possibly by contributions from the industries or by the great foundations.

The round table on standardization of surgical methods had for its object, as Dr. Selby suggested, first to determine whether standard methods are desirable, and if so, of what they are to consist and how they are to be adopted. Standards are adopted unconsciously, as a matter of habit, he said, and good standards, adopted and published, will be followed; and while medicine is not an exact science, methods have been established for doing certain things, which can be adopted as minimum requirements.

On the question of whether surgical standards are desirable, Dr. French, of Los Angeles, expressed the opinion that the establishment of standards would mean lack of progress, pointing out that the war had shown the danger of stagnation through the acceptance of certain methods as established and not to be improved. Methods are constantly changing, and the establishment of standards might tend to discourage initiative.

TO ADOPT STANDARDS.

In order to secure a vote, Dr. Mock moved that it be taken as the sense of the meeting that certain minimum standards for certain types of accident cases, should be established, and that a committee be appointed to draw up those standards. This motion was adopted, Dr. Colford commenting that 90,000 Carnegie Steel Company wounds had been treated by standardized technique, with practically no infection, according to the methods set forth in the manual published by the company.

On the treatment of a fresh wound, Dr. Selby elicited some interesting opinions, Dr. Fisk, of the International Harvester Company, Chicago, declared that fifty per cent of factory wounds are clean if let alone and referred to former methods of so-called cleaning of wounds as "atrocious." A vote favored the removal of dead tissue; the use of ether for cleansing was opposed; the practice with reference to the use of iodine was shown to be varied. Dr. Selby commented that the difference of opinion on various details indicated the impracticability of establishing standards in some cases, the progress of surgery, as he suggested, depending on so many minds that standardization is difficult.

However, as Dr. Mock pointed out, minimum standards can be adopted, instancing the fact that the use of iodine for painting minor injuries had reduced infection to a small fraction.

An interesting discussion of treatment for burns occurred at this point, various members contributing their experience. Some difference of opinion was indicated, some having had success with methods which others did not approve. Dr. Colcord stated that he has developed an ointment which has been very useful, serving to make the men comfortable and acting as a powerful local anesthetic. It has a base of vaseline, hardened by wax to a melting point of 105 degrees, the other ingredients being carbolic acid, menthol, thymol, phenol, balsam, and camphor, 5 grains of each to the ounce. His or-

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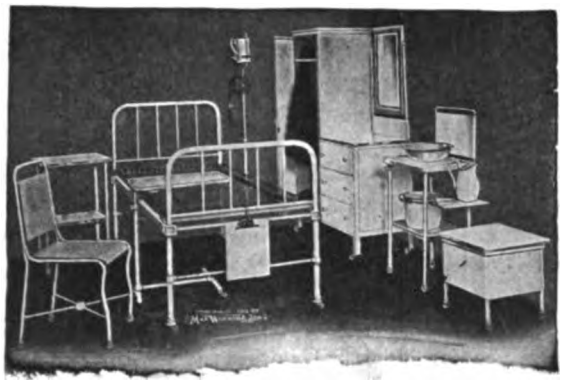

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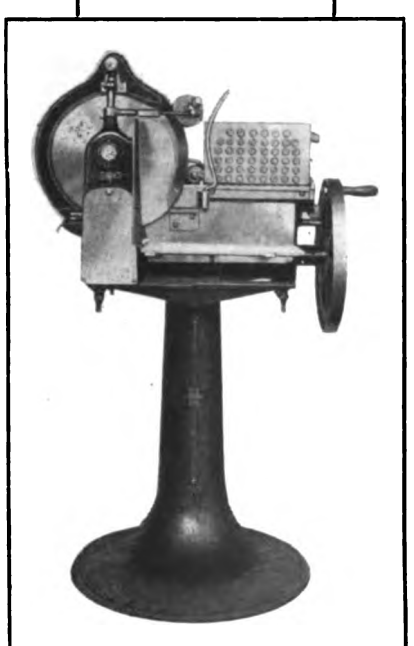

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ganization treats nine thousand burn cases a year with this ointment, which is used until the burn heals.

Dr. French demonstrated a method of forming the various standard special splints by the use of steel and aluminum units bolted together, the idea having been suggested by the popular construction toys. He stated that with a comparatively few pieces any splint desired can be produced, with the exact measurements required by the case, instead of having to have a splint made to order for each case.

The round table on "The Problem of Compensation for Sickness," involving the general question of health insurance for industrial workers along the same lines as the present system of compensation for industrial accidents, was conducted by Dr. Patterson, and resulted in the most animated discussion of the meeting, as there were several enthusiastic advocates of health insurance present, and several who were violently opposed to the plan. Dr. Brown, of San Francisco, who has had years of experience with the medical department of the Southern Pacific, described the real need for health centers and better general medical care of the public, without however, directly indorsing the idea of health insurance.

Dr. Hourigan, of Buffalo, suggested that so far little is known of the manner in which medical men would be paid for their services under a system of health insurance for workers, and gave figures developed at a Pennsylvania meeting on the subject which seemed to indicate that the compensation would be entirely too low. Mr. Lapp, who was a member of the Ohio commission which investigated health insurance, and who is thoroughly informed on the subject, gave his views, which were strongly in favor of the idea, from the standpoint of society as a whole and of the worker individually, as well as from that of the medical man. Col. Rucker, of the United States Public Health Service, suggested the possibility of parasitism under a too liberal system, referring to his experience with war risk insurance.

HEALTH INSURANCE RESULTS

Dr. Joseph Bloodgood, of Baltimore, remarked that a study of the available facts developed in the experience of other countries with health insurance seemed to be desirable as a basis for action in this country; whereupon Dr. Frederick W. Hoffman, a keen investigator, declared that the facts are fully available, and that his conclusions, based upon a mass of information secured in England, indicate that the health insurance system is wholly undesirable from every standpoint.

Speaking for some time on the subject, Dr. Hoffman stated emphatically that the compensation to the physician is so low, and the red tape involved so complicated that the profession in Great Britain has been reduced to "driveling subserviency to the state," and that the attendance furnished the sick under the scheme is of the low grade indicated by three to five-minute calls. He declared that none of the benefits claimed for the system, such as better and more general medical service for the poor, preventive medicine, and the like, had resulted, but that on the other hand an enormous and costly bureaucratic machinery had been saddled on the country.

His conclusions, however, were opposed by Dr. Walker of Edinboro, Scotland, who represents that country on

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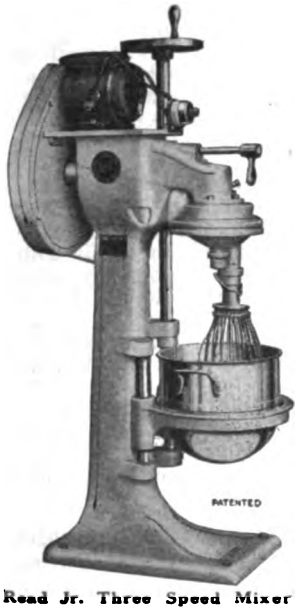

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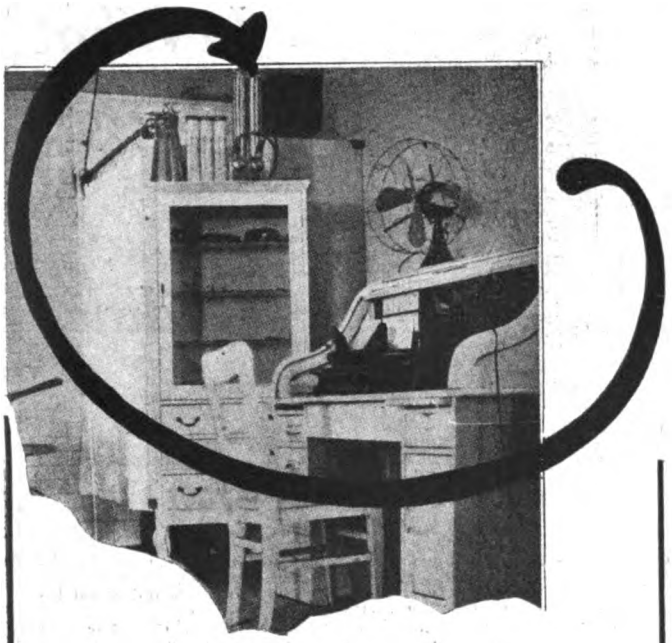

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the board of thirty-five men operating the health insurance system, and was formerly chairman of the British board of examiners of candidates for medical licenses. Dr. Walker stated that the system had been on the whole satisfactory, and that the majority of the profession, in his opinion, would not return to the former system.

Dr. A. R. Warner, executive secretary of the American Hospital Association, who was also a member of the Ohio health insurance commission, suggested that the hospitals have always suffered losses due to inability to collect from the poor, and that under a health insurance system, as under a properly adjusted compensation law, the hospitals would at least have some assurance of receiving payment for their services to those otherwise unable to pay. Dr. Mock suggested a receptive attitude toward health insurance as toward other new ideas, pointing out that there is a crying need for better medical service, and that some means must be found of furnishing it.

Before the discussion began the nominating committee reported its selection of officers, who were unanimously elected, as follows: President, Dr. Otto F. Geier, Cincinnati; first vice president, Dr. Thomas R. Crowder, Chicago; second vice president, Dr. W. Irving Clark, Worcester, Mass.; secretary-treasurer, Dr. F. D. Patterson, Philadelphia; directors, Drs. Philip King Brown, Harry E. Mock, C. A. Hopkins, C. M. Harpster, H. P. Hourigan, J. A. Watkins and Drury Hinton.

Red Cross Surveys English Hospitals

Sir Napier Burnett, director of hospitals under the control of the Red Cross in England, is working out a plan for the relief of provincial institutions that are suffering from "the hospital crisis" which, he believes, will result in a considerable improvement in the situation.

The plan consists of a survey of the institutions, a widespread appeal for funds, co-operative buying and a system of setting up co-ordinated groups of hospitals.

The survey already shows an overlapping in some respects, one instance of which, according to the report, is in a certain district where one hospital had a large waiting list while others had vacant beds. Other examples of inefficiency were disclosed in competitive bidding for supplies and for services of workers.

The Red Cross soon expects to be able to buy in bulk and distribute supplies throughout the country. Co-operative buying, however, recently was tried by London hospitals and discontinued, but it is pointed out that the fault with the London system was that there was no co-operative distribution. This defect will not be repeated under the Red Cross plan.

Institutions in London are excluded from the present plan because they have a number of endowments available, such as King Edward's Fund.

Building operations among English hospitals are being discouraged by Sir Napier because of high costs, unless the building is in the form of installing cubicles in wards for paying patients or some other revenue-producing venture.

New York State Hospitals Overcrowded

The sum of $1,033,380 was spent for construction, repairs and alterations by the New York state hospital commission, according to its annual report, yet the institutions belonging to the state are overcrowded 21 percent beyond their certified capacity.

Beloit Organizations Seek City Hospital

Civic organization and public spirited citizens of Beloit, Wis, are giving active support to a movement toward the establishment of a city hospital.

Newport, Wash., Wants Hospital

Citizens of Newport, Wash., are assisting Dr. W. S. Wallace of that town in his effort to raise funds for a hospital.

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Department Accounts Check Expenditures

(Continued from Page 45)

Printing, stationery, books, advertising
Class room expense
Commencement expense
Social service department
Postage
Sundries
Total expense of Training School

Harris Home—
Pay roll
Extra labor
Taxes, assessment, insurance
New equipment—furniture
Repairs equipment—furniture
Linen
Laundry and cleaning
Household supplies
Rent
General repairs
Light—electric
Light—gas
Power—electric
Coal
Sundries
Total expense Harris Home
Total expenses nurses' school and home
Deficit or surplus, nurses' department

The Wesley Memorial system also is applied to the free bed department, since it is the policy of the institution to conserve and do as much work as possible with funds set aside for this purpose. The record lists as "credits" for free work donations from churches and individuals, funds for supported beds and proceeds from the free bed endowment and the James Deering Trust fund. Against these credits are balanced "charges" for services to patients and administration expenses, the former items being detailed for free and part free wards and rooms, while administration expense includes pay roll, agents' expense, printing and stationery, postage, supplies and sundries.

The forms used for the free bed department for the monthly reports, therefore, include the following entries:

CREDITS

Donations—
Cash from churches
Supplies from churches
Total from churches
Individual donations
Supported beds and regular subscribers
Donations, total

Investments—
Free bed endowment fund
James Deering trust fund
Investments, total
Credits, total

CHARGES

Services to patients—
James Deering trust fund—
Wards—full free
Wards—part free
James Deering trust fund, total

Free bed endowment fund—
Wards—full free
Wards—part free
Rooms—full free
Rooms—part free
Free bed endowment fund, total
Services to patients, total

Administration—
Pay roll
Agents' expense
Printing and stationery
Postage
Supplies
Sundries
Administration, total
Total service and expense

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Theodore Mayer & Co.
226 West Adams Street
Chicago

TOWELS - TOWELING
NAPKINS - TABLE LINEN

Special Attention Given to Name Work

KUALITYWEIGHT
Ribbed Bath Towel
No. L-518

is just right for Hospital use.

Made so that it will withstand strain, it gives long wear.

The face of this Kualityweight towel is woven in ribbed or corrugated effect. That gives the towel more bulk and weight than the ordinary style has. It is made of the best quality of heavy-weight Pure White Terry Cloth with border.

Let us send you sample and price of this very desirable towel.

You can also have samples and prices of

KUALITYWEIGHT
Turkish Bath Towels
Cotton Huck Towels, and
Towels with your name woven therein.

B. Lowenfels & Co., Inc.

Importers of Linens
38 Cooper Sq.
New York City

B. LOWENFELS & CO. INC. HOTEL LINENS

Resident Salesmen:
Cleveland, O.
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For Wheel Goods---COLSON

THE QUALITY LINE

Ball Bearing, Rubber Tired Truck Wheels and Fittings. Bulletin "A"

The two biggest requirements of good hospital service—the comfort of patients and efficiency of operation—rest to a considerable extent upon the question of whether your wheels and casters are the best that can be had. And the difference between the cost of the best and the other kind is so small, considering the importance of this difference in service that it is hardly worth thinking about. See that your wheels and casters, and the equipment they go with, are of the best.

The famous Colson Trade Mark Protects You.

Self Propelling, Reclining, Invalid Rolling Chair. "U. S. ARMY STANDARD." Bulletin B

In replacing wheels for service carts, wheel stretchers, food wagons, wheel chairs, and other equipment, it is the truest economy to see that the new wheels are all that they should be. Our Bulletin A tells you about them.

COLSON WHEELS TRADE MARK

There are wheel chairs and wheel chairs. Are your patients given the most comfortable and easily-propelled sort? The kind we make have the highest indorsement, and give the greatest satisfaction in use. Bulletin B, free on request, is an interesting treatise on wheel chairs.

THE COLSON COMPANY
ELYRIA, OHIO, U. S. A.

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"To Be Certain—

Burn-It-All"

There is only one safe and satisfactory method of collecting and disposing of SPUTUM, and that is by using paper receptacles, **made for the purpose,** which can be burned entire with their contents, making it unnecessary to take any chance of infection.

The **Safe Way** *Is the* **Easy Way**

No. 5 COVERED SPUTUM CUP.
An all paper "Burnitol" Cup.

BURNITOL SPUTUM CUPS
Are the Recognized Standard.
Two Popular Models

SEE THAT THUMB HOLD ?

An added convenience for the easy withdrawal of fillers.

This covered holder model in polished nickel or lacquer finish.

SPECIAL OFFERING FOR MAY

To acquaint you with the merits of Burnitol Sanitary Products, we offer for May only, to those mentioning this advertisement, BURNITOL LIQUOR CRESOLIS (99-9/10 pure) at $2.25 per gal., in barrel lots, F. O. B. Chicago. Makes water white solution. New refining process produces wonderful clearness and purity. QUALITY GUARANTEED. SOLD ON APPROVAL.

Note Our Complete Line and Ask for Samples of Our

Sputum Cups	Disinfectants
Paper Cuspidors	Green Soap
Paper Drinking Cups	Surgical Soap
Paper Bags	Soap Chips
Paper Hemorrhage Boxes	Soap Powders
Paper Handkerchiefs	Scouring Powder
Paper Napkins	Sweeping Compound
Paper Towels	FUMIGATORS
Toilet Paper	Toilet Cleansers
Deodorants	Insecticides

Burnitol Manufacturing Co.

Chicago Office:
37 N. Market St.

San Francisco Office:
635 Howard St.

General Office and Factory:
Everett Station, Boston, Mass.

The Canned Goods Market

(Continued from Page 49)

as it will probably be unobtainable later on, especially tips and peeled grades.

Fancy grades of stringless green Refugee and wax beans, in both No. 2 and No. 10 cans, should be purchased, but in this case also the quantity ordered should be the minimum. On account of the large amount of labor required, the pack will surely be small and the price very high. To a lesser degree the same remark applies to fresh or green lima beans, and to the smaller sizes of beets, especially in No. 10 cans.

In the case of corn, it is as yet too early to make any estimate of the pack, but one fact that will tend to make it short is the extremely late planting, increasing the danger of frost damage this fall, on account of late harvesting. The future price of corn will be somewhat higher than last year, but will still be a very reasonable price, considering the value of canned corn as a food. The higher price on canned corn of the 1920 pack is in every way justified, particularly the higher grades, where a great amount of sugar is used in the preparation. With sugar fifteen cents per pound higher than in 1919, the advance in cost of sugar itself is a considerable factor. I advise buying corn liberally, that is, all grades in No. 10 cans, and all except standard grade in No. 2 cans.

While the prices on canned peas, especially the small siftings, will show a still greater advance over last season than on canned corn, nevertheless liberal buying of No. 10's and of the fancy grades in No. 2 cans is recommended. The demand for better qualities of peas has increased tremendously within the past few years. I think that the increase in consumption is caused by the recognition of fine canned peas as the best value for the money in the canned vegetable line. Accordingly, it does not seem that under any circumstances can there be an overproduction in 1920.

The large pack of last season has been consumed, and while the acreage for this year will be ample, the crop has not yet been planted, on account of the continued wet weather in April. Putting peas in so late brings their maturity dangerously near the scorching hot days of mid-July, and we all know that fancy peas are impossible if terrific hot weather comes when they are maturing. From any basis of reasoning, you should order largely of canned peas, with the sole exception of standard grade in No. 2 cans. Very likely, the latter will be available at any time as reasonable as for future delivery.

SHORT SPINACH CROP

It looks as though it would be a good thing to buy liberally of canned spinach. California has in recent years become a heavy producer, and has worked into markets heretofore controlled by New York and Baltimore packers. But this year the pack in California will be short, on account of the dry season. This will throw the burden onto the East, where farming and labor conditions are not nearly so favorable as on the Pacific coast. It would seem, then, that the future quotations on spinach, which will be based on the California competition, ought to be much more reasonable than the later ones.

Tomatoes are quite a problem. The high prices have certainly curtailed the consumption of tomatoes more than any other vegetable. There has been no advance

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B. B. CULTURE

A pure liquid suspension of Bacillus Bulgaricus of high viability, in a form best suited for external and internal use.

INDICATIONS:

In intestinal infections, adult or infant.

As a biological antiseptic in pus cavities and local infections.

As an irrigant in alkaline cystitis.

Descriptive literature on request

B. B. CULTURE LABORATORY
INC.
YONKERS, NEW YORK

Arsenic and Mercury are Indispensable in the Treatment of Syphilis. We recommend

Salvarsan or Neosalvarsan

(Arsphenamine-Metz) (Neoarsphenamine-Metz)

powerful and easily administered spirochetecides, which are as efficacious as the imported products;

and

Bichloridol or Salicidol

(Mercury Bichloride) (Mercury Salicylate)

put up in COLLAPSULES (compressible ampules), which insure absolute accuracy of dosage with a minimum of pain after intramuscular injection.

This combination of anti-luetics has no superior in the therapeutic field. Literature upon application to

H. A. METZ LABORATORIES, Inc.
122 Hudson Street
New York

ROYAL ELECTRIC SLICER
For Alternating or Direct Current

ROYAL KITCHEN AIDS

ROYAL Electric Meat Systems—like Royal Coffee Systems, are well adapted to the requirements of Hotels, Restaurants and Institutions—large or small.

They are made in styles and sizes suitable for all requirements and have for years been used by many progressive caterers—always paying their own way through service rendered.

The Double Cutting Attachment

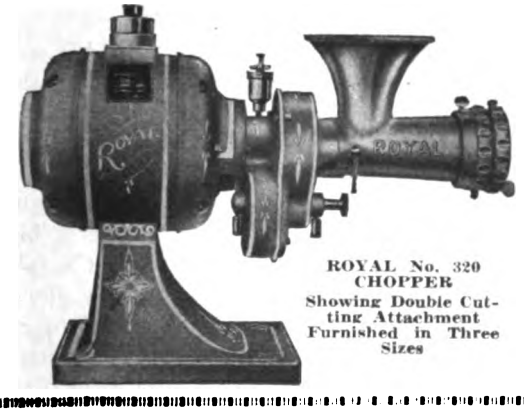
found exclusively on ROYAL Choppers is a feature well worth serious consideration. This attachment cuts the meat TWICE at one time and eliminates the second feeding necessary with other machines, which means a saving of TWO-THIRDS in chopping meats.

Royal Electric Slicing Machines

are electric slicers all the way through, designed to cut hot or cold boneless meats in from 2 to 120 slices to the inch as well as with a view to sanitation. Investigation will convince you that we have succeeded in building a slicing machine superior to anything previously offered.

ROYAL CHOPPERS AND SLICERS will show a large saving on your meat orders, and they enable you to serve it more appetizingly. DROP A CARD today and ask us all about it. Full information will be gladly sent on request and we can arrange for a demonstration if you desire.

Royal Coffee and Meat Systems will be displayed at the Hotel Men's show, week of May 10th, at the Coliseum, Chicago. Don't fail to visit us—Booths 29 and 30.



ROYAL No. 320 CHOPPER
Showing Double Cutting Attachment Furnished in Three Sizes

THE A. J. DEER CO. INC.

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HOSPITAL LINEN
-the patients' most intimate point of contact with the hospital

Does YOUR hospital linen make a favorable impression?

Many a hospital has bought poor linens in haste and repented at leisure.

Yielding to low price at a sacrifice of quality is the most expensive of luxuries for hospitals. No one has ever been able to find an argument against true quality, particularly in hospital linens.

BAKER LINENS

Especially Made for Hospital Use

not only satisfy, they please. They defy the ravages of time and the laundry. We can think of no greater argument in their favor than that hospitals everywhere are demanding them to meet the requirements of long-continued service and good appearance.

Investigation is the greatest source of education and economy. Investigate the Bakerized Line of Hospital Linens by sending for samples and estimates.

Sheets and Pillow Cases
Bed Spreads
Blankets
Comfortables
Quilts
Mattress Protectors
Coats and Aprons for Attendants
Table Cloths
Table Covers
Napkins
Huck Towels
Face Towels
Bath Towels
Roller Towels
Kitchen Towels
Dish Towels

H. W. BAKER LINEN CO.
41 Worth Street, New York City
Boston **Los Angeles**
Philadelphia **San Francisco**

in the price of tomatoes since the fall of 1919, in spite of the greatest shortage known in the three big states of Maryland, Delaware and New Jersey. True, this shortage was made up by the enormous U. S. Government stock, which was placed on the market at less than packers' cost of production. At the same time, it does seem that tomato consumption has fallen behind, while that of corn and peas has increased.

So far as the pack is concerned, canners and growers have made little headway at making contracts, the growers claiming that they must have a substantial increase over last year, and the canners holding back, not seeing the advisability of contracting for the raw material at prices which will necessitate a marked raise over last year's prices, in the face of the present dull market for spot goods.

There is only one thing sure, if you require fancy tomatoes or tomato puree, especially in No. 10's, you should provide for those requirements in advance of the packing season, for these articles will be short, on account of the great amount of labor involved. So far as anything else in tomatoes is concerned, it is pretty much of a speculation, with the chances favoring a short pack and the maintaining of the market, in spite of the admitted decrease in demand.

The dominating influence with reference to canned fruits is, of course, the sugar situation. It is clear that sugar will cost the canners about twenty-five cents per pound this season, as against ten cents a pound last year. Last year they contracted for their sugar away in advance of the packing season; this year they have not yet been permitted by the sugar refiners to make a contract, nor has a price been named. They feel certain that the cost will be at least twenty-five cents, and possibly more.

The growers, on the other hand, are asking as much as or more than the fabulous prices they got last season. The canners are holding off, and, with the sugar situation as it is, will surely get the fruit at lower prices than growers are asking now. The result, however, can be nothing but the highest price on table canned fruit ever known, and a very cautious policy on the part of the canners, who will not take a chance of putting up a surplus at the high cost.

For you, there is but one course to pursue; measure your requirements accurately, and insure that supply, but no more. This refers particularly to table fruit, in both No. 10 and No. 2½ cans, but more especially No. 10's. It would seem wise, in view of the cost of sugar, not to anticipate on pie goods.

PINEAPPLE "BEST BET"

Pineapple is the one best buy in canned fruit. It will be materially higher than in 1919, but will still be the best bargain in the line. Crop, labor, and sugar conditions are ideal in Hawaii, where the pineapple is packed. Furthermore, the companies that control the pineapple industry are wise and far-sighted, and, as in the past, will not take advantage of the opportunity to get a big price for the product, preferring rather to sell at a fair price and give the trade the benefit. The only thing about pineapple is that not enough can be put up to go around. Get your order in early, and order the maximum quantity you can use, thus insuring a supply. No mat-

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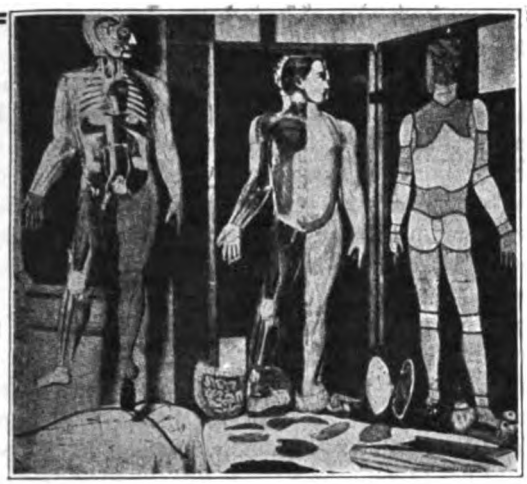


The Indestructible Manikin

Smith's American Manikin is indispensable to nurses' training schools. Height about 4 feet (mounted); light but strong; entire weight (including cabinet) is only 28 lbs.

The Manikin body, as well as cabinet, made of wood, three-ply veneer, guaranteed not to warp or split. ALL DISSECTING PARTS (33 PLATES) MADE OF STEEL, THEREFORE UNBREAKABLE.

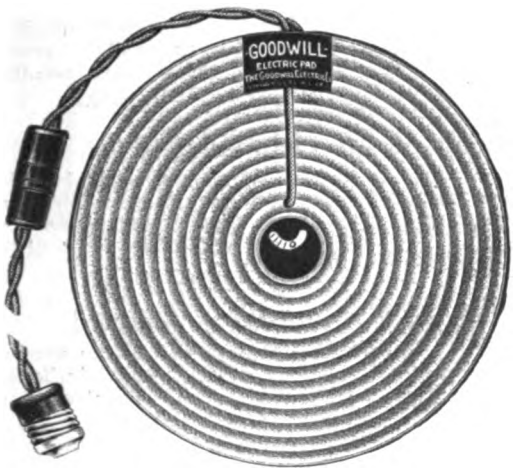
This manikin is far superior to charts for practical teaching, besides much cheaper.

Price (complete with cabinet), $35—(value $100.00).

Price to advance June 1st.

Orders never booked "as a sale" before goods meet your full approval after inspection.

AMERICAN MANIKIN COMPANY
238 East 34th St. NEW YORK CITY



EXPOSURE

resulting from changing hot water bottles is dangerous.

BURNS

from freshly filled hot water bottles are frequent.

The temperature of the GOODWILL ELECTRIC PAD is more constant than that of your operating room. It will last as long as 8 hot water bottles. It is absolutely safe.

All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price $8.00.

Use it 30 days at our risk—return it if it doesn't make good.

THE GOODWILL ELECTRIC COMPANY
61 E. Van Buren St. CHICAGO

Made to Easily Digest

Food Cells All Exploded

Puffed Wheat is whole wheat, better-cooked than wheat ever was before.

The process was invented by Prof. A. P. Anderson, formerly of Columbia University. And it is this:

Whole grains are sealed in huge guns, then revolved for an hour in 550 degrees of heat. The trifle of moisture inside each food cell is thus changed to steam.

Then the guns are shot and the steam explodes. Over 100 million explosions occur in each kernel—one for every food cell.

The grains are puffed to bubbles, eight times normal size. They become flavory tidbits, thin and crisp and flimsy. And every granule is fitted to easily digest.

So with all the Puffed Grains. All are steam-exploded. All are delightful foods. You find many conditions where such foods are ideal for your purpose.

The Quaker Oats Company
Chicago

Puffed Wheat
Puffed Rice
Corn Puffs

3282

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Keeping Meals Hot Till They Reach the Patient

is no easy task when food cooked in the central kitchens must be transported to the various floors and, after being placed on trays there, carried long distances through corridors to reach the patient's bedside. It is almost impossible to keep the hot dishes fresh and crisp and steaming under these conditions.

"IDEAL"

FOOD CONVEYOR

entirely eliminates this difficulty. The food, taken hot from the range, is placed in containers in a light, strong, rubber tired cart. The containers, which hold enough for the serving of seventy or eighty people, prevent the chilling of the food by the fireless cooker principle of heat retention. The filled cart can be taken anywhere about the institution, to floor kitchen, ward or private room. The food remains hot for hours and is easily and quickly served by a single attendant. Transported in these covered containers, there is no possible chance for food contamination in elevator shafts or corridors. No simpler and more convenient method of serving hot, appetizing meals could be devised. Hundreds of hospitals throughout the country have adopted the Ideal Food Conveyor and are using it with utmost satisfaction. The names of these institutions will be given upon request. Write for any information desired.

TOLEDO COOKER CO., TOLEDO, OHIO

ter what the pack is, this fruit will be short next spring as it is this.

You should cut down your order for red raspberries, black raspberries and strawberries to the minimum. If you do order any, select the grades in lighter syrup in preference to the heavy preserved quality. Any grade of canned raspberries or strawberries will be scandalously high, and the heavy syrup grades will be so high that it will be simply waste and extravagance to use them.

The same proposition, in a lesser degree, applies to blackberries, red pitted cherries and loganberries. It looks as though grapes, too, would be comparatively quite expensive. Apricots, peaches, pears, and plums will be found to be the best values in canned fruits this season, outside of pineapple, and Royal Ann cherries, also, will probably be found safe to order. In place of canned raspberries, strawberries, etc., preserves are suggested, as offering far better value for the money.

In the case of salmon, there is no incentive to buy anything except the fancy grades. If you require fancy Columbia River Chinook you must order it for future delivery to be sure of a supply. The pack is limited, and, on account of the failure of the Sockeye salmon, the demand which formerly existed for the Sockeye has been transferred to the Chinook, in great part, so that there will not be enough Chinook to go around. For the same reason, fancy red Alaska will be in good demand, that being the best red fish substitute for Sockeye.

"Hospital Happiness" at Rochester, N. Y.

Moving picture exhibitors and patrons of Rochester, N. Y., have under way a campaign to provide "hospital happiness" for patients of the various institutions of the city in the form of suitable films. Longer programs will be given at orphans' homes and similar institutions where conditions permit.

Hospital for Helmville, Mont.

Helmville, Mont., is to have a modern hospital building to take care of the sick who now have to ride thirty miles on the railroad to Deer Lodge or some other city for treatment. Dr. E. A. Sweet is erecting the building and will operate the institution.

Auburn Park Hospital Planned

Citizens of the Auburn Park district of Chicago are interested in a proposal to erect a $500,000 hospital building at Seventy-eighth place and Emerald avenue and already have started a campaign to raise the necessary funds.

New Hospital for Fort Wayne

Sixty acres have been purchased near the Byron Tuberculosis Hospital, Fort Wayne, Ind., which will be used as a site for a new county infirmary. Two wings for Byron Hospital, costing $35,000, also will be erected.

Rotarians Plan Children's Hospitals

The Ohio Society for Crippled Children has been formed by Ohio Rotary Clubs which has for its object the erection and maintenance of eight hospitals for crippled children of the state. A survey reported at the recent convention of the Rotary Clubs showed that there were 12,000 crippled children receiving treatment.

Tuberculosis Clinic at Ludington

A free tuberculosis clinic has been established at Ludington under the auspices of the Michigan Anti-Tuberculosis Society with Dr. Edwin R. Van der Slice, Lansing, in charge.

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HYCLORITE

Concentrated Sodium Hypochlorite Solution

ALWAYS READY—Just add water. No time lost—no waste.

RAPID SOLVENT of pus and necrosed tissue. High germicidal power.

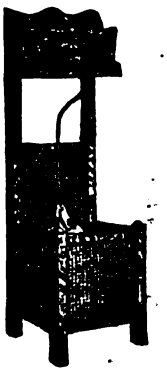
Used full strength or diluted according to surgeon's need. Successful without Carrel technic. Makes correct DAKIN solution in one minute.

Accepted by A. M. A. (N. N. R.)
Sample and literature on request

GENERAL LABORATORIES
5113 Dickinson Street
MADISON, WISCONSIN

Towel Maintenance

A running expense that can be greatly reduced.



By the installation of the Individual Towel System, you can reduce your towel expense from 20% to 60%. Such a material economy as this will stand for much in balancing off the profit and loss statement at the end of the year. The

Individual Towel System

provides a clean, fresh towel for everyone. Each towel is kept securely in place where it cannot be mistreated—thus, a reduction in shortage, laundry expense, and wear and tear.

Try out the Individual Towel System. Its economy and efficiency will convince you. Write to

Individual Towel & Cabinet Service Co.
2741 Quinn St. Chicago
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CELLUCOTTON

TRADE MARK COPYRIGHTED

Manufactured by Kimberly-Clark Co., Neenah, Wis.

"Hereafter please bring Cellucotton for use in heavy drainage cases."
—The Surgeon

The Surgeon uses Cellucotton because it is an **efficient** material; the Superintendent buys it because it is **economical.**

Send for samples and prices, you will find them worthy of your consideration.

Exclusive Selling Agents

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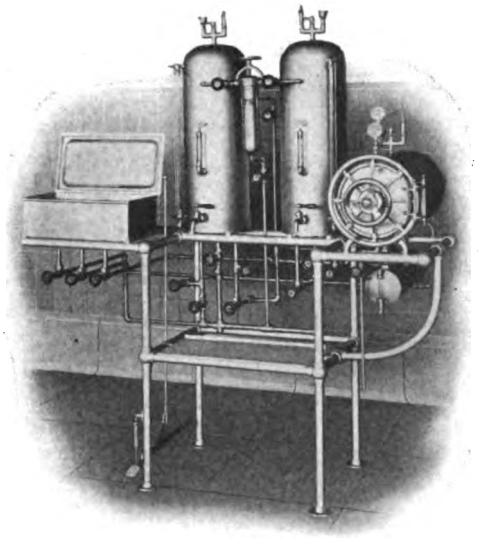

THERE'S a feeling of security that inevitably accompanies the purchase of the best, and especially is that true of hospital equipment.

¶ In the selection of sterilizers and disinfectors, this one truth has weighed heavily in favor of the "AMERICAN." For over a quarter century discriminating buyers have found in "AMERICAN" apparatus every essential for safety, efficiency and economy. It has long been the standard by which all others are judged.

¶ The supreme satisfaction which "AMERICAN" Sterilizers and disinfectors are giving others can just as truly be had by you. You start by writing now for bulletins.

DO THIS TODAY

American Sterilizer Co.
ERIE, PA.

NEW YORK OFFICE: 47 W. 34th St.
CHICAGO OFFICE: 202 South State St.

Would Establish Standards

Illinois Hospital Association Appoints Committee to Survey the Situation

Adoption of a standard of efficiency for hospitals of the state was urged at a meeting of the Illinois Hospital Association in Chicago, April 16, at which representatives of twenty-five institutions were present and a number of other members represented by proxy. The standard is to be fixed by a committee appointed by Dr. M. L. Harris, Polyclinic Hospital, Chicago, president of the association, and provisions are to be made for three classifications:

Hospitals of fifty beds or less; hospitals of 100 beds or less, and hospitals of more than 100 beds.

In presenting the motion regarding establishing a standard of efficiency, Dr. E. T. Olsen, Englewood Hospital, Chicago, explained that the question of the amount of service required and given by hospitals varied with local conditions and the size of the population of the city or town in which it is located, and that an institution of twenty-five beds could be rendering 100 per cent service in its territory and still be unable to meet requirements of efficiency for a much larger institution. For this reason, the standard of efficiency was suggested for the three classes of hospitals named above.

In making the survey for the standard, the committee was asked to offer helpful suggestions and assistance to institutions visited if this aid would result in better service by the hospital.

The association also adopted a two-year curriculum for nurses' training schools which it advocated as ample enough to make pupil nurses efficient aids in caring for the sick. The members also voted to call attention of all hospitals of Illinois to the fact that the association favored a two-year training course, with a third year of work optional.

A report of Secretary Olsen showed that the Association included 76 hospitals, thirty-one of which are located outside of Chicago. The membership has a bed capacity of 6,283, compared with approximately 17,000 beds in the 176 hospitals of Illinois which are eligible for membership. An intensive drive for members was urged, each hospital being asked to visit neighboring institutions in its section and endeavor to have them affiliate with the association.

The greater part of the meeting was devoted to a discussion of an opinion by Attorney-General Brundage on the Illinois Nursing Act of 1919. This opinion was to the effect that the state department of registration and education had no authority to fix standards by which nursing schools may be approved or disapproved—or to prescribe any educational requirement for admission to training schools. The opinion states that "training schools may be approved by a determination of their efficiency, not by reference to compliance with certain conditions composing a standard, but by an inspection of work in the school to ascertain the character and amount of instruction and training offered by the school. It is the intent that the school be approved or disapproved by reference to its efficiency and not by reference to certain

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DUMB WAITERS

If yours is satisfactory
it is doubtless a

SEDGWICK

If yours is not satisfactory, or if you contemplate any new installations, you had better write

SEDGWICK MACHINE WORKS
162 West 15th Street
New York

ONLY
$15.00
Dies Extra—Depending on size and style of type chosen

LINEN PRICES ARE UP

The continued high cost of cloth fabrics makes it imperative that every protection should be given them. In no way can so near 100% protection be given as in marking them with

Applegate's Guaranteed Indelible Ink

with either Pen, or Marker shown above. Its marks cannot be ripped off or pulled out.

MORAL: MARK YOUR LINENS

The Applegate Marker is very inexpensive, yet most efficient in marking the coarsest as easily as the finest cloth, at less than 2c per dozen — everything included. Marks Name, Dept. and Date—either one, two or all three at one impression.

Let us send descriptive Folder with Sample Impressions

Applegate Chemical Company
6322 Ellis Ave. Chicago

Duretta Cloth

for the

Superintendent Who Knows

The Cloth with a Hundred Uses

We take great pride in the fact that we are able to offer you Duretta Cloth—the material that has no equal for the manufacture of Operating Gowns, Night Shirts and Nurses' Uniforms. This fabric is a carefully made twill woven from selected cotton and distinctive because of its lustre. The combination of Duretta Cloth and our excellent workmanship enable us to produce an Operating Gown and Night Shirt, which are far above anything ever put upon the Market. Combine quality with appearance and will not suffer loss in laundering. Duretta Cloth can be obtained by the yard, 36″ wide. Size of pieces about 35 yards each.

We solicit your kind patronage and urge you to avail yourself of this marvelous opportunity at once.

FOR SALE BY

JOHN W. FILLMAN CO., Inc.
1020-1022-1024 Filbert Street Philadelphia, Pa.

Doctors' Operating Gowns

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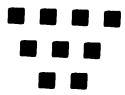
with the ammonia "locked in" offers advantages found in no other soda. It is especially adapted to hospital work.

Modified soda is a detergent.
Ammonia is a detergent.
Ammonia is a disinfectant.

In Blue Label Prosperity

Soda you get a double detergent and a perfect disinfectant.

If you are not using it, write to the general distributors.



CARMAN SUPPLY CO.
INC.
141-143-145 West 17th Street
New York City

The House of Prosperity

ALL LAUNDRY SUPPLIES

requirements the organization, equipment and educational qualifications or degrees of the professors, assistants or other employes constituting the teaching force of the school."

The following officers of the Association, all of Chicago, were re-elected:

M. L. Harris, M. D., president, Polyclinic Hospital; William L. Noble, M. D., vice president, West Side Hospital; E. T. Olsen, M. D., secretary, Englewood Hospital; C. O. Young, M. D., treasurer, Washington Park Hospital; Board of Directors, A. J. Pflaum, Michael Reese Hospital; William J. Rathje, Englewood Hospital; Rev. Peter Peterson, Augustana Hospital; Dr. Emil Ries, Post Graduate Hospital; Dr. Martin Ritter, Columbus Hospital.

Nurses Meet at Atlanta

Training School Methods and Student Recruiting Campaign Are Big Topics

The biennial convention of three great American nursing organizations—the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing—was held in Atlanta, Ga., during the week of Monday, April 11, about three thousand nurses attending from all parts of the United States, and many from various foreign countries throughout the world.

One of the principal addresses of the convention was delivered on Thursday by Miss Clara D. Noyes, director of nursing for the American Red Cross, and president of the American Nurses' Association, who spoke on the post-war work of the Red Cross.

She told of the crisis faced by the Red Cross at the outbreak of the great war and of the wonderful manner in which it was successfully met by the organization. She outlined briefly the peace-time program which has occupied the attention of the Red Cross nursing service since the signing of the armistice, alluding to the work of the Home Service Section and paying a high tribute to the work of the Bureau of Information.

Through this bureau, she said, the call had come for 1,800 nurses in hospitals and training schools. Of this number she said 1,300 have been assigned and 1,100 as public health nurses. Four hundred applicants to army training schools have been referred to civilian hospitals. At the present time, Miss Noyes said, there are 37,500 graduate nurses enrolled. Those who were ineligible for active service were detailed for emergency work, and rendered valuable aid last year during the epidemic of influenza which swept the country. There are still 274 nurses of the Red Cross in foreign service, and training schools have been established in Czecho-Slovakia, Poland and Athens.

Last year, Miss Noyes reported, $15,000 was appropriated for nurses to train as instructors. During the past twelve months 196 nurses have been assigned to the navy and 900 to the public health service. There are fourteen divisions of the American Red Cross, and Miss Noyes said of them: "They have given the highest type of service during readjustment."

A far-flung recruiting campaign to meet the present shortage of student nurses was outlined Friday before

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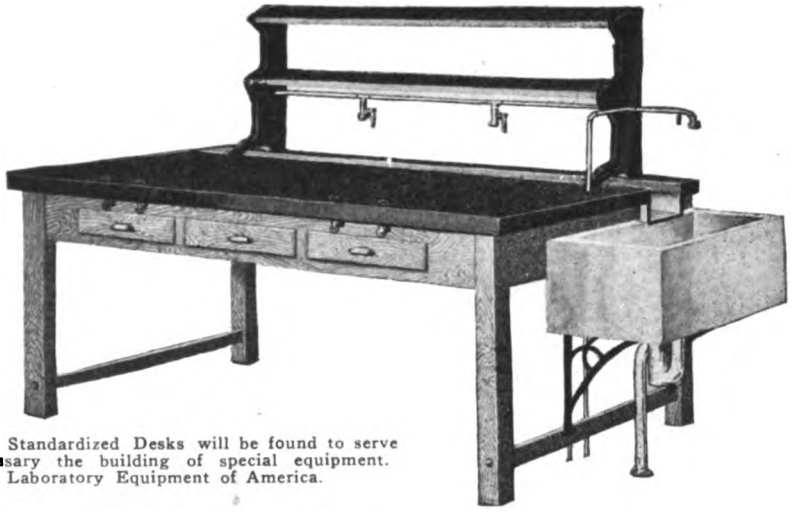

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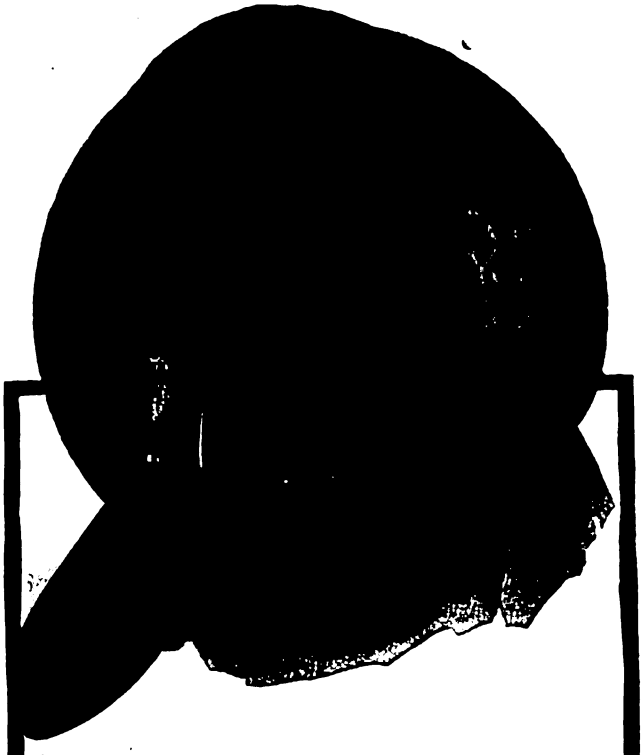

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the joint convention of the three associations by Miss Katharine Olmsted, executive secretary of the Central Council for Nursing Education. The plan includes a $500 prize for the best play based on incidents in the life of Florence Nightingale, the hundredth anniversary of whose birth was celebrated May 12.

It also provides for raising entrance requirements, shorter hours of duty, less drudgery, and higher educational standards in the training schools. A corps of lecturers will undertake to convince promising high school, normal school and college graduates and their parents that the best nurse training schools are offering advantages equal to those of other institutions of learning.

"Most of the student nurses entering the training schools are acting against the wishes of their parents," declared Miss Olmsted. "Education is necessary to convince the older generation that the better training schools no longer subject their students to the hardships that were the rule ten or fifteen years ago, when a nurse was something like a cross between a missionary and a scrub woman."

Miss Olmsted announced that Mrs. Minnie Maddern Fiske is chairman of a committee to judge the manuscripts submitted in the play competition, which is under the auspices of the Nightingale Centennial Committee, National Organization for Public Health Nursing, 156 Fifth Avenue, New York City.

A plan to establish a joint national headquarters in New York City, with branches in Chicago and on the Pacific coast, was adopted by the three nursing organizations upon presentation by Miss M. Adelaide Nutting, director of the department of nursing and health, Teachers' College, New York, of the advantages of such an arrangement. This joint headquarters will act as a clearing house for nursing employment and conduct research work for the profession. A publicity bureau will also be maintained at joint headquarters.

THE PUBLIC HEALTH NURSE

Miss Katherine Tucker, president of the National Organization of Public Health Nursing, in her biennial address at the opening session Monday dealt with the expansion of the work of public health nursing and stressed the fact that the world war gave the great impetus which has resulted in the present condition. She said that the public health nurse can now be found wherever any active uplift work is undertaken, and compared the national organization to consulting engineers, who, by advice and co-operation, discover the civil needs of a community and meet these necessities by supplying the public health nurse.

Miss Ella Phillips Crandall, executive secretary of the National Organization of Public Health Nursing, read an interesting report dealing with the clerical work and general organization of the body. In referring to the great growth of this branch of the profession during 1918, Miss Crandall gave the greatest credit to the encouragement of the Red Cross and the active prosecution of its public health program. The co-operation of the work of the National Organization of Public Health Nursing and the American Red Cross was shown by an accurate statement of the endorsement given to public health courses of training for registered nurses and the appropriation of a large sum of money to meet the expense of this training.

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The steady, consistent growth of Morris & Company during the past half century means that this organization has fulfilled its obligation to the public: the obligation to prepare and distribute certain good foods you want for your institution.

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The Sanitary Wash Room Truck

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Inside Measurements:
Size at top . . . . 25x25 inches
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Depth of vat to false bottom, 25 inches

Is known by the trade everywhere for its durability and everlasting service

The Sanitary Wash Room Truck is designed for holding the garments in taking them from the washer to the extractor.

In case your extractor should be in use, the truck can remain standing and used as a receptacle for holding the garments.

The garments are allowed to drain freely, due to a false bottom arrangement on the inside.

Notice the draw-off cock at the bottom for drawing off all drainage.

The galvanized vat or tank is separate from the steel frame and can be removed when necessary for cleaning. This truck is thoroughly sanitary and practically indestructible.

NOTICE this added improvement—Every truck is equipped with our new **anti-friction, roller bearing, swivel, thread guard casters.**

Price of Truck Complete $30.00

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EAGLE BRAND

A report of the employment department stated that only from one-fifth to one-seventh enough nurses are available at this time to meet the demand for public health nursing.

Duty hours and proper rest periods were discussed in the morning session of the Private Duty Section of the American Nurses' Association Tuesday. The consensus of opinion was that a private duty nurse on twelve-hour duty should have at least two hours of rest, and a nurse on special twenty-four hour duty should be given three or four hours of rest.

In a brief address at the opening of the session, discussing the reported shortage of nurses in America, Miss Clara Noyes, president of the association, and head of the department of nursing of the American Red Cross, stated that she did not believe any real shortage existed—at least not a serious one.

"We have at least 28,000 more nurses this year than last year," Miss Noyes said. "There were approximately 15,000 army nurses returned from abroad and about 13,000 graduates from the various training schools.

"Private duty nurses carry the gospel of nursing service into the families of America. It is through this section of the nursing profession that the real worth of the nurse is brought before the laymen of the country.

THE SPIRIT OF SERVICE

"In these days of ever-increasing demands for money and advantages, I am glad to see that very little of the spirit of commercialism has crept in. Only in isolated cases do we find the nurses forgetting the gospel of service which is the primary instinct of every true member of the profession."

Miss Lucy Minnigerode, superintendent of the Nurse Corps of the United States Public Health Service, delivered an address on the growth and outlook of the public health service for the nursing profession.

"Nurses who served with the army overseas or in camps in this country," Miss Minnigerode said, "and are incapacitated for their work as a result of their service, are eligible to take training offered by the Vocational Educational Board. The public service offers a wonderful field to nurses who care to take up this work, and we are taking as many as possible for the various hospitals and centers maintained by the public health service."

At the Tuesday afternoon session of the National League of Nursing Education Miss Kate Douglas, assistant inspector of nurse training schools, California, spoke on "State Board Examinations for Registered Nurses, Their Common Defects and How They Can Be Improved."

"Examinations as given now are of doubtful value," she said, "for by written examinations we endeavor to find out in two days what it has taken the student nurse three years to learn."

TRAINING SCHOOL LIBRARY

A paper on the organization and conduct of a training school library was read by Miss Blanche Pfefferkorn, instructor of school nursing and health in Cincinnati University. In this the Dewey system of marking books was explained and stress laid on the necessity of the nursing profession keeping abreast of the times in their work by reading.

Miss Katherine Ink, visiting instructor, New York

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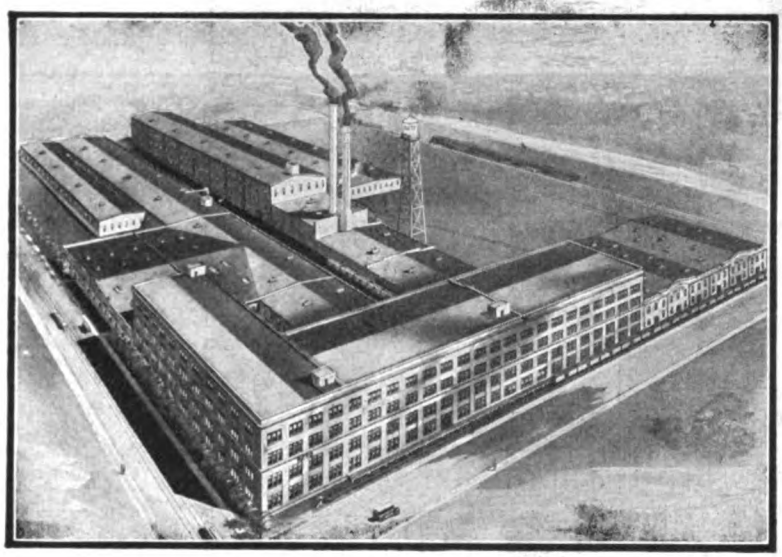

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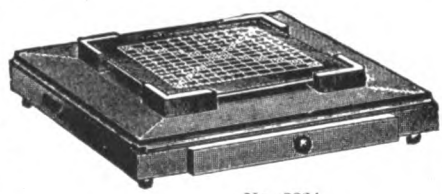

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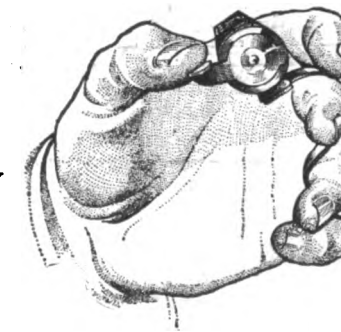

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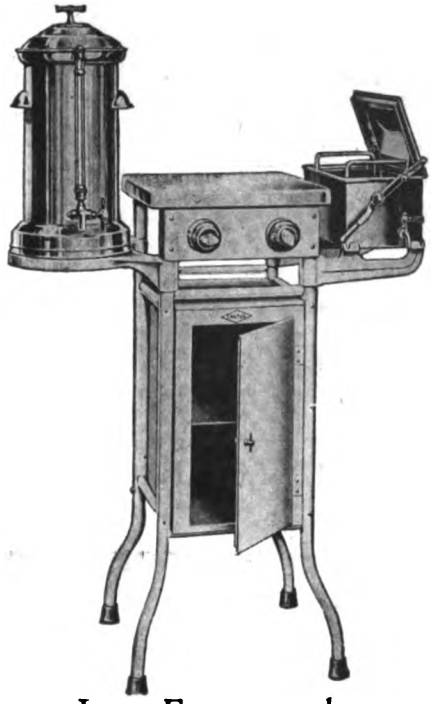

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City, gave an address on the standardization of class work in training schools and the necessity for keeping the students interested in their work.

There was also an interesting round table discussion on the value of high school education to the nurse.

Problems in training school administration were also thoroughly discussed by the National League of Nursing Education, one topic of considerable interest in the South being, "How the Problem of Training Colored Nurses Can Be Met in the South." An address on this topic was given by Miss Cornelia Erskine, superintendent of nurses at the University Hospital, Augusta, Georgia.

At a joint session of the three bodies Wednesday afternoon a formal vote was taken on the next convention city, and Seattle was made the choice for the spring of 1922.

At a meeting of the American Red Cross national committee on nursing, the names of six nurses were selected from a large number held eligible to receive the Florence Nightingale medal for distinguished service in the war. The names were not given out, as the list is not yet complete. Fifty medals in all will be awarded to nurses of all countries.

A memorial service to Red Cross nurses who lost their lives overseas during the war was held Thursday night at the City Auditorium at a joint meeting of all the delegates.

Results of the elections of national officers for the three bodies were announced Saturday.

The following officers were named by the National Organization of Public Health Nursing:

President, Edna L. Foley, superintendent of the Chicago Visiting Nurse Association, formerly chief of the section on public health nursing of the American Red Cross in Italy; first vice-president, Elizabeth G. Fox, director of the Bureau of Public Health Nursing of the American Red Cross; second vice-president, Jessie L. Marriner, director of the division of public health nursing of the Alabama state department of health; secretary, Olive Chapman, director of the Bureau of Public Health Nursing of the Mountain Division of the American Red Cross.

The following officers were named by the National League of Nursing Education: president, Anna C. Jamme, of California; first vice-president, Louise M. Powell, of Minnesota; second vice-president, Isabel M. Stewart, of New York; treasurer, Bena M. Henderson, of Illinois; secretary, Alice H. Flash, of California.

The following officers were elected by the American Nurses' Association: president, Clara D. Noyes, of Washington, D. C.; first vice-president, Susan C. Francis, of Philadelphia; second vice-president, Sarah E. Sly, of Birmingham; Mich.; secretary, Katharine De Witt, of Rochester, N. Y.; treasurer, Mrs. C. Victor Twiss, of New York City; interstate secretary, Adda Eldredge, of Rochester, N. Y.

Seattle Minor Hospital to Be Remodeled

Additions and improvements costing $100,000 are to be made at the Minor Hospital, Seattle, Wash.

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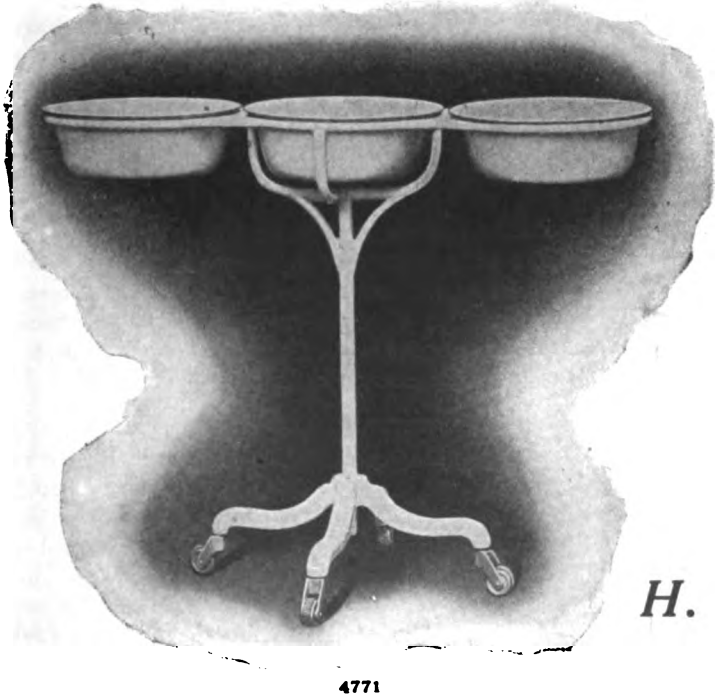

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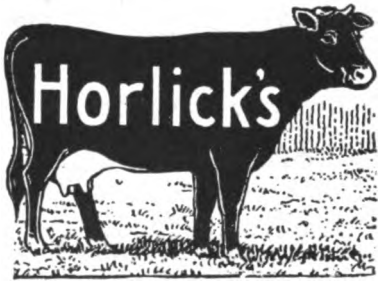

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Glassware Growing Scarce

Thermometer Prices Advance, While Textile Products Also Continue to Rise

A pronounced scarcity of glass has added its bit to the worries of hospital buyers, who find steadily rising prices in practically every market they enter. A short time ago manufacturers announced a raise of $6 a gross for thermometers.

A recent increase of 12 per cent also was announced in enamel ware. Factories have practically exhausted their output and are having a great deal of trouble trying to satisfy the demand.

The effect of the Government's offering its surplus gauze in the open market has passed, according to members of that trade, who recently announced that the price of 20 by 16 material had been increased from $6.60 to $7.05. Indications are that further boosts are ahead.

Some consolation, however, may be had from the rubber goods market, which has continued steady, as far as hot water bags are concerned, after the sharp raise of two months ago. Moulded bags may be had for $24 a dozen and seamless at $18 or even $17, prices that governed these articles for some time past. Two months ago, however, hot water bags were quoted at from $20 for the moulded, to $16 for varying grades of seamless.

RUBBER GOODS STEADY

The outlook is that these articles will remain at about this figure, but rubber gloves, which early in May increased more than 30 per cent in price, are expected to mount higher because of the scarcity of benzine and naphtha. Gloves that previously commanded $4.50 now are quoted at $6.00.

Another article of rubber goods that recently joined in the upward sweep is adhesive tape, a large roll of which used to cost $2.25 now is priced at $2.50. Indications are that this price will continue for some time without further increase.

A reduction of a few cents featured the coffee market, due to the drop of exchange and further reductions may be expected if sterling continues to approach its normal rating. A short time ago coffee of a suitable grade for hospital use could not be had for less than 42 cents, but at this writing a very good grade may be had for 40 cents.

No change has occurred in tea for a month or more, due to the early entry of the Japan crop. This was expected to be on the market around May 15, and because of labor conditions higher prices were looked for. Similar increases are expected when the new crops from India and Ceylon reach consumers in this country.

TEXTILES ADVANCING

Sheets and pillow cases, which advanced 10 per cent in the past month, are due for another boost of 10 per cent in the next few days, with further increases in prospect because of the formal demand by New England textile workers for a 50 per cent increase in wages and a forty-four hour week. Sheets for single beds, 72 inches by 99 inches, were to be had a short time ago for $28.65, and pillow cases for $6.86 a dozen, but these figures were not expected to hold for more than a few days. Superintendents in need of these articles are advised to buy at once, as indications point to a steadily increasing price.

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Electric Bakers

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The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

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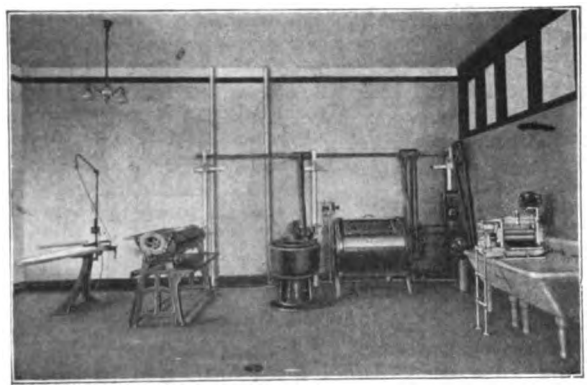

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Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

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This broader knowledge of the cause and cure of disease became possible only by close investigation of individual problems.

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From month to month it will be our pleasure to explain to you how your cleaning problems in every department of your institution can be successfully met, and the most efficient sanitary cleanliness maintained on a strictly economical basis.

This talk will be continued in the June number. Order these goods from your supply house.

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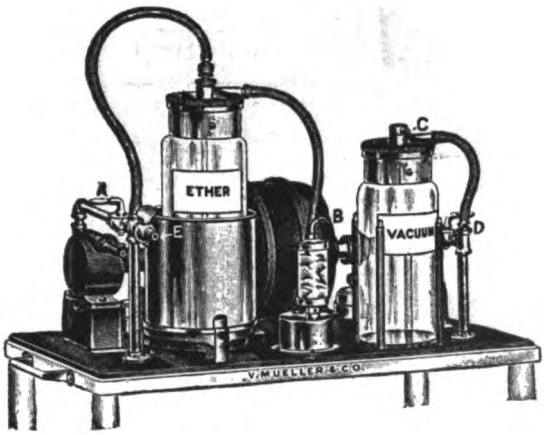

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The Columbia Hospital of Milwaukee

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SIMPLE AND EFFECTIVE

The illustration shows the arrangement of pumps, motor, ether container and vacuum bottle. The motor is of the enclosed type and is wound for slow speed, thereby reducing the noise to a minimum. The shaft of the motor extends at each side and to the right is connected the vacuum pump, to the left the pressure pump. By direct connection all belts, gears or friction devices are done away with. Self aligning universal joints are used between the motor and pumps.

Compressed air of proper pressure is carried from the pump, through flexible metal tubing to the ether bottle, then through the mixing chamber, or distributor, within the bottle and through the ether, producing ether vapor. This vapor is carried through the warming chamber, from which it passes through a filter to the tubing conducting the ether vapor to the patient.

The air pressure can be minutely regulated by means of valve located at a convenient point. The ether bottle is placed in a metal reservoir which is partly filled with water. This water is kept at correct temperature by means of an electrical heating unit. The ether is also properly heated in the chamber, so that the patient receives ether vapor at a temperature which is never too cold.

The principle of the vacuum pump is the same as that of the pressure, but has the opposite action of valves. The vacuum is at all times ample for all aspirating. Its usefulness is not limited to aspirating during operations, but is being extensively used for sinus draining, bladder evacuation, cupping, etc.

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Medical Association Asks Hospital

The Missouri State Medical Association at its annual meeting adopted a resolution asking the governor and state legislature to establish a hospital at Columbia as part of the University of Missouri Medical School to offer four years' work instead of the two year course in the present university hospital.

$600,000 Sanitarium Buildings Planned

The Brightwood Sanitarium Company of Washington, D. C., will erect sanitarium buildings costing $600,000 near Laurel, Md.

Infirmary for Sullin's College

Sullin's College for Young Women, Bristol, Va., is erecting a three-story building, part of which will be equipped as an infirmary and the remainder as a dormitory and class rooms.

Addition Planned for Fairview Park Hospital

Fairview Park Hospital, Cleveland, has awarded a contract for the erection of an addition costing $10,000.

To Spend $100,000 for Tuberculosis Hospital

The board of county commissioners at Fort Wayne, Ind., is considering plans for a $100,000 hospital building for tuberculosis patients.

$50,000 Building for Oconomowoc Sanitarium

The Oconomowoc Health Resort soon will begin the erection of a $50,000 sanitarium building.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912,

Of Hospital Management, published monthly at Chicago, Ill., for April, 1920.

State of Illinois, county of Cook, ss.

Before me, a notary public in and for the State and county aforesaid, personally appeared G. D. Crain, Jr., who, having been duly sworn according to law, deposes and says that he is the managing editor of the Hospital Management and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher—Crain Publishing Co., Chicago, Ill.

Editor—None.

Managing Editor—G. D. Crain, Jr., Chicago, Ill.

Business Manager—Kenneth C. Crain, Chicago, Ill.

2. That the owners are: (Give names and addresses of individual owners, or, if a corporation, give its name and the names and addresses of stockholders owning or holding 1 per cent or more of the total amount of stock.)

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3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.)—None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is. (This information is required from daily publications only.) G. D. Crain, Jr.,

Sworn to and subscribed before me this 31st day of March, 1920. Leslyn Copello.

[Seal.] (My commission expires Aug. 9, 1923.)

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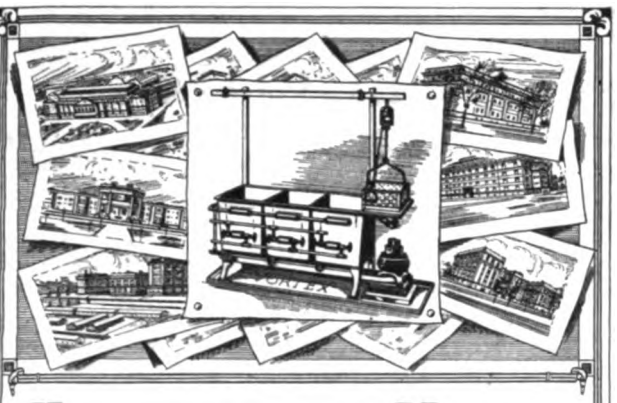

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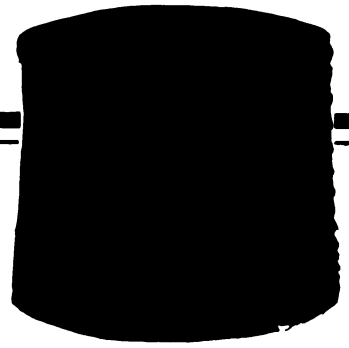

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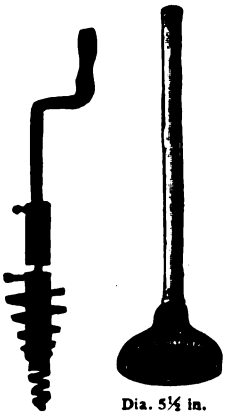

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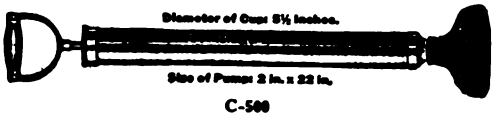

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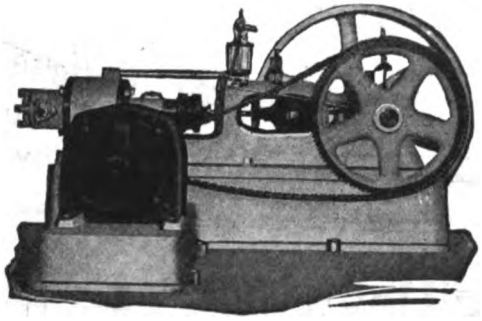

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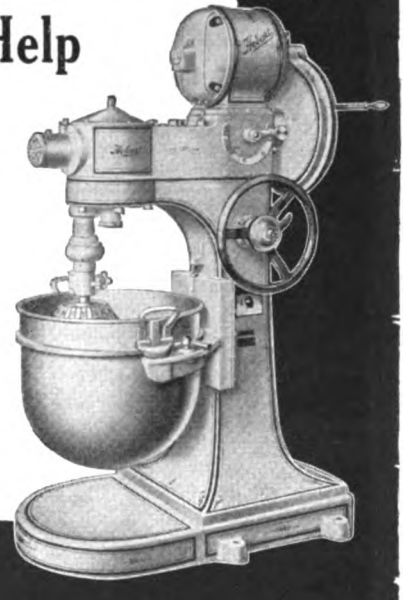

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HOSPITAL MANAGEMENT

Vol. IX June, 1920 No. 6

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A Hospital Without Wards—Page 39

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LIBRARY OF THE HARVARD MEDICAL SCHOOL

Published on the 15th of each month at 417 S. Dearborn St., Chicago, Ill., by The Crain Publishing Company. Subscription price, $2 a year. Entered as second-class matter May 14, 1917, at the postoffice at Chicago, Ill., under the Act of March 3, 1879.

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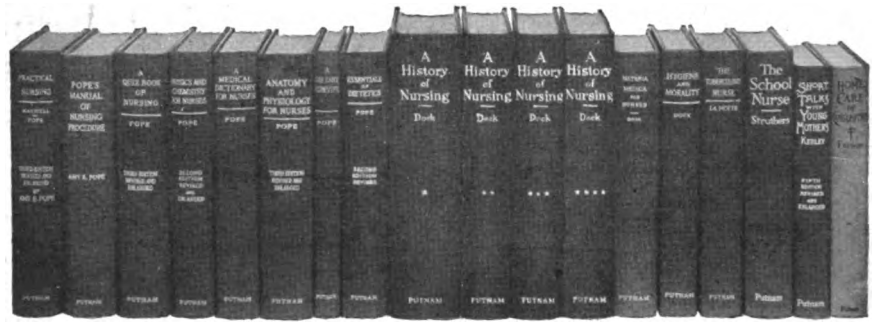

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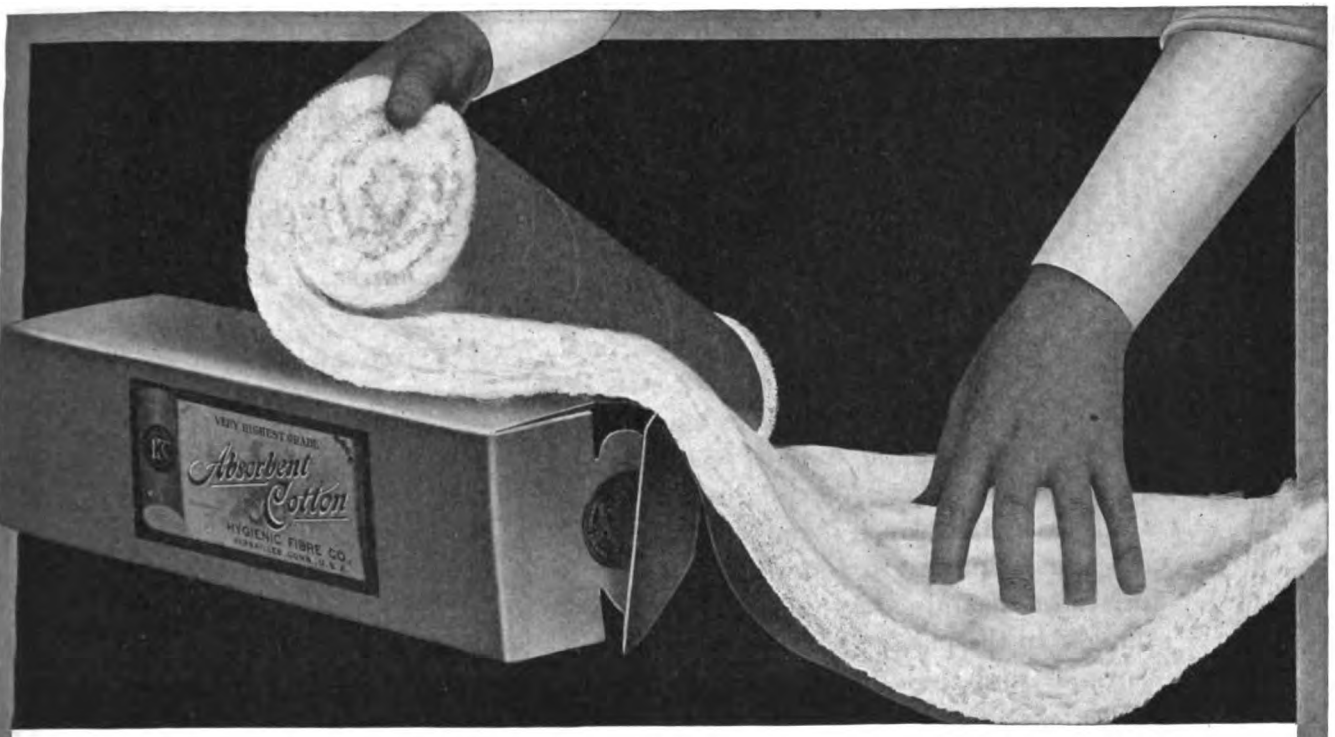

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IF there is a better Absorbent Cotton than you are now using, you want it. Your Surgeons must have the best, because success depends sometimes on little things. Provide the best Cotton you can buy—it means greater safety for the patient; greater satisfaction and fewer anxious seconds for the Surgeon.

Hygienic-Made Cotton is more absorbent, provides speedier and greater drainage; and is pure Cotton, free from all impurities, grease, oil and dirt. Washed repeatedly and bleached thoroughly in an unlimited supply of fresh spring water taken directly from the flowing stream.

Hygienic-Made Cotton offers you complete satisfaction and greatest economy in the long run. You can get fresh stock, in any quantity, shipped when you need it and packed in all standard wrappings. We also make Absorbent Gauze, Bellevue Rolls, Gauze Bandages and Sanitary Napkins. Mail the Coupon below; or write a note if you prefer; and a liberal testing sample will be mailed you without obligation.

See Our Permanent Exhibit at Bush Terminal Sales Building, 130 W. 42nd St., New York.

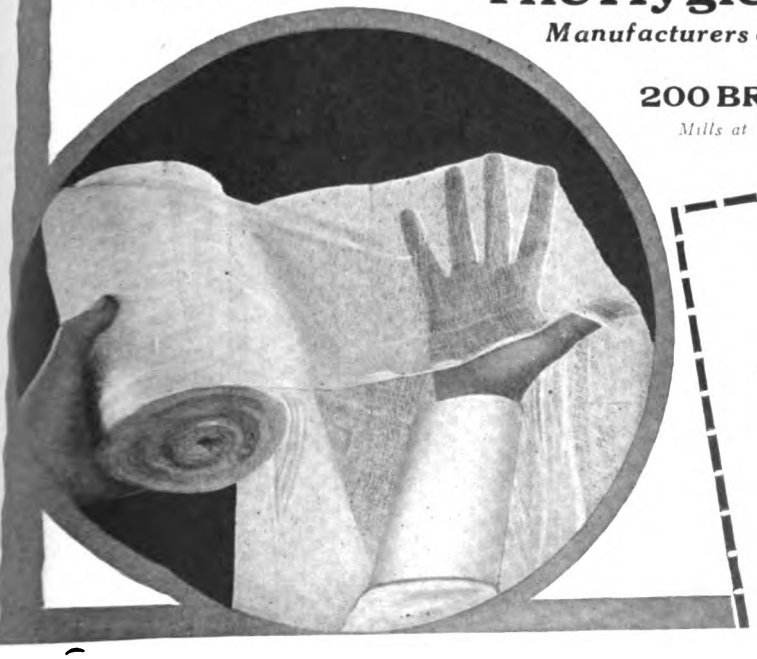
The Hygienic Fibre Company

Manufacturers of Absorbent Cotton and Gauze Products

Sales Office:

200 BROADWAY, NEW YORK

Mills at Versailles, Conn.



Mail This Coupon for A Testing Sample

Hygienic Fibre Co.,
200 Broadway, New York.

Please send me Free Testing Sample of Hygienic-Made Cotton.

Name .....

Institution .....

Address .....

City .....

(H. M. June, '20)

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PERFECT ANAESTHESIA

Vital to Hospital, Patient and Surgeon Alike

Certainty and scientific accuracy in anaesthesia are so obviously necessary that lack of attention to these requirements is difficult to explain. It is no longer unavoidable to trust to guess-work in this important part of hospital work—apparatus is available which makes it a matter of ease and simplicity to administer nitrous oxide, the best and safest anaesthetic, without danger to the patient and with complete assurance that the desired effect is obtained.

Reasons for Its Success

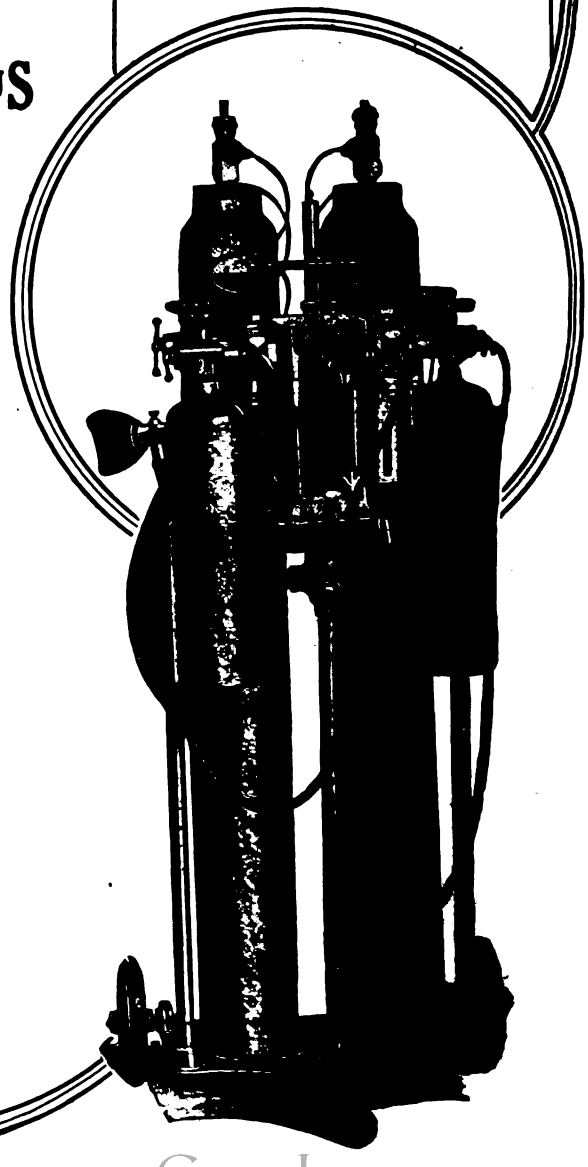
1. It can be *successfully operated* by any competent anaesthetist.
2. Once used the *SURGEONS DEMAND* it constantly.
3. It is *ECONOMICAL* to operate, using from 40 to 60 Gals. N_2O per *HOUR*.
4. It does *not*, with ordinary care, *get out of order*.
5. It has proved a *good revenue producer* wherever used, both directly and indirectly.

SAFETY GAS-OXYGEN APPARATUS

Some of the leading hospitals using it include St. Luke's, St. Anthony's and Mercy, of Chicago; Ft. Sheridan Army Hospital, Ft. Sheridan, Ill.; St. Joseph's and University Hospitals, Ann Arbor, Mich.; City Hospital and Asbury Hospital, Minneapolis; St. Joseph's, St. Paul; Eye, Ear, Nose and Throat, Charity and Touro Infirmary, New Orleans; Texas Baptist Memorial, Dallas; South Highland Infirmary, Birmingham; St. John's and Baptist Sanitarium, St. Louis; and any number of others. There is probably one in your immediate vicinity to whom we can refer you. Ask us about it.

We can place a limited number of anaesthetists for training at a moderate fee.

Write for ree booklet today



SAFETY ANAESTHESIA APPARATUS
Con cern

1652 Ogden Ave. **CHICAGO, ILL.**

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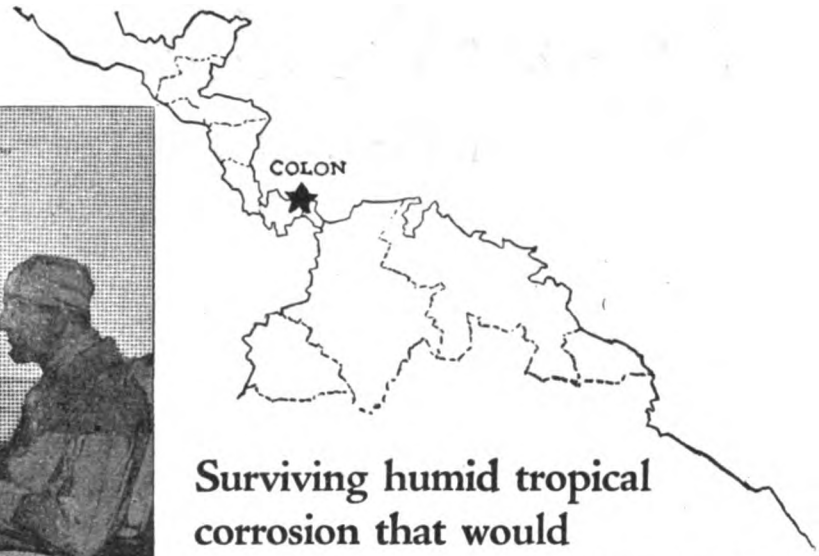
Screening the Government Hospital at Colon



Surviving humid tropical corrosion that would literally eat away other screening

. . . "in as good condition as when installed" writes General Gorgas.

SALT air, smoke and chemical fumes, that rapidly corrode steel, copper or bronze—the usual screening materials have no perceptible effect on Monel.

The remarkable rust resistance of Monel does not alone sponsor its use in hospital service. The remarkable strength and characteristic nickel color of this metal is untouched by the high heats and active chemical solutions necessary in surgery. So Monel is specified for operating table tops, dressing carriages, instrument parts, sterilizers, etc., as well as for kitchen equipment, refrigerator, and laundry machine parts.

The name MONEL is given to a line of metal products fabricated from a natural nickel alloy—67% nickel, 28% copper, and 5% other metals. These products include MONEL blocks, MONEL rods, MONEL castings, MONEL wire, MONEL strip stock, MONEL sheets, etc. MONEL is a product of The International Nickel Company, producers of Inco Nickel—the standard nickel for alloy steels

MONEL Screen is made in the usual widths, meshes, and gauges. Write us for names of manufacturers where MONEL Metal Screen may be obtained.

THE INTERNATIONAL NICKEL COMPANY
43 Exchange Place, New York, N. Y.
The International Nickel Company of Canada, Ltd., Toronto, Ont.

INCo

MOnel metal screen

INCo MONEL METAL TRADE MARK

INCo NICKEL TRADE MARK

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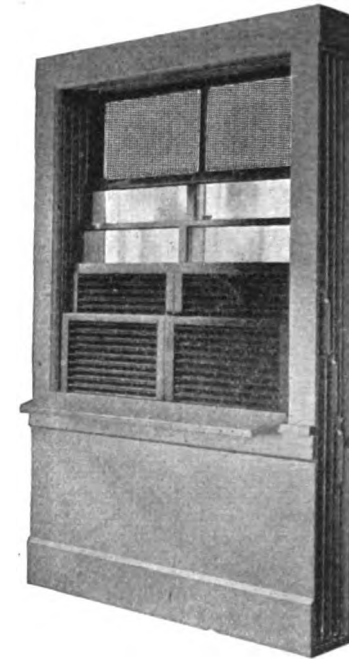
Proper Ventilation NOW a Necessity



"Ideal—except for its ventilation facilities," said a prominent physician when asked his opinion of a certain, well-known hospital.

If *your* hospital is subject to this criticism you can turn censure to praise by equipping it with

WINDOW-WALL
For the Sleeping Porch de Luxe

WINDOW-WALL is a simple, efficient installation, embodying three units in one, as pictured above, and assuring any desired degree of ventilation *without drafts.*

Run the glass and metal sash ventilator into the Tuck-Away Pocket and you have a screened-in room. With the glass sash run up into place you have a sun-parlor, and with All-Weather Sash raised you have an ideal open-air sleeping room with complete weather protection.

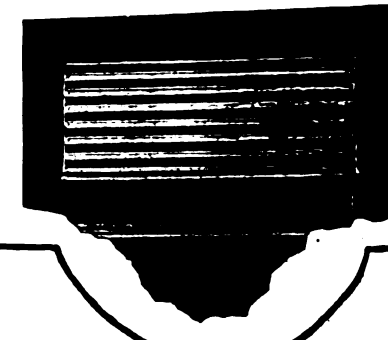
Many of the finer hospitals now being designed have included WINDOW-WALL in their specifications.

It makes no difference whether your building is old, new or in the course of construction—WINDOW-WALL can always be installed.

Write today for complete data.

AIROLITE
The Adjustable Metal Ventilator for Windows, Transoms, Door Panels

A section of this scientifically correct ventilator installed in the upper panel of each bedroom or ward door, means fresh air without draft, insures privacy and eliminates the unsightly, insanitary transom. Made to fit any opening and to match any finish. Easily installed.



The Caskey-Dupree Mfg. Co.

Marietta, Ohio

WINDOW-WALL DEPARTMENT

SALES AGENCIES IN ALL PRINCIPAL CITIES

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Kellogg's KRUMBLED BRAN

An exceptional constipation corrective

An all-bran laxative food that has no resemblance to ordinary bran in appearance and flavor, Kellogg's Krumbled Bran has a delightfully pleasing goodness that appeals to the patient.

You never tasted bran so good—thoroughly cooked and ready to serve. Every package sealed in the Kellogg "waxtite" wrapper which positively insures the original freshness and flavor being retained.

This signature on every package guarantees the genuine— *W. K. Kellogg*

A request upon your professional stationery will bring a generous sample for your approval

KELLOGG TOASTED CORN FLAKE CO.
BATTLE CREEK, MICHIGAN TORONTO, CANADA

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Seven Years Ago

Seven years ago a New York Hospital paid 5¾ cents a pound for its soap and used 14,142 pounds during the year.

Last year the same hospital bought 10,528 pounds, paying Fifteen Cents a pound.

Seven years ago the institution handled 4,000 pieces of wash daily in the laundry.

Last year it handled 10,000 pieces of wash per day.

How could it do the latter and get along with only two-thirds as much soap?

Something wrong somewhere.

Certainly—the kind of soap they used seven years ago was wrong. It contained so much moisture that the laundry used MORE SOAP to wash 4,000 pieces of linen than they now use to handle 10,000 pieces.

What's the answer?

ECONOMY MERCANTILE CORPORATION

operating in New York a chain of 12 huge commercial laundries, uses the kind of soap and other laundry supplies which go the farthest—of the highest quality and purity, guaranteeing the maximum of economy in the laundry.

We sell to hospitals the same kind of soap, soda, bleaches and other supplies as we use in our laundries. We carry no other.

What are your immediate laundry requirements? Let us quote you on them.

Consult us freely on your laundry problems. There is no obligation.

ECONOMY MERCANTILE CORPORATION

F. W. JOHNSON, Gen'l Mgr.

43-45-47 West 16th Street :: :: :: New York

Importers, Manufacturers and Jobbers of
High Grade Laundry Supplies, Cotton Goods and Linens

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DICHLORAMINE-T

IN TABLET FORM

CHLORCOSANE

The Dakin Solvent for Dichloramine-T

Over 1,000 physicians who attended the recent meeting of the American Medical Association in New Orleans saw the motion pictures depicting

"Uses for Dichloramine-T"

These pictures showed how solutions can be prepared with Dichloramine-T tablets (Abbott) in Chlorcosane (the oil solvent) *in less than two minutes.*

This is the quickest, most convenient method that has yet been devised and is only possible with Dichloramine-T tablets (Abbott).

These tablets are supplied in tubes of 20 at 26 cents net, and in bottles of 100 at 75 cents net.

Chlorcosane (the oil solvent) is supplied in 4 ounce bottles at 60 cents net and in pints at $1.73 net.

Send for valuable booklet on "The Dakin Antiseptics"

also complete instructions for preparing Dichloramine-T solutions.

A badly infected hand showing amputation of index finger and palmar abscess. Injecting Dichloramine-T-Chlorcosane into wound recesses and sinuses.

Use the Coupon

THE ABBOTT LABORATORIES

Dept. 24, 4757 Ravenswood Ave., CHICAGO

NEW YORK **SEATTLE** **SAN FRANCISCO**
LOS ANGELES **TORONTO** **BOMBAY**

The Abbott Laboratories, Dept. 24, Chicago, Ill.

Please send booklet on the "Dakin Antiseptics" and directions for preparing Dichloramine-T solutions.

Dr. .....

Town .....

Address .....

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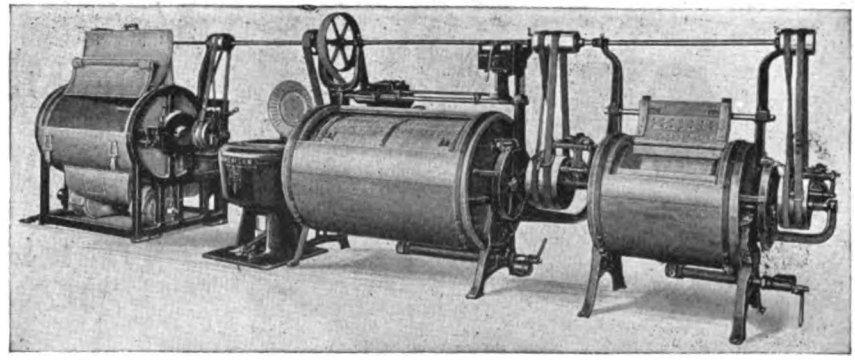

For institutions whose laundry requirements are small

Every hospital and institution today realizes the advantage of a private laundry, but many feel, because of their small requirements, that they are not in a position to install one.

These institutions will find the American Group Laundry Unit exactly what they need. These Group Laundry Units consist of machines for washing, extracting, drying and ironing, assembled to render the most efficient service and take up only a minimum of floor space.

The machines—all of American manufacture—are of the most approved types.

Write, and we will send detailed information.

The American Laundry Machinery Co.

NEW YORK CINCINNATI CHICAGO SAN FRANCISCO

Canadian Factory

The Canadian Laundry Machinery Co., Ltd.

Toronto, Canada

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Hospital Supplies and Furnishings

Glance at this list, and see if there is anything you need:

Surgeon's Operating Gown
Dozen $27.50

Bags—Traveling
Bath Robes
Batts
Beds—Hospital
Bed Spreads
BLANKETS
Carpets
Carpet Sweepers
Comforters
Crash
Curtains
Cushions
Damask
Diapers
Diaper Cloth
Dishes
Domestics
Feathers
Floor Coverings
Furniture
Gowns
Nurse Ginghams
Hosiery
Hospital Bandages
Jewelry
Lace Curtains
Lamps
Linens
Linoleums
Marquisette
Mats—Bath
Mattings
Moth Bags
Muslins
Nurse Stripe
Oilcloth—Floor
Oilcloth—Table
Outings
Padding, Table
Paper
Pillows
Pillow Tubing
Pins—Safety
Poplins
Refrigerators
Rubber Goods
Rubber Sheeting
Rugs
Scrim
Sewing Machines
Shade Cloth
Sheeting
Sheeting, Water proof
Sheets and Pillow Cases
Silverware
Terry Cloth
Thread
Ticking
Towels
Toys
Trunks
Umbrellas
Underwear
Wash Cloths
White Goods
Window Shades
Yarns

Patient's Gown
Dozen $18.50

Our new lines of hospital garments, including surgeons' operating gowns and suits, patients' gowns and interns' uniforms, are the best made. All garments are made of Indian Head, tested to stand sterilization and washing; reinforced to stand strains; double-stitched and sewed with a high-grade cotton, eliminating ravels and rips.

Our wholesale lines of hospital supplies and furniture are known all over the country. Deliveries are made promptly from our great stocks in Chicago, the most central point for the country as a whole.

Check the items in which you are interested on the list above, tear out this page, and send it, with your name, to

A. L. COSTELLO
Manager Hospital Department

John V. Farwell Company
CHICAGO

102 So. Market Street

Importers—Manufacturers—Converters—Wholesalers

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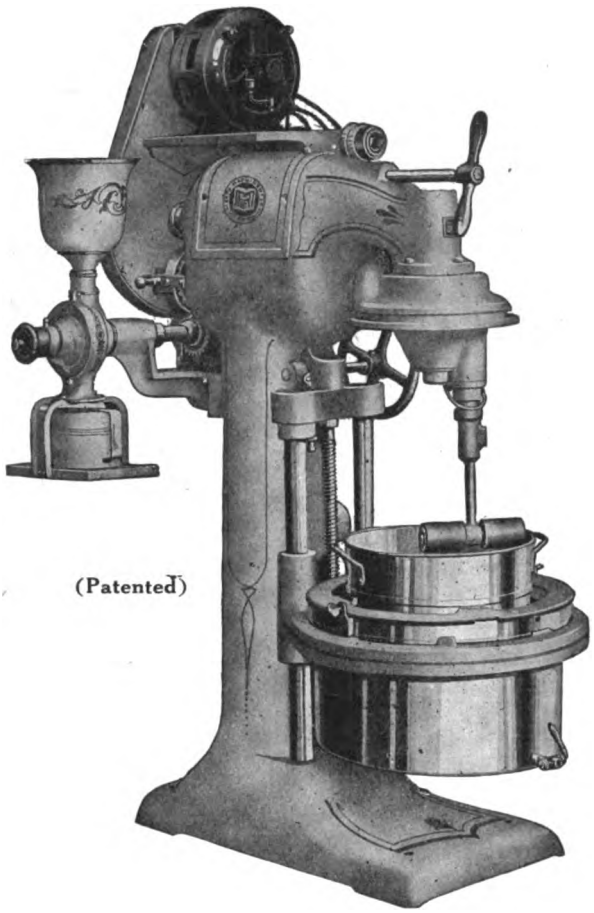
Orders Were Entered Last Month



Read Three Speed Kitchen Machine Type "D" (Heavy Duty Model)

for the hospitals listed below. For the past ten years, our books show a similar record of monthly orders for Read Three Speed Kitchen Machines. The complete list is practically a roll call of America's most prominent hospitals; and there is a sound reason for these orders, only the best machine was wanted, "The original Read".

Hospitals and Institutions

Missouri Baptist Sanitarium, St. Louis, Mo.

Thomas Dee Hospital, Ogden, Utah.

Presbyterian School, Chicago, Ill.

St. Paul Sanitarium, Dallas, Texas.

Cortland County Hospital, Cortland, N. Y.

Hastings State Asylum, Hastings, Minn.

Mt. de Sales Academy, Catonsville, Md.

St. Vincent Orphanage, Louisville, Ky.

There are Read Machines in use in your territory, a list will be mailed on request.

Read Machinery Company
York, Pa.

Kitchen Machines and Bakery Outfits.

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Our Trade Mark "Stanley Quality" on Hospital Supplies means the essence of perfection. It is the emblem of our confidence in the goods we manufacture

Cheapness COSTS More Than Quality

The hospital that buys the highest quality supplies and equipment effects a saving in service many times more valuable than the difference in the initial cost.

Rubber Goods

Gloves Sheeting
Hot Water Bottles
Ice Caps
Operating Cushions
Invalid Cushions
Tubing Catheters
Rectal Tubes
Stomach Tubes, etc.

Hospital Furniture

Operating Room
Ward
Private Room

Hypodermic Syringes

Enameled Ware

Pitchers Basins
Pus Basins Trays
Irrigators Urinals
Bed Pans Douche Pans
Funnels Dressing Jars

Sutures and Ligatures

Sterile—Unsterile

Glass Ware

Graduates Flasks
Funnels Medicine Glasses
Urinals Syringes
Dressing Jars
Infusion Jars
Hydrometer Jars
Small Glassware

Instruments

Scalpels Scissors
Forceps

Thermometers
Needles

Catalog upon request

STANLEY SUPPLY CO.

Manufacturers, Importers, Distributors of
Supplies and Equipment for Medical and Surgical Institutions

118-120 East 25th Street - - NEW YORK

If our salesman has not yet called on you with our line of Hospital Supplies and you are interested, write us.

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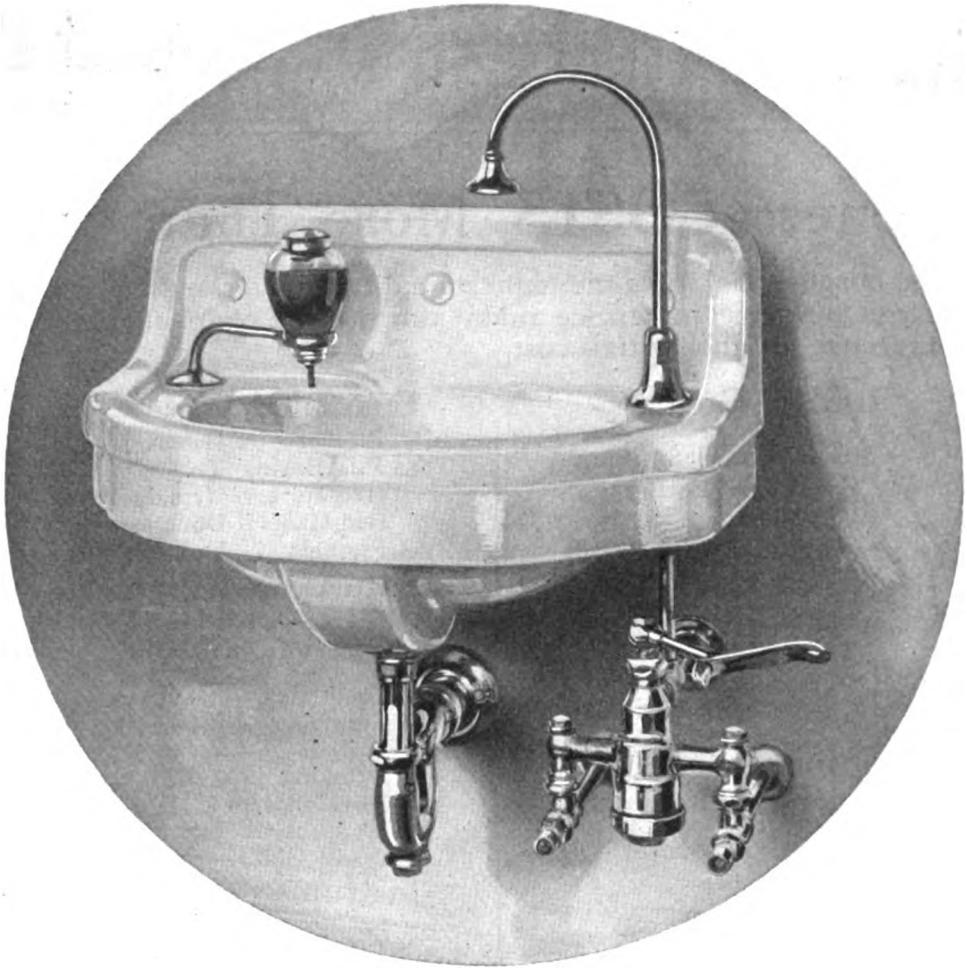
1828 MOTT 1920



The "VIDAL" Lavatory appeals to the progressive dentist who recognizes the value of modern space and labor saving equipment.

This compact little fixture has a projection of only fourteen inches from the wall, yet the bowl is large—being full sixteen inches long.

The hot and cold water is controlled by our "SIMPLO" knee action valve which obviates the necessity of using the hands.

Look for the Mott line of Hospital Plumbing and Hydrotherapeutic Equipment in the Modern Hospital Year Book. Our Supplement sent on request.

THE J. L. MOTT IRON WORKS

TRENTON, N. J.

NEW YORK, FIFTH AVENUE AND SEVENTEENTH STREET

Chicago, Boston, Philadelphia, Detroit, Washington, St. Louis, Portland (Ore.), Indianapolis, Pittsburgh, Salt Lake City, Houston, New Orleans, St. Paul, Columbus, Dayton, Jacksonville, Kansas City, Seattle, Toledo, El Paso, Havana, Des Moines and Lincoln, Nebr. Mott Company of California, San Francisco and Los Angeles. Mott Southern Company, Atlanta. Mott Company, Ltd., Montreal, Toronto, and Winnipeg, Canada.

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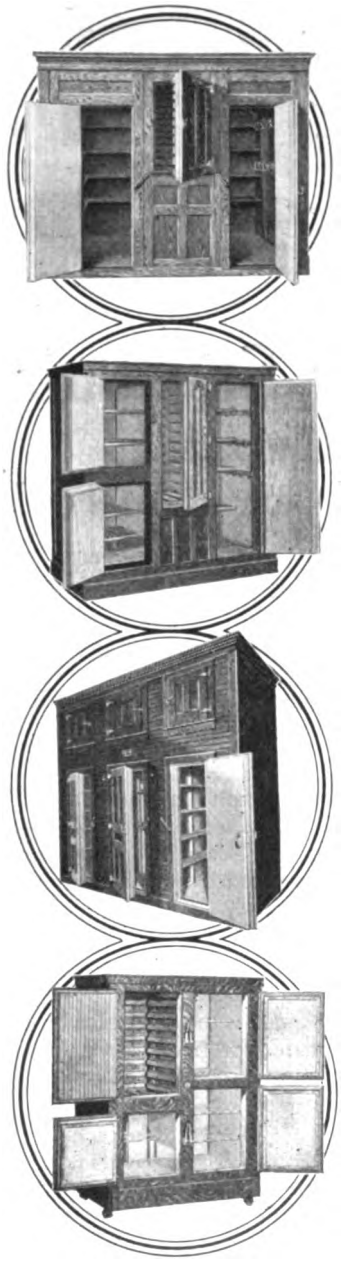
McCRAY

REFRIGERATORS FOR ALL PURPOSES



And, for Hospitals and Institutions in Particular

MANY leading hospitals and institutions have used McCray Refrigerators for more than thirty years with perfect satisfaction. They have unbounded confidence in the refrigerator which bears the name "McCray," for it stands for quality and unequalled service.

McCray Refrigerators are different in construction than other refrigerators. They are the result of years of careful study by refrigeration engineers. Hospitals and Institutions from Maine to California have found by experience that the McCray is correct in principle—because cold dry air in every compartment is assured. The styles illustrated herewith are designed for Hospitals and Institutions but this is not our complete line. Our catalog No. 52 shows many more refrigerators and coolers. Get a copy of this catalog—it will tell more about the McCray.

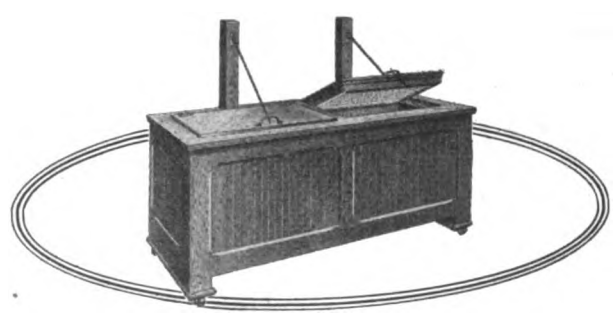
PLANS FREE—Gladly, will our service department furnish plans and suggestions for special built-to-order equipment. Simply send us a rough sketch showing what you deem your needs to be. Remember any McCray *can be arranged for either ice or mechanical refrigeration.*

SEND FOR CATALOG—Let us send you a catalog that describes a great variety of designs—one to suit every requirement; No. 52 for Hospitals, Hotels and Restaurants; Nor 63 for Meat Markets and General Stores; No. 71 for Grocers and Delicatessens; No. 95 for Residences; No. 74 for Florists.

McCRAY REFRIGERATOR CO.

5067 LAKE STREET KENDALLVILLE, IND.

Salesrooms in All Principal Cities



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Hotel Statler, St. Louis

Decided Upon Van's Equipment for the Cooking and Serving of Food

Because—

Van's kitchen, dining room and cafeteria installations combine exceptionally high operating efficiency with a durability of construction that reduces both the operating and upkeep expenses to a minimum.

No other equipment for the preparation and serving of food gives a higher degree of satisfaction—hence the large number of hotels, restaurants, hospitals, factories and institutions completely equipped with Van's kitchen, dining room and cafeteria installations.

Correspondence Invited

Whether you require a single piece of equipment or a large installation, Van's Food Service Engineers will give prompt, expert attention to your wants.

Get in touch with us at once.

And also in these hotels VAN INSTALLATIONS provide good food, properly cooked and efficiently served.

Cleveland, Cleveland.
Sinton, Cincinnati.
Blackstone, Chicago.
Statler, Detroit and Cleveland
Patten, Chattanooga.
Andrews, Minneapolis.
Savery, Des Moines.
Galvez, Galveston.
Baltimore, Kansas City.

EQUIPMENT FOR THE PREPARATION AND SERVING OF FOOD

The JOHN VAN RANGE CO. CINCINNATI

HOTELS, INSTITUTIONS, FACTORIES, CAFETERIAS, AND HOMES

CHICAGO **DETROIT**

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Alcohol
Aluminum Ware
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Bed Attachments
Blankets
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Casters
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Coolers
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Cotton
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Dishwashing Machines
Dental Equipment and Supplies
Drug Cabinets
Electrical Appliances
Elevators
Enamel
Fire Escape Devices
Floor Dressings
Floors
Floors—Composition, Sanitary
Floors—Sanitary, Plastic
Food Products
Furniture
Gauze
Gowns (Patients')
Gowns (Surgeons' Operating)
Heating Devices
Heating Systems
Hospital Garments
Hot Water Bottles
Hot Pack Machines
Humidifiers
Hydrotherapeutic Apparatus
Ice Machines
Indelible Ink
Instruments
Kitchen Equipment
Laboratory Equipment
Laundry Equipment
Laundry Supplies
Lighting Fixtures
Linens
Linen Markers
Linoleum
Lockers
Money-raising Systems
Mattresses
Nitrous Oxide Gas
Nurses' Supplies
Operating Tables
Oxygen
Paints and Varnishes
Plumbing Fixtures
Ranges
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The Clearing House of Hospital Information

A Special Service for Readers of Hospital Management

The Clearing House is established as a department of Hospital Management for assisting superintendents in choosing the right kind of supplies and equipment—and to see that they secure the best service from manufacturers.

The Clearing House can secure for you without charge catalogs and literature describing any product that you may be interested in. It can tell you where to secure any kind of material—place before you full information about anything you intend to purchase now or later. It can help you to secure prompt deliveries and right prices.

To get this information quickly, look over the items listed opposite, fill in the coupon below, tear it out and mail it to the Clearing House and your inquiry will receive prompt attention. There is no charge for this service.

CLEARING HOUSE OF HOSPITAL INFORMATION
Hospital Management, 417 S. Dearborn St., Chicago.

We are interested in the following articles. Please put us in touch with manufacturers who you know are reliable and will furnish goods promptly and at the best prices.

.....

.....

Hospital ..... Individual .....

City ..... State .....

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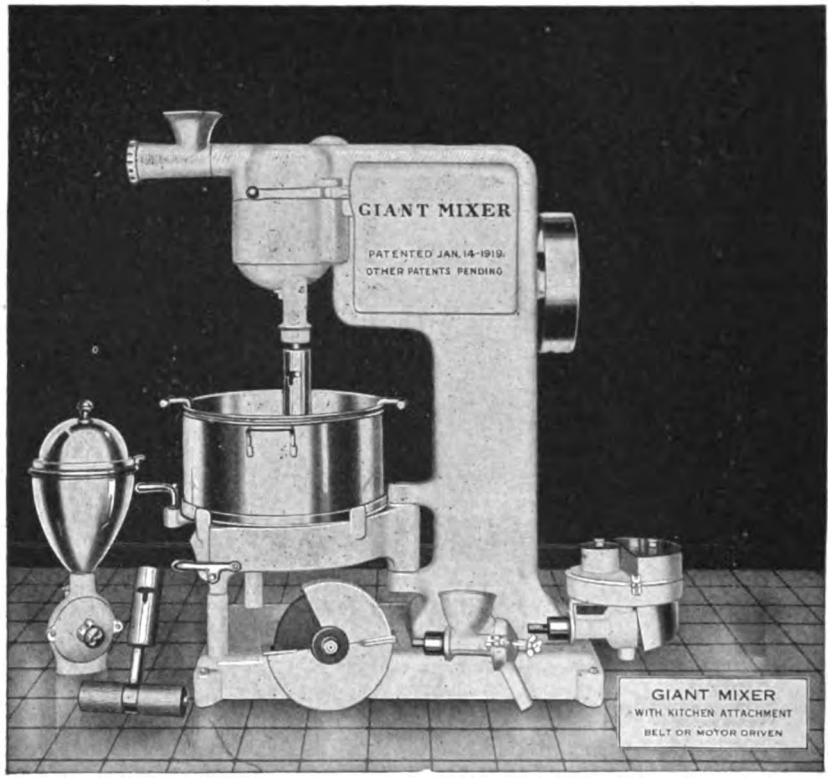
Let the Giant Do It All



The Century Latest Model Four-Speed Universal Mixer, like all other Century products, stands first in its field. The Giant is sanitary! The Giant is sturdily built—made to withstand the heaviest wear. Operation is simple and positive and there is no danger of breaking bowls or beaters because all adjustments are fixed permanently.

How Much Will You Save Your Institution

by placing a machine in your kitchen which will

Mix bread or cake dough
Grind meat and coffee
Strain Soup
Make purees
Slice vegetables
Mash potatoes
Crush fruit
Make peanut butter
Crumb bread
Polish silver
Beat eggs, batter or mayonnaise

The Giant can be installed in any corner of the hospital kitchen—run from a line shaft or by a motor attached to the machine. It has so many interesting features; so many advantages which cannot be enumerated here, that we are anxious to tell you more.

The Century Machine Company, CINCINNATI OHIO

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TRADE MARK

Largest American Manufacturers of Sanitary Napkins

"Don't Detour, Buy Direct."

"Hygienic-Band" Seamless Sanitary Napkins

are used in the largest hospitals throughout the United States and are recommended by physicians and nurses throughout the entire world. This alone speaks volumes for their quality. In an institution devoted to the sick and incapacitated only the very best, of course, can receive the least consideration.

A comparison of the price of Hygienic-Band sanitary napkins with others is sufficient proof that the former are by far the lowest. This is possible because, from the raw material to the finished product, Hygienic-Band Seamless Sanitary Napkins are made entirely in our own factory.

We receive the raw cotton and other raw materials and turn out the finished band. Thus you are saved the profits that ordinarily have to be paid on each operation. In addition to this, large production cuts costs to the very bone. We manufacture and dispose of over 300,000 "Hygienic-Bands" weekly.

Seamless Sanitary Napkins, tied in one dozen bundles. Packed 100 dozen in a fibre carton. $40.00 per 100 dozen. Terms, 2, 10 or 30 days net, F. O. B. Fall River, Mass. Your orders are solicited.

E. B. ESTES, PROP.

STANDARD SPECIALTY MILLS **Fall River, Mass.**

Chemical Apparatus, Microscopical and Bacteriological Supplies

Let us furnish the supplies for your Hospital Laboratory. We carry a complete line of Microscopes, Sterilizers, Incubators, Stains,—in fact, anything and everything required in the Hospital Laboratory.

Years of experience and a large stock of quality apparatus enable us to serve you most intelligently and economically.

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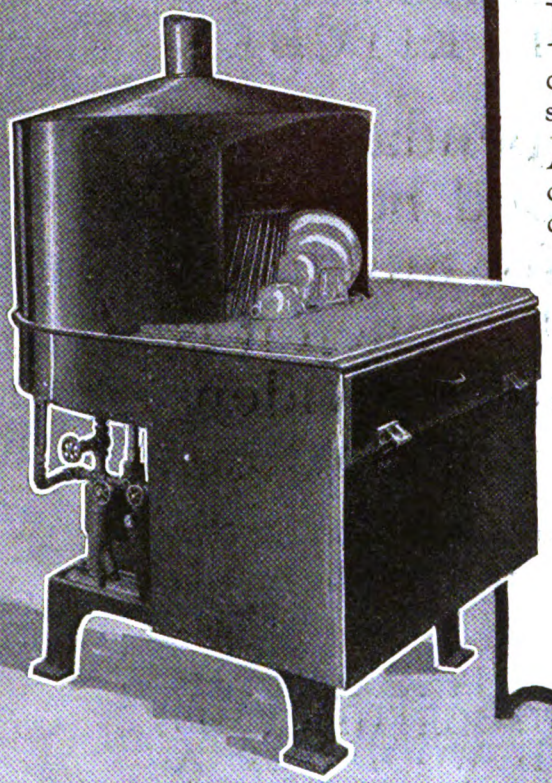

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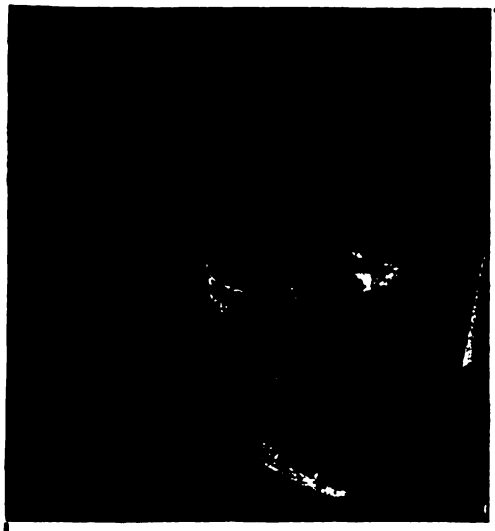

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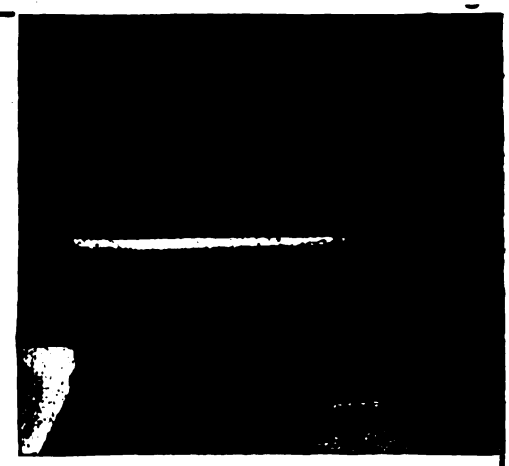

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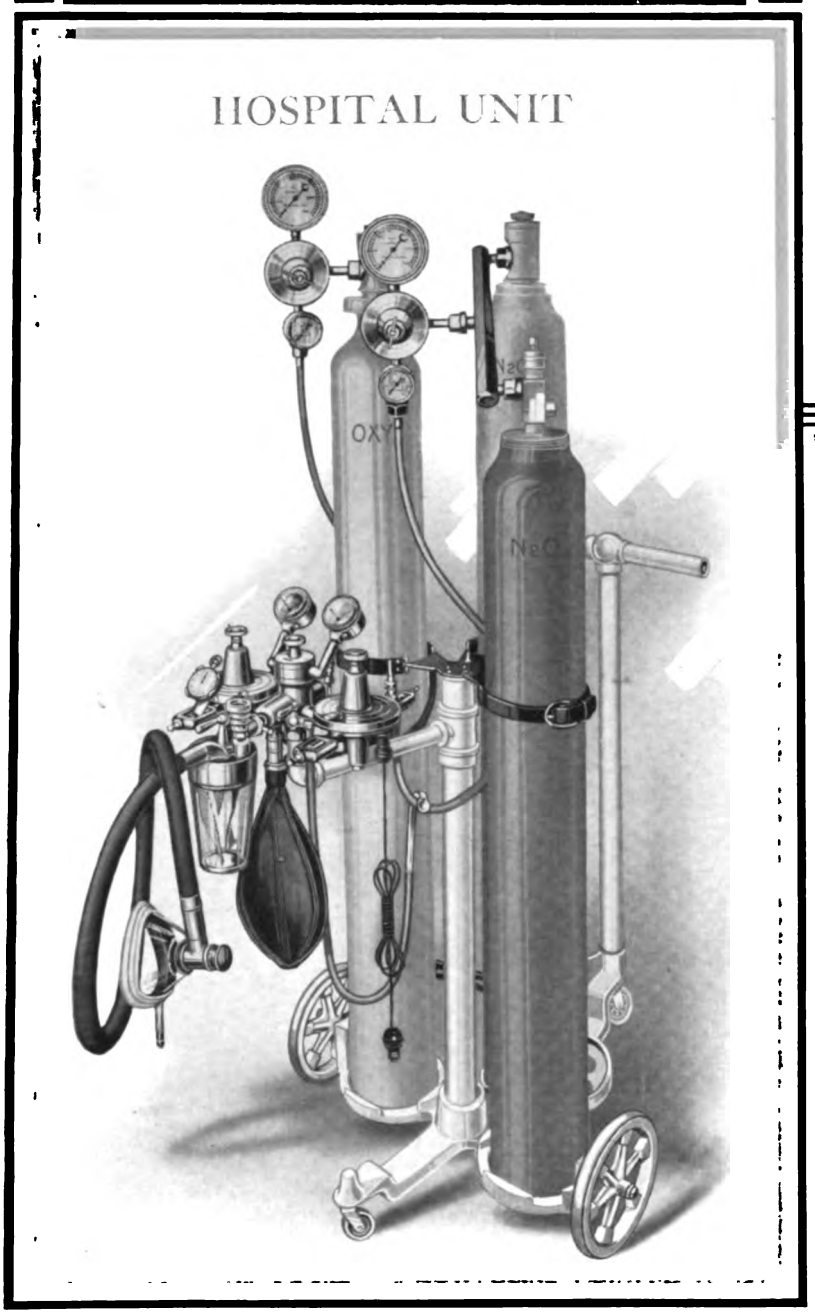

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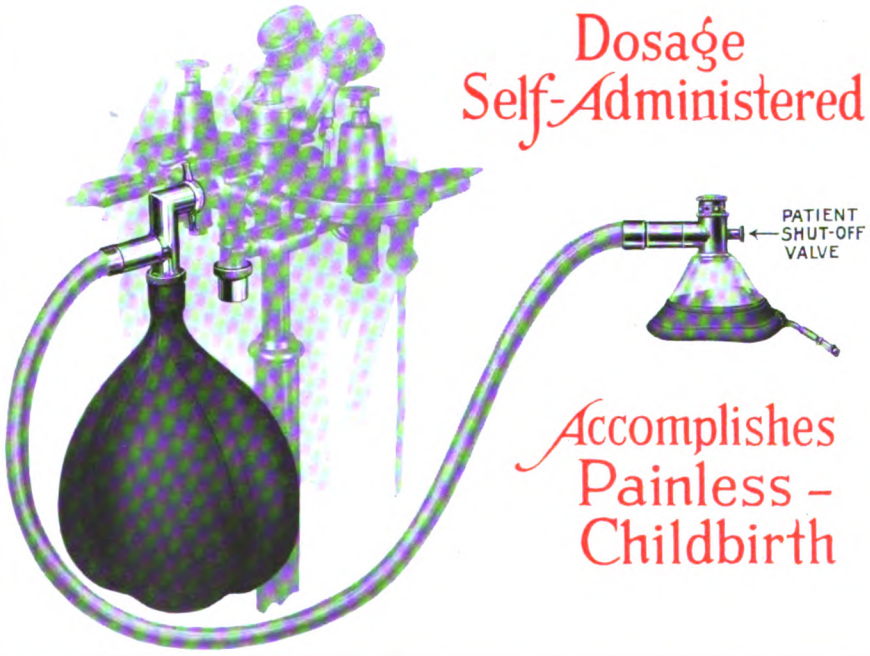

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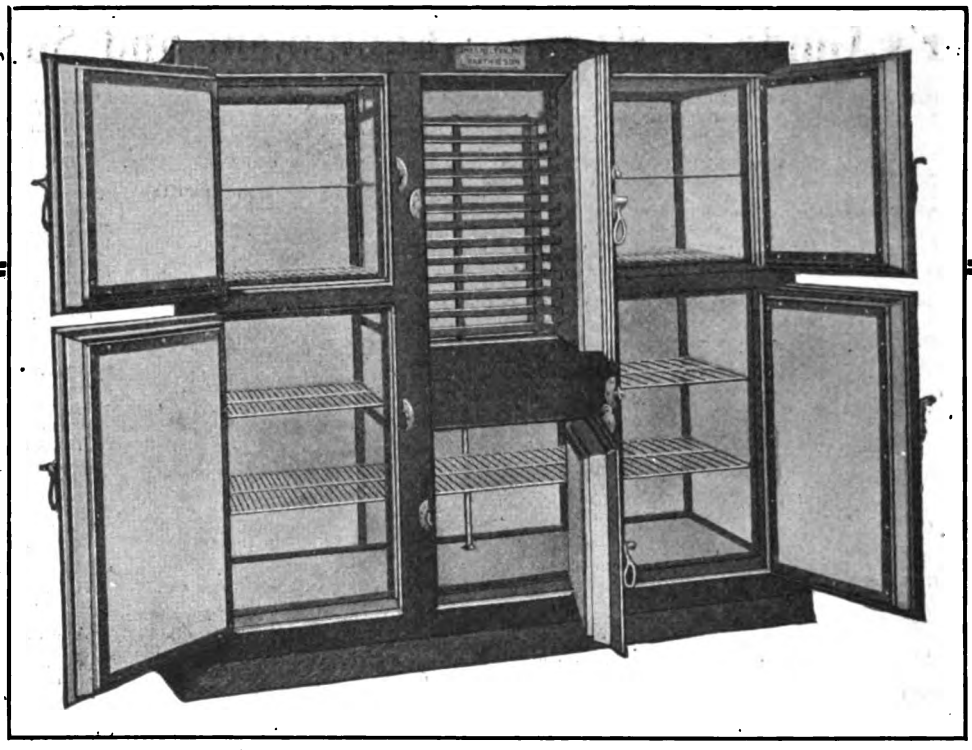

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Vol. IX, No. 6
June, 1920

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Something in Both Hands

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Ohio Association Affiliates with A. H. A.

Becomes Section of National Body—New Plan for Payment of Industrial Cases—State Licensing Approved

The sixth annual convention of the Ohio Hospital Association, held at Memorial Hall, Columbus, May 25-27, was notable for the importance of the action which was taken along three lines.

The organization, after hearing the work already done by the Bureau of Hospitals of the Department of Health, went on record in favor of state licensing of hospitals.

Discussion of a new plan for the payment of industrial cases handled by hospitals on the basis of the per capita cost of the individual institution led to the adoption of a resolution definitely favoring the principle of collecting cost for hospital service rendered to the state.

Through the efforts of Dr. A. R. Warner, executive secretary of the American Hospital Association, and a former president of the Ohio Hospital Association, backed by the present leaders of the organization, it was decided to make the Ohio body a section of the American Hospital Association, retaining its present name and autonomy.

P. W. Behrens, superintendent of Toledo Hospital, was elected president of the organization, succeeding Rev. M. F. Griffin, of St. Elizabeth's Hospital, Youngstown. Toledo was also honored by being given the 1921 convention, which will be held in May, according to precedent. Other officers chosen were Dr. A. C. Bachmeyer, Cincinnati General Hospital, first vice-president; Miss Nellie I. Templeton, Salem Hospital, second vice-president; Dr. E. R. Crew, Miami Valley Hospital, treasurer; board of trustees, for one year, Dr. Bachmeyer; for two years, C. B. Hildreth, St. Luke's Hospital, Cleveland; for three years, Miss Mary Surbray, Warren Hospital; for four years, Dr. W. F. Marting, Ironton; for five years, Rev. M. F. Griffin, St. Elizabeth's Hospital, Youngstown. The organization of a board of trustees was in keeping with the reorganization brought about in aligning with the A. H. A. Under this plan the board of trustees selected the secretary, who is Frank E. Chapman, Mt. Sinai Hospital, Cleveland.

The convention, as usual, was interesting all the way through, and was well attended. The commercial exhibits were numerous and worth while. The chief social feature was the banquet on the evening of Wednesday, May 26, at the Hotel Deshler.

NEED GREATER CO-OPERATION

In his opening address as president of the association, Father Griffin referred principally to the plan for the reorganization of the association as a section of the national body, pointing out the need of greater co-operation among those engaged in hospital work. The hospitalization of sickness has been emphasized by the advancement of medical science. The hospital is more and more becoming a part of the community, with its aim to prevent as well as cure disease. America is awakening to medical social service, and activity in the public health field should revolve around the hospital. The superintendent consequently must deal with a wider scope of affairs than heretofore. The value of affiliation with the A. H. A. was stressed on the ground that it would mean strong support in legislative matters.

Dr. Warner followed with a paper dealing with the general subject of better organization of the hospitals and an argument for organization along state lines to meet the problems due to state conditions such as legislation, nursing, etc., and along national lines to handle the broader subjects. In showing the weakness of hospitals along legislative lines, Dr. Warner said:

"All hospitals have become painfully aware of the fact that legislation affecting health work in a state can be enacted without consideration of the established practices, customs, organization and procedure of hospitals and that this invariably proves very troublesome to hospitals. In addition to being troublesome, these laws often cause the hospital definite demonstrable financial loss. In most cases this was clearly not intended in drafting the law. It is chargeable to the ignorance of those who drafted the legislation in matters of hospital management and to the indifference of hospitals to legislative action, which can make it possible for legislation seriously affecting hospital work to be introduced, given the usual publicity, passed by both houses of the state legislature and signed by the governor without the viewpoint of hospitals being voiced in any definite, concerted way, even if it is voiced at all."

TO WORK WITH STATE ASSOCIATIONS

Dr. Warner stated that the A. H. A. is now committed to the proposition of forming a working affiliation with state associations, and quoted the following resolution adopted by the board of trustees as a working basis for the plan:

"Voted: That a state hospital association may be approved as a 'geographical section' of The American Hospital Association, provided that for every member of such state association eligible to active or associate personal membership in the American Hospital Association there shall be annually collected and paid to the state association from and by such members membership fees not less than the corresponding fees required by the American Hospital Association, and that the state association shall pay annually to the American Hospital Association for every associate member $2 and for every active member $5; and that, upon receipt of such payments, there shall be paid and allowed by the American Hospital Association to such state association for every active member $2 per annum to defray the expenses of the state association, as a section of the American Hospital Association. The state association, when approved as a section of the American Hospital Association, shall furnish lists of the American Hospital Association of members for whom the amounts of $2 and $5 annually have been paid, and the members so listed shall, if eligible to corresponding membership in the American Hospital Association, be entitled to all the privileges of personal membership in the American Hospital Association, in their respective classes."

The matter was referred to the legislative committee, and later in the convention the necessary action was taken to dissolve the old association, organize the new body as

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a section of the American Hospital Association, and elect officers as provided by the new constitution and bylaws.

Dr. E. R. Crew read his report as secretary and treasurer of the association at the first session, emphasizing the recognition and co-operation accorded the organization by the various state departments having to do with hospitals, and reporting the addition of about thirty new members during the year. Fewer trustees are now members than formerly, but practically all of the members are active hospital executives. Dr. Crew referred to the growth of state hospital association work, and quoted from an editorial in May HOSPITAL MANAGEMENT crediting the Ohio association with leadership in this direction.

P. W. BEHRENS
Superintendent of Toledo Hospital, the New President of the Ohio Hospital Association

At the Tuesday evening session the convention heard an able paper of H. J. Southmayd, chief of the Bureau of Hospitals, which is printed in full elsewhere in this issue. The discussion which followed indicated the approval which the Bureau has won through its co-operation with hospitals, and also showed that the hospitals welcome the extension of supervision through the licensing of the institutions as a means of eliminating those which are not properly conducted.

Dr. T. B. Fletcher, medical director of the Ohio Industrial Commission, spoke on the relations between the commission and the hospitals, agreeing that often industrial cases have been handled by the hospitals below cost, and stating that as a result of conferences with a committee of the association, he was prepared to recommend to the commission the adoption of a plan whereby the principle of cost for service rendered would be adopted, and instead of fixing a flat rate, the commission would agree to pay the hospital on the basis of its per capita cost for the preceding year. Provision would be made in the event of failure to agree for investigation and settlement by a committee consisting of a representative of the commission, a representative of the hospital, and a representative of the department of health. The advantage to the commission, the speaker pointed out, would be the elimination of the bills for extras which are included in many cases, and which are most difficult to adjust.

There was considerable discussion of the plan and some difference of opinion, especially on the part of the smaller hospitals, as to whether the new method would be an improvement. It was pointed out that in some cases, where major operations were performed and other expensive service rendered, the actual return would be less than cost, but the reply was that in the course of a year these would be averaged up and the cost as shown by the hospital's own figures on its operations would be covered.

A motion by Mr. Chapman favoring the adoption of the plan was seconded and carried after discussion, and it was indicated that the Industrial Commission would put the plan into operation in the immediate future.

At the Wednesday morning session Miss Ida May Hickox, chief examiner of nurses of Ohio, conducted a round table on nursing problems, and in opening it she discussed the improvement of the curricula of training schools, the adoption of the eight-hour day for student nurses, the use of a budget system for training schools, etc. Miss Hickox indicated her belief that the training school and the hospital should be operated as separate institutions, but Miss Alice M. Thatcher, of Christ Hospital, Cincinnati, won applause by asserting that such a division would be dangerous and was undesirable.

Miss Mary Jamison, of Grant Hospital, Columbus, where the eight-hour day is in effect, told how the hours are arranged, the shifts being from 7 a. m. to 3 p. m., 3 p. m. to 11 p. m., and 11 p. m. to 7 a. m., with the relief nurses coming on from 8 to 11 in the morning and from 6 to 11 in the evening

DISCUSS NURSE SHORTAGE

There was considerable discussion of methods of attracting student nurses, and the use of newspaper advertising, talks before high school graduating classes, co-operation with the Red Cross and other methods were discussed. The talk of Dr. Crew, which was particularly suggestive, is presented on another page. Dr. Crew was later appointed chairman of a special committee to take up his plan of having high school seniors do preliminary work of a practical nature in the hospitals, so as to insure their interest in nursing following graduation.

There was little sentiment indicated for short nursing courses. The discussion of trained attendants brought out some varying viewpoints, most of those present agreeing that they are necessary, but some insisting that they not be denominated "nurses," on account of their effect on the regular profession.

Most of those present were reported to be giving allowances of money to the student nurses, and most were providing other things, such as uniforms, text-books, shoes, etc.

Non-resident student nurses were discussed, and the opinion was that while the system is not ideal, it helps out conditions when the hospital is unable to house all of its pupils.

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SOME OF THOSE PRESENT AT THE SIXTH ANNUAL CONVENTION

Mr. Chapman presided over the round table devoted to dietetics, probably the most interesting feature of which was the discussion of the cafeteria system. Many of the hospitals are using cafeteria service, but there was much argument in favor of limiting or modifying it in some way. It was thought to be an excellent thing as a labor-saver, but the greater ease and comfort obtained through maid service was held to be a factor that should be considered in connection with the nurses especially. Some who are using cafeterias will return to the other system as soon as they can obtain enough maids.

Many of the war-time economies brought about through the use of substitutes were reported to be continued with success, and the present shortage of sugar is causing some of the hospitals to serve it in individual paper containers.

The question of purchasing by the dietitian was taken up, Mr. Chapman opposing it, while some of the dietitians present thought that the head of the dietary department should buy the foodstuffs.

HOUSING OF EMPLOYES

In connection with feeding employes, the matter of housing them was discussed, and it was developed that many hospitals are not housing a great many of their help. However, some of those present found that if living facilities were not provided, the help were not as prompt in reporting for duty.

Rising food costs were indicated in a graphic way by Dr. Bachmeyer, who said a chart recently prepared for a city council committee in Cincinnati showed an increase of 24 per cent in 1919 compared with 1918, and an increase of 67 per cent for 1920 compared with 1919. The cost for food at Cincinnati General is now 62 cents per day, this figure including raw food materials plus labor.

Dr. Bachmeyer gave a brief but interesting talk on the organization of the Ohio Public Health Association, which has succeeded the Ohio Society for the Prevention of Tuberculosis, and which has undertaken to organize local health leagues and otherwise co-operate with the official health organization, which has been greatly improved in Ohio through recent legislation. The Ohio Hospital Association took action providing for two representatives to participate in the work of the health organization.

A round table on construction was held under the chairmanship of Charles F. Owsley, architect, of Youngstown, who has done considerable high-grade hospital work. He analyzed the provisions of the state building code with reference to hospitals, and pointed out some of the basic features that should be kept in mind in designing hospital buildings. An interesting feature developed in discussion which followed his talk was the tendency in the direction of smaller wards in the general hospitals. Eight beds were considered to be the maximum limit.

Dr. E. A. Baber, superintendent of the Dayton State Hospital, presented a most interesting talk, accompanied by stereopticon views, on "Mental Hygiene," tracing the history of the treatment of insanity, and showing, through statistics indicating only about 23 per cent of cures, that preventive work is the great need at present. Cases are increasing at present, as the result of the greater average longevity of the population, while syphilis is a growing cause of mental disability. Hydrotherapy, including the continuous bath, is the treatment par excellence for insanity, while the electric cabinet is an important feature of equipment.

Dr. Baber appealed to the general hospitals to take more interest in work for mental hygiene through the establishment of psychiatric wards, equipped with apparatus for diagnosis and treatment of mental diseases, so that such cases could be taken care of without the

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OHIO HOSPITAL ASSOCIATION AT COLUMBUS, MAY 25-27, 1920.

necessity of resorting to court action in order to obtain treatment in a state hospital. If a ward cannot be established, then a psychiatric clinic should be organized, with a qualified director and social workers who can give service in that direction. Such a clinic could co-operate with the state institutions through follow-up of their discharged cases, who would go willingly to a general hospital clinic. Dr. Baber is promoting the organization of the Ohio Society for Mental Hygiene, the principal object of which will be prevention work.

The dinner Wednesday evening was presided over by Father Griffin, and was enlivened by some clever vaudeville stunts by M. H. Pritchard, of the Kress & Owen Company, one of the exhibitors, who was roundly applauded for his efforts.

TRIBUTE TO RED CROSS

Father Griffin paid a tribute to the Red Cross in introducing Dr. Starr Cadwallader, who spoke of "The Present Day Program of the American Red Cross." He spoke of the work being done in replacing men in their communities, and in seeing that insurance and compensation matters are properly taken care of for former service men. Medical social service in the Public Health Service hospitals is also being handled by the Red Cross, while the peace-time program embraces providing emergency or disaster relief, co-operating in the establishment of clinics, such as those for trachoma; furnishing nurses for the public health service or service in the schools, and establishing classes in first aid.

Dr. J. L. Smith, of the American College of Surgeons, spoke of the work of that organization in connection with hospital "elevation," a term used in place of "standardization." He emphasized particularly the importance of complete case records in enabling the doctors to discuss their failures. The importance of physical examinations in disclosing unsuspected disease was stressed by the speaker, while the pathological examination of every piece of tissue removed during an operation was declared to be aimed at the surgeon who has the habit of operating for a price and converting medical into surgical cases because there is more money in it.

Dr. Smith indicated that the College will not attempt to classify the hospitals into A, B or C groups, but will publish a list of those which have met the requirements of the Minimum Standard.

At the Thursday morning session questions proposed for round table discussion were taken up. The matter of employing contractors on a cost plus basis was presented, and was favored by some on the ground that it is difficult under present conditions to get contractors to accept work at a fixed price.

The status of graduate nurses on special duty in the hospital provided much interesting comment, particularly with regard to the hospital's legal liability for her acts. Dr. Warner advised that recent investigations have shown that the hospital is responsible only for the use of reasonable care in the selection of the nurse, and that courts also generally hold that a charitable institution is not subject to damages, since such a course would result in the dissipation of funds intended for the care of the sick. Dr. Crew presented another point of view by saying that the hospital assumes a moral if not a legal responsibility, and should not hesitate to assume it by the employment and supervision of graduate nurses on special duty.

This discussion led to the question of hours for special nurses, and it developed that 12-hour duty has become general. Rates for board for graduate nurses ranged from $1 to $1.50 a day.

Mr. Chapman talked of the record system of Mt. Sinai Hospital, where the dictaphone system is employed. The doctors will not write up the records, he said. Cases are

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checked up after 24 hours to make sure that the records have been made. The matter of accessible filing was stressed as an important factor, while conferences weekly between the statistician and the intern staff has had a good effect in making the records more accurate and generally worth while.

Father Charles B. Moulinier, of Marquette University, Milwaukee, president of the Catholic Hospital Association, spoke at this session. He pointed out that hospital service depends on the doctor, and that the output of the hospital is measured in improvement or restoration of health. The educational work of the institution is a byproduct. Because of the character of its work, the hospital must have an appraisal of its service, and this can best be done through a regular and fearless presentation of facts to the people in the hospital, bringing the records to light.

Dr Marting reported for the Time and Place Committee, recommending Toledo, which was approved as the 1921 convention place.

Mr. Chapman reported for the Legislative Committee, stating that a bill for nurse attendants which had been before the legislature was defeated, no action regarding it having been taken by the committee. The committee recommended a consolidation of all laws affecting hospitals and their execution by the Bureau of Hospitals, and recommended the development of a program of legislation along this line in co-operation with the Bureau.

Dr. Bachmeyer reported for the membership committee that 20 active and one associate member had been approved for election, making a total of 87 active and 8 associate members.

The auditing committee reported through Dr. A. C. Lohmann, of the Deaconess Hospital, Cincinnati, that the balance on hand was $2,405.58, this prosperous condition of the treasury eliciting applause.

R. W. Yengling, of Youngstown Hospital, reported for the Resolutions Committee, the resolutions adopted covering state licensing of hospitals, co-operation with the Ohio Public Health Association, method of payment for industrial cases by the Ohio Industrial Commission, and the reorganization of the association as a section of the A. H. A.

Discarded X-Ray Plates Used for Windows

A saving of $30,000 will be effected in glazing the windows of Detroit's new Municipal Tuberculosis Sanitarium at Northville Mich., according to Health Commissioner Henry F. Vaughn, who plans to use discarded X-ray plates instead of new glass. These plates, Commissioner Vaughn asserts, when cleaned of chemicals will serve the purpose as well as ordinary window glass and a big saving will result.

Other savings will be made in the sanitarium by use of plumbing fixtures and mahogany doors from the Pontchartrain hotel which is being dismantled. New plumbing, it is estimated, will cost from $50,000 to $70,000, while the old fixtures have been obtained for $7,200. A saving of $15,000 has resulted for the city on the 500 doors.

Hospital Uses Store Window as "Ad"

Faith Home, Houston, Tex., recently adopted a novel means of attracting attention to a social affair for its benefit. A window in a department store was fitted out as an operating room, with juvenile doctors and nurses in charge. The hospital ambulance made an "emergency run" and a child apparently in need of surgical care was carefully carried into the store and thence to the "operating room" where "treatment" was given.

Honor Florence Nightingale

Hospitals and Training Schools of U. S. Join in World-Wide Centennial Exercises

Hospitals and national and local organizations of nurses all over the United States were participants in the world wide celebration of the hundredth anniversary of the birth of Florence Nightingale, founder of the modern art of nursing, May 12. The general program consisted of sketches of Miss Nightingale's career, comparisons of methods of hospital administration and nursing in the day of "The Lady of the Lamp" with modern methods, and tableaux and addresses dealing with the ideals of nursing.

One of the major celebrations was held under the auspices of the Illinois League for Nursing Education at Orchestra Hall, Chicago, which was featured by selections by the Florence Nightingale Chorus, composed of student nurses from a number of Chicago training schools. Mrs. Ira Couch Wood presided and among the speakers were Rev. C. B. Moulinier, S. J., president of the Catholic Hospital Association, and Miss Adda Eldredge, interstate secretary, American Nurses' Association.

The celebration in New York included a dinner at the Old Colony Club under the auspices of the City Visiting Committee of the National Organization for public Health Nursing.

Exercises covering a week in which all of the training schools of the city took part constituted the Nightingale memorial at Seattle. The program included graduation exercises of the schools with considerable part of each program devoted to a recital of the part Miss Nightingale played in establishing nursing on its present plane. The final night was devoted to a banquet attended by city officials, members of the school board and prominent business and professional men. The graduating classes of the city's training schools were guests of honor. At the banquet were presented tableaux showing the progress of nursing. The affair was arranged by alumnae of the training schools of Minor, Providence, Seattle General, Swedish and Seattle City Hospitals.

Ministers throughout Virginia preached special sermons on the life of Miss Nightingale on the Sunday preceding the anniversary and schools in almost every county held appropriate memorials in which the ideals of nursing were explained and the interest of the pupils directed to the profession.

Another typical Nightingale celebration was held at the Cincinnati General Hospital where representatives of institutions throughout the state gathered.

Much of the success of the Nightingale services is due to the work of Centennial Committee of the three national nursing associations which communicated with practically every local organization and hospital school in the country and enlisted interest in honoring "The Lady of the Lamp" and incidentally in bringing to the attention of the general public the opportunities and ideals of nursing. Plays and tableaux were prepared and suggestions offered for making up programs and for obtaining proper publicity.

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Ohio Seeks Co-operation of Hospitals

Head of Hospital Bureau Reviews Effect of Recent State Legislation Concerning Institutions

By H. J. Southmayd, Chief, Bureau of Hospitals, Ohio State Department of Health.

In the past year certain legislative measures of no little interest to hospitals of Ohio have become effective. Interest in these measures is not confined to this state alone, but, constituting as they do a departure from the conventional form of hospital legislation, attention is being drawn to them from all parts of the country.

In general, these provisions established an active relation between all hospitals and dispensaries and the state government. The state department of health, whose real interest in the hospital field has heretofore been limited to maternity and tuberculosis hospitals, is responsible for discharging the provisions of the recently enacted measures.

Officially, these measures had their inception in the appointment of a voluntary committee by the governor at the meeting of the 82nd Ohio General Assembly in 1917. In his letter appointing this committee the governor said in effect that the assembly then meeting was unable to pass intelligently upon the numerous measures being introduced relative to medical and hospital service owing to the lack of pertinent data on the subjects involved. The appointment of a committee to provide this data was therefore advisable. That part of the committee's work of especial interest to hospitals was specifically defined as a survey with report to the Governor of "the present system and laws relating to the incorportation, licensing, inspection, supervision and regulation of public and private hospitals."

As a result of the work of this committee the present assembly enacted the measures by which the relation of the state department of health was extended to all hospitals. A further recommendation, administrative in character, that a special bureau be created in the state department of health to discharge the additional obligations imposed by these legislative acts, was favorably acted upon.

The recommendations, legislative and administrative, resulting in new hospital legislation, were made with the co-operation and approval of the officers of the Ohio Hospital Association together with other hospital organizations, officials and authorities.

ESSENTIALS OF THE MEASURES

The essentials of the measures enacted are:

The repeal of the statutory definition of "maternity hospital."

The authorization of the commissioner of health to define and classify hospitals and dispensaries, public and private.

The requirement of all hospitals and dispensaries to report annually to the state department of health.

The requirement that the state department of health make a survey of the hospital and dispensary facilities of the state, as a basis of further legislative recommendations.

It perhaps should be said here that the state department of health had no part in the initiation, drafting or passage of this legislation. It is appreciated, however, that these measures offer an opportunity to contribute to the public health of the state and as such the discharge of their provision is a proper function of this department, gladly undertaken. It is the fact that hospitals are factors in the public health that justifies the state's interest in them. Considered as a whole, it is our belief that these provisions are simply the beginning of an effort to provide the public with more and better hospital service, the real end being the conservation of the public health. Our immediate duties we conceive to be the extension of maternity hospital supervision to include all institutions engaged in maternity work, and a thorough study of the hospital and dispensary facilities of the state,

First, to dispose of the question raised by the repeal of the statutory definition of "maternity hospital." Twelve years ago, the legislature passed an act giving the state supervision over certain institutions engaged in maternity work and infant boarding. This leglislation grew of the knowledge that in some institutions undertaking this work illegal and even criminal practices were being carried on. The state department of health was charged with the responsibility of enforcing this act by means of a license system. In defining the type of institution which was to be licensed, the act made no distinction between the maternity hospital and the infant boarding home. In fact, infant boarding homes were included within the meaning of the term "maternity hospital." Later legislation gave the board of state charities supervisory power over infant boarding homes. This confused the activities of the two state departments and led to the repeal of the statutory definition by the present assembly. In order to obviate further difficulties of this description, the commissioner of health was empowered to define and classify hospitals so that now if a definition or classification of hospitals proves unsatisfactory, it is readily amended without waiting for the legislature to convene.

In the administration of the original maternity hospital law the state department of health confined its supervisory activities to those institutions engaged exclusively in maternity work. Such a course was suggested by the statutory exemption of incorporated institutions from the requirements to operate under license. There has been some just complaint against this discrimination on the part of those hospitals engaged exclusively in maternity work. As a basis for license, it was necessary in the beginning to establish certain standards to determine what institutions were qualified for license. It seems unfair, therefore, to the operators of hospitals accepting maternity cases only that they should be required to observe certain standards and regulations, while an institution across the street doing ofttimes a much larger volume of that type of work, along with other, was not required to conform to any standards, It is true, no

From a paper on "The Effect of Recent Hospital Legislation in Ohio," read at the Ohio Hospital Association Convention at Columbus, May 25-27.

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doubt, in most cases that the institution doing general work will do the higher type of maternity work, but this does not necessarily follow, and I am sure that we will find in some institutions doing general work a lower standard of practice on maternity cases than that found in many institutions admitting maternity cases only,

REPEAL STATUTORY DEFINITION

The repeal of the statutory definition with the authority of the commissioner of health to define and classify hospitals offered an opportunity to correct this injustice by defining all institutions accepting maternity cases as "maternity hospitals." It is our interpretation that the legislature's intention in its present amendment of the maternity hospital law was to provide for state supervision of maternity work, not the supervision of certain institutions engaged in that work. The commissioner of health has, therefore, defined as a "maternity hospital" any institution accepting maternity cases. The rules and regulations governing this class of work have been so amended that they apply to the general hospital doing maternity work and copy of a bulletin announcing the current definition of "maternity hospital" and containing the rules and regulations and laws of Ohio relating to maternity hospitals has been submitted for printing and will be available in a few days.

The present purpose of the remainder of the new legislative measures is a state wide survey of the existing hospital field as a basis for recommendations designed to provide the state with proper hospital facilities. Proper hospital facilities mean adequate bed capacity available in all parts of the state for general and special purposes and a higher average standard of service than is now found. This presumes that from a state-wide viewpoint we are lacking in bed capacity and that the existing service might be improved.

It is beyond debate that certain parts of the state are badly in need of hospital beds. Thirty counties are without hospitals for general purposes within their borders, while twenty-three counties have no hospital of any description. While the inadequacy of hospital service is an important question it probably is not as interesting as the statement that there is opportunity for improving the existing hospital service. This statement is easily justified, however, by the extreme variation in institutions doing hospital work when they are considered from the standpoint of standard of service rendered. The term "hospital" may cover the one-bed institution, housed in insanitary quarters not fit for ordinary dwelling, where nurse service is given by an untrained woman and medical service by a practitioner who is not recognized by the medical profession of the community in which he practices. It covers also the institution of hundreds of beds, housed in magnificent structures, the staff of which is composed of the most able of the medical profession: such institutions as are centers for medical education and where training schools and homes for nurses, dietitians and others undertaking various lines of medical and hospital work are maintained; institutions which reach out into the community they serve with dispensary and social service and which engage in rehabilitation work and vocational training; the staff is well organized and meets at frequent intervals for the discussion of their hospital work for its constant advancement; complete laboratories do at least a fixed minimum of work on every patient admitted; records, medical and social, of each patient are accessibly filed; comprehensive institutional records, financial and statistical, are the basis for frequent periodical reports, etc. The term "hospital" naturally includes also every conceivable kind and type of hospital institution between these extremes.

This briefly pictures the hospital field of Ohio in its statewide aspect, and it must be admitted by anyone, that if an institution even approaching the latter of the two extremes described is possible, while the former type exists, there is then not only opportunity but need of improvement in the hospital service.

When the hospital service of Ohio is spoken of, then, we mean the service rendered by all institutions engaged in hospital work, extremes included. When we speak of improving the hospital service of the state, we mean not the improvement of the service given by each existing institution, but a raising of the average standard. This might be accomplished, it is true, by visiting each institution and pointing out ways and means of improving the service, but this method, even presuming its practicability as a state activity, would not produce the result desired so readily or so well as concentration upon the improvement or elimination of that service which is obviously deficient.

CONVERSION BETTER THAN ELIMINATION

Elimination of low standard service does not mean at all the elimination of any institution. Conversion of low standard service to a passable standard will serve a better end than eliminating the institution in which such service may be found. The latter plan would reduce the already inadequate bed capacity. It will, therefore, be the policy of the state department of health to make such recommendations as are consistent with higher standards and adequate capacity. I think we might well be guided by precept; all hospital beds not a hazard to the public health and morals shall be retained. While it is too early probably even to suggest what form our recommendations may take, it does seem at this time, in view of the possible existence of institutions doing hospital work hazardous to the public health, that the only solution to a higher average standard is the establishment and enforcement of minimum standards.

It is necessary, however, if we are to make intelligent recommendations leading to any practical results, that we have the thorough co-operation of those primarily interested in the hospitals. This was appreciated immediately on the study of the legislation under which we are acting. It was brought sharply to our attention first when we were faced with the necessity of devising the form of annual report. When the diversified character of hospital institutions, their variation in size, scope of activities, method and agency of control, specific purposes, etc., was considered, it seemed an almost impossible task to draft a form that would at once apply to all types and classes of institutions in any acceptable manner. It had been planned to call a conference of representative hospital people to discuss the question of our program under the new legislation. This conference was called, invitations being extended to about thirty persons interested in hospitals of the various general types. Two-

(Continued on Page 84)

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Private Rooms Only in This Hospital

Fifth Avenue Institution to Have 300 Cubicles and No Wards; Plans to Serve People of Middle Class

ARCHITECT'S DRAWING OF THE FIFTH AVENUE HOSPITAL BUILDING

Work has been begun on the Fifth Avenue Hospital in New York, an institution which, when established, will have the distinction of being without a ward. Every one of its 300 rooms will be private, and with but one patient in a room.

The Fifth Avenue Hospital will be the successor of the present Hahnemann Hospital, which has disposed of its site at Sixty-seventh street and Park Avenue, and will erect its new nine-story building at Fifth Avenue, 105th and 106th streets, four blocks from Mount Sinai Hospital.

Back of the new project is the culmination of an ideal—that the man or woman of average income, heretofore unable to afford the privacy and comfort of a private room because of its prohibitive expense—may be able to come to a place where, for a nominal outlay or no outlay at all, he or she will receive treatment apart from all other patients. One half the capacity of the Fifth Avenue Hospital will be for free or partially free patients.

The hospital also enjoys another distinction in that it will be the first in the world to be housed in the "X" shaped building, which will make each of its rooms an outside room.

T. Frank Manville, secretary and treasurer of the H. W. Johns-Manville Corporation, is president of the Fifth Avenue Hospital. The other officers are:

Warren Delano, First Vice-President.

William A. Nash, Second Vice-President.

Henderson M. Wolfe, Secretary and Treasurer.

Wiley E. Woodbury, M. D., Director.

The trustees of the hospital are:

Frederick B. Adams, of Potter-Choate & Prentice, Bankers.

Benjamin Campbell, Senior Vice-President of the New York, New Haven & Hartford Railroad Co.

William G. Conklin, Retired Banker.

Warren Delano, Coal.

Zoheth S. Freeman, Banker.

Theodore Hetzler, President of Fifth Avenue Bank.

E. T. Holmes, of the Holmes Electric Protective Co.

Charles R. Lamb, Memorials.

T. Frank Manville, President of the H. W. Johns-Manville Co.

Hiram E. Manville, Secretary and Treasurer of the H. W. Johns-Manville Co.

Honorable Julius M. Mayer, Judge of the United States District Court.

Wilmer J. McAllister, Counselor at Law.

John McHugh, Vice-President of Mechanics and Metals National Bank.

William A. Nash, Chairman of the Board of Directors of the Corn Exchange Bank.

William H. Porter, of the J. P. Morgan Co.

Roy A. Rainey, Capitalist.

Honorable Franklin D. Roosevelt, Assistant Secretary of the U. S. Navy.

Howard C. Smith, Broker.

James W. Taylor, Real Estate.

Paul R. Towne, of Harris & Towne, Counselors at Law.

Thomas E. Wing, Counselor at Law.

Henderson M. Wolfe, Vice-President of Central Mercantile Bank.

York and Sawyer are the architects, and Marc Eidlitz and Son, the builders.

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The adoption of the plan of construction of the hospital and the policy under which it is to be conducted, single rooms, moderate charges and, when necessary, free treatment, is due to Dr. Wiley E. Woodbury, whose experience in hospital work included administration of the U. S. Government Hospital at Manila, P. I., the Mayo Brothers' Hospital, Rochester, Minn., and who at present is superintendent of Hahnemann Hospital. He is of the opinion that the wardless hospital is the ideal and most scientific type yet evolved. Dr. Woodbury collaborated with the architects in planning the hospital.

It will be a year at least before Fifth Avenue Hospital is ready for occupancy.

ADVANTAGES OF SINGLE ROOMS

In a booklet just issued by the Fifth Avenue Hospital, and written by Dr. Woodbury, there is discussed the advantages of the single-room system, the layout and purposes of the various rooms. The booklet also treats of the imperative need of a hospital of the type of the Fifth Avenue to which patients composing the great middle class may come and be provided with the comforts of a private room heretofore denied them because of excessive cost.

Taking up the single room plan, the booklet states:

"The mere thought of putting two or more sick people together in the same room should be argument enough against it. The ward system, although universally practiced for ecomomy's sake to-day, is a relic of the dark ages of hospital practice.

"Every sick person should have a room to himself or herself.

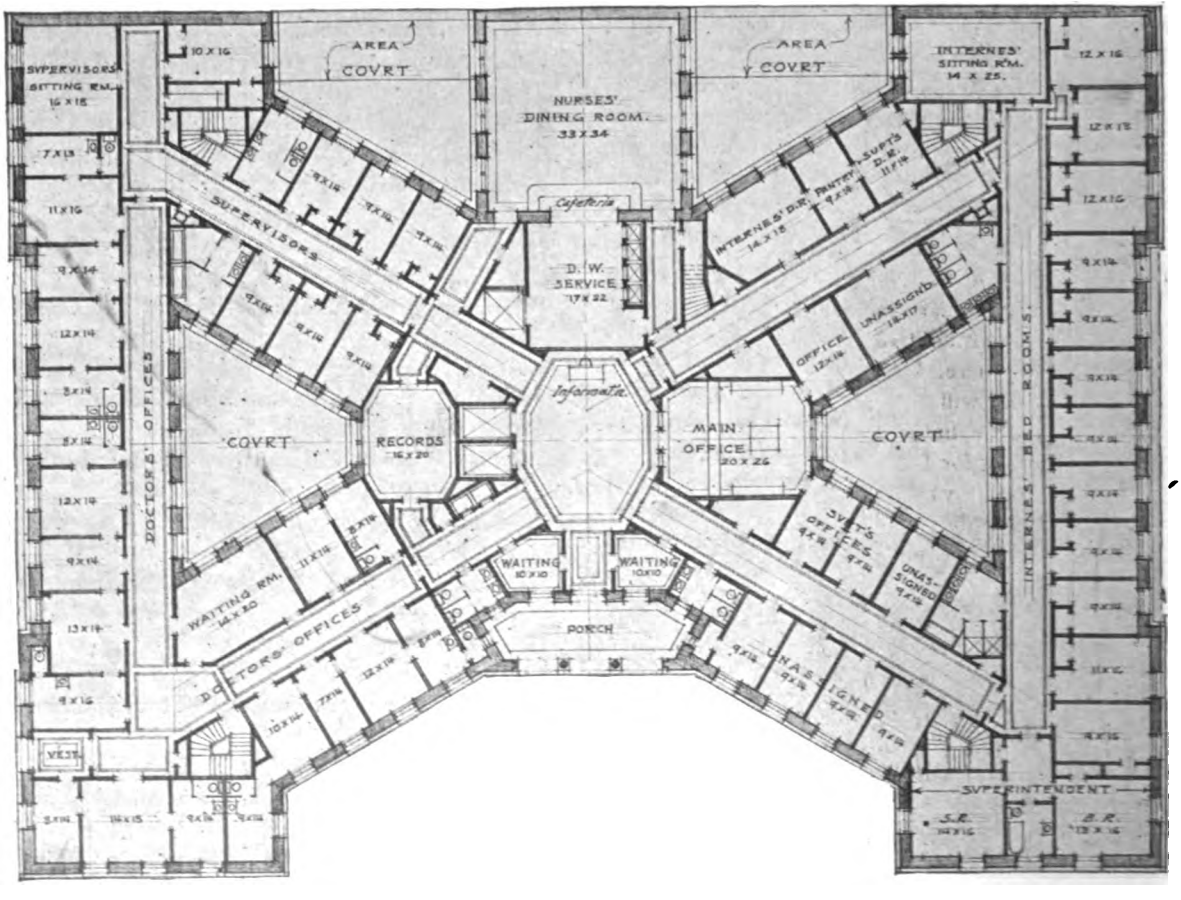
"The Fifth Avenue Hospital has been founded on the fundamental belief that there should be a single room hospital for persons, with or without means, whose sensibilities are developed, and rightly so, to the extent that they revolt at the experience of entering the nondescript assemblage and the confusing bustle of a general public sick ward.

"In the new hospital there will even be economic advantages in the single-room system. There will be absolutely no waste of light or heat, since it will be possible to shut off completely those rooms or wings which are not in use; a ward, on the other hand, must be kept heated and lighted even though it is half occupied. Furthermore, the elimination of sex and disease classification, made largely possible by the single-room system, will allow maximum use of the entire hospital at all times. It frequently occurs in ward hospitals that a male ward is half empty while a corresponding female ward is so crowded that it is forced to reject patients. In a single-room hospital, rooms may be renovated or redecorated one at a time; the same process under the ward system requires entire wards to be put out of commission.

"These further advantages of the single-room system over the ward system may be cited:

"Each room, having its own equipment, lavatory and toilet, is an isolation unit. Danger of infection and contagion is absolutely eliminated.

"Patients newly admitted are not greeted by the suffering of a dozen or more other persons. Nor are these dozen or more occupants disturbed by the admittance of new patients, perhaps in the middle of the night.



FIRST FLOOR PLAN, SHOWING ARRANGEMENT OF ADMINISTRATIVE OFFICES

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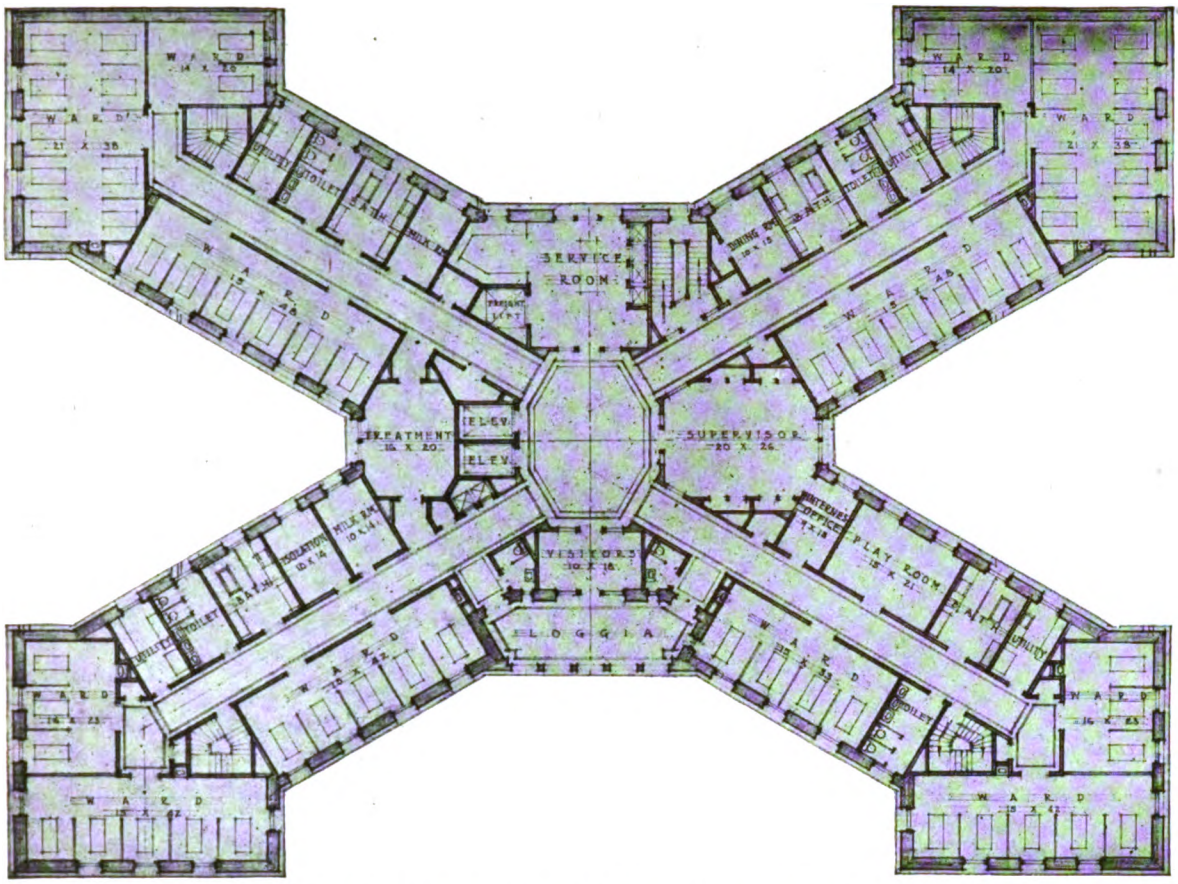

THIS ENTIRE FLOOR WILL BE DEVOTED TO THE CARE OF CHILDREN

"Visitors may come all day if the physician is willing; in wards certain limitations are necessary.

"Every bed in the Fifth Avenue Hospital may be placed within three feet of an outside window, and the temperature of the room regulated to meet the requirements of the individual case."

Objections which the single-room hospital presents as regards isolation, Dr. Woodbury stated, would be met by the adoption of door symbols to identify serious cases calling for the constant attention of nurses. For instance, a red symbol would at once single out rooms containing such classes of patients.

INNOVATION IN CHART RECORDS

An innovation in chart records will be introduced. Specially prepared chart forms will be supplied nurses on which they will enter only abnormal findings, simply placing a check mark against normal conditions to indicate that these have been noticed. As shifts change, the head nurse will collect the charts replacing them with fresh ones. In turn the latter will record all findings on her charts. This will reduce the size of the ordinary bedroom chart one-half.

Supplies from all floors will be controlled and provided from the central supply system in the basement located at a stragetic point, and flanked by the general store room, pharmacy, surgical supply room, diet kitchens and main kitchen.

Orders for special articles not kept on the several floors or for special diets, etc., will be received in the service department by the telautograph system dispatched by the head supervisor of each floor. This system assures quick service and accurate records and conserves a nurse's extra time for actual bedside care of patients.

Supplies will be sent to floors by means of electric dumbwaiters, of which there will be six, located in direct view of the floor supervisor who, checking the supplies with the order she has sent, knows immediately for which room it is intended, and to which it will be carried by a maid.

Carefully prepared plans for the preparation and transfer of all diets have been worked out. These call for removal on trays from the main diet kitchen to electrically heated carts which will be brought directly to a patients bedside. The electrically heated cart was originated by Dr. Woodbury for use in the Government Hospital at Manila, P. I., and is built by the Kny-Scheerer Corporation, New York.

All surgical instruments and dressings supplied from the surgical supply department in the main basement, will come in standard packages of sterile supplies and be transferred on the electric dumbwaiters. Except for such instruments and dressings for use in the main operating room, such supplies will be prepared in the basement. Soiled dressings and instruments after use will be returned to the department on a special dumbwaiter.

The first floor, will be entirely devoted to administrative offices and offices of chiefs of departments and their assistants. The consulting and attending staff of the Fifth Avenue Hospital will be made up of eminent practitioners of the city of New York. Many will have their offices on this first floor. This accommodation for physicians is to be found in no other hospital,

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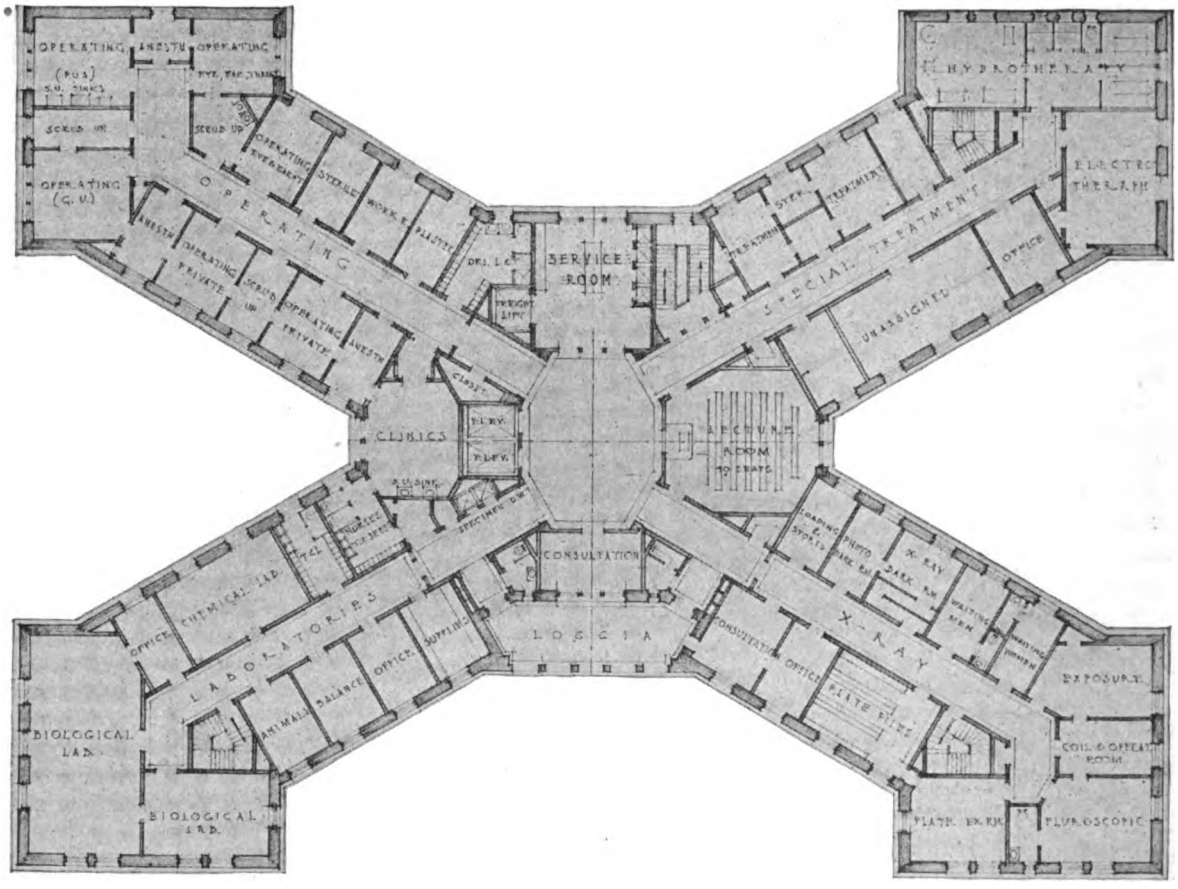

ALL OF THE SCIENTIFIC EQUIPMENT WILL BE GROUPED ON THE EIGHTH FLOOR

but its advantages are evident. Patients will know that their physician is easily available. Physicians will waste no time in trips between the hospital and a home or downtown office. Physicians will be allowed to receive their own private cases in these offices, to whom all the advantages of group medicine an extensive laboratories will be open.

Another innovation will be found in the grouping on one floor, the eighth, of all scientific equipment. Here, convenient to each other, will be found the operating rooms, the X-ray laboratory, the pathological laboratory, the hydrotherapy department, and lecture and demonstration rooms for interns and nurses, as well as a medical ampitheatre.

The X-ray expert, for instance, during an operation, will be at the call of the surgeon for his opinion and for his assistance in making findings on the X-ray plate. Or it will be possible to make pathological tests in the pathological laboratories while patients are still under an anæsthetic in the operating room.

GLASS PARTITIONS A FEATURE

The plans provide for seven operating rooms, with auxiliary scrub-up room and instrument sterilizing room for each two operating rooms. Special care is being exercised to provide for as much wall-attached equipment as possible so as to assure a maximum of clear floor area.

Quarters for chiefs of departments and supervisors, library, rest rooms and a large amusement hall are provided on the ninth floor. Each bedroom on the ninth floor will open on a balcony. Temporarily, the nursing staff will be housed in an outside building.

The floor plan of the children's room, which will contain eighty beds, is shown in the accompanying illustration. Glass partitions will be a feature, giving the children the necessary isolation and at the same time permitting inmates to see one another through the cubicle. Each of the four wings of this floor will be completely equipped units in that they will contain a playroom, utility room, bath room, milk room and laundry. Each, also, will contain a patients' dining room.

Directly off this floor provision has been made for an open air roof affording open air treatment without the necessity of carrying patients to the main roof.

One entire floor will be devoted to maternity cases and here, Dr. Woodbury says, there has been worked out a rather careful isolation of what may be termed a zone of confusion. In a specially constructed wing will be devoted to cases in advanced stages of labor, while at the extreme end of the wing will be situated the labor, delivery and operating rooms.

The same caution as regards keeping floors free of equipment is also to be observed in patients' rooms. Dressers will rest on steel ledges supported from a base. The bedside table, which is also to serve as a writing table, will swing from a side rail attached to the bed, and when not in use will be folded up and be swung under the bed. Each room will contain steel locker for patients' clothes and valuables, and a medicine cabinet. Rooms will have lavatories attached.

For those who desire to pay for them, rooms of a more luxurious character than the type described will be provided containing private bath, and others will en suite with parlor and bath.

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The floor supervisor's office will be glass encased, thus giving her a complete survey of the entire floor. Adjoining the office will be a rest room for graduate nurses and from which will be visible all signal lights.

The various solariums will have direct electric dumb waiter service as well as toilet facilities. The roof plans call for four distinct roofs any of which may readily be segregated.

Garbage cans will be absent from the Fifth Avenue Hospital. Soiled dishes will be carried on carts to the freight elevator, going thence to the scullery. In the walls will be pans which will carry refuse directly to an incinerator.

While no definite choice has been made as to the type of flooring for the institution, Dr. Woodbury favors the terrazo installation, saying for it that it is easy to keep clean. Noise can be reduced to a minimum through the use of rubber heels, bedside rugs, rubber castors on beds and rubber mats or runners in the corridors. Bathroom floors will be laid in hexagonal tile, wainscoting in white tile and operating rooms in gray square tile.

The estimated cost of the new hospital is $2,900,000.

FOR "IN-BETWEEN" PATIENTS

Discussing the type of person that the Fifth Avenue Hospital will serve, its projectors say:

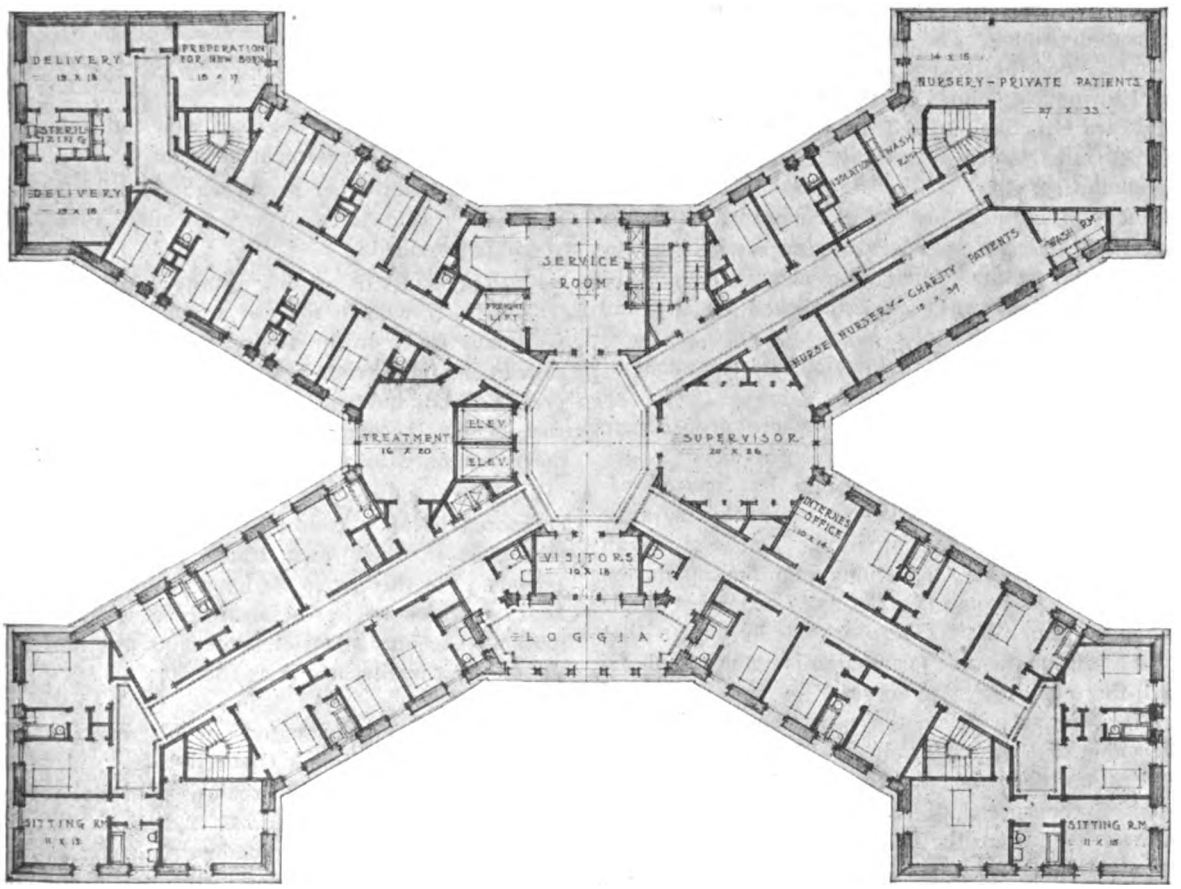
"There is one class for whom there is today, no proper hospital accommodation. The new Fifth Avenue Hospital will provide a place for these people.

"The hospital problem has been pretty well solved for the extremely poor and also for the well-to-do, but there is an in-between class of people, who should, for their recovery's sake, have the type of hospital service now available only for the well-to-do. The in-between class are not well to do. Neither are they extremely poor. To go into a large public charity ward, or even a large pay ward, is for them a distinctly downward step, a depressing experience at a time when they should certainly have no unnecessary depression. On the other hand, paying the price for a comfortable private room is simply out of the question.

"One of the big aims of the new hospital is to provide for this in-between class of people comfortable, well lighted and well aired single rooms at whatever nominal fee they feel comfortably able to pay. No other hospital in the world has been founded with such an idea behind it.

"As you look about you, perhaps in your own office, in your clerical force, among your stenographers, among the men and women at desks, counters and benches—the best people in the world—perhaps you will instantly see the needs for such an institution as the new Fifth Avenue Hospital. These people draw good salaries, live comfortable home lives, but perhaps have large families dependent upon them and have saved little.

"You cannot ask these people to swallow their pride and subject themselves to the humiliation and discomforts of going into a general ward, and they cannot afford to pay for the sort of hospital service that they really should have. The new hospital will provide the kind of service that this great class of people require, at rates which they can well afford to pay; that is 'from nothing up.'"



ARRANGEMENT OF THE MATERNITY DEPARTMENT, OCCUPYING A WHOLE FLOOR

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Minimum Standards for T-B Hospitals

Ohio Superintendents Ask State to Make Tuberculosis Regulations Mandatory

By Stephen A. Douglass, M. D., Superintendent, Ohio State Sanatorium, Mt. Vernon

Tuberculosis, whether viewed from an economic, social or medical standpoint, is of greater importance than any other disease that afflicts our people. One of every ten deaths is due to tuberculosis. One-third of all deaths between 15 and 35 are due to tuberculosis. In Ohio 20 people die of tuberculosis every day, or approximately 7,000 each year.

If we accept the ratio of 5 active cases to each death, we have constantly approximately 35,000 active cases within the borders of our state.

The economic loss to the state from death and disability is appalling, representing millions of dollars, and exceeds many times each year the cost of all our available preventive and curative measures and facilities.

Experience has shown that efficient prevention and control of tuberculosis are beyond the means of private instrumentality. In some sections of the state, as in Cleveland, Columbus, and Cincinnati, for instance, a complete and extensive campaign against the disease is being waged, while in other sections little or nothing is being done. To combat the disease successfully throughout the state there must be a uniform functionating plan of procedure directed by one controlling administrative body, namely, the State Department of Health. In more general terms, it is the state's responsibility, as contrasted with counties, cities and towns, to see that it is adequately done by the political sub-divisions. The primary responsibility rests on the state, since the powers and duties of the counties, cities and towns are defined by the state.

Dr. Edward Otis has outlined the work which the state must direct, aided more or less by private endeavor in local communities, as:

1. Education, by literature, popular newspaper articles, traveling exhibits, lectures, supervising nurses, compulsory notification, free sputum examination, etc.
2. Tuberculosis dispensaries, established by law and under state supervision.
3. State sanatoria for the education and treatment of early cases.
4. Hospitals for advanced cases, where proper care and treatment as well as segregation is provided.

No active anti-tuberculosis program has proved effective without such organization whose machinery must be adequate to cope with the situation. To the physician and particularly to the sanatorium man the institution function appears perhaps to be the most important single line of attack, since it has been repeatedly shown that whenever a serious, vigorous campaign is inaugurated and enforced, there is always an increase in sanatorium and hospital facilities, relying on the education, training and curative value of the sanatorium, and upon the isolation and segregation of the hospital to produce results.

To control the spread of tuberculosis, the community must protect itself from the foci of infection in its midst. The last International Tuberculosis Congress placed itself on record in stating that the most important feature in the movement to control tuberculosis must be hospital care for the advanced cases and sanatorium care for the early ones.

The investigation in Cincinnati by the United States Public Health Service with the object of determining the causes of the high death rate from tuberculosis, brought forth the following conclusion, that "inadequate segregation of advanced cases is an important factor in the high death rate." Thus we see that a most important measure in the control of tuberculosis is segregation, and the concrete example is the county or district tuberculosis hospital.

INSTITUTIONAL TREATMENT SUPERIOR

The superiority of the institutional treatment of tuberculosis over treatment at home has been definitely established. Without proper institutional facilities, the tuberculosis defenses of a community are incomplete, and the local end of the campaign lacks one of its strongest weapons.

Just what proportion of the large group of active cases should be hospitalized? Certainly not all of them.

1. A large group will not accept treatment or instruction—the careless, dangerous class who practice no precaution and who are an ever constant menace to public health. Under our present laws these cannot be controlled.
2. There is a second group who can and do receive adequate care and treatment at home.
3. There is another group who can afford to seek the so-called health resorts, where adequate care and supervision is provided.
4. There is still another group, a large one, indigent or nearly so, who in spite of anything that can be done, and many times on the advice of physicians, seek the so-called climatic districts of the Southwest, who make up the great body of indigent, migratory consumptives, who, before demise, become subjects of charity and charges on the community to which they are sent.
5. The last group, which particularly concerns us, is composed of all classes of cases who seek institutional treatment in their own state, near their homes and friends. For this group we have available less than 1,500 beds, represented by 14 institutions, and classified as municipal, county, district, state and private. A list of the existing institutions is as follows:

	Beds
Cleveland Municipal Sanatorium, Warrensville	250
Cleveland City Hospital, Cleveland	100
Cincinnati Municipal Tuberculosis Hospital, Cincinnati	250
St. Anthony's Hospital, Columbus	15
Franklin County Tuberculosis Hospital, Columbus	120
Lucas County Tuberculosis Hospital, Toledo	100

From a paper, "The Tuberculosis Hospitals of Ohio," read at the Ohio Hospital Association convention, Columbus, May 27, 1920.

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Summit County Tuberculosis Hospital, Akron..... 125
Butler County Tuberculosis Hospital, Hamilton..... 20
Mt. Logan (Chillicothe) District Tuberculosis Hospital, Chillicothe 18
Dayton District Tuberculosis Hospital, Dayton..... 42
Springfield District Tuberculosis, Hospital, Springfield 80
Lima District Tuberculosis Hospital, Lima..... 50
Ohio State Sanatorium, Mt. Vernon..... 180
Rocky Glen Sanatorium, McConnellsville..... 40
Indian Hills Sanatorium, Cincinnati..... 40

These accommodations have proved entirely inadequate. Sixty-five counties have no facilities for the care and treatment of their tuberculous cases, and in this particular phase of the problem, Ohio is falling far behind her neighbors. This was brought to us strongly by the U. S. P. H. S. in their attempt to secure sanatorium treatment for Ohio ex-service men.

The Griswold law strengthens the authority and increases the powers of the State Department of Health, and a change in the District Tuberculosis Hospital law, allowing counties to erect and maintain their own institutions would further the county hospital movement.

The State Conference of Tuberculosis Hospital Superintendents having as its members the managing officers of the tuberculosis institutions, was organized several years ago. Its purpose is to co-ordinate the work of the various institutions in order to raise the standards and increase their scope of usefulness.

The National Tuberculosis Association is at this time attempting a classification of tuberculosis sanatoria and hospitals on the basis of certain fixed standards. To place the Ohio institutions in a position to attain satisfactory ratings in this classification, the State Conference of Tuberculosis Hospital Superintendents recently adopted a set of minimum standards which will be presented to the Public Health Council of the State Department of Health with the recommendation that they be incorporated in the regulations governing tuberculosis hospitals, and thus made mandatory upon all such institutions in the state not qualifying at this time.

SLIGHT MODIFICATION IN STANDARDS

The standards approved by the Conference with only slight modifications were adapted October 8, 1919, from those previously prepared by the American Sanatorium Association, and by the Mississippi Valley Conference on Tuberculosis, and are minimum standards which must be observed by a tuberculosis institution to place it in a recognized class, and are as follows:

1. *Preliminary Organization—*
   At least one member of each institution board of trustees should be a licensed physician.
2. *Location and Site—*
   a. That proper outdoor recreation space be provided for patients and employes.
   b. Operation of farm and dairy, as an economic measure, with the use of patient labor is urgently advised against.
   c. Small truck gardening and poultry raising as a therapeutic measure for patients, under the supervision of physicians is recommended.
3. *General Administration—*
   Separate and adequate facilities should be provided for children in all institutions.
4. *Special Construction—*
   a. A room or rooms shall be set apart in all institutions for examination and treatment, fully equipped for nose, ear and throat work. In each institution of 100 beds or over equipment for minor surgery should be provided.
   b. A laboratory should be provided in each institution for doing routine sputum and urine examination.
   c. X-ray equipment for stereoscopic work should be provided in institutions of 40 beds, and is recommended for all.
   d. Staff should be housed in separate building, or in wing separate from patients.
   f. Recreation or social room shall be provided for patients in all institutions.
   g. A room shall be provided for the care of the dead which can be reached by attendants with the least possible disturbance to patients and from which bodies can be removed readily and inconspicuously.
5. *Medical—*
   a. There should be a full time medical superintendent of each institution, who shall be a licensed physician. There should be one assistant resident physician or intern for each fifty patients.
   b. There shall be a graduate registered nurse in charge of nursing and at least one registered nurse for night duty. An additional nurse for each ten patients is recommended. Non-graduate nurses may be employed under the supervision of a registered graduate.
   c. There should be a steward, matron or housekeeper for each institution of over fifty beds.
   d. There should be a laboratorian for each institution of over one hundred beds.

Recommendations—

1. It is recommended that there be a training school for nurses in the large institutions in connection with some general hospital.
2. That a special committee be appointed to adopt a standard method of admission.
3. That a special committee be appointed to recommend standard methods of examination and record of same, nomenclature, classification of cases and the medical section of an annual report.

We feel that the adoption and application of these standards will do much towards improving the medical service, the nursing service, the equipment and the general usefulness of these institutions.

Proximity of hospitals to the people who need them is a condition of greatest consideration. The transfer of a patient, whether in the early or advanced stage of the dis ease, to a distant hospital is, in many instances, attended by serious difficulties and objections.

Much can be accomplished everywhere by educating the people as to the methods of so providing for both early and advanced cases, so as to surround the former with conditions favorable to recovery, and the latter with conditions unfavorable to a further propagation of the disease. When every county in Ohio has adequate tuberculosis hospital facilities, we may expect results verified by vital statistics.

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Community Chest Assists Hospitals

Under Cleveland Plan Institutions Are Paid Difference Between Operating Expenses and Income

By Rev. C. H. LeBlond, Director, Catholic Charities, Cleveland.

The Community Chest idea was worked out first in Cleveland, later spreading to other Ohio cities, including Cincinnati, Columbus, Akron and Dayton. Cleveland is fortunate in having a Welfare Federation that has followed the Chest plan for five or six years, before the Community Chest idea was advocated. This Federation demands that the needs of a hospital or institution be presented in advance of the opening of the year. For instance, the fiscal year begins on January 1 and covers the calendar year. The budget must prevail for this period.

When the budget is made up it is gone over by a committee which may make modifications or present it as it is. By the time the Community Chest fund is raised this committee has decided on the amounts the various organitions are to receive. If a hospital has a budget of $100,000 and it is shown that $60,000 is all that is necessary, the Community Chest does not pay out the remaining $40,000, but this is returned to the Chest to help out some other institution.

ESTIMATES MUST BE CLOSE

It is almost impossible to anticipate exactly the expenses, and, therefore, estimates must be very close. One cannot always estimate what the income is going to be, but the Community Chest is responsible for the difference between actual income and the amount necessary to operate the hospital for the year.

It has been said that to proceed on this line is to encourage the hospital to neglect its collections. I believe the exact opposite to be true.

In the Community Chest, for example, a hospital may have an appropriation of $100,000, but this amount is not received at the first of the year or in monthly installments. If at the end of the year this institution has been paid the $100,000 appropriation that is all it will receive. It cannot have the Chest increase its amount apportioned after the regular budget is announced for the year.

HOSPITAL ASSURED OF FUNDS

An institution may not require the sum named in its budget, but another may need more funds to meet the requirements of its patients. In the latter case the hospital is granted the full amount necessary. A hospital that is doing community service, caring for the sick and the injured, cannot render best service unless it is well equipped. It cannot be crippled in any way to do the work to which it aspires.

It has been said that the Community Chest hinders an institution from collecting funds for its operating expenses during the year and that it should be the office of the hospital to do this collecting.

The hospital is looked upon as an institution to do uplift work in the community. It must take care of the sick, whether paid for this service or not, and the only way it can do this is by being assured that it is going to receive funds necessary to take care of its patients.

In Cleveland each institution makes up a budget through its budget committee and this makes it possible to anticipate the needs of the community and to set aside a certain percentage of the total fund for a contingency. From the time the money is raised each hospital can do its work in the community, at least make provision for doing it, and care for the free patients with the knowledge that nothing will be lost in this way. That should be a requirement of every community; its hospitals ought to be assured absolutely that they will receive back every cent expended, no more, nor no less.

From a paper, "The Community Chest and the Hospital," read at the convention of the Ohio Hospital Association, Columbus, May 25-27, 1920.

Oppose Hospital Appropriations

Mandamus proceedings have been brought in the Dauphin County court Harrisburg by Willis Collins, secretary of the Anti-Sectarian Appropriation Association, to prevent the state treasurer of Pennsylvania from paying appropriations made by the legislature in 1919 to five institutions. The actions are against the Jewish Hospital, Philadelphia, which was voted $30,000; the Sisters of Mercy who have charge of the Dubois Hospital, $25,000; Duquesne University of the Holy Ghost, Pittsburgh, $50,000; the Protestant Deaconess and Evangelical Lutheran body operating Passavant Hospital, Pittsburgh, $32,000, and St. Timothy's Memorial Hospital and House of Mercy, an Episcopal institution, $50,000. Similar action was brought by Collins last August against more than sixty institutions, but the contention of the attorney general was upheld. The new actions are each against a single institution and question the legality of the appropriations on the ground they are denominational or sectarian.

Free Dispensary At Creighton Memorial

Creighton Memorial St. Joseph's Hospital, Omaha, Neb., treated 139 surgical and 24 medical cases in its free dispensary since April, 1919, when this department was inaugurated, according to its annual report. These cases entailed 615 visits to the hospital. All except contagious diseases were cared for and service was free except where patients are able and willing to pay, and then a nominal fee was asked to cover X-ray expenses, etc. Maternity cases also are treated at this dispensary and persons of moderate means assessed $1 a day, which includes care of the baby.

Work Begun on Hospital At Rheims

Work has been started on the American Hospital building at Rheims, which will cost $1,000,000, the money having been subscribed by 60,000 friends of France in this country. The hospital will have 150 beds, endowed to the amount of $600,000, and every bed will have over it a tablet showing it is endowed in the name of an American relative who fell on a battlefield of France. A clinic for the civil population of Rheims, modern American equipment for the maternity and children's wards and a dental clinic and dispensary will be other features of the institution.

Baltimore Has Only Half Enough Beds

Baltimore has only half enough hospital beds, according to the recently issued thirty-first annual report of Johns Hopkins Hospital and Medical School. The report shows that more than 135,000 patients were treated in the dispensaries last year and 8,000 in the wards. The average cost for a dispensary patient was 55 cents and the gross cost per capita cost was $4.57.

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Interest High School Girls in Nursing,

Miami Valley Superintendent Asserts Hospitals Must Educate Young Women to the Opportunities of Profession

By E. R. Crew, M. D., Superintendent, Miami Valley Hospital, Dayton, Ohio.

Considerable mention is being made of the fact that there is a scarcity of nurses. Practically every superintendent will say that there aren't enough to take care of patients on the present basis.

At Miami Valley Hospital we have one nurse to four patients, yet we cannot care for them as well or as easily as we would like. There are times when we have only one nurse to twenty patients at some periods, so the one to four ratio will not work.

The great trouble lies in securing nurses. The primary object of a hospital is to take care of patients and to do this the hospital must have help. The preferable method of caring for patients is with nurses.

For the last six years Miami Valley has sent out nurses to talk before the graded schools and high schools. This plan of enlisting interest among the school girls was started by our principal of nurses, who went out over a radius of twenty-five miles. She found it was easier to speak to graduating classes than to miscellaneous groups, but in a general way she endeavored to have a number of girls hear her on every occasion.

The general subject of the talks was the great need for nurses, the opportunities of the profession and the facilities of the Miami Valley training school.

We were careful not to go into towns in which there are hospitals or training schools, as we didn't want to take pupils from these locations.

200 GIRLS GIVE IN NAMES

A few weeks ago I saw a number of advertisements for bookkeepers that were carried for several days in the newspapers. I thought, if they are advertising for bookkeepers, why shouldn't nurses be advertised for? I placed advertisements for student nurses in several local papers in towns in which no hospitals were located. We also selected bright pupil nurses from our training school and sent them out to make talks to high school girls. These speakers have visited, perhaps, thirty high schools and talked on the general subject of nursing with special reference to our training school and hospital. They have talked to 500 graduates and of these 200 were interested enough to give in their names. Just how many will apply for admission to the training school I do not know, but we are expecting some results.

As a matter of publicity and education, I believe, the Red Cross and the League of Nursing are starting work along this line. I believe it is a legitimate way to bring pupils into the training schools. Every day we see advertisements of business houses for help. The telephone companies, for instance, advertise for girls when they want operators; they go after them.

The high school girls have so many opportunities for going into business and in many lines they soon can earn good salaries. That is another handicap hospitals face in endeavoring to interest these girls in nursing.

I have a theory, which I haven't put into practice yet, although I hope to soon. That is, that we should tie up these high school girls with our training schools.

ELECTIVE NURSING COURSE

For several years the University of Cincinnati has been taking young women and giving them two weeks' instruction in the college, then sending them where practical experience may be obtained. Arrangements are made at various industrial plants, where the young women spend two weeks and are replaced by another group. I think we should make connections with our high school girls in some way like this, by putting them under the care of leading nurses.

I think it might be arranged that in her senior year a high school girl could have an elective course in nursing that would tend to fit her for nurse's training. Let her get all her science, her chemisty, physics and allied subjects and then go to the training school. She might even be sent to a hospital to be given instruction several hours an afternoon two or three times a week and thus learn bed making, rudiments of caring for patients and something about hospital administration.

I don't think this plan would help hospitals. In fact, I believe it will cause some bother, but I believe in that way we could tie up the high school girl and set her to thinking about nursing and its opportunities. If we let them get away from nursing and go into business we can never win them back. If we are going to get suitable material for nurses we must obtain it from the high schools.

From a paper on "Recruiting Pupil Nurses," read at the annual convention of the Ohio Hospital Association, Columbus May 25-27, 1920.

Vocational Schools in Hospitals

The United States Public Health Service recently surveyed hospitals in soldiers' homes at Dayton, O., Danville, Ill., Marion, Ind., and Milwaukee, Wis., and P. H. S. Hospital No. 30 and Marine Hospital, Chiacgo, P. H. S. Hospital, Markleton, Pa., the private sanitarium at Catawba, Va., and the county hospital at South Bend, Ind., with a view to establishing a vocational school in each for war veterans. The federal board for vocational education contemplates the establishment of such schools in any hospital where ex-service men are numerous enough to justify it.

Port Huron Joins Michigan Association

The Port Huron Hospital recently voted to affiliate with the Michigan Hospital Association to obtain the co-operation of the state body in recruiting student nurses. The Port Huron Hospital Association also has begun a campaign to extend its membership to several thousand additional citizens at one dollar each to interest them in the institution and its work.

Legion Asks Hospital Service

Adjutants from state departments and national headquarters of the American Legion at a recent conference at Indianapolis passed a motion urging that the general hospitals of the war department be used to care for tubercular ex-service men. The motion asked Secretary of War Baker to permit the entry of these patients under the direction of his department.

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THE HOSPITAL DIETARY DEPARTMENT

Food, Its Selection, Preparation, Service. **E. M. GERAGHTY, 1332 Forest Court, Ann Arbor, Mich., Editor**

FOREWORD

As there have been so many calls for discussion of the cafeteria system of food service we had hoped to have this subject treated in an early issue; however, we have found some very valuable material which will not be available until later so this topic will be postponed.

Farther on in this department is a short article containing a few points on purchasing meat; this article is the outcome of an interview with John H. Kelley of the A. E. Dorr Co. of Boston. Mr. Kelley is an authority on meats and is the largest buyer of all meats on the Boston Market. However, greater interest attaches to him because he originated the idea and furnished the inspiration for the Food Economy Kitchen in Boston.

He has very sane, wholesome ideas on business relations and basic principles of success. Our modern life has tended to produce so many shrewd superficial "climbers" that it is indeed refreshing to find a "real" person and we are glad to have the opportunity of telling you of Mr. Kelley.

Any superintendent or dietitian who goes to Boston and does not make a point of seeing him will lose more than can be easily measured.

E. M. GERAGHTY.

LAKE PLACID CONFERENCE ON GROUP LIVING

About seventy-five people representing various professions contributing to the advancement of efficiency in group living, gathered at the Lake Placid Club for Conference, May 27-31.

At 10 A. M. May 27, Mrs. Annie Dewey, Vice- President, Lake Placid Club, gave a delightful review of the progress of group living. Miss Margaret Proctor, Economic Secretary of the Y. W. C. A., New York, talked on points to consider in installation of cafeterias; it is to be regretted that all hospital superintendents and dietitians could not hear her as her talk was most practical and instructive. We hope to have an article by Miss Proctor in this department in a later issue. Mrs. Alice Dresser, of Boston told of the very splendid work being done at the Food Economy Kitchen in Boston. Miss E. M. Geraghty presented an outline of the present organization of the department of dietetics in 92 per cent of the hospitals in United States and Canada, and followed this with a suggestion for re-organization ensuring simplicity and efficiency and relieving confusion and stress of labor problems.

Miss Bertha Wood, of the Boston Dispensary told of the work of the social service dietitian. As a fitting conclusion to her talk she gave one of the stories she uses to teach food facts to children. Miss Wood possesses unusual ability in this line and her stories are of great value. Miss Lulu Graves, professor of Home Economics at Cornell University and president of the American Dietetic Association, gave a very inspiring talk on "Constructive Work for Dietitions." As we hope later to reproduce Miss Graves' talk in these columns we shall not now dwell on any of the many splendid features.

In the evening, Herschel Jones, director of New York office of Division of Foods and Markets, read a paper giving a review of the co-operative buying centers now in existence. John H. Kelley of Boston gave a talk on points to consider in purchasing meats. It was generally conceded that Mr. Kelley's talk was one of the most valuable given at the conference.

The papers and talks given on the other days were on subjects less closely related to the work of the superintendent and dietitian so we shall not report on them here.

PURCHASING MEAT

The two questions asked by every purchaser of meats are: 1. What shall I purchase? and 2. When shall I purchase? These questions were very satisfactorily answered by an authority on the subject after the following manner:

1. Buy exactly what you need for your particular purpose.

2. Buy when you can obtain exactly what you need in the best possible condition and for the best price.

Purchasing meat might be likened to building a house. In the latter project only such rooms are included as will best serve the purpose of the occupant, so in purchasing meat, only what is actually needed should be considered. The price per pound of a side of beef may be considerably cheaper than the price per pound of steak, but we must also consider its relation to the cost per pound of fat trimmings. It is not economy to buy a boned loin with the flank in because this is a few cents cheaper than boned loin with flank out. The boned loin with flank in may cost fifty cents per pound, but 35 per cent of this is flank and flank is worth only twenty cents per pound. When large pieces are bought it is necessary to use up the expensive cuts and this is not always done to the best advantage.

As every one who has eaten in many places knows, there is "roast beef" and "roast beef", from the delicious juicy, well-flavored bit with the delicate fat to the dry, flavorless portion; and the latter has an eternal echo of "poorly cooked" or "dried out in cooking." Mr. Kelley was asked why some meat came under the former class and some in the latter. The instance was cited of buckets of juice flowing out from barrels of thawing meat. He gave his theory that the muscle fibers of meat, well mottled with fat, were protected during the freezing process, but that the muscle fibres of lean meat, not being so protected, were split open by the expansion of the frozen moisture; when the meat thawed the juices were not retained, the flavor escaped and a dry, tasteless product was the result.

It is not possible to state what cuts are best to buy as one must consider each case separately and only pur-

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chase what is best fitted for the definite purpose. It is better to purchase frozen cornfed beef than fresh grass-fed beef. Poor meat is never an economy as too much goes into the waste can.

In a later issue we hope to present some figures on buying cuts and buying a side of beef, but it will be necessary to bring this up to present day prices.

ITEMS OF INTEREST ABOUT DIETITIANS

Miss Margaret Hoffmann has accepted a position as chief dietitian at the Ohio Valley General Hospital. Miss Mary Louise Shaw has gone there as assistant dietitian. Both are graduates of the University of Illinois and have had training as student dietitians in a hospital in the East. The happy combination of the splendid training given at the University of Illinois and the progressive spirit of the administration of the Ohio Valley General Hospital makes us optimistic of the possibilities of the department of dietetics at the latter institution.

Miss Mary K. Campbell, University of Minnesota, 1918, is in charge of the dietetics work at the University Hospital at Madison, Wis. She is at present also supervising the equipping and organizing of the dietary department at Bradley Memorial Hospital.

Miss Ruth Cornman has been appointed chief dietitian at the United States Public Health Service Hospital No. 30, in Chicago. Miss Cornman is a graduate of Ohio State University has been in the Home Economics office of the Department of Agriculture at Washington and during the war did laboratory work and later received training as a student dietitian in one of the Eastern hospitals. We expect much of Miss Cornman in her new position.

Miss Estelle Barker of the New York Hospital has been given charge of the entire dietary department. We are always pleased to note such evidence of a spirit of progress and Miss Barker has our best wishes for her success.

Miss Lillian Kearns has resigned her position as chief dietitian at United States Public Health Service Hospital No. 30, in Chicago and has accepted a position as director of instruction in dietetics with the Red Cross.

Mrs. John Henry Martin has resigned her position at the University of Iowa Hospital and is spending some time on the Pacific Coast. The combination of personality, education and training possessed by Mrs. Martin made her one of our most promising dietitians and the high character of the work she did during her short stay at the University of Iowa bore out this promise. It is to be hoped that some other hospital may secure Mrs. Martin as head of a department of dietitics, in order that the profession may not lose so valuable a member.

Miss Anna Luddy has resigned her position at Barnes Hospital, St. Louis, Mo., and will spend the year traveling with her mother in Europe.

Miss Lucy Gillette of the Dietetic Bureau of the League for Preventive Work, in Boston will do research work with the Association for Improving Conditions of the Poor in New York next year. Miss Gillette's work in Boston has been so noteworthy that we are assured much value will accrue from her future contributions.

Dietitians will be interested to know that a dietitian is being placed in each of the hotels under the Bowman management in New York. Nearly all the Statler-operated hotels have already done this. Miss Edna Becker, a graduate of Cornell University with student dietitian training at the New Haven Hospital, is at the Hotel Pennsylvania, the first hotel to install a dietitian in this capacity. We understand, from reports and from the fact that the system is being extended, that Miss Becker's work has been very much worth while.

Dr. Clinton Is Re-Elected

Tulsa Superintendent Again Is Chosen President of Oklahoma State Hospital Association

Dr. Fred S. Clinton, superintendent, Oklahoma Hospital, Tulsa, was re-elected president of the Oklahoma State Hospital Association at its annual meeting at Tulsa, May 19. About thirty institutions were represented at the gathering. Other officers chosen by the Association are:

Dr. J. A. Hatchett, El Reno Sanitarium, El Reno, first vice-president.

Dr. A. J. Risser, Blackwell Sanitarium, Blackwell, second vice-president.

Paul H. Fesler, superintendent, University Hospital, Oklahoma City, executive secretary.

Dr. J. H. White, Baptist Hospital, Muskogee, treasurer.

Dr. C. L. Reeder, Tulsa Hospital, Tulsa, delegate to American Hospital Association.

Dr. C. A. Boyle, Enid General Hospital, Enid, alternate.

Dr. J. W. Duke, Guthrie, president of the Oklahoma State Medical Association, spoke on the raising of standards in hospitals, and the necessity of efficiency in management. He highly complimented the American College of Surgeons for its work in this direction.

Miss Candice Monfort, superintendent of nurses of the University of Oklahoma training school, called attention to the fact that the hospital in addition to its responsibility to the patient, had an important responsibility to the nurse. She mentioned the decrease in applicants for training, and said the hospitals should increase the pay of nurses, furnish better quarters, and in this way attract the highest class of girls.

Dr. D. Long of the state health department told of the progress of the work on the new state tuberculosis sanitoriums. The hospital at Clinton has been started, he said, and will be rushed to completion.

Dr. Clinton in his address said:

"Successful hospitals are realizing more than ever the necessity of greater individual application to improve the quality of their work.

"The results of professional labors collected, classified and analysed will develop the facilities for better service to the patient and result in greater advancement to the already glorious achievements of those institutions to the state.

"If we do nothing more than get all the executives and trustees of the hospitals of the State of Oklahoma on friendly terms that would be reward enough, for with a fraternal spirit and open mindedness pervading the commonwealth all hospitals and health problems would be less difficult to approach and study with a view of securing the most satisfactory solution."

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round

DR. C. W. MUNGER

Superintendent of Columbia Hospital, Milwaukee, who is active in the movement for a Wisconsin Hospital Association.

Dr. Munger is one of the best known of the younger hospital executives in the Middle West, having taken an active part in the organization of the Milwaukee Hospital Association, in which he has held the position of secretary since its formation. Dr. Munger at present is directing his efforts towards interesting Badger hospital authorities in a Wisconsin Hospital Association, and he has high hopes of uniting the institutions of the state in an organization that will take a front rank among the state associations of the country.

Dr. Munger is a native of Indiana, where he was born in 1890. He was educated at the University of Chicago and Rush Medical College and served as an intern in Chicago and Milwaukee. He became connected with Columbia Hospital in 1916 as resident physician and the following year was chosen superintendent, in which capacity he assisted in planning for the magnificent new building Columbia now possesses. Dr. Munger was on the ground when construction began, and was responsible for many innovations and practical features of the building.

Mrs. B. Unger Austin has resigned as superintendent of the Union Hospital, Elkton, Md.

Dr. C. E. Cobb has been appointed superintendent of the Steuben County Tuberculosis Hospital, Bath, Me. succeeding Dr. Elliot I. Dorn. Mrs. Cobb has been chosen head nurse of the Steuben County Hospital.

Dr. V. Hazlewood has assumed his duties as superintendent of the Jasper County Tuberculosis hospital, Webb City, Mo., succeeding Dr. M. E. Lane, resigned.

G. V. Schneider of Sacramento has been appointed superintendent of the Northern California Joint Tuberculosis Sanitarium at Weimar.

Miss Mary Partwick has tendered her resignation as matron of the Englewood Hospital, Bridgeport, Conn.

Miss Ethel Bright has been appointed superintendent of the King's Daughters' Hospital, Madison, Ind., with which the Madison City Hospital recently was combined.

G. W. Wayson has assumed his duties as superintendent of Lake View Hospital, Danville, Ill., succeeding Joseph Purvis, retired.

Miss Florence Schryver has succeeded Miss Miranda Dye as superintendent of Mt. Logan Sanitarium, Chillicothe, O.

Miss May Kennedy, superintendent of nurses at the Indianapolis City Hospital, has tendered her resignation.

Mrs. Cora Patten, widow of James Patten, has succeeded her late husband as superintendent of the county hospital at Omaha, Neb.

Miss Frances West, superintendent of Ellis Hospital, Schenectady, N. Y., and Miss Rosetta Graves, Superintendent of nurses, resigned their positions June 1.

Mrs. Eldrige Snapp has been named superintendent of Massie Memorial Hospital, Paris, Ky.

Dr. Frank M. Sheppard, Richton, has been named assistant superintendent of the Mississippi State Charity Hospital at Jackson. Dr. Theodore P. Barnes is the new superintendent of the Mississippi colony for feeble-minded.

Dr. Daniel W. Lynch, West Bend, Wis., has reopened his hospital which was closed when he entered military service.

Dr. Edgar C. Barnes, assistant superintendent of the Homewood Sanitarium, Guelph, has been chosen medical superintendent of the Hospital for Mental Diseases, Selkirk, Manitoba.

Dr. M. Charles Macklin, formerly assistant superintendent of the New Jersey Institution for the Feeble-minded at Skillman, has been appointed superintendent of the Mount Pleasant, Iowa, State Hospital.

Miss Winnifred H. Brown has taken charge of the Montevido Hospital, Montevido, Minn. Miss B. Wilhelmia Hageman will be assistant superintendent of the hospital and training school. Misses Brown and Hageman are graduates of the Minneapolis General Hospital.

Dr. Elwood Miller has succeeded Dr. Rush R. Richison as superintendent of the District Tuberculosis Hospital at Springfield, O.

Dr. J. E. Burnett Buckenham has resigned as superintendent of the Municipal Hospital for Contagious Diseases at Philadelphia.

Miss Irene Floyd has been appointed superintendent of the Blodgett Home for Children, Grand Rapids, succeeding Miss Edith Holt who resigned June 1 to go to California.

Dr. H. E. Goetz, owner and superintendent of the Goetz Sanitarium, Knoxville, Tenn., plans to erect a new building to replace the structure destroyed by fire some time ago.

Dr. R. E. L. Holt of La Grande, Ore., has taken charge of the Grande Ronde Hospital of that town having recently purchased the controlling interest from Dr. Whiting.

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THE HOSPITAL ROUND TABLE

What About Storage Eggs?

Some hospital people, in common with others, have the idea that eggs kept in cold storage are objectionable. That this need not be the case, is suggested by the experience of Frank E. Chapman, superintendent of Mount Sinai Hospital, Cleveland, as related at the recent convention of the Ohio Hospital Association.

"We find storage eggs satisfactory and economical," Mr. Chapman said. "We begin to buy eggs for storage in April, and begin using them again in October. They last until January, when we are forced to go into the open market for eggs. If you know your source of supply, you will get good eggs, and you will save much into the bargain, even after figuring investment and carrying charges. We store the eggs in one of the regular cold storage warehouses.

"The main idea in handling storage eggs is to use them as soon as possible after taking them out of storage. Changes of temperature cause deterioration, but if the eggs are transferred promptly to your house refrigerators, and not allowed to be exposed to high temperatures, they will give excellent service."

An Old Ratio Gone Wrong

The statement that one nurse to every four patients in a general hospital is sufficient for the needs of the institution is based on a long accepted ratio. Most hospital superintendents, however, agree that it no longer represents the facts, and are planning to have one to three and in some cases one to two patients.

As Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, told the members of the Ohio Hospital Association at the Columbus convention last month, the eight-hour nursing system, requiring practically three shifts, has made the old one-to-four ratio impracticable, and the nursing service should no longer be planned with that proportion in mind.

"For tuberculosis nursing," Dr. Bachmeyer continued, "one to ten was formerly considered about right. We recently figured on the requirements for nursing 100 Government patients, however, and found that instead of ten we should need nearer fifteen nurses, or more than one to seven."

Another factor in the situation is that patients are getting better nursing than formerly. Instead of "hitting the high spots," as one Ohio superintendent said in discussing Dr. Bachmeyer's suggestions, the hospital nurse today really nurses her patients.

Making Friends for the Hospital

The superintendent of a hospital in the Middle West considers his most important duty the daily call he makes on all the patients in the institution. His schedule may be interrupted as far as other matters are concerned, but for nearly twelve years every day that he has been on duty has found him making a complete round of all the rooms and wards. In large hospitals this might be impracticable, but even there newly admitted patients should be seen.

"Many a kick has been stifled by these visits," the executive explained the other day," and many a patient who otherwise would have been neutral or lukewarm as far as interest in the hospital is concerned, has gone away with a lively regard for our institution that has manifested itself in many practical ways.

"The average person is wholly ignorant of hospitals; in his mind they represent misery and misfortune. So when he comes into the institution he unconsciously prepares himself for an ordeal and has the notion that the hospital looks on him as a 'case' and not as a fellow being.

"Consequently, the patient is surprised and then gratified when he finds that the superintendent dropping in on him to bid him good day and to make inquiries as to service, food, etc. When the calls are repeated the patient gradually begins to see the hospital in its true light and he leaves the institution a genuine booster for it.

"Another phase of the visits is that the patient is likely to forget or minimize incidents that he otherwise might consider as slights.

"That's why I call this daily round of visits to all the patients my most important work. As superintendent I am paid to run the hospital for its own best interests and these interests, I am sure, can in no way be better conserved than by adding to the number of friends of the institution and by minimizing the little kicks that impair the efficiency of the organization."

Let the Young People Help

The Port Huron, Mich., Hospital is engaged in a novel campaign to focus public attention on its work, having enlisted the aid of the community civics class of the Port Huron high school in a drive for junior memberships in the hospital association. The high school students, fresh from a successful "clean up, paint up" campaign, have assumed the task with enthusiasm and promise to make Port Huron young folks 100 percent junior members.

Members of the civics class have been put in charge of the grammar schools and have stirred up a rivalry that augurs well for the drive. Not only are the children becoming interested in the hospital, but citizens in all walks of life are watching the campaign closely and incidentally learning about the institution and its needs. The newspapers have kept the public informed of the progress of the campaign and attention has been further directed to it by posters awarded school rooms that have registered 100 percent membership.

The financial results of the campaign, of course, are practically negligible since junior memberships cost only twenty-five cents, but the effect of the drive will be to make all the participants take a livelier interest in the hospital which in many cases will continue through later years and undoubtedly result in great benefit to the institution.

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State Hospital Supervision

A few years ago not many would have supported the proposition that hospitals be licensed and supervised by the state. The obvious objection to such a system, aside from the academic one that that government is best which governs least, is that it would put hospitals under the control and subject to the dictation of political appointees.

There is nothing quite so convincing on this score as actual experience, however, and it is highly significant that the Ohio Hospital Association, after having had contact for less than a year with the Bureau of Hospitals of the Department of Health, went on record at its recent convention in Columbus as favoring not only the plan of state supervision which has been in effect thus far, but actual licensing by the state. In fact, the legislative committee of the association plans to work out a bill with MR. H. J. SOUTHMAYD, chief of the Bureau of Hospitals, providing for state licenses.

One of the reasons why the hospitals are enthusiastic over experience thus far with state supervision is because they are beginning to see some practical benefits. It was because a state survey of hospitals disclosed the fact that per capita costs were much in excess of the Ohio allowance for industrial cases that the Industrial Commission took steps to increase the payment to hospitals; and a demonstration of this kind was bound to be impressive.

Ohio has been fortunate, and the hospitals of that state have been fortunate, in having men like DR. FREEMAN and MR. SOUTHMAYD to deal with in connection with hospital supervision. Perhaps other states would not be so fortunate, and for that reason an unqualified declaration in favor of state licensing would be premature. But it is at least suggestive to know that the only state which has experienced supervision in any detailed way should be enthusiastic regarding it to the point of desiring its extension by means of the state licensing system.

Viewing the subject from the standpoint of probable developments in the public health field, and realizing, too, that the hospital will undoubtedly be the center about which such movements will revolve in the future, it is evident that it will play a more important part than ever before in community service, and for that reason will carry responsibilities which will increase the interest and may justify the supervision of the state authorities.

The subject is at all events one that hospital people should be interested in, if only to assure that when legislation with regard to hospital supervision is undertaken, they will have a share in shaping it, and will indicate how they are to be supervised. It would be disastrous to allow supervision to be developed from the outside without the assistance and co-operation and direction of the hospitals themselves.

Paying Cost for Hospital Service

Possibly the most important recent development in the handling of industrial cases by general hospitals was that brought out at the convention of the Ohio Hospital Association, when the plan was worked out, with the approval of the State Industrial Commission, to pay for cases on a basis of their actual cost to the hospitals.

The basis will be the per capita cost of the institution as disclosed by its report for the year preceding. This, of course, includes all of the expenses of the institution, from the operating room to the laundry, and from the kitchen to the front office, and therefore agreement to pay cost on a per capita or average basis means that the Commission has adopted the principle that state industrial cases are in no sense charity cases, and that the community should pay the hospitals the whole cost and not merely part of the cost of caring for them.

HOSPITAL MANAGEMENT has frequently pointed out the inadvisability of handling industrial cases on any other than a cost basis. The whole theory of workmen's compensation puts the burden of caring for injured men on the state; premiums are collected from employers and distributed by the state or by insurance companies for the purpose of indemnifying the worker fully for lost time and for his disabilities; and cost is to be paid all along the line, to the doctor who serves the worker, to the hospital which cares for him, to the druggist or supply house which furnishes medicines, dressings and other needed materials.

The general adoption of the principle of paying cost for service will follow efforts by hospitals to point out to the industrial commissions of the several states, the illogical position taken by the state which asks that a hospital care for an industrial case and accept remuneration which covers only partial cost. The state in that event is asking

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Hospital Convention Calendar

British Columbia Hospital Association, Vancouver, June 23-26, 1920.
Catholic Hospital Association, St. Paul, Minn., June 23-25, 1920.
Mississippi Valley Conference on Tuberculosis, Duluth, September 2, 3, 4.
Mississippi Valley Sanatorium Association, Duluth, September 3.
Minnesota Hospital Association, Duluth, September, 1920.
American Hospital Association, Montreal, couver, June 23-26, 1920.
Saskatchewan Hospital Association, Saskatoon, October, 1920.
American Conference on Hospital Service, Montreal, October 4, 1920.
American Dietetic Association, New York City, October 25-27, 1920.
Ohio Hospital Association, Toledo, May, 1921.
Oklahoma State Hospital Association, McAlester, May, 1921.
American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

for charity for a case which is entirely out of the charity classification, and which should be handled absolutely on a pay-for-service basis. To treat it in any other way is unfair to the state, an imposition on the hospital, and a blow at the self-respect of the patient.

It should be impressed on hospitals at this time, however, that when a state industrial commission undertakes to pay the cost of handling industrial cases, it is entitled to know the cost. That is, the hospital must have a sufficiently good system of cost accounting to be able to demonstrate just how much it has cost to care for patients in its rooms and wards. Unless it has its accounts in such shape that these facts can be stated, the hospital's position with reference to the collection of full cost is weakened, and state industrial commissions will be encouraged to make arbitrary allowances for hospital care, instead of paying willingly and promptly the full cost of caring for the cases that it sends to the hospitals.

State Sections And the A. H. A.

The American Hospital Association has proposed a plan looking to the establishment of state hospital associations as sections of that organization, the plan having been given approval at the annual meeting of the Ohio Hospital Association, which thereby becomes the first organization to affiliate as a section of the A. H. A.

The plan is an interesting one, and as it promises to increase the number of memberships in the American Hospital Association, and on the other hand to increase the number of state hospital associations, it is likely to work out. The association that is already strongly organized may not find the plan entirely acceptable, although "local self-government" is promised to the state associations participating; but the carrying of the scheme to its ultimate conclusion—a state section in every state—will undoubtedly strenghten the position of the hospitals, and enable legislation and other matters affecting the common interest to be handled to much better advantage.

Among the questions which will have to be worked out in order to make the plan completely successful are the qualifications of an association member, since requirements for membership in the state and national body must be uniform; the division of membership dues in such a manner as to insure to the state section, especially in smaller states where the number of eligible members is small, a sufficient revenue to enable real work to be done; and the extent to which the national body will attempt to pass upon matters of purely local interest, especially in cases where there is a division of opinion among the hospitals themselves.

These are details that doubtless will be considered in due time, and their proper solution will enable the system to be extended and the organization of the hospitals enlarged and strengthened. These ends are well worth aiming at.

Mental Clinics And Their Possibilities

Dr. E. A. Baber, superintendent of the Dayton State Hospital, Dayton, O., has sounded a clarion note to the general hospitals.

"Open your doors to mental cases!" he has urged. "Establish a ward or at least a clinic for the care of the mental cases in your local community."

Dr. Baber reinforced his appeal by the presentation of statistics that if not appalling are at least calculated to give one pause. They show that the number of cases of mental disease is increasing; that the percentage of cures is small—not over 22 or 23 per cent; and that the only logical program is to prevent rather than merely attempt to cure insanity and related conditions.

While it is true that the general hospitals are being asked to shoulder many new responsibilities—such as caring for tuberculosis and venereal cases—and while it is often difficult to enlarge the scope of the service being provided for in-patients, Dr. Baber's suggestion is one that should not be allowed to go by default. The development of constructive programs for dispensary work should include plans for the mental clinic; and while municipal institutions are in perhaps the best position to organize and handle these, general hospitals in communities where city and county hospitals are not in operation should take an interest in the subject.

The care of mental cases through clinics will often prevent a complete break-down into insanity. It will enable discharged patients to be given the support and help that they need, and prevent relapses into conditions of mental confusion; and it will render a community service the value of which the community should not be slow to appreciate.

The state hospitals of the country, to which has fallen the burden of handling insane patients, are doing a wonderful work, but they should not be allowed to ask for help without receiving it. The mental clinic, as part of the machinery of the well-organized general hospital, offers a means of solving a very grave community problem.

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INDUSTRIAL DEPARTMENT

HOSPITALS—DISPENSARIES—HEALTH SERVICE

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Medical Director at Department Meetings

Industrial Physician Presents Suggestions at Bi-Monthly Sessions of Board of Managers

By Dr. A. S. Jones, Director, Medical Department, J. H. and C. K. Eagle, Inc., Shamokin, Pa.

The Shamokin plants of J. H. & C. K. Eagle, Inc., silk manufacturers, consist of the Industrial Plant, for preliminary processes and weaving, with nine and one-half acres of floor space, two Throwing Plants, Dye Works and Finishing Plants, in which are employed approximately 2,000 females and 900 males.

In 1919, the Medical Department was reorganized with the object of providing an adequate medical service to meet the needs of the employes and the company. That which has been accomplished to date is by no means considered final or complete and development is being carried to the Kulpmont, Trevorton, Phoenixville, Austin, Gettysburg, Mechanicsburg, Bethlehem and Bellefonte plants of the Company. The most modern methods and equipment, best adapted to our own peculiar problems, have been practiced and adopted with amazing and satisfactory results having already been obtained.

The equipment in the Industrial Plant consists of the dispensary and treatment room, equipped with a battery of steam sterilizers, tables, chairs, etc., and necessary surgical and medical instruments. The dispensary is connected by a hallway with a bath room, waiting room and a large rest room comfortably furnished with easy chairs, electric fan, couches and screens. A trained nurse possessed of not only professional skill, but, what is most important in industrial work, tact and sympathy, is in attendance. The plant physician's private office adjoins that of the employment manager with whom he co-operates, as will be mentioned later.

The hazards encountered in the manufacture of silk are not extraordinary. There are very few serious accidents and they are usually confined to the mechanical and electrical departments. Slight lacerations, abrasions and punctured wounds are common, consequently, our efforts are largely directed to the prevention of infection. In the Dye Works there is an occasional acid or steam burn, but so far no cases of lead or sulphur dioxide poisoning have been discovered. Rather frequently is encountered, usually among winders or quillers, a slight dermatitis of the wrists due to the irritation of the sharp silk fibres while shaking out skeins. The operator can prevent this by wearing gloves with the fingers cut off and the condition quickly yields to treatment with some bland ointment.

In the Weaving Department the most serious traumatisms are naturally found among the loom fixers. In the Throwing Mills spinners seem to have more frequent minor injuries than operators in other departments. The proportion of injuries in the Raw Silk, Winding, Entering and Twisting, Warping and other departments is comparatively small. By injuries we mean to include the most trivial cut or wound treated in the dispensary and which we consider to be a potential infection. To outline more clearly the scope, activities and methods of the Medical Department and its relation to the other departments and the employes, we will consider it under the following heads:

A. Surgical Treatment, Preventive Surgery.
B. Medical Treatment, Preventive Medicine.
C. Sanitary and safety inspection.
D. Co-operation with the Employment Department. Welfare work, Education, forms used. Reports at Department meetings. Physical inspection of applicants for work and others.
E. First Aid Work.
F. Extension to other plants and future development.

PREVENTION OF INFECTION

(A) As previously stated, our surgical work is largely directed toward the prevention of infection. We endeavor to accomplish this result primarily by prompt treatment, relying on modern surgical technique and the use of iodine and dichloramine-T. Our results have been quite gratifying, thanks to the co-operation of our foremen and operators, who have been quick to appreciate the value of immediate prophylaxis in what are usually considered by the laity to be inconsequential wounds.

Our more serious traumatisms are largely fractures, usually of the forearm. These are reduced and X-Rayed

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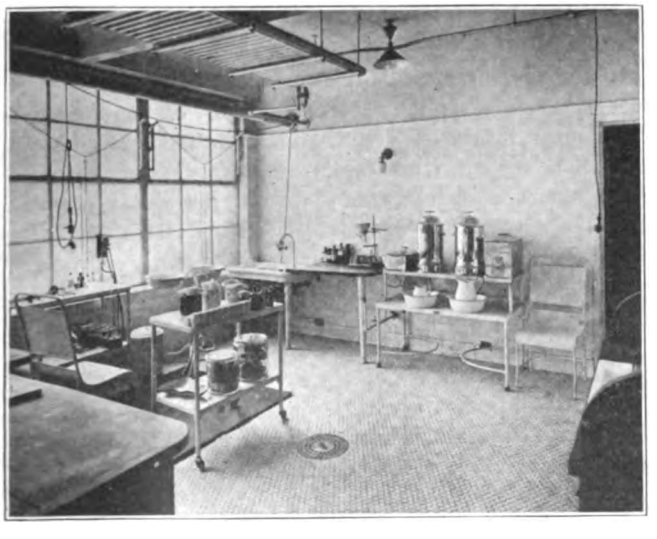
by an X-Ray specialist practicing in the city. To him also are referred other cases where the diagnosis is obscure. Serious eye injuries are referred to a competent oculist. When necessary or advisable, assistants and specialists are called in from outside the plant. During the past year it has not been necessary to send an accident case to the local city hospital.

(B) Medical treatment is largely emergency, though some conditions are frequently treated to the conclusion of the case. The usual epidemic and pandemic respiratory diseases are considered from the view point of prophylaxis and prevention of contagion. The temperature is taken when the patient is first seen and if 99 3/5 or over the operator is sent home, usually by automobile, and instructed to call the family physician. Instruction in personal hygiene is given by the nurse or physician to operators when indicated. That the efforts of the department staff are appreciated by the employes is attested by the fact that there are over 2,000 dispensary visits per month, and a compliment which we profoundly appreciate is that we are frequently called on to advise not only an individual employe, but also father, mother, or the baby. Many minor operations are performed in the dispensary, and where major operations are indicated, the patient after a thorough and painstaking examination is so informed with the reasons thereof and referred to a nearby hospital.

(C) In addition to the safety inspections conducted by the Mechanical Department, frequent inspections are made by the plant physician. These inspections are confined entirely to the machinery operated by our employes, special attention being given to the conditions of safety appliances and guards over pulleys, belts, gear casings and power transmission in general. Reports of these in-



A VIEW OF THE DISPENSARY

spections are sent to the Planning Department and the recommendations made are given prompt consideration.

In the same manner sanitary inspections are made at convenient periods and reports are submitted as above mentioned. The plant physician makes daily visits to the various departments in the Industrial Plant and at frequent intervals to the other nearby mills. During these visits the foreman is interviewed, and his opinion asked as to the general health condition of his department, and in this manner valuable information is often obtained. At a later date we propose to make a rather detailed study of the effects of temperature and relative humidity, a subject peculiarly adapted to our industry and which presents a number of interesting problems.

(D) Much has been said and much has been written

A REST ROOM, SHAMOKIN PLANT

in regard to the co-ordination of the Employment and Medical Departments in industry, and much can be accomplished by the harmonious activity of these two departments. To go into detail upon what has been done and what can be done by the co-ordinate activities of these two departments in any industry, would be a useless repetition of well known facts perfectly obvious to all employes and employers in industry, industrial physicians and employment managers.

Without going into unnecessary detail we will briefly state our methods.

RESPECT EMPLOYE'S INDIVIDUALITY

Due to the misguided activities of certain well-meaning, but misguided individuals the terms "Welfare Work" and "Welfare-Worker" are somewhat in disrepute. Our work in this line is not of the "long-nosed" variety, and, respecting the individuality of the average employe of industry, we do not needlessly intrude ourselves into the private affairs of our operators. We endeavor to use common sense and to be of service exactly where our services are acceptable and desired. The Employment Department, as a business proposition, follows up absentees by investigators. If the absence is due to sickness and the employment of a private physician would entail a positive hardship to the employe, an outside physician is employed to handle the case on behalf of the company. We do not desire to pauperize the community, and neither do we desire to have our employes become objects of public charity. If financial aid is needed it is quietly furnished and then forgotten. Such is our "Welfare" work. Later, perhaps, experience may lead us to increase its scope. If so it will be done.

In the plant, however, much is accomplished, though space is too limited to cite specific instances. To be brief, through the co-operation of the employment manager and the physician and frequently with the assistance of a foreman, an employe who has failed, for instance, to

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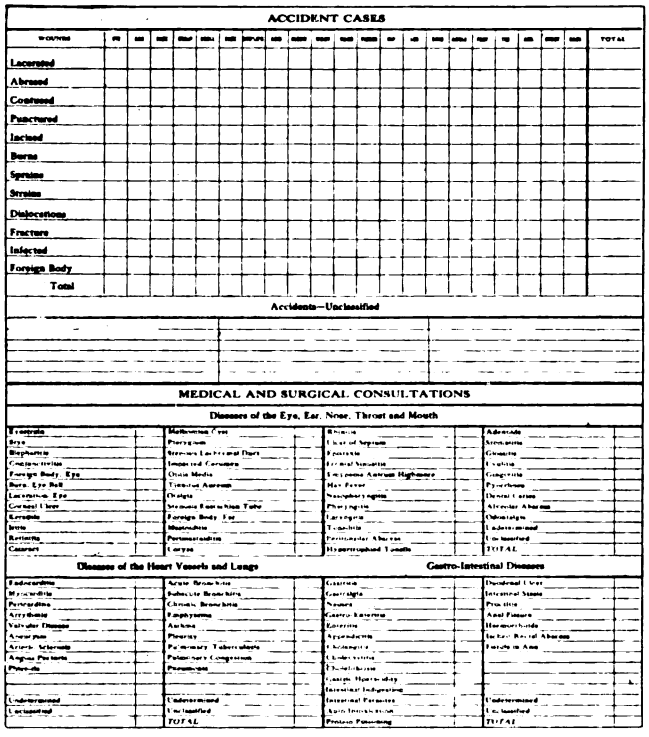

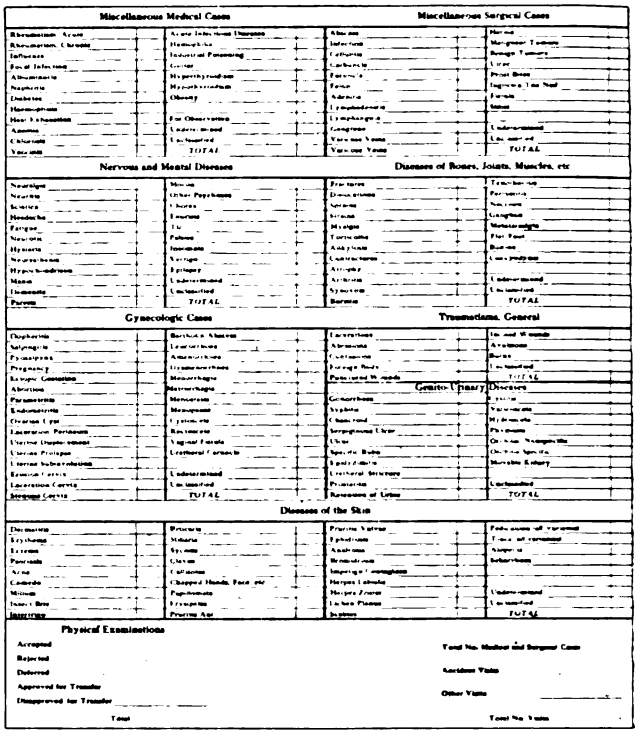

FORM FOR ANNUAL REPORT, J. H. & C. K. EAGLE, INC., MEDICAL DEPARTMENT

"make good" in one department is transferred to another, where his or her physical or mental qualifications will be sufficient to produce a valuable operator, valuable to the operator himself as well as the company. Thus the old "hire and fire" system is abolished to the mutual benefit of all concerned. The confidence inspired in our operators by our considerate treatment, we are proud to say, brings many to us with their personal troubles, and we cannot but feel that our efforts in their behalf have frequently borne good fruit and helped to decrease our labor turnover. The knowledge that confidence will not be abused and the assurance of a "Square Deal" sometimes helps a lot toward the solution of many industrial problems.

By means of bulletins furnished by the State Department of Labor and Industry, the Y. W. C. A., the Federal Government, and the Medical Department and Health Bulletins, inserted in pay envelopes, our employes are informed on modern medical and health conditions, and with good results.

Our method of keeping clinical records is as simple as is consistent with accuracy. We use only four forms. The first is the employment card, upon which the approval of the Medical Department is designated after the preliminary physical inspection by the physician. This must be approved again for transfer or promotion and after absence for a week or more because of illness or other cause. At the discretion of the foreman the services of the Medical Department are utilized for periods of absence of less than one week.

All applicants for positions are examined by the plant physician. Their general health and physical disabilities, if any, are made note of, the Snellen eye test applied and the applicant placed in the department for which he or she is best adapted. The results of physical examinations are incorporated in the weekly, monthly, quarterly and yearly reports. Cases of pediculasis caputis are deferred and sent to the dispensary for treatment before being allowed on the floor.

DAILY DISPENSARY RECORD KEPT

When the medical examination indicates a condition that requires attention, but does not disqualify the prospective employe for the work desired—a record of the ailment is noted on a clinical record card then started for the employe and a "follow-up" instituted. This record is later filed in the dispensary for additions necessitated by any future treatment.

In the dispensary a daily record or tally sheet is kept of every patient, which records the name of the operator, department, object of visit, treatment or recommendation, date of next visit, if necessary, and progress of the case. This report is transferred daily to individual records alphabetically arranged and filed. From the daily tally sheet, weekly, monthly, quarterly and yearly reports are made on a special form, which is an adaptation of the form devised by Dr. Irving Clark, of the Norton Company, Worcester, Massachusetts. In passing we would recommend this form devised by Dr. Clark, modified as needed, to all industrial surgeons. It is concise and complete, and we take pleasure in making acknowledgment to Dr. Clark for the idea which he so freely and kindly gave us. Every two weeks there is a meeting of all department heads with the board of managers, at which time various affairs appertaining to the plant are discussed. The employment manager and plant physician are both present at these meetings and present their views and ideas regarding the general employment conditions, labor turnover, health and sanitation, with such appropriate suggestions as they may see fit.

(E) We have installed complete first aid cabinet in various mills and departments and arrangements are being perfected for the development of competent first aid teams. At present employes in the Mechanical and Electrical Departments are receiving instruction.

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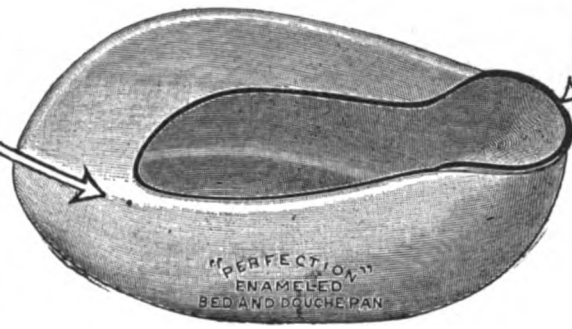

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Also Made in the Hospital Style with High Back-End in Porcelain in both the Standard and Child Sizes, and Designated No. 1 and No. 2

The "Perfection" is also made with Seam and Low Back-End at a little lower price in White Enameled Steel Ware (No. 4) and Gray Enameled Steel Ware (No. 3). These Pans are intended for Home Use. For Hospital Use we recommend the Seamless Pans. In addition to being more Sanitary they are more economical as the Seamed Pans commence to rust at the Seams.

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The Only Seamless Enameled Urinal
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HOLDS A FULL QUART IN ACTUAL USE. ALMOST DOUBLE THE CAPACITY OF ORDINARY URINALS

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Made in Seamless White Enameled Steel Ware
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Plant Dispensary Saves Employes' Time

Medical Department of Lipe-Brown-Chapin Company Utilizes Convalescent Period of Workers

By Dr. De Witt Broughton, Chief, First Aid, Brown-Lipe-Chapin Company, Syracuse, N. Y.

Our organization at the Brown-Lipe-Chapin Company, a gear factory, employing slightly under 3,000 workmen, consists of a physician, a registered nurse and two first aid attendants. Our duties consist chiefly of examining applicants and treating injuries and minor complaints such as constipation, headaches, etc.

When an applicant is interviewed he is asked if he has a hernia or any other condition which might cause him to be rejected by the doctor. If he denies the presence of these defects, his employment card is filled in and he is sent to an examining room. Urinalysis is made, the hearing and vision tested and heart and lungs examined and any deformities or abnormalities noted are recorded. The applicant then is examined for hernia, venereal disease, varicocele and varicose veins and ulcers.

The examination being completed, the physician records the result upon the reverse side of the employment card and marks the card either "accepted" or "questionable". By this is meant that an applicant is a poor risk for the company and that the physician does not advise that he be hired. The employment office, however, may use its own discretion in the matter. If no significant defects have been detected, the applicant returns immediately to the employment office where he receives his time card and directions for locating his foreman when he begins to work.

If, however, he should exhibit some physical abnormality which would make it hazardous for him to do the work to which he was assigned at the employment office, the manager of labor relations is consulted and the applicant is given different work for which he is physically adapted.

For example, if an applicant has albumen, a symptom of kidney disease, he is not permitted to work in the case hardening department where he is subjected to sudden changes of temperature, but is assigned perhaps to an inspector's job. If he has a distinct heart lesion he is not permitted to do piece work, but is given some kind of work with an hourly rate. We do not allow men with varicose veins to move stock or perform work that requires them to be on their feet all day, although they are accepted for bench work. Poor vision or loss of an eye prevents men from operating machines or from doing other work where the eye is exposed to injury.

SELECTIVE SYSTEM PRACTICED

To illustrate how far this selective system may be practiced, I might say that not one disabled soldier has been rejected in our plant. I now recall one young lad with a dead chum's bone grafted in his leg, being accepted as a benchman. Another, who received 50 per cent disability as a result of an eye injury, is employed as an inspector. A Canadian soldier who was severely "shell shocked" and who still shows signs of "jumpiness" at times, is a clerk in the pattern shop, the one quiet spot in the whole factory.

The defects are kept on file, and those who exhibited remedial conditions when hired, are advised and told to report for a re-examination at a later date. Applicants with cataracts, herniae, diabetes, tuberculosis, venereal disease, contagious diseases and decompensated hearts are rejected.

Of the 3,980 applicants I have examined, 115 or 3.46 per cent have been rejected. Of this number, ruptures have caused the largest number of rejections. One thousand four hundred and seventy-six have exhibited some deformity or abnormality of importance enough to record.

Objections to these physical examinations have been raised by many employers, lest the applicants brand the plants as approaching military organizations and thereby boycott them. But of the several thousand applicants I recall but three, possibly four who were unwilling to submit to the examination. Upon several occasions I have asked applicants just before beginning the examination their attitude toward it. The mentality has much to do with the answers received. Most were passive toward them, and replied by merely, "Oh, I don't care." A few grumbled a little claiming that it was nonsense, but none objected seriously. Others apprehended that the benefit received is mutual to the employed as well as to the employer. They are grateful for the satisfaction of knowing that they are physically sound. They are also grateful if they have some abnormality, for knowing that they are being put on work that is not rendered hazardous by their physical condition. They are grateful to know that they are about to work for a company that is attempting to protect its men from contracting contagious diseases. Even a number of those rejected have said that they were glad to learn that they had a condition which they did not know existed and have asked advice for having it corrected if possible. In my experience, I must say that the fears that the physical examination of applicants would tend toward aggravating labor unrest, are entirely unfounded.

For those employers who have hesitated to engage physicians to conduct examinations on account of the immediate cost, I wish to quote the statistics of Dr. Harry E. Mock, printed in the September number of the Journal of Industrial Hygiene. He has compiled the following data from ten plants employing a total of 102,400 men:

Number of applicants examined in one year	118,900
Saving to these 10 plants by rejections	$400,155
Cost of entire medical work	256,000

From paper delivered at the Fourth Industrial Safety Congress of New York State at Syracuse December 1-4, 1919.

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Bread!

Bread costs money.

It is a substantial item among your expenditures, and will continue to be.

Are you wasting it, and wasting the time of your help, by hand slicing? Did you know that machines can be had which will slice your bread swiftly and economically?

We have ten styles and types of bread-slicing and stacking machines, hand and electrically operated, ranging in price from $35 to $180. There is surely a Liberty Slicer which will suit your requirements.

Let us know—

The number of loaves of bread you are using daily and the size of loaf you use, and we will tell you whether you ought to have a slicing machine, and which of our models will best suit your case.

Then, if you like—

We will send you that machine on trial, for installation and use in your kitchen, with no obligation of any sort on your part, even as to transportation charges, in order that you may test its operation and its efficiency.

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We are manufacturers of the largest and most complete line of bread and roll slicing machines in the world

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Profit from this one branch of medical work alone $144,-155. That is an average of over $14,000 saved each year by each of the ten plants,—a very profitable investment.

APPLICANT GIVEN INSTRUCTIONS

When the applicant returns from the examining room to the employment office, he is given with his time card, a small pamphlet containing the rules of the Benefit Association and instructions and warnings which he is to observe while he is working. He is warned not to grind tools without wearing goggles provided by the company. He is warned that "fooling" or "horse-play" will not be tolerated. He is instructed to report all injuries, no matter how trifling they may appear, to the first aid organization and to continue returning for dressings until he is discharged as recovered by the physician. In addition to this, the foremen are reminded at times, that it is their duty to send the men to the first aid room whenever they receive injuries.

Since employing these methods, the weekly number of new injuries and redressings that are taken care of by us has increased from 619 to 922. It might appear from this statement that the number of accidents has greatly increased. What these figures really indicate is, however, that injured employes are reporting more regularly for redressings, and that small injuries are not neglected as formerly. For the past twelve months there have been 6,820 days lost as a result of 1,438 lost time accidents, as compared with 7,148 days lost resulting from 964 lost time accidents occurring during the year previous. These statistics do not include deaths.

The fact that we have treated approximately 19,000 injuries during the past year which resulted in no lost time testifies to the conscientiousness with which treatment is sought for trifling injuries which the men realize might prove serious if neglected.

The treatment rendered injured employes in our plant does not differ essentially from that employed by the Red Cross first aid, so I shall but refer briefly to it. Seriously injured employees are given such emergency treatment and dressings as are required until they are transferred to the hospital. When a man leaves the plant as the result of an accident, our department's responsibility to him ceases. While an injured employee continues working he is treated in the plant, unless there is a probability of a partial permanent disability, in which event he is attended by a physician appointed by the company which carries the factory's compensation insurance.

If an injury prevents a man from performing his regular duties, his foreman is asked to provide an easy job until the injury is healed. If this foreman already has too many temporarily crippled men to make this possible, the manager of labor relations is again consulted and the man is transferred to another department until he has fully recovered.

When an employe reports for treatment, a duplicate report of the injury is made. This gives the man's name, address and clock number, a description of the injury and of the accident, and the probable length of disability. The original is filed and the subsequent calls recorded on the back. The carbon copy is sent to the foreman who is thus informed not only of the accident, but the probable length of time one of his machines will be idle. Thus he can make preparations to keep up his production by filling the vacancy until the injured workman returns to work.

RE-EXAMINATION BEFORE RETURNS

If the injury was serious or preventable, our safety first man is notified and makes an investigation to determine how a similar accident can be avoided.

When an employe who has been off duty on account of an accident is able to return to work, he must first present himself at the first aid room for a re-examination of the injury. If the injury is sufficiently improved to permit his returning to work a blank addressed to his foreman is issued to him. This states that the man either is able to resume his former duties or light work. Upon receipt of this slip, the foreman is permitted to give the man his time card.

Upon the man's accident report which was made at the time of the injury is then recorded the date he returned to work. It is then placed in the "Resumed" file.

Our department is in charge of the health supervision of the employees and in this it co-operates with the safety engineer. Men often present themselves for examination to learn why they are losing weight or sleep, or possibly why their production has decreased. An honest effort is made to find the cause and they are advised accordingly. Many times is revealed that the patient does not get the proper food or perhaps does not take sufficient time for his meals. Other cases have too many outside activities. I have found a few of the night shift who were working days also, for some other employer. Many are advised to consult an oculist; others to have their tonsils removed. Many come to the office complaining of painful feet. This invariably means flat feet, the result of standing every day before machines. Those who heed the advice to get arch supporters are very grateful friends.

To summarize an organization like that of the Brown-Lipe-Chapin Company:

(1) Assigns applicants to work for which they are physically best adapted.

(2) Prevents employing a small percentage of applicants who are costly additions to a company.

(3) Is thus a profitable investment to the employer.

(4) Minimizes, by being easily accessible to the injured, the time lost by employees en route for treatment.

(5) Reduces the number of infected wounds by keeping them clean and sterile.

(6) By its accident reports, informs the foreman how long he may expect to be without the services of an injured man.

(7) Has records of all injuries received in the plant and the time lost.

(8) By being in proximity to the men and by its records, reduces malingering.

(9) Reduces labor turnover by selecting men who are physically able to perform the work to which they are assigned.

(10) Provides better hygienic surroundings for the workmen.

(11) Reduces time lost by accidents by providing light work for the injured which can not be provided by outside physicians.

(12) Does not, by conducting physical examinations, promote labor unrest.

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Hemostatic Serum
(Hemoplastin)

Process of Vincent A. Lapenta, M.D.

This product is composed principally of prothrombin and anti-antithrombin in physiologically balanced solution. It is a clear, sterile, amber-colored liquid, and is suitable for subcutaneous, intraspinal or intraperitoneal injection, or local application.

HEMOSTATIC SERUM (Hemoplastin) is indicated in the treatment of all types of hemorrhage, particularly those depending upon faulty coagulation of the blood. It is used with marked success in the treatment of pulmonary hemorrhage, purpura hemorrhagica, intestinal bleeding, bleeding of the new-born, indolent ulcers; also hemorrhages incidental to various surgical procedures, such as bone operations, intracranial surgery, herniotomy, tonsillectomy, amputations and hysterectomy.

HEMOSTATIC SERUM (Hemoplastin) constitutes a very efficient hemostatic for local treatment, a small piece of sterile gauze being saturated in the serum and applied to the bleeding surface.

HEMOSTATIC SERUM (Hemoplastin) is the most efficient hemostatic that has thus far been developed. Both laboratory and clinical evidence substantiate this conclusion.

Bio. 70. 2-mil (2-Cc.) bulbs.
Bio. 72. 5-mil (5-Cc.) bulbs.

Parke, Davis & Company

DETROIT

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Must Use Plant Hospital

American Seeding Machine Company Booklet Explains Employe's Responsibility in Case of Injury

An explanation of an employe's duties and responsibilities in connection with the operation of the state Workmen's Compensation Act is contained in a bulletin issued by the American Seeding-Machine Company, Richmond, Ind., that emphasizes the importance of having the plant hospital care for even the slightest injury.

The bulletin says that the act has a two-fold purpose, to prevent accidents and to insure workmen compensation in case of injury, and continues:

"The employer does not shoulder the burden alone, but the employe has certain duties he must perform in case of injury. These duties combined with our factory rules, constitute the following:

"(a) Report to Factory Hospital immediately with everything of an accident nature, even if you only break the skin.

"(b) Employes are forbidden to grind, even for a moment, without goggles, which are furnished by the Company.

"(c) Workmen are prohibited from removing foreign bodies from the eyes of fellow employes. Send them to hospital at once.

"(d) Section 8, Compensation Act: No Compensation shall be allowed for an injury or death due to the employe's willful misconduct, including intentional self-inflicted injury, intoxication, and willful failure or refusal to use a safety appliance or perform a duty required by statute.

"(e) Machine guards, etc., take care of the prevention of serious accidents and the Factory Hospital is maintained for the purpose of preventing minor injuries becoming infected, making serious cases.

"(f) The Company will not be held liable for infection, blood poisoning, eye ulcers, etc., caused from failure to use Factory Hospital at time of injury.

"(g) The Compensation Act requires injured workmen to notify immediately the employer, and this you will do through the Factory Hospital attendant.

"(h) The Compensation Act states that the employer shall furnish medical attendance, for which he pays. The Company is only liable for such outside medical expense as authorized by it. If you incur bills, they are at your expense.

"In the foregoing we have not asked you to do other than what is for your own benefit," concludes the bulletin. "Therefore, under the Compensation Act, a workman who violates a reasonable rule made for his own protection from bodily injury or death is guilty of misconduct, and where a workman deliberately violates the rule with knowledge of its existence, and of the dangers accompanying its violation, he is guilty of willful misconduct and the employer is relieved from all liability in connection with the case."

Steel Plant May Erect Hospital

The Bethlehem Steel Company has under consideration plans for the erection of a hospital building at Sparrow's Point. The cost is estimated at $300,000.

How to Care for Linoleum

Mild Soap and Lukewarm Water Will Not Affect Linseed Oil

Practical suggestions for the care and cleaning of linoleum are contained in a letter from S. E. Conybeare, advertising manager of the Armstrong Cork Company, Lancaster, Pa., linoleum department. These suggestions, which are of interest to hospital superintendent, followed the publication in May HOSPITAL MANAGEMENT of an article on hospital flooring by Richard E. Schmidt and Carl A. Erikson, of Richard E. Schmidt, Garden & Martin, architects, Chicago.

Mr. Conybeare asserts that linoleum may be cleaned with lukewarm water and mild soap without injury, and also says that one-eighth-inch grades have given good serve in wards and rooms where traffic is not exceptionally heavy.

Excerpts from Mr. Conybeare's letter follow:

"We are glad to note that the writers recommend that linoleum floors should be properly cemented to the base. Their remark, however, that washing and mopping should be restricted lest it ruin the linseed oil is erroneous. If the linoleum is washed with lukewarm water and mild soap the linseed oil cannot be affected in any way. The authority for this statement is the study that has been made by our chemists.

"Caustic sodas and familiar washing powders, however, should not be used on linoleum, as the alkali they contain has a saponifying effect upon the linseed oil.

"Although we are manufacturers of the heavy grades of battleship linoleum, we do not entirely agree with the statement that the quarter-inch grades are always required. In fact, we are now recommending the A grade (or lighter battleship) linoleum, which is about one-eighth inch thick, for hospital wards and rooms where the traffic is not exceptionally heavy.

"When battleship linoleum was relatively cheaper the difference in cost between the lighter and heavier grades did not figure so largely, and it was the custom for the architect to recommend only the use of the heaviest grade. Large yardages of linoleum have been installed in quite a number of the more modern hospitals in this country and actual experience shows that an A grade linoleum gives satisfactory service in many types of rooms."

Surveys Industrial Hospitals

The National Safety Council, with headquarters at 168 North Michigan avenue, Chicago, is making a survey of industrial hospitals and general hospitals in industrial communities with a view of compiling information as to salaries paid superintendents, supervisors and employes. The tabulation will be printed and copies distributed to all interested. The questionnaire asks information regarding monthly pay of superintendents, superintendents of nurses, assistant superintendents of nurses, supervisors, ward nurses and student nurses.

Hoover Company Enlarges Hospital

The Hoover Suction Sweeper Company, North Canton, Ohio, recently enlarged its hospital facilities by moving its medical department into new quarters. Additional equipment was installed, including a dressing table, supply cabinet, operating table, steam sterilizer, electrical instrument sterilizer and two electrical water sterilizers.

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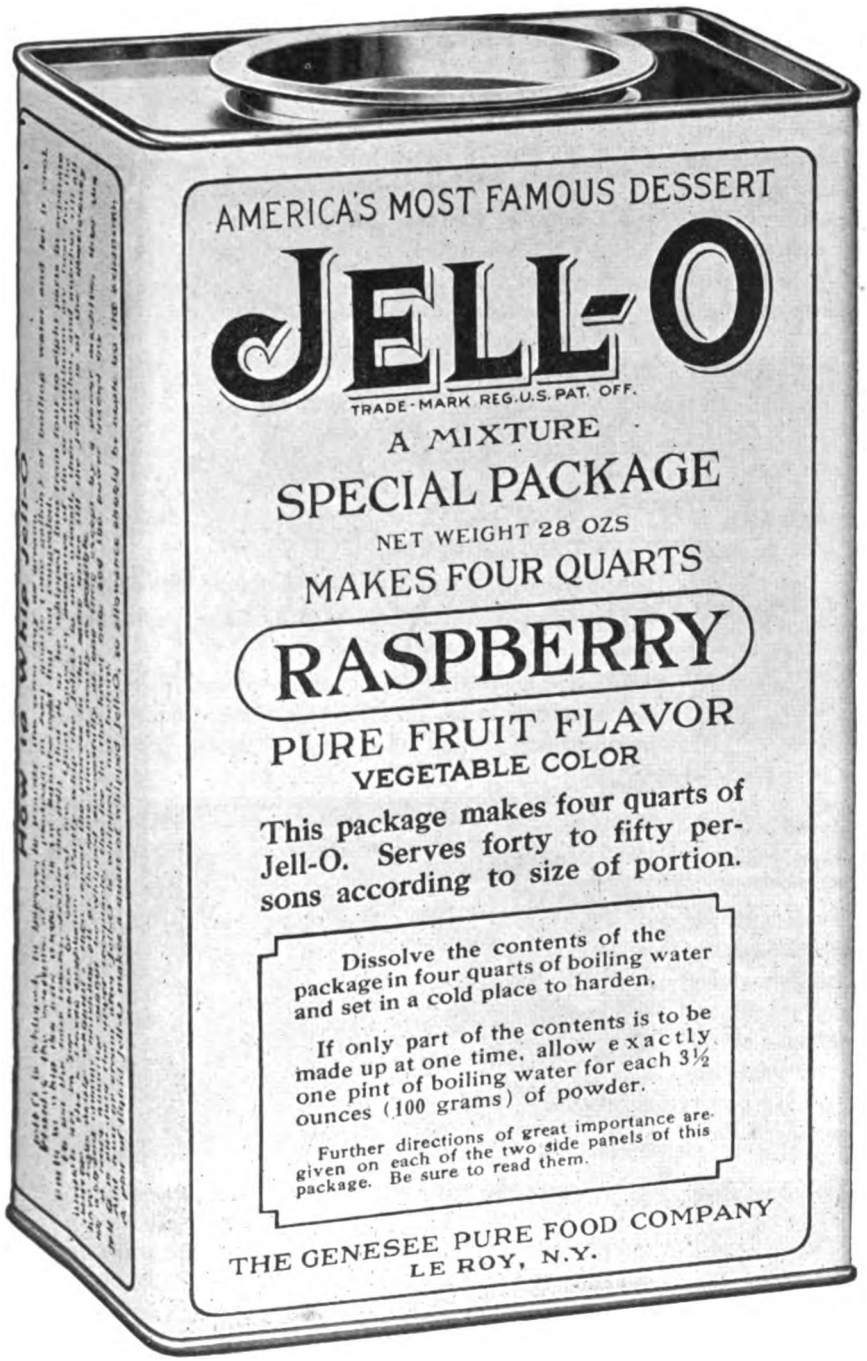

The Special Size for Hospitals

One gallon instead of one pint of Jell-O is made up from the new Special Package of Jell-O, saving nine-tenths of the time required for opening and emptying the common small size.

This change eliminates the last remaining bit of real work connected with the preparation of Jell-O dishes.

Among the dishes which the nurse likes to prepare are the refreshing and attractive salads of which the foundation is Jell-O. These are made by adding to the Jell-O chopped celery and bits of fruit and nutmeats. They are moulded in teacups or little moulds and each is turned out on a lettuce leaf.

As Jell-O contains sugar and the other ingredients that would have to be added if plain gelatine were used, there is a great saving of time and labor, and the result is always satisfactory. The nurse who uses Jell-O for her dainty dishes is never obliged to depend upon luck.

Jell-O is made in six pure fruit flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y., and Bridgeburg, Ont.

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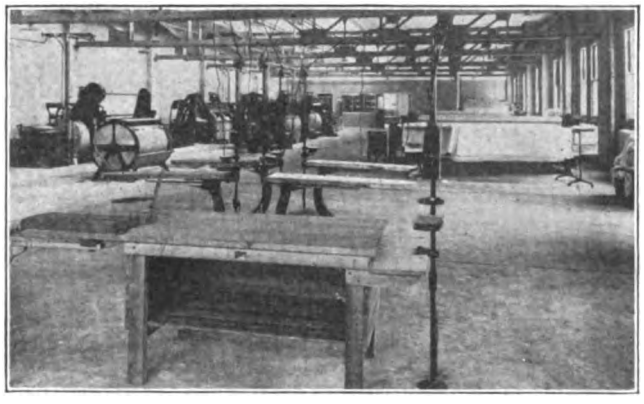
Modern Laundry at Cook County Hospital

Equipment Installed After Engineer Studies Other Institutions; Handles 75,000 Pieces a Week

Recent installations of hospital laundry equipment show that this department of the institution has been given considerable attention by superintendents who realize the importance of cleaning clothes, linens and materials properly and the necessity of obtaining machinery that will do this exacting work in a satisfactory manner.

An example of a modern hospital laundry is that of the Cook County Hospital, Chicago, which was equipped

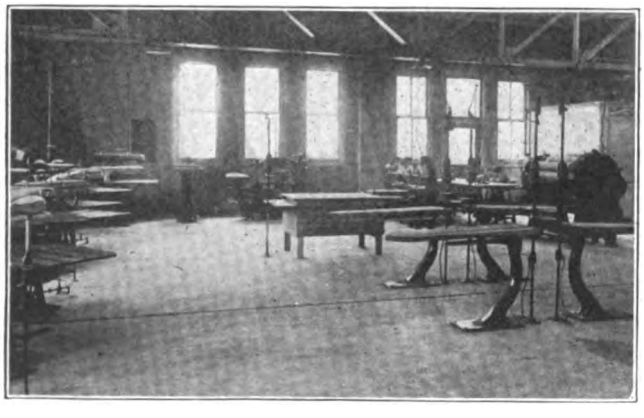


GENERAL VIEW OF LAUNDRY

after a consulting engineer had been employed to visit large institution laundries throughout the country and to confer with machinery manufacturers.

About three years ago a new power plant was built for this hospital and provisions were made for the installation of an up-to-date laundry. The consulting engineer was commissioned to obtain data on laundry machinery since the large number of patients and employes at the hospital made the laundry question one of real importance.

As a result of the engineer's investigation, the following motor-driven equipment, manufactured by the American Laundry Machinery Company, Cincinnati, was installed:

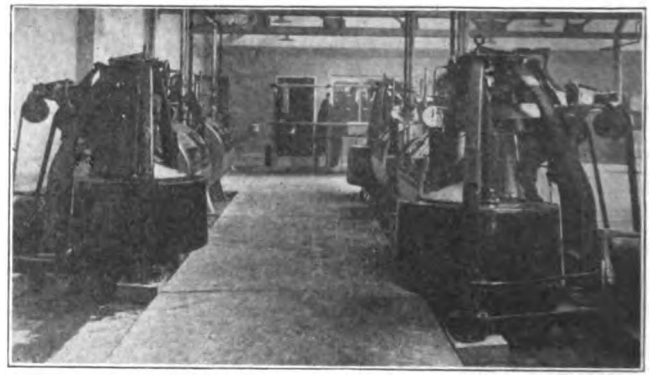


THE IRONING DEPARTMENT

1 48"x54" American Sterilizer.
4 42"x72" Cascade Washers.
1 36"x54" Solid Head Washer.
3 40" Overdriven Extractors.
1 26" Underdriven Extractor.
1 20" Starch Extractor.
2 40"x96" Vento Drying Tumblers.
1 36"x48" Clothes Tumbler.
2 120" Six-Roll Flat Work Ironers.
1 Collar Starcher.
1 Starch Cooker.
1 Conveyor Dry Room.
1 Truck Dry Room.
1 30" Steam Collar Ironer.
1 Keystone Bosom Press.
2 Tilting Type Yoke Presses.
2 Cuff Presses.
1 Sleeve Press.
5 Universal Presses.
2 No. 8 National Marking Machines with booths.

Photographs of the installation are reproduced by courtesy of the manufacturers.

In addition to the large quantity of bed linen, pajamas, white and colored dresses, the Cook County Hospital laundry handles all the personal work for the staff,



SOME OF THE MOTOR DRIVEN EQUIPMENT

interns, nurses and employes, as well as the work for the Juvenile Home. On all between 75,000 and 100,000 pieces pass through this plant in six days.

In order to insure absolute protection to the employes and to provide sterile linen to the patients, all infected linen and linen from contagious cases must first pass through the steam sterilizer which is set in a partition between two rooms.

Soiled cotton and gauze which comes from the operating and dressing rooms at the Cook County Hospital is thoroughly sterilized and washed in the American Sterilizer, and is used for compresses and packings, and thus a great saving is made possible, whereas before this material all had to be burned.

Figuring interest on the investment and depreciation, the total yearly expense of operating this plant is approximately $105,000. But the plant is handling from $4,000 to $5,000 worth of laundry work per week at prevailing prices, or from $200,000 to $250,000 a year.

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NOTICE

SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW 10 MIL. (C. C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the asceptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

10 Mil. (c.c.)

Twenty Preparations. Beyond the experimental stage.

Millions of doses have been administered.

The largest producers of Stock and Autogenous Bacterial Vaccines

MANUFACTURER OF BACTERIAL VACCINES

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Sherman's Vaccines are Dependable Antigens"

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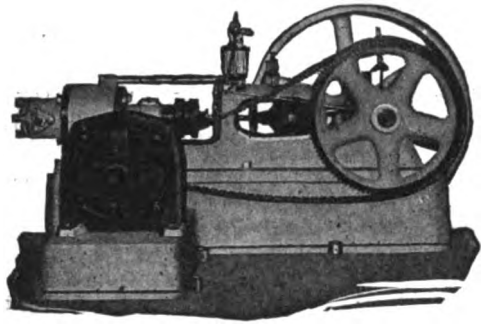
Safety in Refrigeration

Absolute safety for patients and hospital attaches is assured if your refrigerating machinery is "AUTOMATIC EVERCOLD."

Our machinery uses ONLY Carbonic Gas as a refrigerant. This gas can not burn, explode, asphyxiate or corrode.

It is "SAFETY REFRIGERATION."



"Automatic Evercold" is DEPENDABLE

Our machinery is dependable in operation because it produces refrigeration for cooling work, cools drinking water, and makes ice WITHOUT the attention of an engineer.

It STARTS ITSELF and STOPS ITSELF. It ALWAYS works when refrigeration is needed.

Ask our refrigerating engineers about your cooling problems. Write for catalog on the "Automatic Evercold."

AUTOMATIC CARBONIC MACHINE CO.

PEORIA, ILLINOIS

When you think of ICE think of US

A2

C. H. A. Will Meet at St. Paul

Fifteen Minute Discussions of Problems to Feature Convention June 22-24

The program prepared for the fifth annual convention of the Catholic Hospital Association of the United States and Canada which will be held at Thomas College, St. Paul, Minn., June 22, 23 and 24 indicates that the gathering will be one of the most successful and interesting in the history of the organization.

Rev. C. B. Mouliner, president, and his associates have decided to limit speakers to fifteen minutes and this restriction means that during the three days of the meeting a great number of important problems affecting hospitals will be brought before the delegates. These problems will be discussed by executives and heads of departments of institutions in all parts of the country, thus offering the members a wide variety of experiences in meeting the questions they are interested in.

The program goes deeply into the nursing, one of the major problems before institutions today. The session of Wednesday morning will be devoted entirely to this matter and speakers will give their views and suggestions on training, curriculum and class work for nurses, while Rev. M. P. Bourke, diocesan superintendent of hospitals of the Detroit diocese, will speak on the shortage of nurses. Following this will come a general discussion of the points brought out by the speakers.

The tentative program for the convention is as follows:

TUESDAY MORNING, JUNE 22

9:00 A. M.—Mass and sermon at SS. Peter and Paul Cathedral, St. Paul.

11:00 A. M.—Address of Welcome. Elias Potter Lyon, M. D., Dean of the Medical School, University of Minnesota.

11:15 A. M.—Address of the Honorary President, Most Rev. Sebastian G. Messmer, D. D., D. C. L., Archbishop of Milwaukee.

11:30 A. M.—President's Address, Rev. Charles B. Moulinier, Marquette University, Milwaukee.

11:45 A. M.—Address in Behalf of the Hospital-Doctor Delegates, H. J. O'Brien, St. Joseph's Hospital, St. Paul, Minn.

12:00 M.—Recess. Luncheon served in the cafeteria of St. Thomas College.

TUESDAY AFTERNOON, JUNE 22

2:00 P. M.—"Progress in Hospital Standardization," John G. Bowman, Ph. D., Director of the American College of Surgeons, Chicago.

2:30 P. M.—"A Model Staff Meeting," Frank Dormer Jennings, M. D., St. Catherine's Hospital, Brooklyn.

3:00 P. M.—"Business Management of the Hospital," John A. Hornsby, M. D., Consultant in Hospital Management, Washington.

3:30 P. M.—"The Hospital Field Afar," Very Rev. James A. Walsh, M. Ap., Mary Knoll, New York.

4:00 P. M.—General five-minute discussions: Joseph Byrne, M. D., New York; Arnold Schwyzer, M. D., St. Paul; Dr. Charles A. Gordon, Brooklyn, N. Y., and Rev. M. F. Griffin, Youngstown, O.

5:00 P. M.—Adjournment to 9:00 A. M. Wednesday.

WEDNESDAY MORNING, JUNE 23

9:00 A. M.—Symposium: "Nurses' Training," Miss Anna C. Jamme, R. N., State Inspectress of Nurses' Training Schools, Sacramento, Calif.

9:15 A. M.—"The Curriculum and Classwork," Mother M. Madeleine, St. Mary's Hospital, Minneapolis, Minn.

9:30 A. M.—"The Nurse on Active Duty," Sister M. Ursula, St. Joseph's Sanitarium, Ann Arbor, Mich.

9:45 A. M.—"The Nurse Anesthetist." Miss Mary Hines, St. Mary's Hospital, Rochester, Minn.

10:00 A. M.—"The Shortage of Nurses." Rev. M. P. Bourke, Diocesan Superintendent of Hospitals, Detroit, Mich., Diocese.

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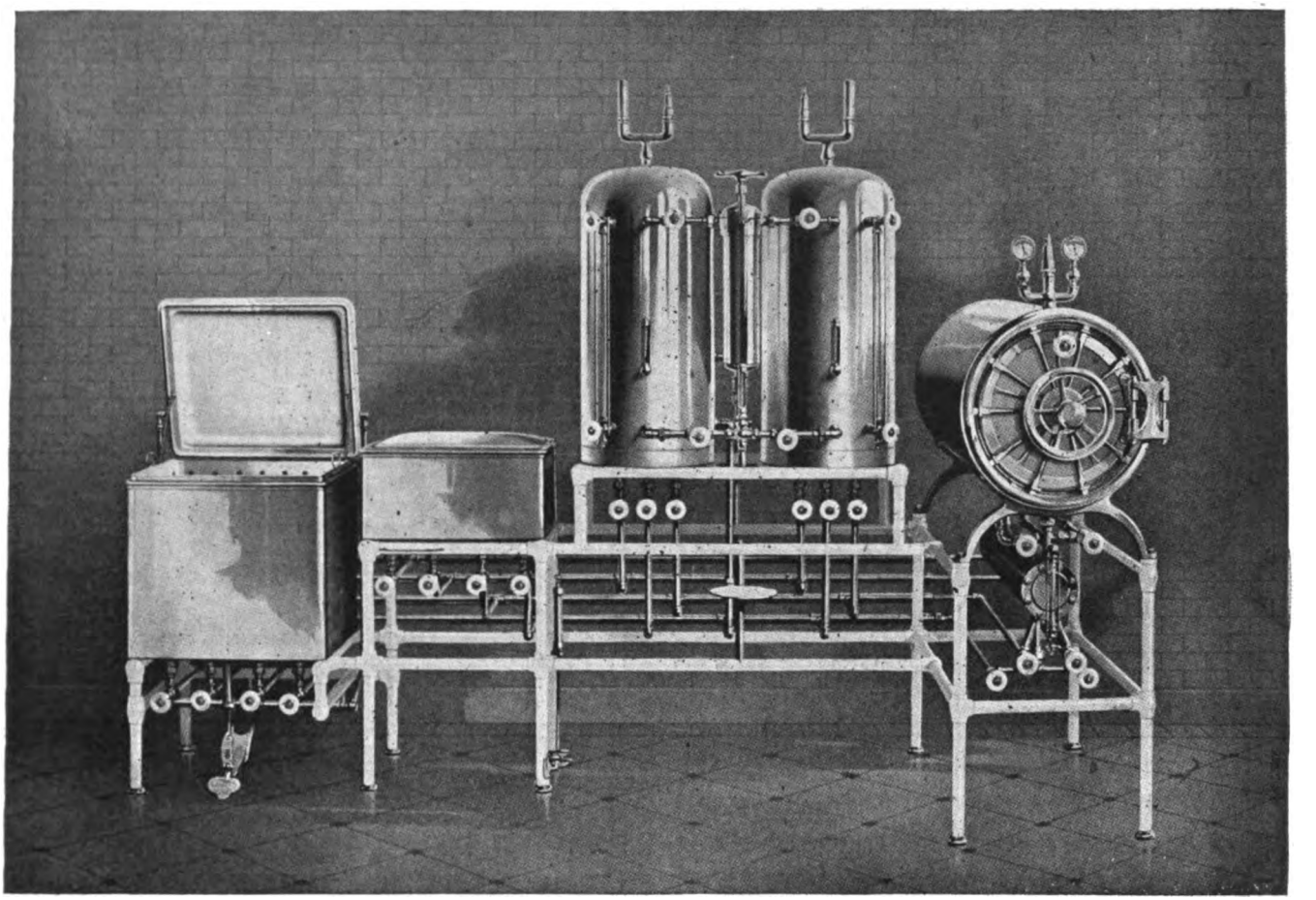
"THE WHITE LINE"



Battery of "White Line" High Pressure Sterilizers

INTO the construction of "White Line" Apparatus only such materials are permitted to enter as we know from years of experience will serve the purpose intended to advantage. "White Line" Equipment is built to give long years of highly efficient service. Upon request, our Engineering Department will furnish layout plans and submit specifications.

SCANLAN-MORRIS COMPANY

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Stockton State Hospital
(Stockton, Cal.)

is equipped with

"Wear-Ever"

Aluminum Steam Jacketed Kettles and Stock Pots

The impressive **"Wear-Ever"** equipment of this representative institution indicates the high regard in which these modern utensils are held by managements that have carefully investigated their many definite advantages.

"Wear-Ever" utensils never need tinning—a saving that pays for their cost within a few years.

"Wear-Ever" utensils are cleanly—have no joints or seams in which particles of food can lodge.

"Wear-Ever" is durable—made from hard, thick sheet aluminum which has undergone the tremendous pressure of gigantic rolling mills.

Replace utensils that wear out with utensils that "Wear-Ever"

The Aluminum Cooking Utensil Co.
New Kensington, Pa.

In Canada "Wear-Ever" utensils are made by Northern Aluminum Co., Limited, Toronto, Ont.

10:15 A. M.—General Discussion, Sisters M. Veronica, R. N., Mercy Hospital, Chicago.

11:00 A. M.—"Pathological Laboratories." H. E. Robertson, M. D., Pathologist, Medical School, University of Minnesota.

11:30 A. M.—General Discussion of Clinical Laboratories, Charles W. Bonynge, M. D., Los Angeles, Calif. Dr. A. J. Bruecken, Milwaukee, Wis., Dr. T. J. Sullivan, Chicago, Ill.

12:00 M.—Recess until 2:00 P. M.

WEDNESDAY AFTERNOON, JUNE 23

2:00 P. M. to 4:00 P. M.—Conferences. I. (a) Mothers Provincial and Superior, and Superintendents, Mother M. Genevieve, St. Elizabeth Hospital, Youngstown, O., Chairman; (b) Supervisors of Nurses. Sister M. Jerome, St. Joseph's Hospital, St. Paul, Minn., Chairman; (c) Heads of Floors, Sister M. Raphael, Michael Meagher Memorial Hospital, Texarkana, Ark., Chairman; (d) Operating Room Nurses, Sister Mary Rose, Mercy Hospital, Pittsburgh, Chairman; (e) Anesthetists, Miss Mary Hines, St. Mary's Hospital, Rochester, Minn., Chairman; (f) Laboratory Technicians, Dr. A. J. Bruecken, Marquette Medical School Milwaukee, Wis., Chairman; (g) Dietitians, Sister M. Beniti, Holy Cross Hospital, Salt Lake City, Utah, Chairman; (h) Supervisors of Records, Dr. L. D. Moorhead, Mercy Hospital, Chicago, Ill., Chairman; (i) Hospital Social Service. Miss Madeline Oldfield, New York, N. Y., Chairman; (j) Superintendents of Dispensaries, Mrs. Julia P. Kennedy, R. N., Mercy Hospital, Chicago, Chairman.

II. Staff Doctors, Dr. Edward W. Buckley, St. Joseph's Hospital, St. Paul, Minn.

4:00 P. M.—Reports of Conferences.

5:00 P. M.—Adjournment, to 9:00 A. M. Thursday.

THURSDAY MORNING, JUNE 24

9:00 A. M.—"Financial Support for the Hospital," Horatio B Sweetser, M. D., St. Mary's Hospital, Minneapolis.

9:30 A. M.—Address by Representative of the American Red Cross, Washington, D. C.

9:45 A. M.—"The X-Ray Department of the Hospital," Victor J. LaRose, M. D., St. Alexius Hospital, Bismarck, N. D.

10:00 A. M.—Symposium: "The Intern:" (a) "The Hospital's Obligation to Him," E. L. Moorhead, M. D., Mercy Hospital, Chicago.

10:15 A. M.—"The Intern's Obligation to the Hospital and Staff," Edward Dillon, M. D., St. Vincent's Hospital, Los Angeles.

10:30 A. M.—"The Medical School and the Hospital; Their Responsibilities and Duties," Louis B. Wilson, M. D., Mayo Clinic, Rochester, Minn.

11:00 A. M.—General Discussion. L. D. Moorhead, M. D., Chicago, and E. L. Tuohy, M. D., Duluth, Minn.

THURSDAY AFTERNOON, JUNE 24

2:00 P. M.—Business Meeting: (a) President's Report; (b) Diocesan Superintendent's Report; (c) State and Provincial Conferences' Report; (d) Report of Secretary-treasurer; and (e) Election of Officers.

3:00 P. M.—Meeting of the new executive board.

Honor Dead War Nurses

Alumnae of Protestant Deaconess Hospital, Indianapolis, recently presented to the Hamilton-Berry chapter, Service Star Legion, a silk American flag in memory of two of their number, Miss Margaret Hamilton and Miss May Berry, who died in service abroad. Miss Hamilton, according to a speaker at the presentation, was the first American woman to die in service.

Actors Have Hospital Tag Day

A tag day for actors all over the country for the purpose of raising funds for a nurses' home for American Theatrical Hospital, Chicago, was held May 9. Members of companies in all parts of the country were tagged in an effort to raise $10,000 with which to start work on the building.

Start Work on Cambria Building

The Cambria Steel Company, Johnstown, Pa., has awarded contracts for the erection of its hospital building and nurses' home and construction is to be started immediately. The cost of these buildings is put at $600,000.

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THE ALBATROSS LINE

THE STERLING TRADE MARK
in
Hospital and Physicians Furniture

"The Albatross Line"

Is the Direct Line
to Hospital Economy

For furthur particulars, complete catalog and prices, write to Dept. H.

ALBATROSS METAL FURNITURE COMPANY
Manufacturers of
Aseptic All-Steel Hospital Furniture
Portland Oregon, U. S. A.

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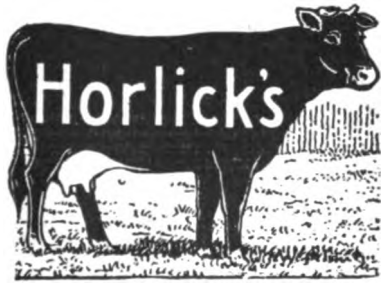

The Original
MALTED MILK

Highest Quality
Most Nourishing
Very Dependable

Horlick's Malted Milk Co.
RACINE, WIS.

An Interesting Operation

That quick, accurate stroke of the knife—
The cleanliness of each decisive cut—
The absolute uniformity of each slice—
All are embodied in the operation of the

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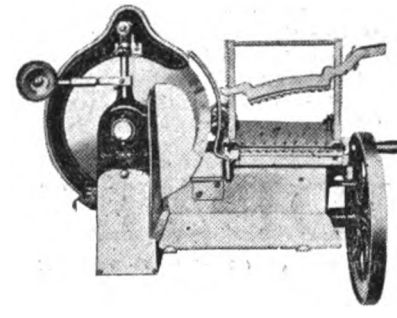

It's a kitchen necessity because it prevents waste and permits saving 20% to 50% of your boneless meat.

It speeds up service at meal-time—because it accomplishes more than the most skillful help using a butcher knife—quicker and better.

It eliminates waste. And it enables you to serve three instead of two slices from the same quantity of meat.

Slices perfectly ANY hot or cold boneless meat or edible—any desired thickness.

Write for information.

American Slicing Machine Company
1304 Republic Bldg.
CHICAGO

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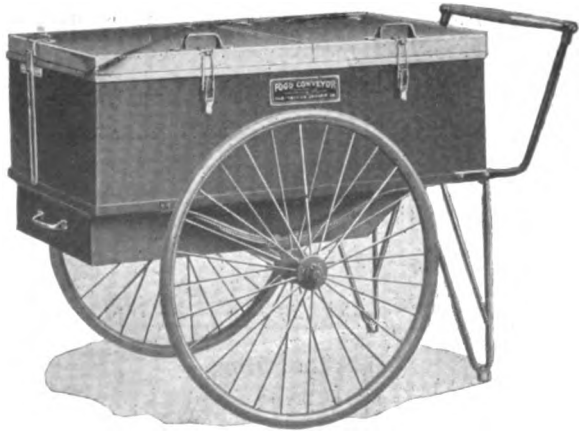
No Matter How Far Meals Must Travel, They Reach Patients Piping Hot

The tremendous distances in large hospitals make the serving of meals difficult. Foods must be transported from the general kitchen to the floors. There, after the trays are made ready, they are carried through long corridors to ward or private room. No matter how well prepared the meals are, they lose much of their savoryness unless they can be served fresh and hot.

"IDEAL"
FOOD CONVEYOR

enables hospitals to serve appetizing meals, hot meals, however far removed the kitchen is from the patients. In this cart are containers of sufficient capacity to serve 70 or 80 people. By the conveyor's fireless principle of heat retention, food remains hot in it for hours, and can be transported for great distances without chilling. It keeps the foods clean, preserves their flavor and moisture as well as their heat; saves time and labor in meal service; lessens waste. The conveyor is strongly built, easily handled, noiseless. It is already in use in hundreds of hospitals, whose names we will be glad to give you upon request. Write for booklet.

TOLEDO COOKER CO., TOLEDO, OHIO



Rubber Sheeting Advances

Higher Cost of Naptha and Benzine Affects Gloves, Too; Enamelware Plentiful

Increased stocks in some lines of hospital supplies were to be noted early in June due to the slightly improved rail conditions, but prices in practically every line held firmly with occasional rises. Rubber goods, especially sheeting and gloves, were higher than the previous month because of the rising cost of benzine and naphtha used extensively in the production of these articles. Sheeting advanced from 15 to 20 cents a square yard, but the supply was plentiful, while gloves were 25 cents a dozen over prices of a few weeks back and were scarce. Because of the prospect of still higher figures for benzine and naphtha indications were that the cost of rubber goods would continue to go up.

Better transportation resulted in the appearance in the market of a number of items of enamel ware that were not obtainable during the freight tangle. Prices, however, were firm and there was no prospect for a reduction, although at the same time there was some comfort in the fact that the increasing supplies indicated that prices would not rise.

THERMOMETERS IMPROVE

Some dealers reported an improvement in the thermometer market and had plenty of instruments quoted at $10.50 a dozen. Gauze, however, was difficult to obtain. The 16x20 size was quoted around $7.00, approximately the same price as it was marked at a month ago.

Sheets, 63x90, of a suitable grade for hospital use were priced at $22.15 a dozen, pillow cases, 45x36, at $6.40 and cotton blankets $1.62½ for singles up to $5.50. Wool blankets ranged in price from $8.50 to $12.50. Despite improved rail facilities supplies in these lines were low, but the prices represented about the same figures as prevailed during May. Labor troubles and general economic conditions curtailed production.

What the future holds for cotton goods may be imagined from the government report of the week of June 5 which stated that the cotton crop of the country was the lowest in fifty years.

NEW TEA HIGHER

Firmness marked the coffee market, due to the increasing scarcity of the old crop. The new crop of Japan tea was quoted at 15 cents a pound over last year's prices, while other teas were up three to five cents a pound compared with last month.

A boom has struck the canned goods market which bids fair to continue until the new pack is available. Fruits were higher, No. 2½ cans of peaches, for instance, being marked 75 cents a dozen over quotations for the previous month. Vegetables were up ten percent. The growing scarcity of the 1919 canned goods was expected to hold prices up until the new goods were marketed. The 1920 pack was expected to be even higher due to increased cost of labor and materials.

Memorial Window for Superintendent

A memorial window recently was placed in the chapel of the Hospital of the Good Shepherd, Syracuse, in honor of Miss Jane Johnson, former superintendent.

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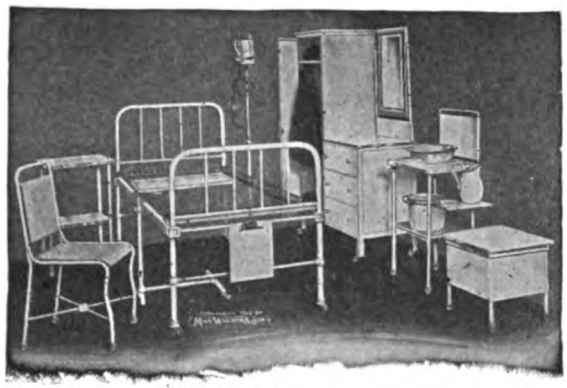


Modern Sanitary Hospital Room No. 3

All White Enameled.

Send for description.

We equip hospitals complete. Many new designs of ward, private room and operating sanitary furniture.

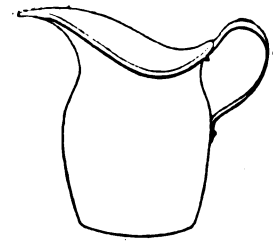
Send for literature showing modern furniture and hospital requisites.

The Max Wocher & Son Co.
19-27 West Sixth St., Cincinnati, Ohio

FUNNEL LIP PITCHER

Hospital Grade White Enamel

From this pointed nose you may regulate the flow down to a drop.



Capacity, 2 quarts. Per dozen, $27.00

Rubber and Enamel Catalogues on Request.

P. L. Rider Rubber Co.

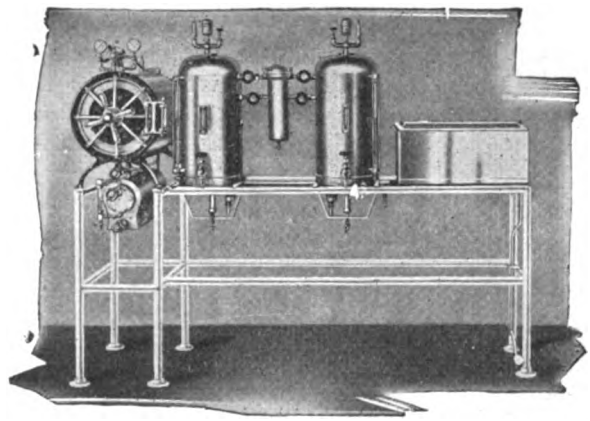
Worcester, Mass.

Distributors of the Famous Multi-Sterile Gloves

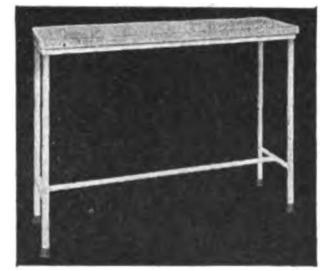
New Patterns in Hospital Equipment

Our unlimited manufacturing facilities enable us to produce many new articles of furniture and equipment which are designed by leading operators every year. Our Catalogue No. 20 shows the most complete line ever issued for the benefit of the hospital buyer. Our prices are a positive guide to economy.

Combination Nurse's Desk, Laboratory Table and Chart Cabinet has proven one of the most popular pieces of furniture designed in recent years. The nurses consider it exceptionally convenient as the charts can be handled without stooping over under the cabinet as is found in many of the styles which have been in use heretofore.



Remember our High Pressure Sterilizer Department is second to none in the world and our unconditional guarantee applies to this equipment as well as every other product of the Betz plant.



The new style table shown above is 36 inches long and 10 inches wide. It has the full porcelain top mounted on white enamel steel stand. It is a most convenient table for use in operations where a number of instruments must be laid out for easy access by the operator and still requires the very minimum amount of space in the operating room.

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GUMPERT'S Chocolate Pudding

Helps Make Meal Time a Pleasure

How hard it is to select and prepare the dainty, appetizing foods that sick folks relish and enjoy! Especially when foods they crave most are those they should not eat, a fact particularly true about desserts.

Gumpert's Chocolate Pudding helps solve the problem of desserts. Dietitians in leading hospitals endorse it as

Delicious and Nourishing An Ideal Dessert

Milk, eggs, chocolate, cocoa, starch, salt and flavoring, combined in powdered form, this delicious dessert is high in caloric value—156 calories to the ¼ lb. portion. Conveniently prepared—just add water, sweeten to taste, boil, and let cool in molds. Serve with some delicious topping.

Economical to Serve

Even with sugar at 30c per pound, Gumpert's Chocolate Pudding costs but ¼c per ¼ lb. portion.

Send for a free 9 portion sample and test it for yourself.

S. GUMPERT & CO.

BROOKLYN, N. Y. CHICAGO

A. H. A. in Chicago Offices

Dispensary Bureau in Operation; Other New Services Are Planned

Plans for the establishment of a library and service bureau for hospitals by the American Hospital Association are announced in the Association's Bulletin No. 2, 1920, which also calls attention to the fact that the organization has taken possession of its permanent offices at 22 East Ontario street, Chicago.

The present status of the Library and Service Bureau for Hospitals, according to the bulletin, is as follows:

"On account of the real need for the co-operation of the various national organizations in furnishing necessary up-to-date data, it became the consenus of opinion that this Library should be promoted directly by the American Conference on Hospital Service, which includes all these organizations, rather than to create a new group of those which have become especially interested in this project. The Trustees of the Conference, meeting in New Orleans, April 28, definitely assumed responsibility for the promotion of this Library along the lines which had been previously worked out. It is planned that this Library shall have a budget of $20,000 per year, furnished in part by the interested organizations and in part either by a contribution from one of the philanthropic foundations, or from individuals appreciating the service which such a Library could render.

"This is an opportunity for the Conference to demonstrate that a sincere and working co-operation between the various hospital and medical organizations can be obtained and sustained. It must not fail. It is impossible to overestimate the value to the American Hospital Association from such a Library and Service Bureau to Hospitals."

According to Dr. A. R. Warner, executive secretary of the Association, the Rockefeller Foundation has agreed to assist in the maintenance of this bureau by subscribing in proportion to the money given by interested organizations and individuals.

The bulletin also announces that the Association's Service Bureau on Dispensaries and Community Relations of Hospitals has been definitely organized and is in active operation under the direction of Michael M. Davis, Jr., director of the Boston Dispensary. The advice of this bureau and information at its disposal is offered all members of the Association. The scope of questions that may be dealt with includes questions on the relations between hospitals and their communities as to financing, public health or social service work and questions regarding equipment, organization, management, record keeping and financing of dispensaries.

A survey of institutions in Philadelphia now is being made by the Bureau through a field worker and requests from other hospitals and dispensaries will be complied with in the near future.

Another activity of the Association, the national survey of hospital social service departments is being carried on under the supervision of Mr. Davis as chairman of the committee. Dr. Anna M. Richardson is field secretary. Funds for this survey have been provided by an interested individual, who believes such a survey will have lasting value.

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Standardized Case Records
Used in
A Thousand Hospitals

Our catalogs contain the following records:

American College of Surgeons Pennsylvania Bureau Medical Education.

Catalog No. 5 — Miscellaneous Charts.

We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

Hospital Standard Publishing Co.
Baltimore, Md.

In What Form Do You Use Iodine ?

Industrial Hospitals, Physicians and Surgeons in general practice are getting splendid results with

IOCAMFEN

Iocamfen is extensively used in Military Surgery in the management of deep, jagged, soiled and infected wounds, as well as by numbers of surgeons in charge of workers in large industrial institutions, railroads, mines, stores, etc.

Iocamfen is an interaction product of Iodine, Camphor and Phenol. Contains about 7½% free Iodine, held in perfect solution without the aid of alkaline iodides, alcohol, or ether solvent.

Has greater stability and higher antiseptic action than Tincture of Iodine with better adhesion, greater penetration and healing qualities.

Camiofen Ointment (formerly called Iocamfen Ointment) is prepared with IOCAMFEN and used where additional emollient action is desired.

Both products accepted by the Council on Pharmacy and Chemistry, American Medical Association.

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Imagination is as necessary to the art of nursing as is a knowledge of nursing science. Imagination foresees conditions and prepares you to meet them before they arise.

Thus imagination anticipating the failure of old cleaning methods prompted the production of

Wyandotte Sanitary Cleaner and Cleanser

a cleaner that is meeting the demand of medical science for wholesome, safe and sanitary cleanliness.

This cleaner, every part of which is an active working cleaning particle, embodies those special qualities so essential to hospital sanitation—efficiency, dependability and economy.

In the hospital kitchen it is most effective. Used in the dishwashing machine crystal clear glass and faultlessly clean china and silverware result.

Table tops, cooking utensils, sinks and general equipment will quickly and easily be made sanitarily clean. Refrigerators will be sweet and fresh, and all drain pipes clear of greasy accumulations.

This cleaner has many uses in all departments of the hospital and is proving its economy in hospitals the country over.

This talk will be continued in the July number.

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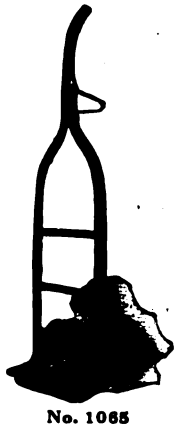

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Elyria, Ohio, U. S. A.

Prohibition Aids Hospitals

7,000 Beds Released in New York By the Decrease of Alcoholics

Prohibition is increasing hospital efficiency and promoting economy in the treatment of hospital cases, according to Frederick D. Green, secretary of the United Hospital Fund of New York City.

Mr. Green bases his statement on facts and figures gathered from New York City hospitals showing a decrease of from 70 to 90 per cent of alcoholic cases during the first two months of prohibition. The closing of alcoholic wards in municipal hospitals, the falling off of emergency cases due to alcoholism and the consequent increased facilities for caring for other cases, he declares, will materially promote public health by giving those who are really sick a chance to be treated.

"Alcoholism," he said, "has clogged our hospital systems with unnecessary cases of sickness and accidents. Physicians, nurses, equipment, time, space and food have been pre-empted by alcoholics, while other patients have been denied admission. Recent figures gathered by the United Hospital Fund show that in New York City alone, thanks to prohibition, 7,000 beds have been released for the care of maternity, mental, tuberculosis and general cases."

Mr. Green stated that the United Hospital Fund is a non-political, non-sectarian organization representing 46 of the large New York City hospitals; that it is striving to secure the best care for the greatest number of patients who can be admitted to these institutions and that its sole interest in prohibition is from the humanitarian, scientific and economic viewpoint.

"Indications are", said Mr. Green, "that diseases and accidents due to alcoholism will continue to decline, that the general standard of health will thereby be raised and the duration of patients' stay in hospitals will be cut down, because an alcoholized system requires more time to throw off disease than a normal system. In this way the general usefulness and efficiency of all our hospitals will be increased."

AMBULANCE CALLS DECREASE

The most significant figures quoted by Mr. Green were supplied by the City of New York Board of Ambulance Service under which the city is districted into ambulance zones. This board keeps a record of all calls in these zones. The following figures giving the number of ambulance calls due to intoxication and alcoholism for the entire city were supplied by James L. Murray, Examiner of the Board:

January,	1919	412	No prohibition
February,	1919	364	No prohibition
January,	1920	307	Prohibition (half month)
February,	1920	133	Prohibition (entire month)

Mr. Murray called attention to the fact that Bellevue Hospital whose services along alcoholic lines were formerly higher than any other hospital showed, during the first two months under prohibition, the following reduction in ambulance calls for alcoholics.

January,	1919	136	(No Prohibition.)
February,	1919	92	(No Prohibition.)
January,	1920	21	(Prohibition, half month)
February,	1920	10	(Prohibition, entire month)

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LOCKED AGAINST LOSS LOCKED AGAINST MISUSE

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Linen Wears Longer

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At best this service amounts to a large sum of money every year.

BUT—

"Individual" towel service will reduce this expense.

The "Individual" system keeps towels clean and safe. It protects against misuse. Consequently they wear longer, launder better, and cannot be carried away.

We claim this system will reduce *your* towel expense 20% to 60%—Make us prove it.

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HENRY A. DIX & SONS COMPANY
Dix Building, New York

What Becomes of Your Records?

Lost Case Records Are Worse Than Useless

We publish the complete case-record forms devised and approved by the American College of Surgeons, and have furnished them to hundreds of hospitals. They are the most satisfactory and complete forms to be had anywhere, inasmuch as they were prepared after careful study by the leading authorities on the subject.

Binders and Filing Equipment

More than this, we have devised means of orderly disposition of case-records after they are made. Heretofore each hospital has had to plan its own system for taking care of such records, just as formerly each had to prepare its own forms for case-records. Our system enables you to take care of your case records in such a way that they cannot be lost, and are easily accessible for reference, so that they can be really used.

Both Forms and Files Are Indispensable to the Progressive Hospital. Let Us Send You List and Prices

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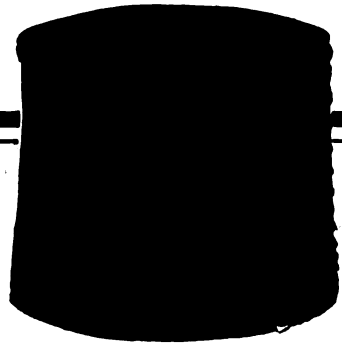

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In addition to the natural long life of the cypress, this tank is built strictly according to approved engineering principles, of the best materials and by first-class workmen.

Our 30 years' experience in building tanks and towers is at your service.

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Consult us regarding your requirements.

Agents in all Large Cities

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"Of cours, you must bear in mind", Mr. Murray wrote, "that many patients are taken to the hospitals by the ambulances suffering from some ailment or injury that primarily or directly may be the result of alcoholism, but the hospital record shows only the injury or the disease". He called attention to the fact that the total ambulance calls of all the hospitals under the Board's supervision was 20,000 less during the year 1919 when war prohibition was in effect than in 1917. He declared the 1918 figures were not useful for comparison on account of the "flu" epidemic.

Dr. George O'Hanlon, General Medical Superintendent of Bellevue Hospital, wrote:

"We have practically closed the wards formerly used for the cure and treatment of patients suffering from alcoholism and the few cases of this character which are treated are treated with psychopathic cases."

NEW YORK HOSPITAL'S RECORD

The New York Hospital, with the largest ambulance service of any private institution in the city, shows the following reduction in calls for alcoholic patients:

January,	1919	53	(No Prohibition.)
February,	1919	47	(No Prohibition.)
January,	1920	28	(Prohibition, half month)
February,	1920	14	(Prohibition, entire month)

There were proportionate decreases in ambulance statistics for Flower Hospital, Knickerbocker Hospital, Lincoln Hospital, and other New York City institutions.

Hospital Employes Given Raise

Employes of New York state hospitals will be given a general increase in wages when a bill passed by the legislature becomes effective July 1. The new schedule provides equal pay for men and women and the lowest paid female workers will receive a minimum wage of $44 instead of $28 ,as formerly, while an increase of $4 every six months will be received until the maximum wage of $56 is reached. Registered nurses will receive from $62 to $74 and graduate nurses from $56 to $64.

The legislature also passed a bill permitting superintendents of state institutions to pay the maximum scale under the present system in order to meet the competition of industrial plants which had resulted in a serious shortage of hospital help. The payment of the maximum scale is expected to relieve the situation until July when the higher rates will be effective.

Masons Offer to Carry Hod for Hospital

Eleven hundred members of the Grand Lodge of New York at their 139th annual convention offered to carry hods and devote their vacation period to similar labor to aid the construction of the Masonic Sailors' and Soldiers, Memorial Hospital, Utica, following the announcement that the cost of the building was far more than originally planned and that strikes are delaying the work. The original cost was estimated at $370,000, but the figure already has advanced to $750,000.

Improve Portable X-Ray Outfit

The portable X-Ray outfit devised by Dr. W. D. Coolidge of the General Electric Company, Schenectady, N. Y., for the U. S. army and which was used extensively during the war, has been still further improved by Dr. Coolidge and it now is possible to obtain radiographic results in a home as good as those secured in a completely equipped laboratory. An ordinary incandescent light circuit supplies the necessary current and a system of controls gives remarkable uniformity. Any doctor can carry the outfit, which is packed in four units.

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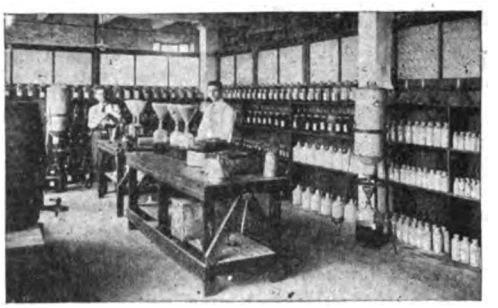

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ARISTON FLAVORING EXTRACTS test higher in purity and strength than is required by the Pure Food laws. They are made in a fully equipped laboratory by thorough and careful methods.

Only the finest quality of vanilla beans is used in making Ariston Vanilla Extract. They are chopped fine, put into barrels, where they remain in maceration for many months, to allow the alcohol to extract the essence, which becomes rich and mellow in character, with a delicate flavor. It is then drawn off and dropped through the percolators ready for bottling.

Besides Vanilla we make all flavors, including Vanilla-Tonka, Orange, Almond, Lemon, Peppermint, Wintergreen, Clover, Celery, Sassafras Nutmeg, Onion and others.

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An all paper "Burnitol" Cup.

The **Safe Way** *Is the* **Easy Way**

Every hospital should carefully and effectively dispose of sputum, which in every case, is likely at any and all times to be infected.

"To Be Certain— Burn-It-All"

Use Burnitol Sputum Cups—

The recognized standard receptacles for sputum disposal. Two popular and practical models are illustrated. SAMPLES FREE TO HOSPITALS AND NURSES.

Note Our Complete Line and Ask for Samples of Our

Sputum Cups	Disinfectants
Paper Cuspidors	Green Soap
Paper Drinking Cups	Surgical Soap
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Paper Hemorrhage Boxes	Soap Powders
Paper Handkerchiefs	Scouring Powder
Paper Napkins	Sweeping Compound
Paper Towels	FUMIGATORS
Toilet Paper	Toilet Cleansers
Deodorants	Insecticides

HERE IS A LIQUOR CRESOLIS BARGAIN
BURNITOL LIQUOR CRESOLIS

Guaranteed Standard—99.9% pure—essential in every hospital—this month at $2.25 per gallon, in barrel lots, F. O. B. Chicago. This is made by a new refining process which gives it wonderful clearness and purity, and makes a water white solution. A highly efficient compound of Cresol—a Disinfectant, Antiseptic and Deodorant, superior to carbolic acid (phenol) and bichloride of mercury. Used in surgical and obstetrical cases, and for all others where an antiseptic or disinfectant is required.

Sold upon Approval

Burnitol Manufacturing Co.

Chicago Office: 37 N. Market St.
San Francisco Office: 635 Howard St.
General Office and Factory: Everett Station, Boston, Mass.

SEE THAT THUMB HOLD?

An added convenience for the easy withdrawal of fillers.

This covered holder model in polished nickel or lacquer finish.

Fund Distributes $850,000

New York Hospital Organization Makes Annual Disbursement to Member Institutions

The United Hospital Fund recently announced the completion of distribution of $850,000 among the member hospitals, this amount being by far the largest ever handled. The hospitals to which the distribution was made and the amounts received, including the $400,000 which the Fund disbursed in February, are as follows:

Mount Sinai	$ 65,306.64
St. Luke's	63,868.79
New York	46,650.44
Presbyterian	41,638.43
Lincoln	33,790.22
Lenox Hill	31,590.43
Post-Graduate	27,318.70
Roosevelt	27,157.42
Beth Israel	15,825.72
Lebanon	15,113.77
French	12,283.39
St. Mark's	10,945.98
Flower	10,109.75
Hahnemann	7,694.91
Community	7,111.50
Sydenham	6,195.46
Volunteer	5,932.47
Knickerbocker	5,357.09
Park	1,351.20
Total General Hospitals	$425,239.87
Orthopaedic	47,174.97
Ruptured and Crippled	17,953.60
Deformities and Joint Diseases	11,168.97
New York Eye and Ear Infirmary	14,483.19
Man. Eye, Ear and Throat	12,498.43
Herman Knapp Memorial	3,314.96
Ophthalmic	2,722.86
Skin and Cancer	11,371.65
Memorial	8,461.36
Neurological	5,156.58
Total Special Hospitals	$134,306.56
Lying-In	29,527.21
Sloane Hospital	21,805.05
St. Mary's Free	21,183.54
Woman's Hospital	20,865.34
Nursery and Child's	18,181.71
Misericordia	9,041.82
Babies' Hospital	9,557.62
Manhattan Maternity	6,967.71
Jewish Maternity	6,301.52
Total Women and Children	$143,431.52
Montefiore Home	84,040.15
House of Rest	19,375.33
Home for Incurables	48,279.42
House of Holy Comforter	11,633.55
Isabella Home	9,685.48
St. Andrew's Conv't Home	3,108.62
Total Chronic Convalescents	$147,022.55
Grand Total	$850,000.00

Veterans' Hospital at Boise

The barracks at Boise, Ida., have been remodeled for use as a hospital for disabled war veterans and nurses and the first unit was put into operation April 19. The capacity of the barracks when all the buildings are available will be 280 patients.

Hospital Planned on Brewery Site

Martin Barrett, retired rancher of Dillon, Mont., has given $100,000 for the erection of a hospital building for the town and a site has been donated by the State Bank of Dillon. The land formerly was used by the Dillon Brewery.

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For the past ten years B. B. CULTURE has been producing results wherever the lactic treatment is indicated.

Let us tell you how it can be of service in your hospital.

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Arsenic and Mercury are Indispensable in the Treatment of Syphilis. We recommend

Salvarsan or Neosalvarsan

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powerful and easily administered spirochetecides, which are as efficacious as the imported products;

and

Bichloridol or Salicidol

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put up in COLLAPSULES (compressible ampules), which insure absolute accuracy of dosage with a minimum of pain after intramuscular injection.

This combination of anti-luetics has no superior in the therapeutic field. Literature upon application to

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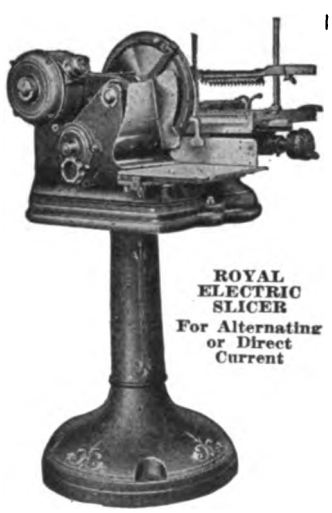

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For Alternating or Direct Current

ROYAL KITCHEN AIDS

ROYAL Electric Meat Systems—like Royal Coffee Systems, are well adapted to the requirements of Hotels, Restaurants and Institutions—large or small.

They are made in styles and sizes suitable for all requirements and have for years been used by many progressive caterers—always paying their own way through service rendered.

The Double Cutting Attachment

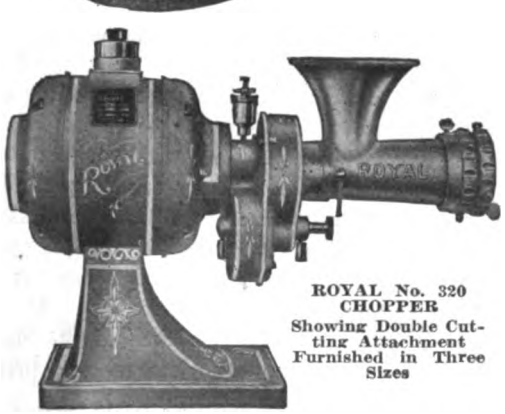
found exclusively on ROYAL Choppers is a feature well worth serious consideration. This attachment cuts the meat TWICE at one time and eliminates the second feeding necessary with other machines, which means a saving of TWO-THIRDS in chopping meats.

Royal Electric Slicing Machines

are electric slicers all the way through, designed to cut hot or cold boneless meats in from 2 to 120 slices to the inch as well as with a view to sanitation. Investigation will convince you that we have succeeded in building a slicing machine superior to anything previously offered.

ROYAL CHOPPERS AND SLICERS will show a large saving on your meat orders, and they enable you to serve it more appetizingly. DROP A CARD today and ask us all about it. Full information will be gladly sent on request and we can arrange for a demonstration if you desire.

Royal Coffee and Meat Systems will be displayed at the Hotel Men's show, week of May 10th, at the Coliseum, Chicago. Don't fail to visit us—Booths 29 and 30.



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THE QUESTION BOX

Problems in Hospital Administration
Dealt With From the Practical Side

To the Editor: Please let me know what qualifications are necessary for a young woman desirous of taking up hospital dietetics, also if there is a school where one may get special training in this work.

A TEXAS STUDENT.

The administration of a dietary department requires application of business principles, plus a thorough knowledge of foods and food service. Therefore, a young woman wishing to take up hospital dietetics should be conversant with all books and magazines dealing with foods and administration. The American Dietetic Association has arranged a bibliography of books and magazines on these subjects, copies of which may be obtained from the secretary of that organization.

There are about seventy-five hospitals in this country offering training for student dietitians; the requirements for entrance, the training given and the positions for which the graduates are fitted differ very much. It is not possible to give intelligent advice unless the education, training, experience and personality of the applicant are also considered. The chairman of the Committee on Standardization of Training of Student Dietitians will be very glad to give personal attention to this matter.

E. M. GERAGHTY.

To the Editor: Kindly give me some information regarding the cost of establishing and maintaining a hospital of fifty bed capacity.

A NORTH DAKOTA SUBSCRIBER.

The cost of establishing a hospital with a capacity of fifty beds would be approximately $200,000 on the basis of present construction costs. Before the war it was possible to build a hospital to cost around $2,500 a bed, but this is no longer possible.

Operating expenses would be about $2.50 or $3.00 a day, which would mean that the maintenance for a year would amout to about $50,000. This, of course, is allowing nothing for receipts from patients.

To the Editor: I would appreciate it very much if you would give me information regarding the use of moving picture films or slides in campaigns for funds by hospitals. Any suggestions you might offer regarding such campaigns also will be cheerfully received.

A CONNNECTICUT SUPERINTENDENT.

The use of moving pictures as a medium for publicity in drives for funds is becoming more and more common among hospitals. One of the best examples of success in this line is the Hebrew Hospital, Baltimore, which adopted the "movie" idea more than a year ago and used it effectively in campaigns for financial support and for interesting young women of the city in becoming nurses the institution. Special films dealing with various phases of the care of patients were used by this hospital to show the public the service rendered to all kinds and classes of people. A one reel picture of this nature would cost from $500 to $700, but it would have real news interest in your city that no general picture could possess. An account by Dr. H. J. Moss of the experience of the Baltimore Hebrew Hospital with moving pictures, was printed in HOSPITAL MANAGEMENT for September, 1919.

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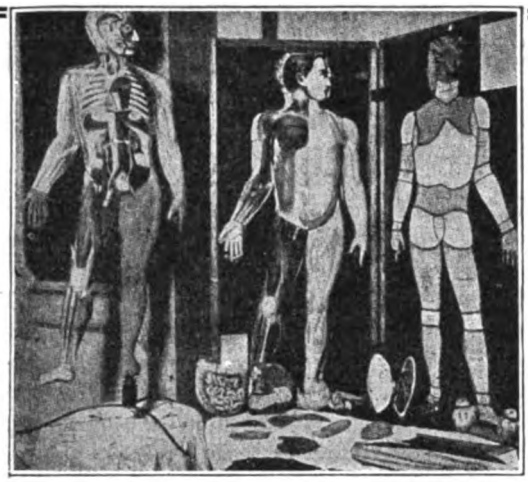

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Smith's American Manikin is indispensable to nurses' training schools and general practitioners. Height about 4 feet (mounted); light but strong; entire weight (including cabinet) is only 28 lbs. The Manikin body, as well as cabinet, made of wood, three-ply veneer, guaranteed not to warp or split. ALL DISSECTING PARTS (33 PLATES) MADE OF STEEL, THEREFORE UNBREAKABLE.

This manikin is far superior to charts for practical teaching, besides much cheaper.

Price (complete with cabinet), $45.00—(value $100.00).

Orders never booked "as a sale" before goods meet your full approval after inspection.

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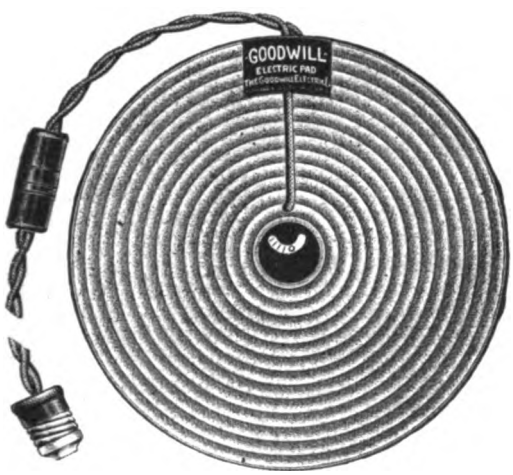

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resulting from changing hot water bottles is dangerous.

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from freshly filled hot water bottles are frequent.

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All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price $8.00.

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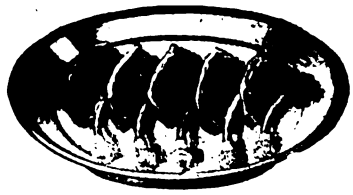
5 Cents

will serve five liberal dishes of Quaker Oats. That's the cost at this writing of a single egg.



60 Cents

is the cost at this writing of five lamb chops. A chop costs 12 times a dish of Quaker Oats.

Cost Per 1000 Calories

Quaker Oats yield 1810 calories per pound. The cost is 5½ cents per 1000 calories.

Meats, on the average, cost about 45c per 1000 calories, fish about 50c and eggs about 70c.

Yet the oat is almost the ideal food in balance and completeness. Most other foods cannot compare with it.

These are facts to spread, we argue, in these high cost days.

Quaker Oats

A superior grade flaked from queen grains only—just the rich, plump, flavory oats. We get but ten pounds from a bushel. This grade means extra flavor without extra price.

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Chicago

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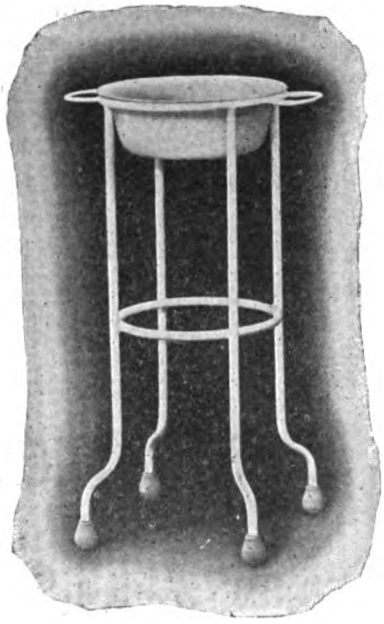

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INCORPORATED
Philadelphia

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

"A Nurses's Handbook of Obstetrics," by Joseph Brown Cooke, M. D., (J. B. Lippincott Company, Philadelphia) has been re-published in a ninth edition with many changes and additions by Carolyn E. Gray, R. N., and Philip F. Williams, M. D., who also revised a previous issue. The latest revision was made to incorporate recent progress in the general subject of obstetrics and important advances in nursing. A feature of the enlargement is the addition of a section on prenatal nursing. This book has found much favor in training schools since its first appearance in 1903 and its latest revision materially increases its usefulness. The authors treat in detail of anatomy, physiology, the phenomena and management of labor and of all other phases of obstetrical nursing.

"The Redemption of the Disabled" by Garrard Harris of the Federal Board for Vocational Training (D. Appleton & Co., New York) is the title of a book dealing with important work of vocational rehabilitation. A description is given of the movement in other countries and its development in the United States. A large part of the book is devoted to the plans and policies of the Federal Board for Vocational Education in the administration of the Vocational Rehabilitation Act of June 27, 1918.

"Milk", by Dr. Paul C. Heineman, director of the laboratories of the United States Standard Serum Company, (W. B. Saunders Company, Philadelphia), covers all phases of this subject from early history, including by-products, chemistry, bacteriology, economics of milk productions and the control of milk supplies. The text is supplemented with numerous charts, illustrations, statistical tables and indexes, making the book a valuable and comprehensive addition to the writings on milk.

Hospital Entertainment All Summer and Fall

Members of the theatrical profession composing the War Hospital Entertainment Association of New York announce that the services of this organization will be continued through the summer and fall. Since the association was formed in October 1917, benefits and performances have been given at thirty-three hospitals and camps. The organization now is booking entertainments at eight hospitals, including Aviation Hospital at Mitchell Field, U. S. Marine Hospital, Fort Slocum, Governor's Island Prison Camp, Receiving Ship, Bay Ridge, Motor Transport Service at Hoboken, Y. M. C. A. Hut at the Battery and the Rockaway Air Station.

Wipes Out Charlottesville Hospital Deficit

At a recent meeting of officers of the University of Virginia Hospital, Charlottesville, Frederick W. Scott, a Richmond banker, announced that he had learned that there would be a deficit of $11,000 for the year and that he desired to make a contribution of this amount. The donation is in memory of the late Senator Thomas S. Martin who was a patient at the hospital a short time before his death.

Hospitals Modernize Methods

The Axtell Hospital Association, Newton, Kan., has organized the Axtell Clinic for group diagnostic work and completed plans for modernizing its accounting methods. Lubbock, Tex., Sanitarium, which recently took over the West Texas Sanitarium and merged the two institutions, also has reorganized its system. Both reorganizations were made by and under the supervision of Cornelius S. Loder and associates, New York.

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All specially designed for durability, service and quick action.

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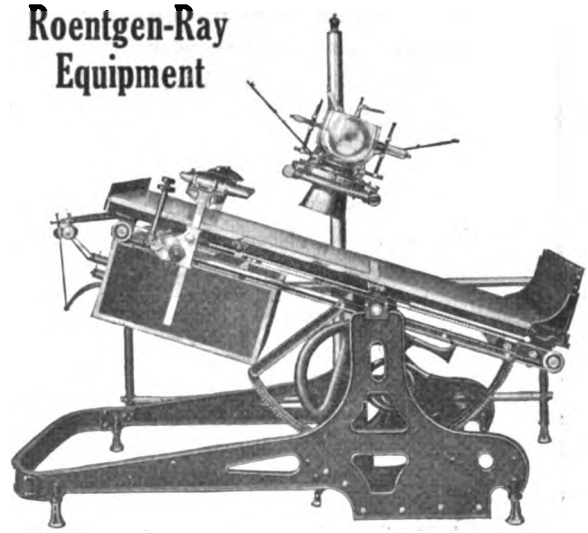

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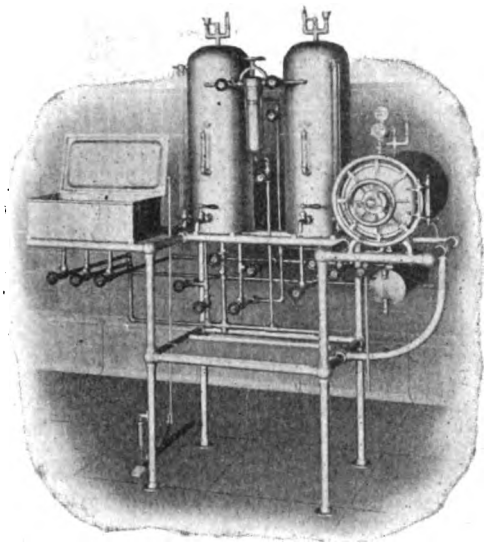

THERE'S a feeling of security that inevitably accompanies the purchase of the best, and especially is that true of hospital equipment.

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¶ The supreme satisfaction which "AMERICAN" Sterilizers and disinfectors are giving others can just as truly be had by you. You start by writing now for bulletins.

DO THIS TODAY

American Sterilizer Co.
ERIE, PA.

NEW YORK OFFICE: 47 W. 34th St.
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State Seeks Co-operation

(Continued from Page 38)

thirds of those invited were in attendance, and among others, the question of the form of annual report was brought up. It was suggested that a committee representing the hospitals be appointed to assist in drafting a uniform annual report.

The committee drafted the report form, which was forwarded to 275 hospitals of the state, and nearly 90 per cent have been returned. They are not all complete. It was not expected or intended that they should be. This report represented the maximum of information that might be given by any hospital, and, while we believe that more information than we have received should be available in many institutions, we know that all the information asked for in this report cannot be furnished by all hospitals.

We have heard some criticism of this report, of course. On the other hand, we have had numerous assurances with the return of the 1919 report that more complete reports would be rendered in the future.

Our experience with the annual report has been gone into in some detail, because I believe it is typical of the relation existing between Ohio hospitals and the state department of health. It reflects the excellent degree of co-operation accorded by the officers, committees and members of the Ohio Hospital Association, as well as hospitals generally throughout the state. It also illustrates the method by which the state department of health hopes to retain the co-operation of the hospitals. It will be our policy in the future, as it has been in the past, to consult with the representatives of hospital interests before coming to any conclusions or making any decision of consequence.

HOSPITAL BUREAU IDEA NEW

In general, the Ohio department of health recognizes an obligation to two important groups which constitute the public—that group which receives hospital care, the general public; and that group of men and women who are financially, professionally and charitably interested in the hospital.

As to what has actually been accomplished by the bureau of hospitals, there is not a great deal to be said. The idea of a hospital bureau in a state department, related more or less intimately to the whole hospital and dispensary field of a commonwealth is new—our work has been in actual progress much less than a year. With no precedent to guide, organization of the work has naturally been a slow process. We undertook first what appeared to be the logical initial step, that of registration of hospitals. Before even that could be attempted it was necessary to compile a mailing list of the institutions in operation. Here we had recourse to published directories and the list of hospitals represented in the Ohio Association as a basis, but these we found did not cover the field thoroughly on one hand and on the other carried the names of many insitutions now out of existence. We have listed the names of 368 institutions, 83 of which proved not to be hospitals in operation. Of the 285 left 253 have registered, leaving 32 unregistered. Some of the institutions not registered may not be hospitals. There are still many very small institutions no doubt which do not appear on our list, and so are not registered. The estimated bed capacity of the hospitals listed

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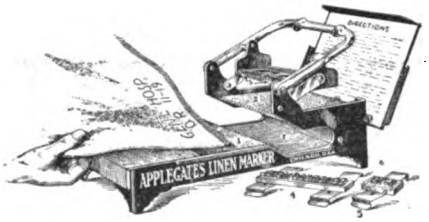

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The Cloth with a Hundred Uses

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with the ammonia "locked in" offers advantages found in no other soda. It is especially adapted to hospital work.

Modified soda is a detergent.
Ammonia is a detergent.
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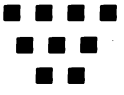
In Blue Label Prosperity
Soda you get a double detergent and a perfect disinfectant.

If you are not using it, write to the general distributors.



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The House of Prosperity

ALL LAUNDRY SUPPLIES

is 32,700. The reported bed capacity of the registered hospitals is 31,800, or 97 per cent of the total listed. This includes the State and Federal institutions, which register 16,725 beds, 51 per cent of the total. The remaining 16,000 may be considered the number of hospital beds available for the general public. Of these, 3,000 are in institutions for special purposes, such as tuberculosis, maternity cases, mental and nervous sanatoriums. This leaves approximately 13,000 beds available in Ohio for general acute cases. This is a rate of 2.4 beds per 1,000 population. New York City and Boston surveys report 5 beds per 1,000. The survey being conducted in Cleveland estimates their rate to be 3.5 per 1,000 population. This comparison reveals the extent of the shortage of hospital beds for general purposes in the state. This can be granted without claiming that the state rate of beds per population should equal a city rate. One of the outstanding shortages in beds for special purposes is for the care of tuberculosis. There are about 1,500 beds devoted to this purpose, while four times that number might soon be occupied.

We have not attempted as yet formally to define the term "hospital" for the purpose of the present legislation. This is deemed inadvisable until a thorough study of the question is made. If a question of whether an institution is or is not a hospital arises, we take recourse in the generally accepted legal definition, which states that a hospital is an "institution for the reception and care of sick, wounded, aged, or infirm persons."

As yet we have been unable to make any tabulation from data we have obtained, save one of hospital cost per patient per day, which was prepared as a basis for an appeal by the Ohio Hospital Association executive committee to the state industrial commission for a higher rate to be paid hospitals by that commission. The average cost of hospital service, as shown by this report, is $3.94 per patient per day. This is the most practical piece of work we have done to date, and it illustrates at least one way in which the bureau of hospitals can be of service to institutions.

We have recently collected and abstracted the present laws of the state as they relate to hospitals and copies of this abstract have been furnished the legislative committee of the Ohio Association. In these and many other ways the bureau of hospitals will be able to serve hospitals as a legitimate part of its duties.

In closing I would like to say that if there is any outstanding feature to be observed, it is the excellent cooperation afforded us by the hospitals. The fact that 90 per cent of the hospitals returned their annual reports was a deep source of gratification.

Establishes Memorial Hospital at Denison

Mrs. F. C. Whistler, Hillsboro, O., has donated $25,000 for a hospital for Denison University students at Granville, O. It will be known as the Whistler Memorial Hospital in memory of Mrs. Whistler's daughter, Helen, who died while studying at Denison.

Resthaven Sanitarium Damaged by Fire

The buildings of the Resthaven Sanitarium, Elgin, Ill. were damaged by fire to the extent of $10,000.

Maine General Gets Bequest

The Maine General Hospital, Portland, has been bequeathed $3,000 by the will of Caroline E. Porter.

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In 3 Forms

To Meet Various Requirements

No. 1 With Sodium Chloride 2% for General Use in Infant Diets.

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The "Continental Special" is a platform scale of the highest quality; absolutely accurate, with inlaid cork platform and special lever check attachment preventing the levers from becoming disengaged when the scale is moved. Full length nickel plated measuring rod. 300 lbs. capacity. No loose weights.

Ask your dealer or write direct for descriptive booklet regarding the "Continental Special" and other exclusive hospital scales.

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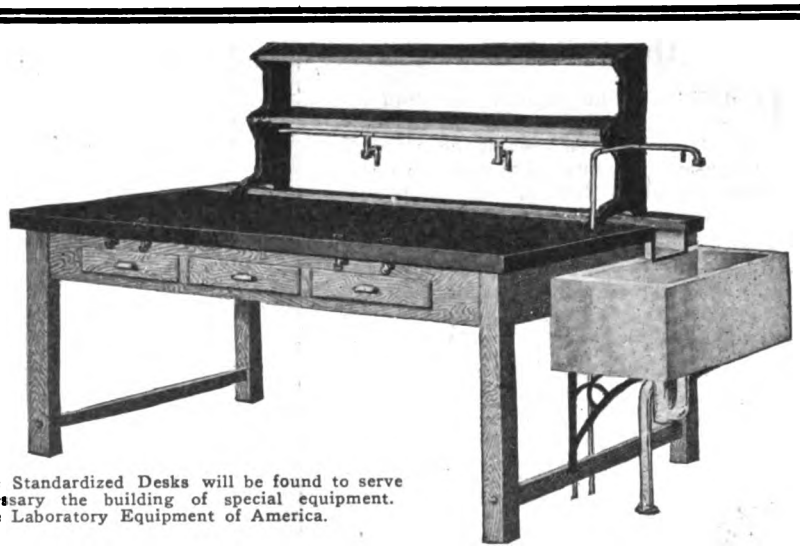
Special Laboratory Equipment Often is Unnecessary



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Kewaunee Laboratory Furniture

The correct manufacture of modern laboratory furniture requires an exactness and special attention to detail that cannot be performed by untrained or inexperienced workmen. Our years of experience devoted exclusively to the production of laboratory furniture, our complete factory equipment of modern cabinet-making machinery, with skilled cabinet-makers trained in this special work, our extensive floor space and vast dry-kiln and tempering-room capacity, enable us to extend intelligent service and to supply laboratory furniture of the very best type of construction, of quality and of adaptability.

Blue prints, showing locations of floor connections, will be sent on request to prospective customers. We will make drawings gratis, upon receipt of specifications.

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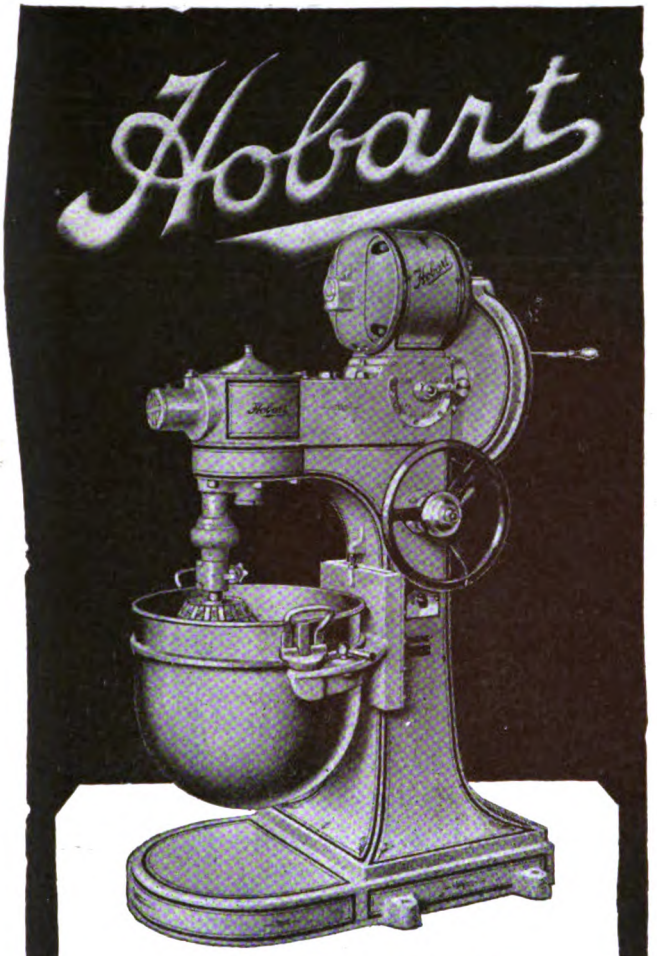
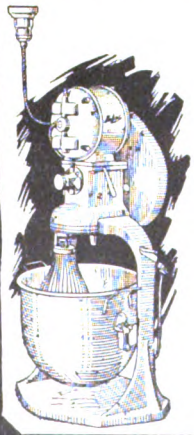


Wonder Workers in the Kitchen

HUNDREDS of hospitals are making remarkable savings with the "Hobart Electric Workers," which do all mixing, whipping, heating and other kitchen drudgery, enabling them to use their high priced help for more important things.

In many cases they are actually taking the place of one or more assistants, effecting an appreciable saving in overhead expense. And because they mix, beat and whip so thoroughly, volume is greatly increased.

Attachments for chopping, grinding, grating, crumbing, slicing, straining, sifting, etc. Successfully used in making mayonnaise and all kinds of salad dressings.



The **Hobart Large Mixer** is for large hospitals.

The **Kitchen Aid**—doing the same things as the large machine, on a smaller scale—is used as a complete power unit in small kitchens, and as helpful auxiliary equipment in larger ones.

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Laboratory For Paducah, Ky.

Increasing appreciation of the necessity for adequate laboratory service for hospitals and the medical profession generally in the smaller cities is indicated by the recent opening in Paducah, Ky., of a branch of the Gradwohl Laboratories, of Chicago. The branch was established by Dr. Gradwohl at the direct invitation of the local medical society, and is fully equipped to render complete service. It is in charge of Dr. A. H. Shemwell, with assistant technichans. Dr. Gradwohl will shortly establish a similar branch laboratory in Bloomington, Ill.

$1,000,000 To New Haven Hospital

A gift of $1,000,000 to the New Haven General Hospital is announced by the General Education Board of New York, one of the Rockfeller benevolences, the fund to be used to develop the institution through the medical school of Yale University.

Has $200,000 Oversubscription

An oversubscription of $200,000 was raised recently for the Hackensack Hospital which obtained $700,000 for a new building when $500,000 had been set as the goal of the drive.

K. of C. To Have Hospital

The Knights of Columbus of New York State are planning to establish a hospital at Gabriel's, costing $1,500,000.

Milwaukee Hospital Completes Drive

The Children's Hospital of Milwaukee successfully completed its recent drive for $350,000.

Oil Company Plans Hospital

The Union Oil Company is erecting a building at Orcutt, Calif., to be used as a hospital for its employes.

The Drowning Season is Here

They look to you, DOCTOR, to conduct the work of resuscitation in every emergency.

Lungmotors available in your community, at your beaches, swimming pools, etc., may mean the saving of lives otherwise lost.

LET US SEND YOU SPECIAL LITERATURE ON WHY THE LUNGMOTOR IS SO SUCCESSFUL IN APPARENT DROWNING, SO THAT YOU MAY TELL THOSE WHO SHOULD HAVE THE PROTECTION, ABOUT IT.

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Over 7000 Lungmotors in use by U. S. Government — Hospitals—Beaches—Industries—Cities—Camps.

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The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

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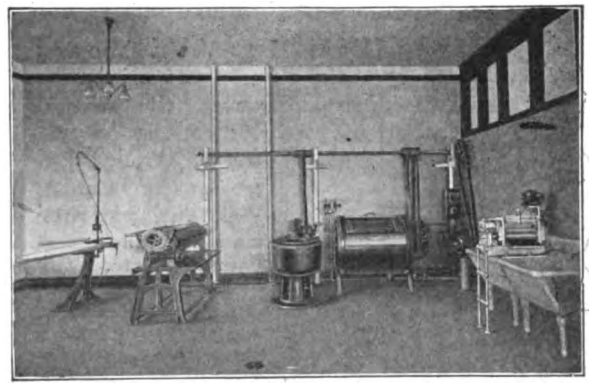
Boston, Mass.



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Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

American Ironing Machine Co.

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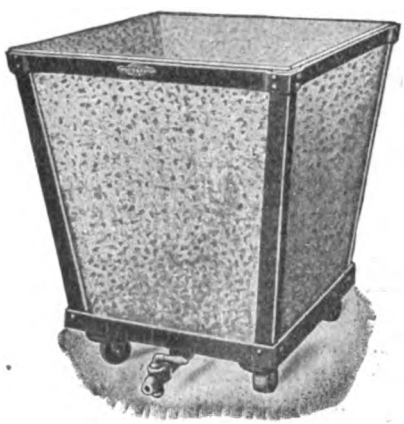
170 N. Michigan Ave., Chicago

The Sanitary Wash Room Truck

FOR THE LAUNDRY DEPARTMENT



Inside Measurements:
Size at top . . . . 25x25 inches
Size at bottom . . 19x19 inches
Depth of vat to false bottom, 25 inches

Is known by the trade everywhere for its durability and everlasting service

The Sanitary Wash Room Truck is designed for holding the garments in taking them from the washer to the extractor.

In case your extractor should be in use, the truck can remain standing and used as a receptacle for holding the garments.

The garments are allowed to drain freely, due to a false bottom arrangement on the inside.

Notice the draw-off cock at the bottom for drawing off all drainage.

The galvanized vat or tank is separate from the steel frame and can be removed when necessary for cleaning. This truck is thoroughly sanitary and practically indestructible.

NOTICE this added improvement—Every truck is equipped with our new **anti-friction, roller bearing, swivel, thread guard casters.**

Price of Truck Complete $30.00

LET US HANDLE YOUR SUPPLY PROBLEMS

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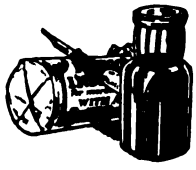

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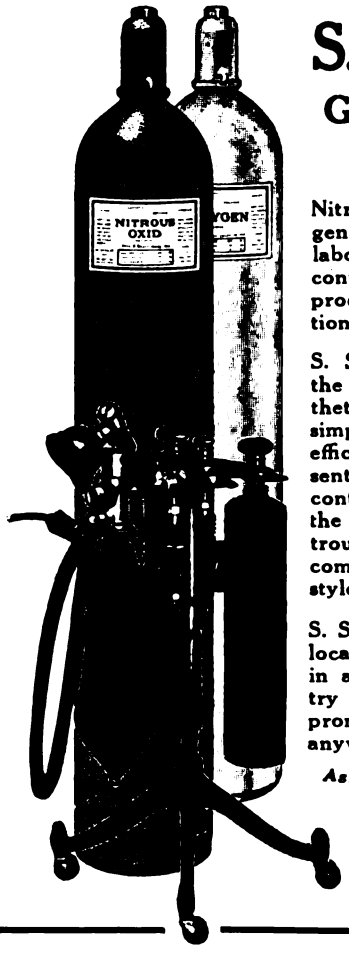

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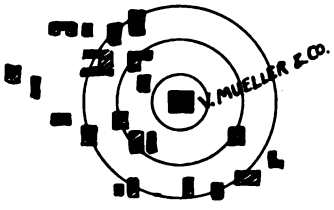

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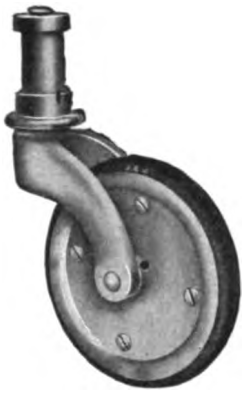

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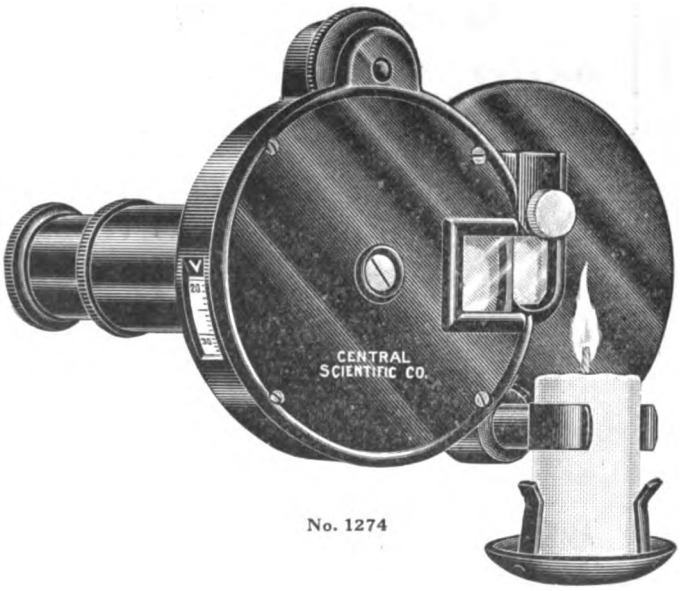

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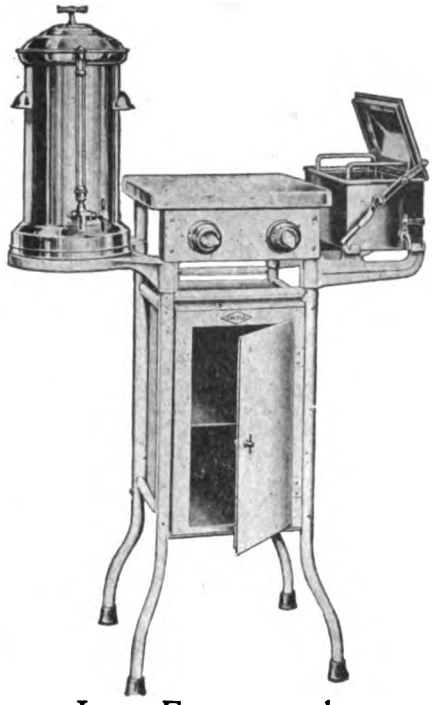

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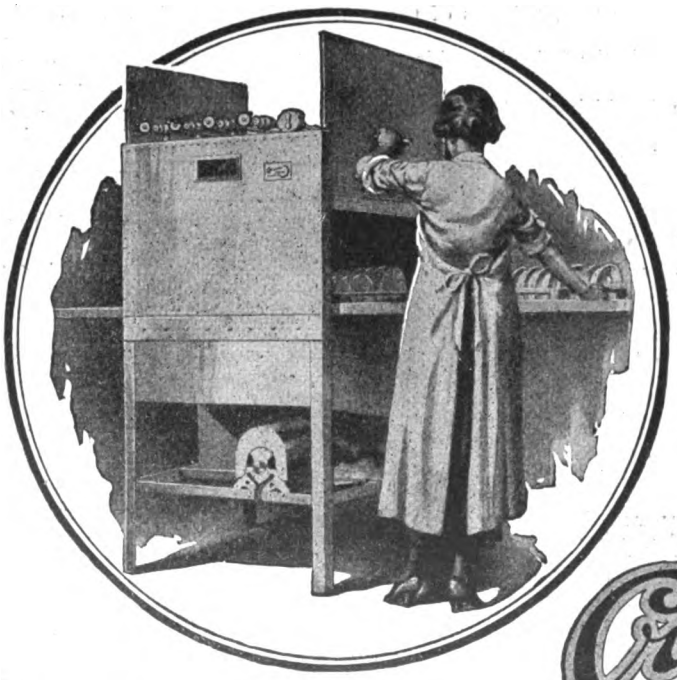

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