



MARY AGNES SNIVELY

LADY SUPERINTENDENT, TORONTO GENERAL HOSPITAL

p. 7

# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. I.

TORONTO, MARCH, 1905.

No. 1

## THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

When we remember that the graduates of the Toronto General Hospital Training School for Nurses now number over four hundred, it seems difficult to realize that less than a quarter of a century has elapsed since any organized system of training existed in connection with the largest hospital in Canada.

The nurses employed in this institution were women of the type found in hospitals on both sides of the Atlantic prior to the establishment of nursing schools.

Educational qualifications not being considered essential in those who looked after the sick, most of the nurses were illiterate, and if tradition is to be relied upon, intemperate as well, to say nothing of the impression that prevailed amongst these strong-minded women as a class, that to be a good nurse always implied that one must be a strict disciplinarian. As a remuneration for her services, each nurse received nine dollars per month, together with her board, lodging and a daily allowance of beer.

They occupied bed-rooms opening into the wards of which they had charge, and each nurse carried her knife, fork and spoon in her pocket. Later, when the allowance of beer was cancelled, and tea substituted as a beverage, they were given an additional dollar monthly, as a compensation for the loss of the beer.

But salutary changes had been introduced into Bellevue Hospital, New York, eight years previously, and also into the Massachusetts General, Boston, and had been attended with such marked improvements in hospital nursing that the authorities finally decided to organize a school for nurses in connection with the General Hospital, Toronto.

It will readily be understood that much tact and consideration was required in dealing with those who had heretofore considered that nursing was their own especial province, and would doubtless be disposed to regard any radical change in this department with disfavor.

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But the spirit of reform was abroad, and consequently in April, 1881, the entire nursing staff, which consisted of seventeen nurses then on duty in the hospital, were invited to be present at a meeting held in the hospital amphitheatre for the purpose of hearing the question fully discussed. Several addresses were delivered, in which the nurses were told that a training school was to be organized. Then all present were offered the privilege of being enrolled as nurses in training, on the following conditions: They were expected to agree to remain two full years in the hospital, and at the expiration of that time, pass an oral examination before a board of examiners. Those who fulfilled these conditions were promised a certificate of qualification in nursing, signed by the authorities and by the examiners, and also a silver badge.

So far as any record exists of this memorable day which inaugurated the beginning of trained nursing in the Dominion of Canada in connection with this hospital, only five of those present agreed to accept the conditions offered. It is true that during the intervening time, many additions were made to this number, but at the expiration of two years, viz., in 1883, only five nurses were presented with the much-coveted and hard-earned certificate and badge, granted by the authorities.

The uniform at this time consisted of a dress of washing material for morning wear, made "Princess" style, with a long train, and for afternoon wear, a gray serge with a bow of blue ribbon at the throat. Under the most favorable circumstances the progress of reform is slow. It is not surprising, therefore, that though improvements marked each succeeding year, this infant training school, subject as it was to adverse winds in the shape of repeated changes of its chief officer, or superintendent, and a somewhat impoverished exchequer, should have experienced many difficulties.

The first superintendent was an English lady, Miss Harriet Goldie, who had already been matron of the hospital for about six years. Her health failing nearly two years later, her assistant, Mrs. Fulford (nee Starry), a graduate of an English hospital, was appointed to the position, and remained for about six months, to be followed in March, 1884, by Miss Lucy V. Pickett, a graduate of the Massachusetts General Hospital, Boston, Mass. Miss Pickett resigned in October of the same year, having held the position only eight months.

At this period the nurses occupied rooms situated in various parts of the hospital. They slept on straw beds without springs. Their dining-room was in the basement of the hospital, opposite the engine-room, and they not only served the meals in the wards; but washed the dishes as well. In addition to an afternoon off duty each week, the nurses were also allowed one-half

of each alternate Sabbath. There were twenty-seven nurses in training and seven graduate nurses in charge of wards.

About this time a large parlor was furnished for their use, but the furnishing did not include the piano, which was a rented one; each nurse being expected to contribute a small sum monthly for the purpose of defraying this expense.

On December 1st, 1884, the present superintendent, a Canadian, who two years previously had entered Bellevue Hospital, New York, for the express purpose of fitting herself for a hospital position in her native land, began her work.

MARY AGNES SNIVELY.

(To be continued.)

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### THE NURSE AND THE PUBLIC.

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Trained nurses are regarded by the public with very mixed feelings. As a class their position, and the good they do in the hospital is now unquestioned, although individuals may be prejudiced against some particular nurse and her ways. But outside the hospital the trained nurse is still regarded as a not altogether unmixed blessing, and the public will need several more years of education—in which, perhaps, proper legislation by which the standard requirements for members of the profession will be more precisely defined, will be of no little assistance—before they can be brought to thoroughly appreciate her position or the relative value of the services of the trained nurse, and those of the untrained attendant and the well-meaning, enthusiastic, but untaught amateur. But meanwhile there is much that every individual graduate can do in a quiet way to influence the tide of public opinion. Nor would it be reasonable for us to look upon legal registration or other legislative enactments as a panacea for the present unsatisfactory condition of affairs, for always, as now, it will largely rest with ourselves what status we and our work are to hold in the eyes of the public at large. The trained nurse, then, should teach those with whom she is brought into contact to expect of her the same high order of services, though of a different nature, that is demanded of the physician; and her instruction must take the form not of words, but of thorough work, and the most exemplary personal conduct. She should practically demonstrate to them that apart from the fact that trained skill may be the means of saving life when a cheap and incompetent attendant might fail through inexperience, the acceptance of her services, even when the

highest fees are demanded, constitute a real economy, because where there is intelligent and efficient nursing, many visits of the physician which would otherwise be necessary, can be dispensed with; while, at the same time, far greater comfort to the patient is ensured, and his recovery is rendered much more rapid with the result that the expenses of illness are curtailed. Only after a long series of such results can the public ever be expected to appreciate the fact that what is the best is always the cheapest in the long run. As an educator in the laws of health and right living the nurse is gradually assuming her proper place, so that people are beginning to rely upon her co-operation to aid in preventing the spread of contagious disease by her timely precautions in places where she discovers its existence. By the way in which she does her work in the house in which sickness is present she can teach the principles of home nursing, and certain of the laws of health as regards proper clothing, the best methods of preparing food most suitable to the various conditions existing in health and disease, how to recognize certain adulterations of the more common articles of diet, how to guard against infectious disease, and how to meet emergencies. As a profession, as times goes, we shall more and more be called upon to arrange organized nursing forces with which to aid in meeting any great public calamity or violent epidemic of disease; while, at the same time, each individual nurse is expected to do her share on all occasions where her presence is required, even at any risk to her life.

Such are some of the responsibilities towards the public which every graduate takes upon herself—responsibilities which call for a special fitness to be supplemented by a special training. And after years of toil, after nurses as individuals, and as a united profession have shown themselves to be necessary for the public welfare, it will most assuredly come about that more and more people will come to the conclusion that capability in nursing does not come by chance, and that a natural liking must be supplemented by education and practical training; they will gradually appreciate the fact that a trained nurse has spent time, money and much physical effort in acquiring her education, that the mental and physical strain of the work are more arduous than perhaps any other kind of work done by women, and, therefore, that this expenditure deserves suitable recognition at their hands. The friends of the sick will understand that she nurses a succession of patients, not only one in a lifetime, and that if she exhausts all her latent energies on their dear one by devoting herself day and night to caring for him without proper rest, food and exercise, she will be in no possible condition to go on to some other sufferer, and do equally well; and that if she makes the attempt too often she finally ends in breaking down physically so as to be obliged to discontinue her

work, so that the public loses the services of a valuable public servant through its own selfishness and thoughtlessness in over-taxing her. Moreover, as time goes on those who were ever ready to criticize her efforts and to treat her as an interloper, will gradually learn that the world is better and happier from her presence, and that absolute perfection and flawless work should not be demanded at all times from nurses while they remain mere human beings. On the other hand, those friends whose appreciation has often been shown by a not always wise enthusiasm may come to appreciate the fact that the best of us are liable to have our heads turned by too much adulation. Nor will her name always be associated with sickness only, for in a majority of the movements for the betterment of the masses the training of the nurse will fit her to take a useful share.

It is only by utilizing all the means at our disposal and by a steady application, which is ever seeking to add to our known resources others which are gradually being developed, above all it is only by doing our work for the work's sake, that we can hope to obtain the best and the most far-reaching results, and cause our chosen profession to stand out as a beacon, ever kept bright by the light of our choicest personal endeavors which will cause it to shine with a penetrating and attractive light, towards which all, who, when in physical and mental suffering, need to be ministered unto, may turn with the full assurance that they will not do so in vain.

ISABEL HAMPTON-ROBB.

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### PRACTICAL POINTS IN EMERGENCY NURSING.

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Presence of mind, good judgment, promptness of action and the ability to make use of the material at hand are essential qualities in the treatment and nursing of emergency cases. Tanner says, never to wait for a remedy, however perfect, if an imperfect one is at hand. That is best which is readiest, the grand rule being to lose no time.

Every case presents its individual points; to see at a glance what is required, to place the patient in the position of greatest ease, to handle with skill and care, to speak in an assuring manner, and to anticipate the wants of the surgeon or physician, is a large part of the routine work in an Emergency Hospital.

The ambulance comes to the door, the stretcher is brought in with a man lying on it unconscious, livid in color, a slow pulse, heavy breathing and a strong odor of alcohol. The orderly summons the House Surgeon, the nurse places the stomach tube

in a basin of warm boracic solution, has an empty basin, a jar of sterilized vaseline, a pitcher of warm water, and a couple of clean towels in readiness at once. Before removing him from the ambulance stretcher the patient's stomach is thoroughly washed out. If he is still unconscious he is put in bed, turned on his side—*never leave an unconscious patient alone lying on his back*—well covered with blankets and is allowed to sleep it off; when he will go on his way "to return again some other day."

Unconsciousness may be produced by something more difficult to deal with than alcohol, say carbolic acid, opium, gas poisoning, etc. The stomach pump, whiskey, the hypodermic syringe, strychnia, atropine, a pitcher of saline and a rectal tube are again in readiness. If it be a gas poisoning, a bed is prepared in front of an open window and the air allowed to blow directly upon the patient; care being taken to close the window when a sweat comes on.

There is a hurried ring at the door, a man comes in with a white and frightened face, and says, "Oh, I have killed myself, I have just taken a dose of iodine by mistake!" The word iodine is no sooner mentioned than the nurse mixes a tablespoonful of corn starch in cold water, fills up the glass and tells him to drink that down, and he will be all right; and he likely will be, after his stomach has been well lavaged.

A burnt hand is plunged into boracic solution 1-40, the patient told to sit down and keep it there until the "fire" is out of it, the solution being kept cold in the meantime. With a badly burned foot and leg the patient is put at once to bed, the clothing on the injured side ripped up, some yards of sterilized lint wrung out of boracic solution and wrapped around the burned part; this is covered with oiled muslin. The foot and leg is slung in a cradle, by means of a many-tailed bandage, and cold boracic poured in about the part every fifteen or twenty minutes until the pain has ceased. For a burn of a large area the patient is put immediately to bed, the clothing cut off and the dressing applied as quickly as possible, namely, wet boracic to the extremities, and a greasy dressing to the trunk and face. A burn from a strong acid is covered with a wet dressing of a saturated solution of soda bicarbonate, whereas a burn from an alkali, such as liquor ammonia fort, caustic potash or soda, is treated with vinegar and water.

When an artery is cut, and has been dressed with a dirty handkerchief covering the wound, and a string tied around the limb, the nurse first applies the tourniquet, then cuts the string, removes the handkerchief and wraps the wound in a warm bichloric towel, while basins and tables are got in readiness for the further dressing.

For a mangled foot or hand, or a limb that has come in con-

tact with the deadly "planer," the patient is lifted off the stretcher on the long dressing table, the clothing cut well away from the injured part, the regular tourniquet replacing the one of rope or strap, a large white rubber sheet is placed *under* the injured limb and *over* the well one. The assistant nurse gets out the anesthetic tray, places in position the tables, basins, the instruments hurriedly sterilized by means of pure carbolic and hot sterile water, basins of warm solution with scrub brush and green soap and gasoline to cleanse the part. While the staff surgeon and first house surgeon are scrubbing up and getting into sterile gowns, the assistant house surgeon begins the anesthetic, the head nurse commences the cleaning of the limb, gently, with downward strokes of the brush, soft sponge and warm solution. A warm blanket covered with a sterile sheet is thrown over the body of the patient. Plenty of dry and wet sterile towels are on hand, and in almost less time than it takes to tell the limb is ready for amputation, if necessary. There is no such luxury as a *first, second and third* nurse in an emergency dressing room. One nurse has frequently to manage a major operation. She succeeds by prompt watchfulness in keeping instruments, sponges and solutions at the surgeon's right hand, and anticipating what is to be required, or, in other words, *keeps one step ahead of the surgeon, and not one step behind him.*

An emergency nurse must be an expert bandager. She must know how to pad a splint neatly and evenly, and how to apply the same; to apply a "scotch-sheet" for a fractured femur and fit it like a glove; to make pressure for venous and arterial hemorrhage with a knotted or figure of eight bandage; to make pressure and give support in sprains and contusions; and to apply the bandage always so that it will give the greatest comfort and stay on for days or weeks if necessary.

Emergency work is a broad subject. A volume could be written upon it. A few years spent in a hospital devoted exclusively to first aid, and where hundreds of cases pass through the dressing room every month, will give an all round and a liberal education.

ELIZABETH CAMPBELL GORDON.

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JOY in one's work is the consummate tool without which the work may be done indeed, but without which the work will always be done slowly, clumsily, and without its finest perfectness.—*Phillips Brooks.*



## THE MEANING AND BENEFITS OF STATE REGISTRATION.

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The subject of State Registration for Nurses has been discussed much of late by those prominent in the nursing world. In Great Britain and Ireland it is a burning question. In the United States they have succeeded in having bills passed in several States; and in a number more they hope to record a victory within the next few months. In South Africa legal recognition was given to nurses in 1891. In 1901 a good bill was passed in New Zealand.

It is, we think, high time that the nurses of Canada began seriously to consider this most important subject. In nothing that concerns the best interests of our calling would we lag behind our sisters of other lands.

For a long time there has been a growing feeling that something should be done to mark the difference between properly trained nurses, and those who are only partially or very indifferently trained. By a properly trained nurse is meant one who has had good practical experience in a hospital which undertakes the care of medical, surgical, gynecological and obstetrical cases. Besides the constant nursing of these cases, with daily bedside instruction, there must be lectures on these and other subjects by physicians who are considered authorities. Much private study must also be given to the manuals written for nurses on anatomy, physiology, hygiene, materia medica, dietetics and the science of nursing. The nurse must be thoroughly up in the manner of preparing patients for operation, and also understand how to wait on the surgeon during operations.

For this mass of work the study, the lectures, the diet kitchen, the operative technique, and last, but by no means least (in fact, first in importance), the daily nursing in the hospital wards; certainly no less than two years are required. Many of the best schools now say three. The holidays are so short that this means about thirty-three months of constant and very arduous work, which equals four years of university work in time and in stress.

Now, contrast with this the training given in some so-called schools of nursing, where the whole course (one year) might be taken, and a certificate granted, to a girl who had never seen the inside of a hospital, or had anything to do with a serious case of sickness. The instruction is all given by correspondence; at the end of a year certain questions are written, and if properly answered (and a good sum of money paid to this "nursing school") a certificate is granted, and this girl is turned out a "trained nurse."

Let us imagine for a moment a girl of eighteen on one of our Ontario farms, with little experience of life, and none at all of sickness. She pays her money to some person in the State of New York, receives these instructive letters, studies them carefully, and so is prepared to answer the written questions sent her at the end of the year. Suppose her perfectly honest, and with all the knowledge contained in the letters. The certificate comes, and she starts out to care for a very sick typhoid patient. Think of her trying to give a sponge bath, never having seen one given—a hypodermic, an enema, a catheterization. Indeed one cannot think of her doing any skilled nursing at all.

There are also the hospitals which are devoted to one class of patients, where a good general training cannot be obtained, or very small general hospitals. I have known one of thirteen beds which granted certificates to nurses. Where the cases are so few the nurse's experience must be limited.

In these two kinds of hospitals the authorities usually find great difficulty in getting good nurses, unless they are willing to pay fairly well for them. So a training school is instituted, and a certificate offered as an inducement, and in this way they get their nursing done cheaply.

Then there is the woman who has been in a good school for part of a course, and has perhaps been dismissed for misconduct. She dresses herself in correct gown, apron and cap, and in this way imposes herself on the uninformed public as a trained nurse. I have quite often been told, "Oh, yes, she is a trained nurse, she wears the uniform."

Now, have I made out my case at all? Is it fair that these "nurses" should bear the same name, have the same serious work entrusted to their care and reap the same reward?

It is unjust to the public, who, when engaging a trained nurse, has a right to expect her to be able to meet all the nursing emergencies of serious illness. The patient and her friends can readily tell if a nurse is acceptable in her manner; but cannot as easily judge if her knowledge and skill fit her for the trust reposed in her.

It is unjust to the properly trained nurse, because she has given so much time, so much study, and so much hard labor to acquire her knowledge.

It is unjust to those wishing to qualify as nurses, for they are often deceived into believing the easier and shorter training is all that is necessary to fit them for their life work.

CHARLOTTE EASTWOOD.

(To be continued.)

# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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VOL. I.

TORONTO, MARCH, 1905.

NO. 1

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## Editorial.

### FOREWORD

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THE CANADIAN NURSE will be devoted to the interests of the nursing profession in Canada. It is the hope of its founders that this magazine may aid in uniting and uplifting the profession and in keeping alive that *esprit de corps* and desire to grow better and wiser in work and life which should always remain to us a daily ideal.

For the protection of the public and for the improvement of the profession THE CANADIAN NURSE will advocate legislation to enable properly qualified nurses to be registered by law.

The policy of the magazine will be directed by the committee on publication, and the business department will be conducted on business principles. The Editors will be glad to receive manuscripts, and those accepted will be paid for on publication.

THE ONTARIO GRADUATE NURSES ASSOCIATION.

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The objects of this Society are to promote the welfare and uphold the honor of the nursing profession for the benefit of the nurses and the public whom they serve.

The first step in this direction is the establishment of a standard of education, fitness, and ability, and through legislation, the maintenance of such a standard, and all nurses who wish to promote the dignity and usefulness of their profession should hasten to help forward the attempt to secure legislation. The Registration Bill should secure, as far as possible, thorough training and professional ability among registered nurses. Is it reasonable to expect a nurse graduating from a hospital where a limited training is given (for instance, a hospital devoted entirely to infectious or contagious diseases), to be able to do general surgical or medical work? Is it right that graduates from such hospitals should stand on exactly the same basis as those who have given two or three years' of hard work and study to obtain their professional standing? Is it fair to the public who have no means of discriminating between ability and incompetence? Graduates from hospitals which handle specialties only should have, at least, one year's training in a general hospital, and have the equivalent of a High School education to qualify for registration. Legislation will not affect any person nursing the sick who does not assume to be a trained or registered nurse.

The Association meets early in April, and the draft constitution calls for considerable amendment:

1. The name.—Would not this be improved by changing to "The Ontario Association of Graduate Nurses?"

2. Graduates from recognized hospitals should have equal rights, as regards eligibility for membership and offices.

3. The Board of Directors, or Executive Committee, should be increased by adding an Advisory Board of, at least, five members to the present number of officers. There should also be a Nominating Committee. These are a few changes which should be made in revising our constitution. We hope to see the high status of nursing in Ontario greatly improved, and the work is only just begun when legislation is obtained.

### THE CENTRAL REGISTRY.

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The trained nurse of Toronto has long felt the need of a Central Registry. Physicians have also felt this need, and recently asked that a representative from each hospital Training School in the city be present at a meeting of the medical profession, in their new library, 9 Queen's Park. This meeting was held on January 18th, and the Training Schools then represented were St. Michael's, Grace Hospital, the Sick Children's Hospital and the Toronto General Hospital.

After showing the representatives through the beautiful library, the meeting was called to order, and the chairman stated briefly the object of the meeting, and said that they would give the use of a room, light, etc., also the use of the large room for alumnae meetings, and they would make use of the Registry entirely. The conditions are that the nurses should be responsible for the registrar and telephone. The representatives saw at once the importance of this offer, and the necessity for immediate action. Should we be able to carry this offer into effect it will bring all qualified nurses in the city into closer contact with the medical profession, and simplify matters, making a very easy system. It is inconvenient for a doctor to be obliged to call up different homes to find the nurse he particularly wants. To have one Central Registry for all qualified nurses would lessen the difficulty. It need not interfere with the nurses' registries already in operation, as, no doubt, some doctors may prefer to use them.

The Central Registry, if supported by two hundred nurses, would be able to pay the salary of the registrar and the telephone, and if the members should exceed two hundred, the proceeds would go into a general fund. Prospects of club rooms where the nurse could spend a social hour rise up pleasantly before us. Co-operation means much to the profession. Nurses of the various training schools being brought together, exchange ideas, find higher aims and acquire true culture of mind and heart. This step would, no doubt, advance state registration and legislation.

When this Registry is in working order, and we trust it may be soon, it will be our duty to register at once, thus showing our appreciation of this opportunity and all it means.

## Correspondence.

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### LETTER FROM WINNIPEG.

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FEBRUARY 6TH, 1905.

In Winnipeg (which now has a population of 97,500), we have a registry in connection with the College of Physicians and Surgeons of Manitoba, and their librarian is also our registrar. The office is in connection with the Medical Library, and is situated in the central part of the business district, and was really started by the physicians, who found it very inconvenient to call up so many telephone numbers. All the doctor has to do now is to call up the Medical Library. Miss Stewart, the registrar, finds a nurse, and sends her out to the case, or asks the nurse to call up the doctor, as may be required. Each nurse goes out in turn, unless a special request is made for a particular nurse. This method simplifies matters immensely. Nurses may have rooms in any part of the city, and even if the house they are in has no telephone, a messenger boy is always despatched in that case by Miss Stewart.

The roll gives 110 fully graduated nurses on the list. The charges are \$4 a year for registration. There are also a few nurses who are trained in obstetrics or massage only. The nurses' prices are all the same, \$18 per week for ordinary cases, and \$21 for infectious cases.

During the past fall and winter Winnipeg has suffered from a severe epidemic of typhoid, and we have not been able to obtain sufficient nurses to attend the calls, so that the doctors, unfortunately, added an "untrained" nurses' list to the registry.

The social side of the registry is the Trained Nurses' Association, which meets once a month to listen to a lecture by one of the physicians on current topics of medicine, and last year we started a Sick Benefit Fund in connection with the Association and were enabled to assist our nurses.

Any graduate who thinks of coming to Winnipeg, should first write to Miss Stewart, Medical Library, McDermott Street, Winnipeg, or when in the city call at the office before looking for suitable rooms, as Miss Stewart usually has all the lists, and much valuable information at hand, and is ready to do all in her power for newcomers.

An interesting feature of the present typhoid epidemic is its relation to the old Red River fever, so-called by the older settlers. The old proverb runs, "once taste the Red River, and you'll never leave it," that is, new settlers invariably had Red River fever, and providing they recovered they always remained true settlers; that is, if they did "pull up stakes" and go,

they usually returned in a few years' time. The West has a fascination for the young which never leaves the older they grow.

Another curious feature is that the epidemic has been more severe amongst the better class of houses in the South End, and finally, it was remembered that in the 70's the settlers established a "Pest House" for the Red River fever victims near the banks of the Assiniboine River, which joins the Red at the south end of the city, and last summer this ground (the pest house had years ago been demolished, over twenty years ago), was bought and foundations dug for the new C. N. R. shops and power house. Of the sixty men employed, forty took typhoid, with thirty deaths. Then the authorities suppressed further information, but it is supposed the whole number had it in more or less severe form. The type was at first the "walking type," which gave place to the hemorrhagic form. In all, the men would possibly only be sick in bed from three days to a week before death.

The civic authorities have had Professor Jordan from Chicago and Professor Hazen from New York to look into the sanitary conditions, and we are anxiously awaiting their reports.

Amongst my typhoid patients by far the best results have been from the soap and water *warm* all-over bath, night and morning, and *warm* sponge instead of cold when temperature went up. The warm sponge usually produced a short nap which greatly aided nature, whereas I found the cold sponge made my patient more restless and nervous. This may have been due to the intense cold we have during the winter months, so that the reaction is slow after a cold sponge.

A. MAUD CRAWFORD.

## Society Reports.

### MINUTES OF THE ALUMNÆ ASSOCIATION.

NURSES' RESIDENCE, TORONTO GENERAL HOSPITAL,  
JANUARY 10TH, 1905.

The Treasurer's report showed \$163.00 in the Alumnæ Fund, and \$408.93 in the Sick Benefit Fund.

The following are the members of the Sick Benefit Committee: Misses Toy, Gladstone and Clara Brown.

The Journal Committee reported that advertisements to the amount of \$190.00 have been promised. If \$300 can be reached, that amount will cover expenses. Estimate from Methodist Book Room \$27.00; may reach \$50.00 for size and style we require.

Moved and carried that THE CANADIAN NURSE be the name adopted.

Moved by Miss B. Crosby: "That we undertake the JOURNAL, placing our pin on the cover, and that while keeping the management in our own hands we make the other Alumnæ Associations feel they are welcome to work with us." Carried by standing vote. After some discussion it was moved and carried that THE CANADIAN NURSE be published quarterly at 50 cents a year, and 15 cents a single copy for the first year.

Moved by Miss Mitchell that we have a Publishing Committee with our President as convener, allowing her to select her own committee, which must not be less than five; allowing them to settle matters regarding editorship and departments amongst themselves. Carried.

Incorporation discussed, but left over until next month for decision.

The President reported that the annual reports were held over until after this meeting in order that the consent of the Alumnæ might be obtained to enclose with the report a circular soliciting subscriptions to THE CANADIAN NURSE. Carried.

Miss Tweedie moved that a committee of six be appointed, Miss Bowerman convener, and choosing her confreres, to interest graduates in legislation, inviting them to attend and take part in discussion connected therewith at our regular meetings. Carried.

A resolution appreciative of the work of Miss Julia Stewart for the Association was moved by Miss Hargrave and carried unanimously.

FEBRUARY 14TH.

A number of graduates of other hospitals were present by invitation.

The JOURNAL Committee reported the outlook as satisfactory.

*Report on Incorporation*—Miss Crosby reported that incorporation would not necessarily limit our work but would secure the workers from personal financial loss if any part of our work fail. It is left to a committee of five to decide for us for or against incorporation.

Miss Lennox reported *re* proposed "Central Registry" that no further progress had been made.

Miss Barwick presented a paper on the Johns Hopkins Registry.

Miss Coleman's letter *re* the endowment of a Chair of Hospital Economics in Columbia University was read. It was moved and carried that we take up a subscription by voluntary contributions. Miss Roberts was appointed to collect the money for Miss Coleman.

There were six applications for membership.

J. A. BEGG, Secretary.



## Hospital and Training-School Items.

IN CHARGE OF MISS HARGRAVE.

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At the last meeting of the Alumnae Association of the Sick Children's Hospital, a committee was formed to draft a constitution for a Sick Benefit Fund. Mr. John Ross Robertson, in the name of the trustees, has promised to give a room in the hospital, and also a room in the isolation part of the hospital for the use of all graduate nurses of the S. C. H., who are members of the alumnae, and for all time. The Alumnae Association intends to furnish these rooms. This society is growing steadily in interest and numbers this year, there being eleven new members to propose at the meeting held on Saturday, February 11th. The year promises to be a prosperous one for our Alumnae Association. It is to be hoped that the formation of the Sick Benefit Fund will encourage a large number of out-of-town graduates to join the Association. The alumnae meetings are held at the training school, on the second Saturday of each month, at 3 p.m. The past month has been a busy one for the Hospital for Sick Children. During the month sixty-eight patients have been admitted. The total number of patients at present is one hundred and fifty-seven.

The graduating exercises of the Royal Alexandra Hospital of Fergus, of which Miss Estella L. Gunn is Superintendent, were held on January 3rd, 1905. The occasion was a very interesting one, and the following ladies received their diplomas: Miss E. T. McWilliams, Fergus, Ont.; Miss Ruth A. Buckland, Fergus, Ont.; Miss Nellie Johnstone, Hillbrook, Ont.; Mrs. Millicent Bell, Arthur, Ont.

A well attended and enthusiastic meeting of the graduates of the Galt Hospital Training School for Nurses was held at the hospital, on Tuesday, February 7th, when an Alumnae Association was formed. A constitution and by-laws were adopted, and the following officers were elected: Hon. President, Miss Robinson; president, Mrs. Jas. S. Wardlaw; vice-president, Mrs. John Taylor, jr.; secretary, Miss Scrimger; treasurer, Miss Bainard. The association will meet on the first Tuesday of each month.

On January 17th the graduate nurses of the Riverdale Hospital, assisted by Mrs. Paffard, late president of the Toronto General Hospital Alumnae Association, formed an Alumnae Society. A constitution and by-laws have been adopted. The officers are: President, Miss Kate Mathieson; vice-president, Miss Alma Murray; secretary, Miss Kathleen Scott; treasurer, Miss Elizabeth Argue. We wish them every success.

Miss M. Y. E. Morten, superintendent of the General and Marine Hospital, Collingwood, writes that they will open a new wing in May, containing operating, anesthetic, wash, sterilizing and recovery rooms. Also a new male ward with accommodation for sixteen patients.

A St. Louis, Mo., paper recently reported that the St. Luke's Hospital, under the management of Miss Gregory and Miss Isaacs, was a haven of rest and comfort, and an ideal hospital in its management and equipment.

Miss Grace Flaws ('95), late of the Kingston General Hospital, has been appointed superintendent of the Butterworth Hospital, Grand Rapids, Mich.

Miss Elizabeth Gordon, late of the Emergency Hospital, Toronto, has succeeded Miss Flaws as superintendent of the Kingston General Hospital.

Miss Isaacs, night superintendent of St. Luke's Hospital, St. Louis, will visit Toronto shortly.

Mrs. Annie E. Bolton is now R.N. (registered nurse) of the State of New York. She is residing at 152 W. 65th Street.

Mrs. Badger (nee Price) is visiting in Toronto.

Miss Margaret McMillan has been called to Alberta, N.W.T., to nurse her sister, ill with typhoid fever.

Miss Maud Davis ('97), who has recently been ill with typhoid fever, has resigned her position as superintendent of the Renfrew Hospital, and has gone South for the winter.

Miss May Bastedo (1900) has taken charge of the hospital in Hattiesburg, Miss., U.S.

Mrs. Arthur Gibb (nee Holmes), of Port Arthur, was in Toronto last month.

Miss Evelyn Dickens (1903) has resigned her position as night supervisor of the Toronto General Hospital to take charge of Dr. Herbert Bruce's office.

Miss Lena Rogers addressed a mothers' meeting in Boston recently. Miss Rogers is a graduate of the Sick Children's Hospital, Toronto, and is superintendent of the Public School Nurses of New York City.

Miss Jeanette Neilson (1897) has taken the position of night supervisor of the Toronto General Hospital.

Miss Isabel Turner has resigned her position as superintendent of the City Hospital, Vancouver, B.C.

Miss L. Fraser (1896) has been taking a course in massage in Philadelphia, and returns this month to renew her work as private nurse in Birmingham, Ala.

Miss Clara Green (1891) is now superintendent of the General Hospital, Belleville, Ont.

Mrs. Echlin (nee Somerville) has left Winnipeg, and now resides at 176 Cottingham Street, Toronto.

Miss Christina Hall (1887), superintendent of Jamestown Hospital, N.Y., is spending three months in Europe.

Miss Snively, Lady Superintendent of Toronto General Hospital, is now convalescent after a severe attack of la grippe.

Miss Moody, graduate of the Sick Children's Hospital, is giving a course of lectures on massage to the nurses of the Home for Incurables, during the absence of Miss E. Turner, masseuse.

Miss Worden (nee Milne, '99) has left Slocan City, with her husband and little daughter, and has gone to reside in Calgary.

Miss Julia Stewart left Toronto in January to spend six months in Europe.

Miss Johnston, graduate of the Western Hospital, has been appointed superintendent of the new General Hospital at Battleford, Saskatoon, N.W.T.

Miss M. E. Hall (1900) is in Montreal for two months, visiting her old home.

Miss Daly (1900) is spending the winter in Washington, D.C., with her patient.

Miss Caroline Ross, who has been spending the last eight months in Clifford, has returned to town.

All the members of the last graduating class at St. Michael's Hospital are engaged in private nursing in Toronto.

Miss Knox and Miss Cameron, graduates of Grace Hospital, 1902, are at present nursing in the Southern Pacific Hospital, San Francisco, Cal. In this hospital the nursing staff is composed of graduate nurses.

Miss Knox goes to Port Simpson, B.C., in April, to take charge of the hospital for Dr. Kerton, late of the Grace Hospital house staff.

Miss McMillan, graduate of Grace Hospital, 1902, who went to California last fall with a patient, is now visiting friends there. She expects to return to town this spring.

Miss Walsh, president of the Alumnae Association of St. Michael's Hospital, was married this winter to Mr. Richard Grier.

Miss Rowan, head nurse in St. Joseph's Hospital, Port Arthur, has returned to Toronto to take up private nursing.

Miss Virginia Hooey, an undergraduate of St. Michael's Hospital, was operated upon last week for appendicitis. She is making a good recovery.

**MARRIED**—On Thursday, February 9th, 1905, by the Rev. R. J. Moore, rector of St. Margaret's Church, Toronto, Mary Graham, daughter of John Duncan, Esq., of Richmond Hill, to Arthur George Holland, of Bowmanville.

**DIED**—On January 11th, 1905, Margaret Campbell, of the class of 1895, at Port Perry, of tuberculosis.

**RE-OPENING OF WOODSTOCK HOSPITAL.**—A new wing has been added to the Woodstock Hospital and the Hospital was re-opened on February 14th, on which occasion three nurses of the Training School received their diplomas. The city and county have contributed to the new wing, and Mr. J. D. Patterson, Miss Patterson and Mr. John Whicher have given liberal aid. The new and beautiful surgical ward is entirely the gift of Mr. Patterson. The members of the Women's Auxiliary of the Board have also done much for the Hospital. The Superintendent, Miss Frances Sharpe, is to be sincerely congratulated on the progress of her work. Dr. O'Reilly, Miss Snively and other visitors were present by invitation of the President, Board of Trustees and Women's Auxiliary. As we go to press a most interesting account of this occasion comes from a correspondent. We regret extremely not being able to print it in full. The account concludes with these words: "Of Miss Sharpe it may truthfully be said that she has been absolutely untiring in her interest and efforts, and many of her helpful suggestions which were acted upon have served to make the new wing of the Woodstock Hospital what it is to-day, as modern and well-equipped a building as there is in the land."

## Book Reviews.

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*Practical Dietetics.* By Alida Frances Pattee. 2nd edition. Pp. 300. \$1.00. Published by the author at 52 West 39th St., New York City.

There are not many books which fill a place as well as this one. The author is a graduate of the Boston Normal School of Household Arts, and has been for ten years Instructor in Dietetics at Bellevue. She is not only thoroughly competent to deal with the practical aspect of her subject but is well read in the works of Thompson, Einhorn, Koplik, Holt and others, from which valuable quotations are given. This book is indispensable to nurses and physicians.

*Obstetric and Gynecologic Nursing.* By Edward P. Davis, M.D., of Jefferson Medical College. Pp. 402. \$1.75. London and Philadelphia: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

Although this is a new book it has already reached a second edition. The author has had the assistance of several members of the nursing profession in preparing this excellent text-book, which is at once clear and scientific in language and thoroughly modern and reliable in every detail.

*Hughes' Practice of Medicine.* Edited by S. H. Brown, M.D. 7th edition. Pp 779. Philadelphia: P. Blakiston's, Son & Co. Toronto: The Chandler Massey Co.

This excellent work more than maintains its place as a convenient and comprehensive manual of reference for nurses and medical students. In the 1904 Edition over one hundred pages have been added. The Sections on Mental Diseases and on Diseases of the Skin, are worthy of special note.

*Bacteriology and Surgical Technic for Nurses.* Emily M. A. Stoney. Revised by F. R. Griffith, M.D. 2nd edition. Pp. 278. \$1.50. Philadelphia and London: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

Miss Stoney's Practical Points in Nursing and other contributions to the literature of nursing, are so well known and so good that the present volume was assured of a favorable reception. It is remarkably complete and practical, *e. g.*, we find included a description of how to use Hot-Air Apparatus, etc. The Sections on the special work of the Surgical Nurse are very satisfactory, and the book is sure to be a favorite with the profession.

*Practical Points on Nursing.* By Emily M. A. Stoney. Pp. 466. \$1.75. Philadelphia and London: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

This standard text-book on nursing is very well and favorably known to the profession. It is intended especially for nurses in private practice, and recent graduates could not have a better book for study and aid in their daily work.

The current number of the *Journal of the Royal Sanitary Institute*, a volume of over 1,000 pages, contains an interesting paper by Mrs. Bedford Fenwick, on "The State Registration of Nurses."

# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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VOL. I.

TORONTO, JUNE, 1905.

No. 2

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## SECOND MEETING OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

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The second meeting of the Graduate Nurses' Association of Ontario, was held in the Normal School, Toronto, on Saturday, April 22nd, 1905. The meeting was called for 2 p.m., but was rather late in commencing. Miss E. C. Gordon, President of the Association, occupied the chair and opened the meeting by asking the Secretary for the reading of the minutes of the last meeting of April, 1904. The Association was begun last year, but owing to the great amount of work in the forming of the Association it was impossible to complete the organization at the first meeting.

The minutes were read by Miss Bowman, who was acting Secretary, as Miss Stewart was unable to be present. A discussion took place, after the reading of the minutes, as to whether nine or six articles had been adopted. Miss Snively thought that only six had been adopted, and the report read stated that nine had been adopted.

The President spoke of the work before the meeting. It would be a great waste of time not to settle the articles definitely to-day, and she hoped the Constitution would now be completed, so as to prepare for incorporation. This would be necessary, as they could not stand as an association until incorporated. They were here to work together with the same object in view. There would be many little faults in the by-laws, etc., but there would be a committee formed to consider these by-laws, so that if there were some technical points that they would like to bring up it would be a waste of time to do so in the present meeting. Miss Gordon went on to ask the members to be considerate of her in the difficult position she occupied, and asked for their co-operation. Her interests were not one-sided, as she was also the representative of the East District. She felt that the East and West should stand together if their influence was to be felt. There has been a great deal done last year; to-day they must accomplish enough to put them on a footing for incorporation.

Miss Snively then spoke of the necessity of doing the work in a legal manner.

Moved by Miss Eastwood, and seconded by Miss Hodgson, that the minutes of the previous meeting be adopted. Carried by a vote of two-thirds of the members.

Miss Hamilton, Treasurer, now gave her report, showing a balance of \$49.25 in the bank. This report was accepted.

The President here spoke a few words in appreciation of the services of Miss Hamilton during the past year, and the interest she had taken in the work.

The President spoke of the good work of the Alumnae in Kingston, who had been the means of starting a home in Kingston. Peterboro' Alumnae, under the leadership of Miss Robinson, had also accomplished a great deal. Grace Hospital, Toronto, during the past winter had brought themselves to be one of the first Alumnae in the Province, and the Western Hospital, Toronto, although small, were very much alive. The Sick Children's Hospital, also of Toronto, had a membership of seventy at their last meeting. Then the Toronto General Hospital had a number of women who had been very deeply interested in the work. THE CANADIAN NURSE had been begun, and it had its beginning in the Toronto General Hospital, but it was only a matter of time before it would pass to other hands. Miss Gordon considered it to be a valuable journal, and she hoped it would be the organ in connection with their Association, and she hoped to have the interest spread from one part of the Dominion to the other. In closing, Miss Gordon again referred to the work of completing the organization.

The Constitution was now taken up. The slip with the printed constitution was simply a draft of the constitution and was to be discussed. The President requested that the ladies would kindly write their motions, and that each speaker would only speak once on each motion, and thus save time.

(1) ARTICLE 9.—“There shall be Standing Committees: (a) Revision of the Constitution, (b) Legislation, (c) Publication and the Press, (d) Nominating Committee. The Standing Committees shall be composed of three (3) members, of whom the chairman only shall be elected at the Annual Meeting, and shall select her own colleagues.”

*Amendment.*—Moved by Miss Robinson, seconded by Miss Eastwood, That the Standing Committee shall be composed of five members, of whom three shall constitute a quorum.

Miss Gordon.—It is a very good idea that the chairman should be allowed to choose her own committee, as we would have confidence in any one we would appoint as our chairman, and should allow her to use her own judgment in selecting her colleagues.

One of the ladies had another view, namely, that if the convener of each committee had her colleagues appointed for her it might broaden the interests, while if one chose the others the views of the members of that committee would be alike.

Miss Flaws moved that the chairman and members of the committee be elected at the Annual Meeting. Mrs. Aubin seconded this. The motion was then placed before the meeting as follows:

“The Standing Committee shall be composed of five members, of whom the chairman and members shall be elected at the Annual Meeting,” the two points being combined and given as Miss Flaw's motion. Carried unanimously.

ARTICLE 9, Section (a) as in the draft, passed without discussion.

ARTICLE 9, Section (b).—"Committee on Legislation shall undertake any work coming under this head assigned by the President."

*Amendment.*—"The Committee on Legislation shall undertake any work assigned to it by the Executive." Moved by Miss Lennox, seconded by Mrs. Paffard. Carried.

ARTICLE 9, Section (c).—"The Committee on Publications and the Press shall see that all reports and communications meant for the public are properly brought forth, and shall keep a record of the same."

Moved by Miss Green, seconded by Mrs. Bruce, That this clause (c) stand as it is. Carried.

ARTICLE 9, Section (d).—"The Nominating Committee shall nominate officers and council for the ensuing year."

Moved by Miss Robinson, and seconded by Mrs. St. John, That clause (d) be adopted as it stands.

ARTICLE 10.—"The order of business at meetings of this Associations shall be: (1) Roll-Call, (2) Reading of Minutes, (3) Report of Corresponding Secretary, (4) Report of Treasurer, (5) Report of Committees, (6) Elections, (7) Miscellaneous Business, (8) Adjournment.

*Amendment.*—Moved by Miss Eastwood, seconded by Mrs. St. John, That the meetings be opened by prayer for God's guidance, and that this be followed by the Lord's Prayer repeated in unison, and that a committee be appointed to have a suitable prayer formulated. (Thus making nine sub-divisions instead of eight, but not changing the article as above, except to add this clause.) Amendment carried.

Miss Gordon now proceeded to read the draft of the Constitution of last year. After reading the first article, *re* the name of the Association, she remarked that some had suggested that the word Ontario be changed to Dominion, but she explained that under the British North America Act all educational matters come under Provincial jurisdiction, and it would thus be necessary to keep the word Ontario in the name, as their Association came under the head of educational matters.

The President then went on reading the other articles until she came to the article on the eligibility of members. She remarked that some years ago the medical men of Ontario were compelled to seek legislation. Everyone holding a diploma of any school was recognized by the Medical Association when he applied for registration. She thought that any nurse who was a graduate from a hospital of any size in Canada might be recognized as eligible for membership. There were hospitals for special diseases. The President had at one time spent some time in a hospital that was devoted to special diseases. She considered that these women who had devoted themselves to this cause were very excellent women, and stood on an equal footing with women who had graduated from different hospitals. Alumnae had been formed in connection with these hospitals for special diseases, and they were



doing a good work. Many of these nurses had gone to New York to take a training in special branches. Miss Gordon urged the members one and all to take a broad view in considering this clause and not to draw hard and fast lines. She spoke of the good results accruing from the registration of hospitals in the States, and that the standard of the hospitals all through the States was being raised, as they could not be registered until they were prepared to fill the requirements of the law. Not only were hospitals required to have that standard, but also that their nurses should have standard examinations. In Kingston they had already anticipated that the school would be amalgamated with the University. In closing, she reminded the members not to shut off any of their sisters from registration.

The President now took the articles up separately at greater length :

ARTICLE 1.—*Re* the name of the Association. Miss Lennox's amendment to this was that the name be changed to "The Graduate Nurses' Association of Ontario," as there had been some misunderstanding about the Association being only for graduates from Ontario. Some of the ladies thought this change unnecessary, but the amendment, seconded by Mrs. Aubin, was carried by a large majority. The article will now read: "The name of the association shall be 'The Graduate Nurses' Association.'"

ARTICLE 2.—"The objects of this Association shall be the advancement of the educational standard of nursing; the maintenance of the honor and standing of the profession; and the furtherance of necessary legislation in the interests of the public, the physician and the nurse." Carried without discussion.

ARTICLE 3.—*Re* officers of the Association.

*Amendment.*—Moved by Miss Eastwood, and seconded by Miss Snively, that "the Executive shall consist of the officers, chairmen of Standing Committees, and nine directors (nine members elected from the floor)," making nineteen members in all.

Mrs. Paffard stated that the idea last year in making the article as printed was to have a small number of officers, so as to save trouble and expense.

Miss Snively suggested that in forming a large Executive, and putting on this Executive members from as many representative hospitals as possible, they would extend the interest of the Association, which was the main object of the society.

Miss Gordon thought it was easier to get the members interested by getting them in active work. Amendment carried by unanimous vote.

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#### BY-LAWS.

ARTICLE 1.—*Re* election of officers.

Miss Snively thought there was apt to be a feeling in the Association, if the Nominating Committee was chosen by the Executive, that there was undue pressure from outside motives. She had an idea that it would, perhaps, be better for the Nominat-

ing Committee to be nominated from the floor, but wished to get other suggestions before making a motion.

*Amendment.*—Moved by Miss Haldenby, seconded by Miss Green, that “officers shall be elected by ballot, unless otherwise ordered by the Annual Meeting, nominations having been made by a committee appointed by the Association. They shall hold office for one year, or until their successors shall have been chosen.” Amendment carried by majority.

ARTICLE 2, Clause (1).—Moved by Miss Robinson, seconded by Miss Snively, That Article 3 be adopted with the exception of Clause 3, which should be as follows: “Clause (3)—The Recording Secretary shall keep a correct record of the proceedings of all meetings of the Association. She shall notify the members by mail of all regular and special meetings of the Association, and she shall keep a correct list of the names and addresses of members. She shall notify applicants for membership of their acceptance or otherwise by the Association.

“The Corresponding Secretary shall conduct all correspondence and have charge of all books and papers, except those belonging to the Recording Secretary and the Treasurer, and shall keep a copy of all letters.

“The Treasurer shall take charge of all moneys, collect all fees and dues, and notify members of unpaid dues, and shall pay only such bills as are countersigned by the President. The Treasurer shall keep the funds of the Association in a chartered bank designated by the Executive, and in the Association’s name.”

Article 2 of the by-law passed with this amendment.

ARTICLE 3.—Discussion was animated on this article, as to who were eligible for membership. Miss Snively raised a point. She had read the history of the State Associations and had noticed they had four meetings a year. She said that some of the members were wondering how long they would have to wait for membership if there was only one meeting a year. She thought that the interest of the Association could be very much increased were the meetings more frequent; even if the whole Association could not get together, new members could be accepted. In closing her remarks Miss Snively asked the President to read the Constitution on this as printed last year, which was done. The suggested amendment was also read, which was as follows: “All nurses resident in Ontario, who have graduated from hospitals of any size having a standard of education equal to the Ontario General Hospitals, which give a training of two years or over, shall be eligible for membership. Each application for membership must be in writing, endorsed by two members of the Association, and must be approved by the Executive Committee of the Association.”

Miss Eastwood asked what was meant by the term “any size.” Miss Gordon replied to this by reading an article from the New York State Association, and Miss Flaws followed this with a suggestion from the Ohio State Association, showing how broad these Associations were in their ideas as to the eligibility of new members.

*Amendment.*—Moved by Miss Snively, and seconded by Miss Hodson, that the clause read as follows: "All nurses resident in Ontario, who have graduated from hospitals of any size; also from hospitals for the insane, which give a training of two years or over, shall be eligible for membership, each application to be in writing signed by two members of the Association and approved by the Association at any of its regular meetings." Carried unanimously.

ARTICLE 4.—*Re* Honorary Members. Miss Snively asked who would be eligible for honorary members. Miss Robinson thought that anyone who would give a contribution to the Association should be an honorary member.

Moved by Miss Snively, and seconded by Miss Hollingsworth, That the article be adopted as already made out. Carried.

ARTICLE 5.—*Re* Annual Meeting. Miss Eastwood suggested a morning and afternoon session. Miss Snively wanted to know if this was a convenient time to have the meeting, the Saturday preceding Easter Sunday. On the motion of Miss Sheppard, seconded by Miss Tilley, the clause was adopted as already in the Constitution.

ARTICLE 6.—*Re* Quorum. Moved by Miss Eastwood, and seconded by Miss Hollingsworth, that "the quorum should be increased, as the officers had been increased, and that seven should be required to form a quorum instead of three, as formerly thought of." This motion was carried.

ARTICLE 7.—*Re* Fee. Some of the members thought that perhaps \$1 would not be sufficient, but as the Treasurer's report was satisfactory, it was moved by Miss De Vellin, seconded by Mrs. Parnell, that "the article be adopted." The motion was carried, embracing with it Article 8, which needed no discussion.

Miss Lennox moved that the Nominating Committee be appointed to nominate the Executive for the coming year, seconded by Miss Snively. The Nominating Committee elected were as follows: Miss Lennox, Miss De Vellin, Miss Haldenby, Mrs. Paffard, Miss Sheppard.

While the Nominating Committee withdrew to do their work, several minor matters were brought before the Association.

Miss Gordon asked that the fee be paid to the Treasurer only, and not to the President or any other member of the Association, as this had caused a great deal of trouble to the Treasurer during the past year. Miss Snively suggested that the fees be paid now while the Nominating Committee were out; also new members enrolled.

THE CANADIAN NURSE was now brought up by Miss Gordon, and subscriptions asked for.

A motion of thanks was also introduced by Miss Hodgson to Miss Hamilton, the Treasurer.

Miss Christie, Business Manager of THE CANADIAN NURSE, then read the following report:

The Publication Committee of THE CANADIAN NURSE have under consideration the advisability of extending its scope. Owing to its undoubted success, the enthusiasm it has aroused and its growing popularity, we have great hopes of having it made in

the near future a Dominion journal, and issued monthly. We are not in a position to make any proposition as yet, as that will require further consideration ; but it is hoped that this Association will adopt it as their official organ. We are ready to receive your financial support and would suggest the " JOURNAL " printing your constitution, members' names and report. All of which is respectfully submitted.

Moved by Miss Flaws, seconded by Mrs. Tilly, that " THE CANADIAN NURSE be adopted as the official organ of the Association." This was carried unanimously.

A few words were spoken by Miss Gordon *re* a ticket of application to be used by applicants for membership, and the members agreed that this ticket should be adopted.

On the motion of Miss Robinson, seconded by Miss Flaws, Miss Eastwood and Miss Hodgson were appointed to be a Committee to see about a suitable prayer to be used at the meetings in future. Carried.

The Nominating Committee now returned, and the elections took place, with the result as follows: President, Miss Gordon, Kingston; First Vice-President, Miss Micklejohn, Ottawa; Second Vice-President, Miss Mayo, London; Corresponding Secretary, Miss Bella Crosby, 12 Selby St., Toronto; Recording Secretary, Miss Mathieson; Treasurer, Miss Hamilton, 481 Church St., Toronto.

Miss Gordon expressed her appreciation of the honor conferred on her, but said that it would be for the good of the Association that the Presidency change each year. She stated how pleased she was with the work accomplished at this their second meeting. The books showed a membership of eighty (80), and \$25 taken in fees during the afternoon.

The Nominating Committee withdrew again to complete their work.

Moved by Miss Eastwood, seconded by Miss Hall, that " this Association affiliate with the National Council of Women." This was carried.

A question was raised by Miss Gordon *re* legal residence. The feeling of the meeting was that those who were not at present practising in Canada, but who had formerly been residents of Canada and practised here, should be admitted to membership if they desired to have their names enrolled in this Association. Some of the ladies thought that perhaps a separate clause might be put in the Constitution to this effect.

The fee for incorporation was also spoken of, but Miss Gordon thought that although the Government charged \$100 as a fee, they were in the habit of handing this fee back to the Association.

The Executive was elected as follows:—Miss Snively, Miss Brent, Mrs. Yorke, Toronto; Mrs. Tilley, Kingston; Miss Coleman, Peterborough; Miss Sharpe, Woodstock; Miss Chilman, Stratford; Miss C. H. Greene, Belleville; Miss M. Morton, Collingwood.

Conveners of Committees—Press and Publishing, Miss Hodgson, Toronto; Revision of Constitution and By-laws, Miss Julia Stewart, Toronto; Legislation, Miss C. Eastwood, V. O. Nurses.

## TREASURER'S REPORT, 1904, O. G. N. A.

Receipts for current year in fees . . . . . \$79 00

## Expenditure—

Printing . . . . . \$12 00

Stationery . . . . . 6 25

Books . . . . . 9 67

Postage . . . . . 6 52

————— \$34 44

Balance on hand . . . . . \$44 56

JOSEPHINE HAMILTON,

*Treasurer.*

April 22, 1905.

## CONSTITUTION.

## ARTICLE I. — NAME.

The name of the Association shall be "The Graduate Nurses' Association of Ontario.

## ARTICLE II.—OBJECTS.

The objects of this Association shall be the advancement of the educational standard of nursing; the maintenance of the honor and standing of the profession, and the furtherance of necessary legislation in the interests of the public, the physician and the nurse.

## ARTICLE III.—OFFICERS.

The Officers of the Association shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary and a Treasurer. The Executive shall consist of the Officers, Chairmen of Standing Committees and nine Directors (nine members elected from the floor), making nineteen members in all. The Executive shall represent the Association and manage its affairs.

## BY-LAWS.

## ARTICLE I.—ELECTION OF OFFICERS.

Officers shall be elected by ballot, unless otherwise ordered by the Annual Meeting, nominations having been made by a Committee appointed by the Association. They shall hold office for one year or until their successors shall have been chosen.

## ARTICLE II.—DUTIES OF OFFICERS.

1. The President shall preside at all meetings of the Association; she shall countersign all orders for the payment of moneys;

and may, in case of any vacancy, make all necessary appointments until the next regular meeting of the Association.

2. The Vice-Presidents, in order of their standing, shall preside at all meetings and discharge all the duties of the President in her absence.

3. The Recording Secretary shall keep a correct record of the proceedings of all meetings of the Association; she shall notify the members by mail of all regular and special meetings of the Association; she shall keep a correct list of the names and addresses of members. She shall notify applicants for membership of their acceptance, or otherwise, by the Association.

4. The Corresponding Secretary shall conduct all correspondence and have charge of all books and papers, except those belonging to the Recording Secretary and the Treasurer, and shall keep a copy of all letters.

5. The Treasurer shall take charge of all moneys, collect all fees and dues, and notify members of unpaid dues; shall pay only such bills as are countersigned by the President. The Treasurer shall keep the funds of the Association in a chartered bank designated by the Executive and in the Association's name.

#### ARTICLE III.—MEMBERS.

All nurses resident in Ontario who have graduated from hospitals of any size, also from Hospitals for the Insane which give a training of two years or over, shall be eligible for membership; each application to be in writing, signed by two members of the Association, and approved by the Association at any of its regular meetings.

(Form of application may be had from the Secretary).

#### ARTICLE IV.—HONORARY MEMBERS.

Honorary members shall be elected by a two-thirds vote at any general meeting of the Association, provided the candidate receive at least twenty votes. Honorary members may be permitted to take part in discussion, but may not vote or hold office.

#### ARTICLE V.—ANNUAL MEETINGS.

The Annual Meeting of the Association shall be held in Toronto on the Saturday preceding Easter Sunday, at such time and place as the Executive may appoint; at least ten days' notice of such meeting to be given to each member.

#### ARTICLE VI.—QUORUMS.

At any meeting of the Association twenty-five members shall constitute a quorum, and seven members shall constitute a quorum of the Executive.

## ARTICLE VII.—FEES AND DUES.

The Annual Fee shall be One Dollar (1.00), payable on admission, and thereafter not later than May 30th of each year.

All fees shall be payable to the Treasurer only. No member shall hold office or vote at any meeting who is in arrears to the Treasurer.

## ARTICLE VIII.

This Constitution may be altered or amended at any general meeting of the Association or at any special meeting called for that purpose, provided notice of change proposed be mailed to each member at least thirty days before said meeting.

## ARTICLE IX.—STANDING COMMITTEE.

There shall be standing committees on: (a) *Revision of the Constitution*, (b) *Legislation*, (c) *Publication and the Press*, (d) *Nominating Committee*.

The Standing Committees shall be composed of five (5) members, of whom the Chairman and members shall be elected at the Annual Meeting. Each Standing Committee shall report direct to the President upon request of the latter.

(a) The Committee on Revision of the Constitution shall report on any necessary or proposed amendments.

(b) The Committee on Legislation shall undertake any work assigned to it by the Executive.

(c) The Committee on Publication and Press shall see that all reports and communications meant for the public are properly brought forth and shall keep a record of same.

(d) The Nominating Committee shall nominate the Officers and Council for the ensuing year.

## ARTICLE X.—ORDER OF BUSINESS.

The order of business at meetings of this Association shall be :

1. Roll-Call.
2. Reading of Minutes.
3. Report of Corresponding Secretary.
4. Report of Treasurer.
5. Report of Committees.
6. Elections.
7. Miscellaneous Business.
8. Adjournment.
9. The meetings shall be opened by prayer for God's guidance, followed by the Lord's Prayer repeated in unison.

THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL  
FOR NURSES.—(Continued.)

It is universally acknowledged that struggle, difficulty and privation are potent factors in the development of strong, loyal characters, and certainly this principle has been fully exemplified in the early graduates of this training school.

It has been the writer's privilege to know personally many of the nurses who graduated prior to her régime, a number of whom have been and still are engaged in Hospital work as Matrons or Superintendents. One has charge of a nurse's registry and one is a foreign missionary. Others are engaged in private nursing or are married and have homes of their own; and truly no more earnest, faithful, loyal nurses have ever been enrolled than those graduated in the years 1883 and 1884.

Nurses of the present day who are accustomed to the daily routine of hospital life may find it difficult to understand how a school of thirty-four nurses such as existed in December 1884, could carry on its work and yet have no systematized order of work or study, no written orders for day or night nurses, no history records, system of exchange or requisition.

They may wonder how all night nurses could be changed on the same night, or smile at the thought of the nurse's temerity who expressed a wish as to the ward where she would work.

The thought of every night-nurse carrying a small coal-oil or kerosene lamp, placing it on the patient's bed occasionally, may cause a shudder, although no more serious conflagration ever happened than that of the night-nurse's cap. This event, occurring too often, led finally to the "cap" being omitted on night duty.

Strange as all this may seem, many of our graduates readily recall these conditions and say, doubtless, "We only know that where this stood, upsoars the anthem, 'God is good.'"

No event in the early history of the training school caused such satisfaction as the opening of the Nurses' Residence, which was completed and occupied in July, 1887. The parlors of the Residence were bright and cheery, and though plainly furnished, contained an upright piano (now the property of the School) and also the nucleus of a medical and literary library, the latter consisting of forty volumes presented on December 25th, 1884, as the gift of the late Honorable Mr. Justice Patterson, then Chairman of the Board of Trustees. The dining-room was comfortable and home-like, as were also the bed-rooms, which afforded accomodation for fifty-two nurses.

Unfortunately for the welfare of the School, however, the apartments of the Superintendent remained in the hospital, as the authorities were then of the opinion that this arrangement was best for the hospital. The error of this view has long since been demonstrated, every experienced worker will agree that, provided the Superintendent of Nurses is of the right sort, her presence is one of the essentials in the Residence. This error was corrected



when the addition of twenty-eight new rooms was made to the Residence in the year 1899, and the Superintendent's apartments were then removed from the hospital to the Residence.

At this time the entire Residence was re-decorated and furnished, and a new dining-room, library and lecture hall was added.

A Nurse's Residence, apart entirely from the hospital, designed and furnished, not only with a view to the health of the occupants, but also for comfort—how much this means to hospital nurses!

Their daily duties are carried on in scenes at once depressing and arduous, and if their residence is homelike and attractive, refined surroundings tend to produce refinement.

And "The Residence" in this instance, certainly more than any other one influence, has helped to develop, and maintain pride and affection in and for the school and all that it represents, and foster that *esprit de corps* without which no institution such as this can do the best work.

The furnishings of the hall and library, which are of Flemish oak, were the gift of the late Mrs. Frances French, of Davenport, Iowa, the mother of the well-known authoress, Octave Thanet.

This gift was a memorial to her son, the late Mr. Robert French, who died of typhoid fever in Toronto General Hospital three years previously. Many of the pictures which adorn the walls of the reception-room, are also gifts from various members of the French family, although several pictures in water color, together with the handsome clock and bric-a-brac have been presented from time to time by Mrs. R. B. Hamilton, of Toronto.

The latest gift, a beautiful mahogany piano, was presented by Mesdames Flavelle and Larkin, on Christmas, 1904, Mr. J. W. Flavelle being Chairman of the Board of Trustees, and Mr. P. C. Larkin one of the active members of the Board. It is certainly safe to say that the pleasure derived from this gift must be very great indeed, if one may be allowed to draw this inference from the fact that the piano is always in use, except during the times when night nurses are the first consideration.

Undoubtedly one of the chief factors in the development and advancement of a School for Nurses is the attention and effort expended in making the practical part of the nurse's work intelligible to her by means of theoretical instruction. It is in this particular that the various members of the Visiting Staff of the Hospital have manifested their practical interest, have ever loyally supported the authorities by giving of their experience and erudition as lecturers and examiners. Having sown bountifully, may they reap also bountifully.

For the last nine years the practical course in the hospital has been three years, and for the last year a preliminary course of four months' training in Domestic Science, Anatomy, Physiology and Hygiene before entering the Hospital, has been required. The final test consists of an examination—written and oral—before a Board of Examiners in such subjects as are considered essential in all recognized nursing schools of the present day.

During the last twenty years, if we may be permitted to exclude

three members of the School, who resigned because of hereditary predisposition to tuberculosis, there have been only two deaths in the Training School, while among the graduates, who now number 407, there have been only nineteen deaths during an equal period of time.

Any history is incomplete without mention of those who, because of brave deeds, noble self-sacrifice or loyal adherence to duty, have won the right to be enrolled among the illustrious. On this roll we rejoice to read, not only the names of many of our graduates who have left home, kindred and native land to carry the ministry of healing into the dark places of the earth, but also the names of not a few, who, in utter loneliness and weariness have bravely remained at the post of duty in times of direst calamity, when helpless sufferers were forsaken by every human being; yea, some who have been "faithful even unto death."

Among those who have gone to the foreign field, mention is made of Harriet Sutherland, now the wife of Rev. Dr. Hunter Corbett, M.D., Chee Foo, China; Leila Batty and Minnie Allen, China Inland Mission Hospital, Shanghai, and Teresa Miller of the same Mission, now gone to her heavenly reward; also Margaret McIntosh who, though she literally suffered the loss of all things, and was finally forced to leave the country during the late Boxer rebellion, nevertheless, returned to her work in the Province of Honan the following year; Henrietta McKim, who has been laboring for several years in the Church of England Mission Hospital, in Jalfa, Persia; Sarah Simpson, in connection with the Baptist, and Harriet Thompson, with the Presbyterian Mission, Central India; Helen Melville, in West Central Africa, and Kate McTavish in the Home Mission Hospital, Atlin, B. C.

During the year 1894, Margaret Cruikshank, a graduate of the previous year, responded to a call to nurse a case of small-pox in an isolated district not many miles from Buffalo, N. Y. The family of five had been quarantined, and one after another contracted the disease until all were prostrated. The mother, dangerously ill with small-pox, gave birth to a child, and then both mother and babe died. Alone and unaided this brave nurse remained at her post, not only doing the nursing but all other work, unable at times to obtain either food or rest, with absolutely no one to whom she could appeal for assistance; in fact, seeing no one save the doctor when he paid his daily visit, and the undertaker, who came repeatedly for the dead.

Minnie Ferguson, twenty-four years of age, went to nurse an elderly woman suffering from typhoid fever of a most virulent type; indeed, the son, the head of the household, and his daughter, a girl of fifteen years, had died a short time before, leaving the grand mother alone. The nurse arrived at this small village, found herself absolutely alone in the house with her patient, who could not be left a moment, owing to repeated hemorrhages. The neighbors could not be prevailed upon to render any assistance; consequently, had it not been for the thoughtfulness of the doctor and clergyman, the nurse would have suffered for want of food. Constant watching, insufficient food of the proper kind, loneli-

ness and grave responsibility, however, proved to be more than this faithful nurse could endure. She died of typhoid fever ten days after being brought to the hospital. "Greater love hath no man than this."

True incidents such as these are more or less common in the lives of all nurses, but they are nevertheless worthy of being recorded, for the spirit of the age is commercial, and such examples are not only an inspiration, but they serve to show that it is the privilege of the nurse, as well as the physician, to be governed by principles of devotion and self-sacrifice rather than by the spirit of the world.

The nurses who have been trained in the Toronto General Hospital, now a goodly company, many of them separated by many miles from their *Alma Mater* and from each other, doubtless all look back with equal fondness to the old days of hospital life, notwithstanding the varied conditions which have existed since the organization of the Training School.

Twenty-three years have come and gone, bringing added improvements and added facilities, it is true, yet many difficulties still exist, and many problems still remain to be solved; indeed, the end of our dreams is not even yet in sight, nevertheless, this comfort remains:

"Count not God's plan defeated in the life  
He gave to us, nor all our toil in vain  
Because we are not victors in the strife:  
Who bravely fights and nobly bears his pain  
Wrests victory from defeat. Not what we win,  
But what we strive for, doth the Master heed,  
If what we sought to be, we have not been,  
Our striving may have helped another's need."

MARY AGNES SNIVELY.

The General Hospital, Toronto.

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### HOSPITAL SUPPLIES.

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Qualifications necessary for the one who is to make the purchases—common-sense conscientiousness and justice. The greatest difficulty in the purchasing of hospital supplies is to find a man or woman who is sufficiently familiar with every department, to be able to discriminate in quality and value; and such are not found every day.

The purchasing agent might be an excellent judge in buying of meat, and an utter failure in purchasing of surgical supplies and hospital appliances.

Many kinds of hospital goods deteriorate in quality and value with time, and hence money is lost.

Buying goods of inferior quality because they are offered at a lower price is a leakage in many hospitals.

Intelligent buying requires planning and forethought and

study of conditions in the market. Volumes could be written on the question of prevention of waste in hospitals, and many of us could contribute from our own practical experience and observation what would help to lessen the expenditure, especially for food. Some hospitals dispose of their food garbage to contractors for stipulated sums.

In one hospital at least in Canada, where the white of the egg only is required for making drinks, the yolk is consigned to the garbage pail. Waste—wilful waste. The yolks should be put in water and sent daily to the kitchen where they could be used in the making of puddings, cakes, salads, omelets, etc.

Waste, breakage, misappropriation. How can these conditions be remedied or improved? No amount of worrying or scolding will improve matters—but if the value is known, then responsibility and economy will be practised.

The best and purest milk should be purchased, delivered in sealed, sterilized vessels. Paper bottles have proved very satisfactory and are highly recommended. Milk should not be kept in the same refrigerator with meat and vegetables.

Eggs are indispensable, and when they are most expensive cost even less than first-class steak.

Meat, a most expensive article of food, requires a real study. If one has good cooling facilities a side should be purchased. A good quality of beef should show elasticity on being pressed—fat, creamy looking; lean part, deep red of a fine fibre—coarse fibre means poor flavor. Veal may occasionally be added for variety. Mutton will rank next to beef. Chickens, young and old, are needed, the latter making the best broth and jelly. Fish helps in variety. Pork will occasionally have to be purchased.

Butter—there are so many substitutes that it needs to be selected with the greatest care. Potatoes should be purchased in fall when price is low, and stored in cool, dark place; green vegetables secured as needed. All the dry food products can be purchased in large quantities.

Poor storage facilities make it impossible for many house-keepers to buy wisely and economically, and when economical buying is expected sufficient arrangements should be made for good storage.

Surgical supplies—rubber goods purchased only as required, as they deteriorate rapidly. If one can buy surgical dressing materials direct from the manufacturer, the middleman's profit is avoided.

Buying poorly-made and badly-plated instruments is an extravagant waste of money.

Common-sense and watching the market values is the sum total of good hospital buying, and to be economical is creditable.

ALICE J. SCOTT.

Ross Memorial Hospital, Lindsay.

## WINNIPEG GENERAL HOSPITAL.

About the year 1872 the people of Fort Garry (now Winnipeg) determined to begin a hospital. It started much in the same way as the cottage hospitals now dotting the prairies, with the exception of the all-important nursing staff. The beds were used just as occasion required, and there were very few beds where "any nursing" was required; it was done by convalescent patients.

From 1872 to March, 1884, when the original part of the present building was opened, the hospital moved from one part of the town to another, and finally, in 1882, the late Mr. McDermott presented the present site to the hospital directors; afterwards they purchased another piece of land adjoining the site, from the McDermott estate. There was not a very accurate report kept of the hospital until about the year 1880, when Dr. Lynch was appointed Steward, as there had been no necessity for any resident officials up to that time. During this year the work increased rapidly; a resident House Surgeon was appointed, and Dr. L. J. Munro combined the dual offices of House Surgeon and Steward, with Mrs. Martin as matron. During the years 1878 and 1879 the total number of patients treated was seventy-nine.

In 1882 tenders were called for the erection of the central portion of the present building, which was only completed in March, 1884.

In 1882 the first *nurse* was advertised for and Mrs. Sterling, a graduate from the East, was chosen head nurse. About this year, too, the dual offices of House Surgeon and Steward were separated, and Dr. Newburn was appointed the resident physician.

In 1883 two very important factors in the life of the hospital appeared, viz.: The Woman's Hospital Aid Society, for the supplying of linen, beds, bedding, clothing, etc., which to-day continues its good work, and the Medical College of Manitoba was founded, with clinics at the hospital.

When the new building was opened in 1884 there were about forty-five beds, with four female and one male nurse. It was not until 1887 that the training school was formed, under Miss Laidlaw, with six pupil nurses; at the present date there are eighty-four nurses with Miss Wilson as Lady Superintendent.

Number of patients treated—1884, 528; 1894, 1,417; 1904, 3,868. During this year the hospital had a large and modern addition built, so that now the beds number 270, with room for expansion. The resident medical staff consists of a Medical Superintendent with six House Surgeons.

As Winnipeg is one of the most cosmopolitan cities in the world, having people from all nations as residents or transients, and thousands of miles of country to draw from, one can easily understand the variety of patients and cases that are sent to the General Hospital, forming a good basis for clinics, as well as the training of nurses.

Besides the General Hospital, there is also another public

hospital situated across the Red River from the city of Winnipeg, in the town of St. Boniface. It also is a large building, having a new addition built this year, with a total of about 200 beds. Then there are several private hospitals and nursing homes, so that Winnipeg is well supplied in the matter of caring for the sick.

A. M. CRAWFORD.

Winnipeg.

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### THE MEANING AND BENEFITS OF STATE REGISTRATION.--(Continued.)

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We nurses cannot do anything of ourselves to right these wrongs. We ask the Government to come to our aid. We want to get a law passed. All nurses whose training comes up to a certain standard should be registered, and should have the sole right to the name, "Registered Nurse."

We know also that it would not mean that every registered nurse would be an excellent nurse. The disposition of the woman counts for so much. But it would at least be a good guarantee to the patient, as to the nurse's knowledge.

We by no means wish to cut the ground from under the feet of the less favored nurses. Let them nurse when and where they please. But let there be a difference. Let them not rank with the thoroughly trained nurses. It is not just for them so to do.

Perhaps it is hardly necessary to say that all nurses who have graduated, or are at present in training, whose schools come up to the required standard, would register without passing any examination. But after registration has been obtained by law, all nurses entering for training would, at the the end of their school term, have to pass an examination set by some central Board for the whole province.

Any nurse could, of course, practise without passing this examination, but her standing would be lower than that of the "registered nurse."

The evils I have spoken of are now being felt, but if no action is taken they are bound to increase, and we must think of the nurses who are to come after us and of their future.

There are many points that have not been touched upon in this brief article, and it is wished that letters be written freely to the CANADIAN NURSE in regard to this important subject. Any one who has an idea to contribute, anyone who has a question to ask, write, and so by an interchange we may all become well informed on this matter.

This thing, which we really believe to be essential to our standing as trained nurses, cannot be accomplished by the few. The legislators are not going to pay attention to a handful. As a Sisterhood we must all strive together to gain this good.

CHARLOTTE E. EASTWOOD.

The Victorian Order of Nurses, Toronto.

## THE SUMMER SESSION OF COLUMBIA UNIVERSITY.

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It is desired to call the attention of all Canadian nurses to an educational opportunity which presents itself annually, not very far beyond the borders of Canada. Columbia University, in New York City has, as we all know, included in its curriculum a Course of Hospital Economics; and this Course has awakened so much interest at Columbia, that there are now given in the Summer School certain courses of lectures which bear on subjects relating to nurses' work and many of the practical problems of their daily lives, without in any way encroaching on the regular sphere of the Course in Hospital Economics. Each year the Summer School gives courses in Chemistry, Domestic Science and Physical Education, which contain much instruction for nurses and much interest for those who wish to enlarge their knowledge beyond the bounds already filled by the training school and daily practical experience.

Any nurse who wishes further information is requested to write to Columbia University, New York City, asking for the "Summer Session Announcement for 1905."

RUTH BREWSTER SHERMAN.

Baltimore.

[We have much pleasure in publishing the above, and regret that we cannot add extracts from Columbia University Calendar on account of pressure on our space.—ED.]

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## WHEY MIXTURE.

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Whey Mixture, such as is used in the Baby Ward of the Hospital for Sick Children, Toronto, has proved by experience to be the most satisfactory Infant Food.

The following example is one of many that we could cite:

A baby ten days old was admitted, placed at once on Whey Mixture, which contained in this instance, fat 1 per cent.; and the baby gained steadily.

The preparation of the whey, and the feeding of the baby, have to be most carefully attended to, and one nurse is relegated to this duty a month at a time, to devote her whole care and attention to it.

### WHEY.

(1) *Composition*.—Proteids, .94 per cent.; fat, .32 per cent.; sugar, 4.50 per cent.; salt, .65 per cent.; water, 93.59 per cent.

(2) *Uses*.—In acute and chronic indigestions it provides a particularly valuable form of proteid, viz.: a soluble and very easily assimilated lactalbumin. This albumen does not form curds and

is no tax upon the digestive functions. It is practically 1 per cent. in properly-made whey. Curds found in cases of whey dieting are due to caseinogen gaining an entrance to the whey through faulty technique in whey making—chiefly in allowing the curd to become broken up before straining, and also in using too much pressure in the straining process, or through the use of too-coarsely meshed muslin.

During an acute attack of illness whey alone is a suitable diet. As the attack subsides cream is added to bring the fat percentage up to the required level.

The basis of all calculation in the manipulation of the fat percentage is the following fact: 32 per cent. cream  $\frac{3}{4}$  i. to whey  $\frac{3}{8}$  iv. gives 1 per cent. fat; the rest is easy since cream  $\frac{3}{4}$  ii. gives twice as much, viz.: 2 per cent., and so on. The proteid percentage remains unaltered at 1 per cent.

When it becomes desirable to add caseinogen to a whey mixture, it is done by means of the following formula:

*Fat*— $\frac{1}{4}$  the percentage you want =  $\frac{3}{8}$  cream (32 per cent.).

*Casein*—3 times the percentage you want =  $\frac{3}{8}$  of whole milk.

*Sugar*— $\frac{(S-4)}{10} = \frac{3}{8}$  of sugar and

Lactalbumin (whey) add to  $\frac{3}{8}$  x.

*Preparation.*—Take one quart of milk, heat to a temperature of 90°-100°F., not higher. Also take one Rennet tablet, dissolve in a teaspoonful of cold water, stir this thoroughly into the warm milk, then set this aside in a cool place. In ten or fifteen minutes the milk will have solidified, and can be cut into inch and a half or two inch squares. After being cut into squares the whey comes to the surface between the squares, and the longer it stands the more whey there is. After it is allowed to stand about an hour both junket and whey are emptied into a sieve composed of two thicknesses of cheese-cloth over a hair-sieve. When the whey appears to have all drained through, usually in half an hour, it is heated to not less than 130°F. and not more than 150°F.; 140°F. is the best point. Then let the whey cool and it is ready for use.

Baby H—, aged 15 months, gets  $\frac{3}{8}$  v. whey and  $\frac{3}{8}$  vi. cream every 3 hours.

Baby T—, aged 3 months, gets  $\frac{3}{8}$  v. whey and  $\frac{3}{8}$  iv. cream every 3 hours.

Baby G—, aged 8 months, gets  $\frac{3}{8}$  v. whey and  $\frac{3}{8}$  iii. cream every 3 hours.

Baby O—, aged 2½ months, gets  $\frac{3}{8}$  iii. whey every 3 hours.

H—, aged 9 weeks, gets  $\frac{3}{8}$  ii. whey and  $\frac{3}{8}$  ss. cream every 2 hrs.

Baby L—, aged 8 weeks, gets  $\frac{3}{8}$  iiss. whey and  $\frac{3}{8}$  i. cream every 2 hours.

Baby P—, aged 4½ months, gets  $\frac{3}{8}$  iv. whey and  $\frac{3}{8}$  iv. cream every 3 hours.

Baby W—, aged 4 weeks, gets  $\frac{3}{8}$  ii. whey every 2 hours.

Baby A—, aged 13 months, gets  $\frac{3}{8}$  vi. whey and  $\frac{3}{8}$  vi. cream every 4 hours.

L. E. BRENT.

The Sick Children's Hospital, Toronto.



THE SCHOOL NURSE'S WORK.

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In our land of sunshine and flowers, we have a busy bustling little city, Los Angeles, from which the angels send you greeting. Many call our part of the State "Manna Land." If we sometimes take life easy, we make up for it by the energy with which we work when the time for rest is past.

We are growing so fast that we outgrow our surroundings and improvements as rapidly as a child does its clothes. I boarded with a woman once who always made her children's clothing large enough for next summer. Los Angeles has never been able to get a pattern large enough to do that. Every year there has to be some change.

One of this year's changes was the appointing of a school nurse, who is to look after the welfare of the school children exclusively. The first work done in the schools was done by the "College Settlement" nurse. The work grew to such proportions that she could no longer handle it with the other work she had to do.

The school nurse is under the supervision of the health officer. She comes into the work under the civil service rules.

The work is particularly needed in those schools where the Russians, Spanish and Italians are in excess of the children of our own English-speaking people.

These people are like children in many ways. It is here that your work finds the most receptive soil. The absolute trustfulness with which they come to us, once we have won their confidence, is a great source of satisfaction to all who have this work in hand. For these grown-up children it becomes necessary to have some one whose business it is to show them, when help is needed, where and how to get it. This is the business of the school nurse.

Besides the ordinary cases of contagious diseases of childhood, there are many cases of eye, ear, nose and throat, and all manner of skin diseases. Of course all suspicious cases are reported to the health officer.

The school hours are from 9 a.m. to 3 p.m. During those hours I am in the schools attending to the various needs of the children. After the school is closed for the day I visit in the homes.

Vermin are a great source of trouble in this work.

Any nurse doing this line of work in this city should be either a linguist or a pantomimist, or both.

However, the best way is to make your people understand you are interested in them. This is soon demonstrated with no great amount of knowledge, if you yourself possess the great essential element—love of humanity.

E. M. THORNTON.

Los Angeles, California.

# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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VOL. I.

TORONTO, JUNE, 1905.

No. 2

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## Editorial.

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### ENLARGEMENT.

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It is our hope that this magazine may be a truly representative one and the Committee on Publication are at present considering plans to secure the co-operation of all Canadian Training Schools and Nurses' Alumnae Associations in bringing this about. It is earnestly requested that Superintendents of Training Schools and officers of Alumnae Associations, as well as individual nurses, will without delay communicate their views on this subject to Miss Hodgson, the Assistant Editor, 82 Bloor Street West, Toronto.

### THE VICTORIAN ORDER OF NURSES IN 1904.

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During the year ending December 31st, 1904, the Victorian Order in hospitals have cared for 2,892 cases, 519 of these being out-patients; the district nurses caring for 3,114 cases making a total of 6,006.

Number V. O. Nurses, December 31st, 91; number of probationers, 18.

The work of the hospitals in the West has increased tremendously during the past year. With one or two exceptions they are all overtaxed, cots being placed in the halls, and often the nurses being turned out of their rooms in order to accommodate patients. I do not think the people in this part of Canada can realize the difficulties under which the nurses work in some of the small western towns—no light but oil lamps, and oftentimes the only supply of water being in the basement of the building, and having to be carried to other parts of the hospital; in fact, in one case the water was brought to the building in barrels, and for two days last fall they were without drinking water.

A large number of the patients come long distances to be treated, one man who had both hands badly crushed riding 70 miles on an engine over an unfinished road. Had it not been for the V.O. in that little village he would have had 278 more miles (14 hours) to travel before he could receive hospital treatment.

Another case was that of a trapper, who was severely burned, and had to walk 16 miles to the nearest house. By the time he reached it he was also badly frozen, and then had to drive 30 miles to the hospital.

I think these two cases I have cited will give people a little idea of how necessary the cottage hospitals are to the people of the West.

Emergency hospitals will be opened at Arrowhead, a lumbering district on the Kootenay lakes, and on Rock Bay, 130 miles from Vancouver, where there are between three and four thousand loggers in the immediate vicinity. There is no doctor there, but two nurses and an orderly will be stationed in the hospital, and it is thought this little hospital will save many lives.

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“Every solitary kind action that is done the world over, is working briskly in its own sphere to restore the balance between right and wrong. Kindness has converted more sinners than either zeal, eloquence or learning.”—*F. W. Bart.*

### THE GRADUATE NURSES' ASSOCIATION.

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The Graduate Nurses' Association of Ontario has every reason for congratulation with regard to the annual meeting held on April 22nd, 1905. The attendance was unexpectedly large, thoroughly representative, members being present from every part of the province, one member coming from Grand Rapids, Michigan, for the express purpose of attending the meeting.

The session lasted four hours and in that time a very large amount of work was accomplished. The discussions were brief, but thorough, and characterized by the best of good feeling. It was remarked on all sides that there had been a wonderful development of capacity for conducting and directing the business of the Association. The officers and council form a strong and representative Executive, and while the work which lies before them is difficult, it may be confidently predicted that through the coming year the Association will continue to make the steady progress which has already characterized it. Of this the personality of the Executive, and the spirit of active interest which seems to animate the whole Association are sufficient guarantee. Much has been done, but much remains to do.

### THE WASHINGTON MEETINGS.

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The first week of May was "Nurses' Week" at Washington. In that beautiful city, favored by fine weather and perfect arrangements, the American Society of Superintendents of Training Schools for Nurses held its annual meeting at the Shoreham, beginning on May 1st, with the President, Miss Nevins, of the Garfield Memorial Hospital, in the chair. The meeting was opened with the invocation by the Rev. Mr. Pierce, of All Souls' Church, and the President's address which followed was a fine effort, giving the history of the Society since its founding in 1893. Among the topics discussed were "Economy in Hospital Work," "Training-School Libraries," "District Nursing and Post-Graduate Instruction."

The Nominating Committee, consisting of Miss Snively, Toronto; Mrs. Hunter-Robb, Cleveland, and Miss Maxwell, of New York, presented their report at the morning session of the second day, when Miss Goodrich, of the New York City Hospital, was elected President, and Miss Nutting, of Johns Hopkins Hospital, Secretary. The next meeting will be held in New York in April, 1906.

The fifth annual meeting of the Spanish-American War Nurses also took place in Washington at the same date, and on May 3rd both these organizations met with the members of the American Federation of Nurses at its first regular meeting as an organization, under the presidency of Miss Nutting, of the Johns Hopkins. This meeting was a great event in the history of nursing in the United States, and will have far-reaching consequences. Receptions and other social events were brilliant and successful. The unveiling of a monument to the Spanish-American War Nurses will long be remembered. Altogether these meetings were most helpful and inspiring.

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### THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

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We regret that owing to other engagements the President of the Canadian Nurses' Association, Montreal, Miss Colquhoun, has not been able to favor us as she intended with an article for this number, giving the history of the Association. We hope to publish it in our September issue. The Association held the closing meeting of a successful season in April, when Dr. Byers lectured on "Ophthalmology." Other lectures of the course were as follows: "The Pulse," Dr. Morrow; "Diseases of the Stomach and Diet," Dr. Ridley MacKenzie; "Children's Diseases," Dr. Blackader; "A Nurse's Duties in Field and Base Hospitals," Dr. Birkett; "Tuberculosis," Dr. Richer.

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### PRESENTATIONS.

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As this number was passing through the press, two presentations, of far more than ordinary interest took place at Toronto General Hospital. On May 25th, Dr. O'Reilly, who has so long been Superintendent, was presented by the other officials and the household with an engrossed address and a beautiful desk as a souvenir.

We take great pleasure in adding that on the following evening Miss Dougal, Miss Snively's valued assistant, was presented with a purse of gold by her many friends in the nursing profession. We heartily congratulate Miss Dougal and Dr. O'Reilly on these valuable new possessions and on the still more valuable old possession of kindly thought and memory in the great Institution where they have worked so many years.

## Correspondence.

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### LETTER FROM MEXICO.

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During the month of March and April we have had many severe cases of pneumonia, and there being only two graduate nurses and a man nurse, we have plenty to do, and are always on the lookout for emergencies from the smelters and the mines. The hospital is built in Mexican style, that is, with a patio (all doors opening and facing within), around which is a brick wall, about four feet wide. We have some trees and flowers, and 'tis very bright and cheerful. At present we have fourteen patients, all Mexicans, save one, a very sick typhoid. We have accommodation for twenty-three, including rooms for infectious diseases, and during the last year we have had two cases of small-pox—one very malignant, the other mild. The Mexican patients are so grateful and happy in the hospital that they do not care to leave when their time comes to go. Poor creatures, some of them have never before had a bed to sleep upon. Neither have they had all they wanted to eat, so 'tis no wonder they think the hospital a paradise, and they call the nurses "the white angels." Imagine trying to live up to a reputation of that kind; but the temptations here are not very great, otherwise even our Indian brothers might notice their mistake. Wishing you every success, believe me,

Yours sincerely,

E. THYNE THORNE.

Mapimi,  
Est de Durango, Mexico.  
El Hospital,  
Cia Minira de Peñoles.

April 25th, 1905.

## Hospital and Training-School Items.

IN CHARGE OF MISS HARGRAVE.

Hon. W. J. Hanna, Provincial Secretary of Ontario, to whose department belongs the inspection and management of all the public institutions, including hospitals, has, since assuming the duties of his new position, displayed great interest in all matters relating to the hospitals and charities of the Province. Some announcements which have appeared in the daily press in regard to his decisions in some hospital matters, have been most favorably commented upon and are indicative of what might be called a proper hospital spirit.

At the meeting of the Alumnae Association of the Toronto General Hospital, held on March 14th, the Social Committee reported that a list of one hundred and seventy nurses, resident in the city, graduates of other than city hospitals, has been made. Some of them have availed themselves of our invitation to attend our meetings and will work with us to further legislation. The Women's Council will be asked to place legislation for nurses on their list of subjects for discussion at their annual meeting. Dr. Adam Wright addressed this meeting, at which thirty-eight were present. At the meeting held on April 11th a full report of the first issue of THE CANADIAN NURSE was given by Miss Mitchell. Compliments and congratulations have been showered on the first number. Many express the desire that it be enlarged to be a professional journal for all nurses in Canada. Miss Snively addressed the meeting. Attendance forty. On April 18th a special meeting was held, in view of approaching annual meeting of Ontario Association. The meeting on May 9th was addressed by Dr. Mac-Murphy. Miss Mitchell was appointed on Central Registry Board *vice* Miss Lennox, resigned. The next meeting is to be held Tuesday, June 6th (the *first* Tuesday in the month). A number of graduates of other hospitals were present at this meeting, as well as several new members.

THE HOSPITALS OF ONTARIO.—The Annual Report of the Inspector of Hospitals for Ontario has just been issued, and is full of interesting items in regard to the institutions of the province. While the hospitals have been doing more work than ever before, regret is expressed that for some reason the subscriptions, donations, etc., for the past year are over twenty-one thousand dollars less than for the preceding year. While the report has many commendatory remarks, Dr. Smith does not hesitate to speak out plainly and distinctly in criticizing certain conditions which, he urges, *must* be corrected in some hospitals. Some of these are: The necessity for better fire protection, overcrowding and lack of proper ventilation, caring for tubercular cases in wards with other patients, indiscriminate visiting and the absolute necessity of

having all infectious diseases cared for in isolated hospitals not less than one hundred and fifty yards from any other building. The erring ones will no doubt take heed and make the desired improvements, for after all, that is what a Government Inspector is for, and it is better to call "a spade a spade." Ontario hospitals must not get behind in these days of progress.

The graduating exercises of class of 1905 were held at the Royal Victoria Hospital, Montreal, on April 1st. Lord Strathcona, one of the founders of the institution, presented the diplomas and badges to the graduating class. He announced that he and Lord Mount Stephen wished to have a Nurses' Home built at their expense, and as the nurses have long felt the great need of such a building—this announcement was much appreciated. The work on the Home will be commenced early in May. An address was given by Dr. Bell, and afterwards a reception was held. The following nurses graduated: Miss M. F. Henry, London, Ont.; Miss M. A. Prescott, Baie Verte, N.B.; Miss C. Tocher, Fergus, Ont.; Miss E. J. Smith, Harvey Station, N.B.; Miss M. Cartwright, Toronto; Miss M. Young, Park Head, Ont.; Miss B. Watson, Paisley, Ont.; Miss F. Fraser, Kinburn, Ont.; Miss A. Bisset, Quebec; Miss M. Hyndman, Kempville, Ont.; Miss A. E. Rodd, Brackley Pt., P.E.I.; Miss N. L. Holmes, Toronto; Miss C. Snider, Lancaster, Ont.; Miss A. Snyder, Lancaster, Ont.; Miss K. Griffin, Toronto; Miss J. F. Beatty, Hamilton, Ont.

At a meeting held in March, at Hillman Hospital, an Association of Graduate Nurses was formed and resolutions were passed to establish in Birmingham, Ala., a Nurses' Registry. Thirty-five nurses were enrolled, graduates of Hillman Hospital, St. Vincent's, etc. The officers are: President, Miss M. J. Allan, Toronto; Vice-President, Miss C. Baker; Secretary and Treasurer, Miss J. Barry, Toronto. It was unanimously resolved: (1) To form in Birmingham an Association of Graduate Nurses. (2) That those entitled to enrollment shall either hold diplomas from recognized training schools, or certificates of two years' training in private sanitariums. (3) That these credentials be subject to the approval of a joint committee of three nurses and three doctors to be elected by the Association. (4) That after six months, only diplomas from recognized training schools shall be accepted by said committee.

The annual commencement exercises of the Kingston General Hospital Training School for Nurses were held in Convocation Hall, Queen's University, April 29th, 1905. After an invocation by the Rev. W. T. G. Brown, Mr. D. M. McIntyre, chairman of the Board of Governors, gave a brief sketch of the work of the Training School. Mr. W. F. Nickle presented diplomas to the following young women: Misses E. Dickson, B.A., Kingston; M. Oswald, Pontypool; A. C. Elliott, Kingston; H. Byers, Bailieboro; M. Rodger, Perth; H. Ferguson, Lotus; A. M. Beattie, Peterboro'; M. McIlroy, Kingston; J. McCallum, Brewer's Mills; J. C. Turner, Belleville; E. Ferrier, Kingston; F. McLeod, Kingston; G. Mills,



Wilton ; D. C. Croft, Picton. Miss E. C. Gordon, superintendent, gave a very interesting account of the history of nursing. The graduating class repeated the Florence Nightingale pledge with Miss Gordon. Mesdames Chown and Connell presented each of the nurses with the graduating pin, a gold and white cross. Dr. Mundell, chairman of the medical staff, addressed the graduates, giving some advice which would be of much help to them in their professional career.

The monthly meeting of The Alumnae Association of the Toronto Children's Hospital was held at the Hospital, May 13th, 1905, the President, Miss Hamilton, in the Chair. After a discussion *re* the "Sick Benefit Fund," Miss Brent showed the plans for the new Nurses' Home, which will be completed next March. Dr. McPhedran gave an instructive and interesting lecture on "Dietetics."

The Training School for Nurses in connection with the Hospital for the Insane at Brockville, has closed its first year with gratifying success. Arrangements have been made to have the examinations conducted uniformly with the Asylum Nurses' Branch of the British Medico-Psychological Association, so that graduate nurses will be recognized as members of the British Association. This arrangement will likely be very satisfactory, and the Brockville institution deserves credit for taking the lead in Ontario in securing recognition to Canadian nurses who train in this special work of nursing mental and nervous cases.

Mr. E. C. Stephens, a prominent business man of Collingwood, and one of the directors of the Northern Navigation Co., has donated seven hundred dollars to furnish the new operating-room of the General Hospital, Collingwood. Mr. Hammond, President of the Northern Navigation Co., has contributed one hundred dollars towards the tiling of the operating-room. All the wards in the new wing have been furnished by individuals or societies.

Miss M. Hyde, Superintendent of the General Hospital, Dauphin, Man., reports that a new wing is being added to the Nurses' Home and a new laundry, with all modern improvements is being built. It is expected that during the summer telephones and electric light will be put in the hospital. The work is increasing to such an extent that it will be necessary in a short time to enlarge the building.

The N.A.A., of Kingston held two very pleasant and successful meetings on March 7th and April 4th, respectively. This Society works in conjunction with the Woman's Aid Association of Kingston General Hospital. The President, Mrs. Tilley, was appointed to represent the Association at the O.G.N.A. annual meeting in Toronto on April 22nd. Miss Georgina Nicol, Cataraqui, is Secretary-Treasurer of the N.A.A.

The new Midland and Penetanguishene Hospital has been opened without the decoration of a mortgage. This is something new for a hospital, but so far, the want of any debt has not proved a source of embarrassment. The enterprise and pluck of some of those northern people might well be emulated in other parts of the province.

At a well-attended and enthusiastic meeting of the Governors of the Western General Hospital, Montreal, it was decided to build a new wing at once. Eight nurses graduated this spring from this hospital. One of these, Miss Margaret Leslie, of Toronto, has been appointed to take charge of the hospital operating-room.

Dr. Bruce Smith, the Inspector of Hospitals for Ontario, says he hopes to see the CANADIAN NURSE taken and read in every hospital in the province, and does not hesitate to express himself as fully convinced that there is a field for excellent work for our publication.

Niagara Falls, Ontario, is likely to erect a hospital at an early date. A Hospital Trust has been organized there, with Mr. James Wilson as President, and plans are being prepared to erect a hospital on modern lines and with a first-class equipment.

The Grace Hospital Alumnae Association will close in June what has proved a very successful and interesting year, considering that the Association was only founded late in the spring of 1904. There is a membership of fifty, and it is hoped that the Society may increase in members and may prove a bond of strength and interest among the graduates.

Canada was well represented at the Washington meeting of the International Association of Superintendents of Training Schools. Among those present were the following Superintendents: Miss Snively and Miss Brent, of Toronto; Miss Henderson and Miss Gilmour, of the Royal Victoria, Montreal; Miss Chesley and Miss Meiklejohn, of Ottawa; and Miss Mayo, of London.

The Alumnae of St. Michael's Hospital, Toronto, has had large and interesting meetings lately. The officers for this year are: President, Mrs. Richard Grier; 1st V.-Pres., Miss McNicholl; 2nd V.-Pres., Mrs. Monkhouse; Treasurer, Miss C. C. Fraser; Secretary, Miss L. M. Graves; Directors, Misses Boyne, Donnelly and Regan.

A large addition is being built to St. Joseph's Hospital, Port Arthur. A Training School, in charge of Miss Lydia Regan, has been started in connection with this institution.

The Toronto Western Hospital Alumnae Association, held a reunion of the graduates in the Nurses' Home, 24 Rosebery Ave., on March 28th, 1905, to celebrate the anniversary of the organization of the Alumnae.

Goderich, Ontario, is likely soon to have a new hospital.

The Victorian Order of Nurses' Hospital at Thessalon, Algoma, has enjoyed a prosperous year.

Miss E. Betzner (Berlin-Waterloo Hospital, 1902) is at Atlantic City with a patient.

Miss C. Macfadyen (Berlin-Waterloo Hospital, 1904) has been very successful in Windsor doing private nursing.

During the past year no less than thirty-nine thousand two hundred and twenty-three patients were treated in the hospitals of Ontario.

There are now sixty-four public hospitals in Ontario.

Miss Helen McLean, Sick Children's Hospital, Toronto (1900), who has been ill for several weeks in the General Hospital, Collingwood, is convalescing.

Mrs. Herbert Goldie (nee MacKenzie), formerly Head Nurse of the Galt Hospital, has sailed for Europe with her husband.

Miss S. L. Dawson, Montreal General Hospital (1899), has been a patient in the Collingwood General Hospital for four weeks, but will soon be able to return to her home.

Miss E. Thyne Thorne, graduate of Toronto General Hospital, and Superintendent of the Mapimi Hospital, Mexico, is visiting her sister at 540 Spadina Ave., City.

We regret to report the resignation of Miss M. E. Dougal, for the last six years Assistant-Superintendent of the Toronto General Hospital. Miss Dougal will be much missed by both the patients and nurses.

Miss Myrtle Hodgins and Miss Mary H. MacKay, graduates of the Woodstock General Hospital, have completed a six months' course in the Memorial Hospital, New York, and are locating for private duty in New York City.

Miss Nellie Campbell (T.G.H.), 1903, has been appointed head-nurse in City Hospital, Vancouver.

Miss L. Doble, late assistant superintendent of the Sick Children's Hospital, has been obliged to resign her position on account of illness in the family.

Miss W. E. Groom, graduate of St. Michael's Hospital, was married on March 15th to Mr. W. F. Nixon, Toronto.

Miss Mahony, an undergraduate nurse of St. Michael's Hospital, was operated on, early in May, for appendicitis. She is progressing favorably.

Miss Evelyn Whitemarsh (Sick Children's Hospital, 1904) has accepted a position at the Gravenhurst Sanitarium.

Miss Frances B. Stony (1901), Collingwood General Hospital, who has been an United States army nurse, serving in the Philippines, for the last two years, is expected home this month.

Miss Maud Dover (T.G.H.) has removed to 289 Huron Street, City.

Miss M. Steers (T.G.H.) has removed to 380 King Street W., City.

Miss M. A. Snively, Superintendent of the Toronto General Hospital, and Miss L. Brent, Superintendent of the Sick Children's Hospital, Toronto, have been attending the Convention of Superintendents in Washington, D.C.

Miss Baldwin has accepted a position in the Polytechnic Sanitarium, in New Orleans.

Miss Barwick, graduate of the Johns Hopkins Hospital, Baltimore, has applied for the appointment of Registrar of the Central Registry of Toronto. Miss Barwick has had considerable experience in this work, as she held a similar position in Baltimore for eight years, and it was owing to her untiring efforts that the Registry of that city proved such a success.

Miss Wismer is visiting her home in Dunnville, Ont.

The work towards the new Nurses' Home in connection with the Sick Children's Hospital, Toronto, has been started, the property having been cleared of old houses.

Miss Josephine Hamilton, graduate of S.C.H., has been confined to the house with a broken ankle, but will soon be out again.

The graduating exercises in connection with the General Hospital, Collingwood, were held in May. The names of the nurses who graduated are: Miss A. Gerald, Miss A. Moore, Miss M. Robinson, Miss E. Wilson, Miss B. Klinck and Miss M. Lord.

Miss Ida Kealy, a recent graduate of the Galt Hospital, has gone to Medicine Hat to take up private nursing.

Miss Jessie Christie, graduate of the Toronto General Hospital, class of 1895, has been appointed Assistant Superintendent of that institution.

Miss Mary Gray is able to be out again after an illness of twelve weeks. Miss Gray contracted diphtheria from a patient.

Miss E. Jamieson has been in California for several months doing hospital work.

Miss Carrie Bowman, late Superintendent of the Hamilton City Hospital, has gone to Winnipeg to do private nursing.

Miss Mary Crozier (Guelph General Hospital) has accepted the position of Head Nurse on the private wards of the Lakeside Hospital, Cleveland, Ohio.

Miss M. McMillan has gone to Tacoma, Washington, to take up private nursing.

The Riverdale Isolation Hospital has started a successful diet kitchen.

Mrs. J. W. McCullough (*née* Lawson), of Alliston, Ont., spent Easter week with her father on Tyndall Avenue, Parkdale.

Miss Margaret Wightman, who graduated last February from the Galt Hospital, left recently for Winnipeg to take up private nursing.

Miss Vancour, graduate of Galt Hospital, 1901, recently took a post-graduate course in the Memorial Hospital, New York, and has taken up private nursing in Winnipeg.

Miss Brent, Superintendent of the Children's Hospital, Toronto, has arranged for a Post-Graduate Course (in Maternity), for the Children's Hospital, at the Manhattan Hospital, New York.

Mrs. Rogers (Children's Hospital, Toronto), is Superintendent of the School Nurses of New York. There are now 44 school nurses, who work among 300,000 school children, treating minor diseases at the schools, thereby allowing the children to continue their schooling.

Miss MacMurtry, Grace Hospital, Toronto, who has been nursing at the Gravenhurst Sanitarium for the last six months, expects to return to Toronto in June.

Miss Potts, graduate of St. Luke's Hospital, Ottawa has been appointed Assistant Superintendent of the Sick Children's Hospital, Toronto. Miss Potts was formerly Night Superintendent of the Hospital.

Miss K. Manson, graduate of St. Luke's Hospital, Ottawa, has been appointed Night Superintendent of the Sick Children's Hospital, Toronto.

Miss Jones, (Grace Hospital, Toronto), has resigned her position at Gravenhurst Sanitarium on account of illness. She is at present at Colorado Springs recuperating.

Miss MacMillan (Grace Hospital, Toronto), who has been nursing in Berkley, Cal., since last fall, expects to return in June, and will spend the summer nursing at the Gravenhurst Sanitarium.

MARRIED.—On Tuesday, March 7th, 1905, at 380 King Street W., by the Rev. R. J. Moon, Rector of St. Margaret's Church, Toronto, Mary Baker Carpenter, late of Tiverton, Devonshire, England, to John Alton Hardy, of Sheridan, Ont.

MARRIED.—On Wednesday, April 26th, 1905, at the Methodist Church, Mount Albert, by the Rev. Mr. Morgan, Phœbe Foster, of Toronto, to John Alexander Hopkins, of Mount Albert, Ont.

DIED.—Miss Jessie McLaren, graduate of the Toronto General Hospital class of 1887, died suddenly of ptomaine poisoning in Florida, in March. The remains were brought home to Mount Forest, accompanied by Miss M. Thorne. Miss McLaren has been nursing for several years with Miss Marion Wilson and Miss M. Thorne in a private sanitarium in Florida.

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### The Nurse's Library.

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*Eye, Ear, Nose, and Throat Nursing.* By A. DAVIS, A.M., M.D., and BEAMAN DOUGLAS, M.D. With 32 illustrations. Price \$1.25. Philadelphia: F. A. Davis Co.

Prepared by two specialists, Professors in the New York Post-Graduate Medical School and Hospital, and admirably adapted to the needs of physicians, medical students and nurses, this book will make a place for itself at once. The chapters on Remedies and their Application are invaluable, but, indeed, the whole book should be read carefully.

*A Text-book of Obstetrics.* By A. H. WRIGHT, M.D., Professor of Obstetrics in the University of Toronto. New York and London: D. Appleton & Co. Toronto: Morang & Co.

Great interest has been felt in this, the first important Canadian medical text-book, on account of the long experience, wide knowledge and personal popularity of the author, the importance of the subject, and the desire, felt by all medical students and physicians of the right sort, to read the best modern books. These feelings will not be disappointed. "Wright's Obstetrics" has certainly not been excelled, and has probably not been equalled in clinical value, at least, by any other work on the subject. Nurses will find

the chapters on "Normal Labor" and the "Puerperal State" invaluable, containing as they do explicit directions to the nurse as to everything she should do and a great deal of information to which nurses may require to refer. Few readers will begin the chapters on "Prolonged Labor" and "Listerism and Obstetrics" without reading them through at one sitting; they are so interesting. The book is handsome in appearance, contains two hundred and twenty four illustrations and tables of contents, indexes, etc. We sincerely congratulate Dr. Wright, the friend of all nurses, on the appearance of his valuable book, and cordially commend it to our readers.

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*The Gazette Pocket Speller and Definer.* Price 50 cents. New York: The Gazette Publishing Co.

This convenient book, so small that it may be slipped into a pocket or small satchel, is one of the best little dictionaries published. 116 pages of English words, 100 pages of medical words, a word to a line. To nurses it will be a great assistance.

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*The Eye.* BY CHALMERS PRENTICE, M.D., Chicago: Published by the Author.

"In the union of health adjuncts, and the absence of pessimism, there is no such thing as incurable disease." These words may be taken as the theme of this interesting work on the eye. The author goes on to discuss mind energy, brain strain, neurasthenia and the effects of these, in an original and illuminating way. All the different defects of vision are carefully explained. The book is a suggestive one.

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*How to Feed Children.* BY LOUISE E. HOGAN. Seventh edition. Philadelphia: The J. B. Lippincott Co.

This excellent manual forms one of the well-known practical Lessons in Nursing series, but will be found useful for mothers, teachers and physicians, as well as nurses. Infant feeding, summer diet, diet in illness, diet for school-children, are among the best chapters in the book. The author is well read, and this is one of the best books on the subject.

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*A Hand-book of Nursing.* Philadelphia: The J. B. Lippincott Co.

This is the 1905 edition of the Connecticut Hand-book of Nursing of 1878, modernized and revised. It was brought out in the first place, by the committee of the Connecticut Training School for Nurses, and was intended for the guidance of nurses in their daily duties. Hospital nursing, private nursing, medical,

surgical and obstetrical nursing, as well as the nursing of children, are dealt with in separate sections of the book. It is in every way an excellent text-book, reliable, practical and complete.

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*How to Cook for the Sick.* BY HELENA V. SACHSE. Third edition. Philadelphia: The J. B. Lippincott Co.

Every nurse needs a book on this subject and we can cordially recommend this one. It is condensed, yet complete and practical (the author has tried all her own recipes and they have been successfully used in six hospitals). The arrangement of the book permits of ready reference, and a great many recipes are presented together with many valuable hints.

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*The Life of Florence Nightingale.* BY SARAH A. TOOLEY. Price \$1.75. New York: The MacMillan Co. Toronto: Morang & Co.

No volume will be more welcome to the Nurse's Library than this. Having once opened it, we can scarcely bear to lay the book down unfinished. Professional interest, personal interest, national interest, all meet in these pages, which tell the story of a great and wise and loving woman who founded a new profession for women. She is one of our ideals, and will always remain so. The publication of the biography fittingly commemorates the jubilee of her departure for the Crimea, on October 21st, 1854. Her childhood, her education, her friends, and her professional career, are all dealt with in this interesting volume, which we hope many of our readers will soon possess.

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## The Contributors' Club

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### REGISTRATION OF NURSES IN ONTARIO

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To the last two words I take exception. Let the movement be not for Ontario alone, but for *Canada*. Let the nurses who have this movement at heart and who wish to see the profession placed on a right basis, disabuse their minds of the idea that it is for Ontario alone. Here in the west we see the need of registration for the "Trained Nurse." As we are such a young country, we get an influx of the discarded probationers, ward maids, etc., from the large eastern and U.S. hospitals, calling themselves "trained" wearing uniforms, etc., having, it is true, a smattering of knowledge and who *demand* and *get* the prices of the regularly trained nurse and unless their diplomas are positively demanded (having many excuses for not showing them) they are accepted by the public as



bona-fide nurses. Let us profit by the mistakes of the older professions of medicine, law, dentistry and pharmacy, which obtained Provincial legislation, and now we see these professions spending money and time trying to obtain Inter-Provincial Registration. Let our nurses be "National" not "Provincial." Have not women helped to build up every national movement? Then why should we, who have enlarged our sympathies and world by our Hospital Training, not have for our watchword in this cause "Canada" not Ontario alone.

[Our correspondent's idea is an excellent one. But as educational matters are under the control of Provincial Government, it will evidently be necessary to obtain the consent of each Province to Registration before Dominion Legislation can be secured.—EDITOR.]

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#### UNUSUAL CASES—NEW IDEAS—EXAMINATION PAPERS

Would it not be helpful to us all if Nurses or Superintendents of Hospitals would send in reports of any unusual cases, with treatment for the same? Also, if some of our sisters who are in charge of operating theatres in the larger centres would give us the new ideas constantly being put into practice by our leading surgeons? In this way, we who are more or less isolated, could keep up with all the modern methods. As it is, very little help is given along these lines by even the big American Nursing Journals. And consequently we have to depend on our surgeons to bring us back any new thing which they may happen to note or remember on their occasional trips to New York or elsewhere.

Another thing I would like very much would be the publishing of the Examination papers (trials) of the Training Schools. It would be of great benefit to us in the smaller Hospitals to know just what was being asked in the large Training Schools so that we could as far as possible keep our standard for Trials as high as theirs. I am afraid this is a very selfish contribution largely made up of some of my own needs.

[Our correspondent has done the Canadian Nurse a great service by sending this contribution. These three ideas are excellent and we appeal to our readers to carry them all out in the next Contributors Club. Send reports of unusual cases with nursing methods and treatment, also new ideas from the Theatre and Examination papers.—EDITOR.]

## TEXT-BOOKS FOR NURSES

Hampton, "Nursing, its Principles and Practice" .....	\$2.00
Stoney, "Practical Points in Nursing" .....	1.75
Weeks, "Text-book of Nursing" .....	1.75
Humphrey, "Manual of Nursing" .....	1.00
Davis, "Obstetric and Gynæcologic Nursing" .....	1.75
DeLee, "Obstetrics for Nurses" .....	2.50
Fullerton, "Obstetrical Nursing" .....	1.00
Boland, "Invalid Cookery" .....	2.00
Knight, "Food and Its Functions" .....	.75
Hart, "Diet in Sickness and Health" .....	1.50
Holt, "Care and Feeding of Children" .....	.75
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## CHARTER MEMBERS.

YR.	NAME	ADDRESS	HOSPITAL	YR.
1904	Anderson, A. J.	12 Selby St., Toronto	General Hospital, Toronto	1903
1905	Aubin, N. L.	505 Sherbourne St., Toronto	" " " "	1894
1904	Aiken, A.	138 Wilton Ave., Toronto	Grace " " "	1887
1904	Argue, E.	505 Sherbourne St., Toronto	Riverdale " " "	1900
1904	Brent, L. E.	Sick Children's Hospital, Toronto	Brooklyn City Hospital	1890
1904	Boyne, E.	608 Church St., Toronto	St. Michael's Hospital, Toronto	1897
1904	Bowman, C. M.	641 Toronto St., Winnipeg	General " " "	1890
1904	Brown, A.	101 Cowan Ave., Toronto	" " " "	1895
1904	Boyd, A. M.	380 King St. W., "	" " " "	1889
1904	Beam, I. J.	12 Selby St. "	" " " "	1897
1904	Burkholder, J.	" " " "	" " " "	1898
1905	Blyth, F. W.	62 Grenville St., "	Sick Children's Hosp., Toronto	1903
1904	Bridgeland.	80 Lowther Ave., "	Grace Hospital, Toronto	1898
1904	Baker, E.	201 Earl St., Kingston	General " Kingston	1898
1904	Bowerman, L.	505 Sherbourne St., Toronto	" " Toronto	1895
1904	Barnard, M. L.	608 Church St., Toronto	Sick Children's Hosp., Toronto	1898
1905	Buckland, R. A.	Fergus, Ont.	Royal Alexandria Hosp. Fergus	1905
1905	Bell (Mrs.) M.	Arthur " "	" " " "	1905
1905	Bruce (Mrs.) L. E.	Gormley, P.O., Ont.	General Hospital, Toronto	1888
1905	Begg (Mrs.) C. G.	264 Carlton St.	" " " "	1898
1904	Bole, A. M.	380 King St. W.	" " " "	1900
1905	Barwick, C. B.	644 Spadina Ave.	Johns Hopkins Hosp. Baltimore	1893
1904	Chillman, E.	General Hospital, Stratford	General Hospital, Toronto	1892
1904	Clary (Mrs.) M.	St. V. de Paul, Hospital, Brockville	Mercy " Chicago	1901
1904	Carnochan, A.	26 Selby St., Toronto	Grace " Toronto	1901
1904	Coleman, H. J.	39 East Ave. North, Hamilton	City " Hamilton	1897
1904	Christie, M.	19 Classic Ave., Toronto	General " Toronto	1897
1905	Coleman, S. M.	The Nicholls Hospital, Peterboro	N. Y. City Hospital, New York	1896
1904	Donnelly, J.	608 Church St., Toronto	St. Michael's Hosp., Toronto	1898
1904	Dougall, M. E.	General Hospital, Toronto	General " " "	1896
1904	Davis, F. N.	179 College St. "	" " " "	1895
1904	Davis, M. H.	" " " "	" " " "	1901
1904	Doble, L.	32 Dearborn Ave., Toronto	Sick Children's Hosp., Toronto	1901
1904	De Vellin, C. E.	505 Sherbourne St., "	Grace Hospital, Toronto	1893
1905	Darrell, L.	34 Hazleton Ave., "	General Hospital, Kingston	1898
1905	Downey (Mrs.) A.	96 Bellevue Ave., "	St. Luke's Hospital, Chicago	1891
1904	Eastwood, C.	206 Spadina Ave., "	Bellevue Hospital, New York	1887
1904	Ewing, M.	26 Bellevue Ave., "	Sick Children's Hosp., Toronto	1893
1904	Edmonson, C.	Peterboro', Ont.	General Hosp., Kingston	1904
1904	Evans, M.	21 Park Road, Toronto	Grace " Toronto	1900
1904	Fitzgerald, A.	St. Michael's Hospital, Toronto	St. Michael's Hosp., Toronto	1903
1904	Flaws, E.	Butterworth Hosp., Grand Rapids, M.ch.	General " " "	1895
1904	Fralick, H. B.	12 Selby St., Toronto	" " " "	1897
1905	Field, E.	505 Sherbourne St., Toronto	" " " "	1904
1904	Fogarty, Mary	Riverdale Hospital	Riverdale Hospital	1902
1904	Gordon, E.	General Hospital, Kingston	General Hospital, Toronto	1889
1904	Graves, L. M.	St. Michael's Hospital, Toronto	St. Michael's Hosp. "	1903
1904	Greene, C. H.	Belleville Hospital, Belleville	General Hospital, "	1891
1904	Gray, J. L.	7 Pears Ave., Toronto	Sick Children's Hosp., Toronto	1893
1904	Gray, Mary	505 Sherbourne St., Toronto	" " " "	1893
1904	Gladstone, S. E.	General Hospital,	General Hospital, Toronto	1896
1904	Gunn, E. L.	Royal Alexandria, Fergus, Ont.	Western " "	1902
1905	Graham, E.	80 McCaul St., Toronto	General Hospital, Collingwood	1903
1905	Gallaher, M.	St. Luke's, Ottawa	St. Luke's Hospital, Ottawa	1902
1905	Hamilton, J.	481 Church St., Toronto	Sick Children's Hosp., Toronto	1888
1905	Hally, M.	34 Hazleton Ave., "	" " " "	1897
1905	Hollingsworth, H.	Gen'l and Marine Hosp., St. Catharines	General Hospital, Toronto	1888
1905	Hargrave, E.	380 King St. West, Toronto	" " " "	1897
1905	Hodgson, G. A.	82 Bloor St. West, "	" " " "	1893
1905	Hall, M. E.	551 Sherbourne St., "	" " " "	1900
1904	Haldenby, E.	114 Carlton St., "	Grace Hospital, Toronto	1901
1904	Heise, E.	532 Church St., "	" " " "	1900
1905	Harrison, T.	9 Pembroke St., "	" " " "	1898
1904	Hightsted, J.	City Hospital, Ithaca, N. Y.	Riverdale Hosp., Toronto (post-graduate) P. Q. Detroit.	1903

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1904	Kennedy, M. J.	100 Grange Ave., Toronto	Hamot Hosp. Erie, Pa.	1895
1904	Lennox, A. M.	62 Czar St., Toronto	General Hospital, Toronto	1895
1905	Lymburner, C.	Niagara Falls South.	St. Catharines	1904
1904	Mayo, E.	Victoria Hospital, London, Ont.	Ill. Training School, Chicago	1892
1904	Micklejohn, M. L.	Lady Stanley Institute, Ottawa	Brooklyn City Hospital.	1892
1904	Matheson, K.	Riverdale Hospital, Toronto	Riverdale Hosp. Toronto.	1897
1904	Mitchell, C. A.	380 King St. West,	General " "	1890
1904	Montgomery, Mae	Kingston General Hospital.	Kingston, General Hospital.	1900
1904	Moody, M. M.	15 St. Andrews St., Toronto	Sick Children's Hosp. Toronto	1895
1905	Morton, M.	Collingwood General Hospital	Toronto General Hospital	1900
1905	Morrison, G.	Collingwood.	Collingwood General Hospital	1902
1905	Martin, M.	532 Church St., Toronto	Grace Hospital, Toronto.	1900
1905	Mudrew, E.	10 Roxborough St. West, Toronto	Johns Hopkins Hosp. Baltimore	1900
1905	Manson, K.	Sick Children's Hospital, Toronto	Lady Stanley, Inst., Ottawa.	1903
1905	Montgomery, A.	Civic Hospital, Montreal.	Riverdale Hosp., Toronto	1897
1905	Mears, S.	76 Avenue Rd., Toronto	" " "	1904
1904	Murray, A. C.	Riverdale Hospital, Toronto.	" " "	1895
1904	Murray, Annie	Upper Canada College, "	" " P.G. Montreal	1901
1904	McNeil, J.	505 Sherbourne St., Toronto.	" " Toronto.	1902
1905	McFadyean, K.	Waldeman, Ont.	Royal Alexandra Hosp. Fergus	1905
1905	McWilliams, L.	Fergus, Ont.	" " "	1905
1905	McNish, M.	551 Sherbourne St., Toronto	General Hospital, Toronto	1901
1904	Nicol, Mrs. G.	Cataraqui, Ont.	Nichols Hosp. Peterboro'	1901
1904	Neilson, J.	Toronto General Hospital	General Hospital, Toronto.	1897
1905	Ovens, Clara.	20 Spadina Ave., Toronto	Western Hospital, Toronto	1903
1904	Port, J. M.	20 Frankish Ave.	" " "	1890
1904	Parnell, Mrs. T. E.	Box 776, St. Catharines, Ont.	Gen. Mar. Hosp. St. Catharines	1896
1904	Paterson, E.		Kingston General Hospital.	1903
1904	Paffard, Mrs. A.	26 Isabella St., Toronto	General Hosp., Toronto.	1894
1904	Robinson, A.	Galt Hospital, Galt	" " "	1888
1905	Ross, Caroline.	300 Carlton St., Toronto.	" " "	1900
1904	Reid, A.		Kingston General Hospital.	1900
1905	Roberts, M.	505 Sherbourne St., Toronto	General Hospital, Toronto.	1900
1905	Robinson, B.	532 Church St., "	Grace	1902
1905	Reade, Annie.	2 Esther St., "	Riverdale Hosp. P. Q. Detroit.	1904
1905	Sawyer, M.	76 Avenue Rd., Toronto.	Riverdale Hospital, Toronto	1904
1904	Stewart, G.	12 Selby St., "	General Hospital, Toronto.	1893
1904	Shepard, E. T.	" " "	Sick Children's Hosp., Toronto	1895
1904	Smith, L.	178 University Ave., "	Grace Hospital, Toronto.	1898
1904	Sharpe, F. E.	Woodstock Hospital.	General " "	1897
1904	Steers, M. A.	93 Breadalbane St., Toronto	" " "	1890
1904	Smith.	103 Gore St., Kingston.	Kingston General Hospital	1884
1904	Snively, M. A.	General Hospital, Toronto	Bellevue Hospital, New York.	1892
1905	Standen, F. B.	34 Hazleton Ave., "	Lakeside Hospital, Chicago	1889
1905	Scott, A. W.	" " "	Manchester, England.	1889
1905	Stupperfield.	486 Church St., "	St. Michael's Hosp., Toronto.	1904
1905	St. John, Mrs.	194 Dunn Ave., "	General Hospital, Toronto.	1898
1904	Scott, K.	Riverdale Hospital, "	Riverdale Hospital, Toronto	1900
1904	Sanford, A.	505 Sherbourne St., "	" " P. Q. Detroit	1902
1904	Tweedie, M.	63 Langley Ave., "	General " Toronto	1895
1904	Tribe, F. C.	26 Isabella St.	" " "	1890
1904	Tilley, Mrs. S. H.	228 Johnston St., Kingston	Kingston General Hospital.	1892
1904	Wartman, A.	Collins' Bay, Ont.	" " "	1897
1904	Walsh, M.	245 Alfred St., Kingston	Kingston General Hospital.	1903
1904	Woodside, A. C.	532 Church St., Toronto	Sick Children's Hosp. Toronto.	1904
1905	Woodland, G.	1 Rose Ave., "	Western Hospital, Toronto.	1903
1904	Yorke, Mrs. A.	400 Manning Ave., "	" " "	1898

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1883.

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 " Mary Graham (deceased).  
 \* " Elinor Potter (now Mrs. Jones), Kamloops, B.C.  
 " Margaret Maxwell.  
 " Margaret Campbell.

1884.

- Miss Annie Barton (now Mrs. McIntyre), Toronto.  
 " Sarah Burrill, Shafer House, Los Angeles, Cal.  
 " Mary Clark.  
 " Ann Denovan (now Mrs. McDonald), Winnipeg, Man.  
 " Rosetta Pearson—(Mrs. McMillan), Toronto (deceased).  
 " Mary A. Orr (married).  
 " Henrietta Moote (married), Los Angeles, Cal.  
 " Hannah Cody (now Mrs. [Rev.] Grant), Ingersoll, Ont.  
 " Emily Brady (married).  
 " Effie Hewitt.  
 " Eliza Kennedy, Liverpool, Eng.  
 " \*Jessie Duncan, Supt. General Hospital, Owen Sound, Ont.

1885.

- Miss Grace Dagleish, private nurse, Kamloops, B.C.  
 " Annie Hurst (married).  
 " Sarah Baye.  
 " Annie Boyd, private nurse, Los Angeles, Cal.  
 " Margaret Brown (now Mrs. Martin), Spokane, Wash.  
 " Elizabeth Jones (district nurse), Cleveland, Ohio.  
 " Kate Rogers (now Mrs. Tascherau), Quebec, Que.  
 " Sarah Clark (now Mrs. Perry).  
 " Sarah Johnston, private nurse, Toronto.  
 " Catherine Grey (at home), Scotland.  
 " Sarah Simpson (missionary), Central India.

1886.

- Miss Alice Amos (now Mrs. Bent), 2002 Queen Street E., Toronto.  
 " Laura Whitaker, Supt. Nurses Railroad Hospital, Brainard,  
 Minn.  
 " Margaret McMillan (now Mrs. John Murray Sook), Victoria,  
 B.C.  
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1887.

Miss Keziah Underhill, Home for Incurable Children, Avenue Road, Toronto.

- “ Mary Yerex (now Mrs. Francis Hall), New York City.
- “ Isabella Harsbury (deceased).
- “ \*Sarah Gamble (at home), Paris, Ont.
- “ Adelaide Sewell (at home), Toronto.
- “ Esther Kinsey (deceased).
- “ Grace Mowat, private nurse, Victoria, B.C.
- “ Minnie Barker (at home), Toronto.
- “ Kate Good, private nurse, New Haven, Conn.
- “ Theresa Miller (deceased).
- “ \*Christina Hall, Supt. Hospital, Jamestown, N.Y.
- “ Isabel Walmsley (deceased).
- “ Margaret Middlemiss (now Mrs. W. P. Caven), Toronto.
- “ Eliza Livsey, private nurse, New Haven, Conn.
- “ Lizzie Gibson. Ellisboro', Assa.

1888.

Miss Marion Wilson, private nurse, 38 West 72nd Street, New York City.

- “ \*Annie Coleman, Supt. Hospital, Saginaw, Mich.
- “ \*Louise Eastwood (now Mrs. Bruce), Gormally, Ont.
- “ Hattie Sutherland (now Mrs. Corbett), Missionary, Che Foo, China.
- “ Ethel Woffingdon, Supt. Sanitarium, Charleston, S.C.
- “ Florence Bligh (now Mrs. Grassett), Glencoe, Ill.
- “ Annie Carveth, M.D. (now Mrs. Higbie), 88 Wyandott Ave., Lakewood, O.
- “ Nellie Stowe, 18 Huntington Ave., Boston, Mass.
- “ Helen McKellar (deceased).
- “ Jessie Howard (now Mrs. Thom), Goderich, Ont.
- “ \*Christina Mitchell, 380 King Street West, Toronto.
- “ Margaret McDonald (now Mrs. [Rev.] McHaffey), Oxbow, Assa.
- “ Annie Littlehales (now Mrs. Hatch), Logansport, Ind.
- “ Louise Phymister (now Mrs. Geo. Acheson), Galt, Ont.
- “ Lizzie Howard (deceased).
- “ Annie Robinson, Supt. Hospital, Galt, Ont.
- “ Margaret Gifford, private nurse, Cobourg, Ont.
- “ Christina McCormack (deceased).
- “ Hannah Hollingworth, Supt. General Hospital, St. Catharines, Ont.

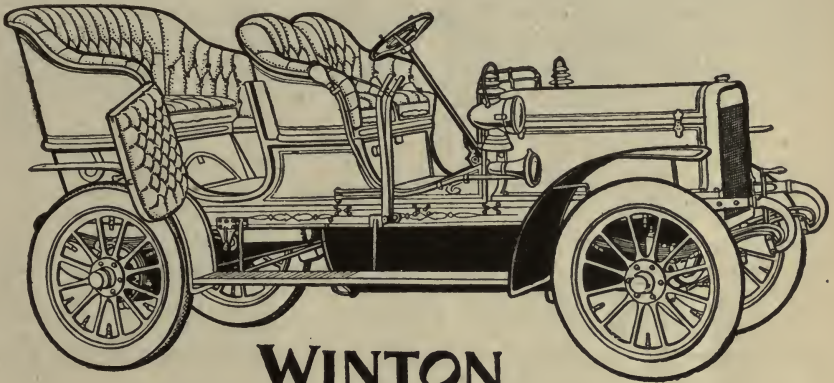
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- " Margaret McIntosh, missionary, Honan, China.
- " Carrie Watson (now Mrs. Richardson), 8 Dominion Street, Toronto.
- " Jennie Graham (now Mrs. Clark, widow of Rev. J. Clark), 214 Delaware Avenue, Toronto.
- " Nettie Lander, 1241 West 111th Street, New York City.
- " Sarah Snyder (married).
- " Mary Steers, 319 Lippincott Street, Toronto.
- " Kate Anderson (now Mrs. Kerr), Hamilton, Ont.
- " \*Agnes Boyd, 380 King Street West, Toronto.
- " \*Helen Cameron (now Mrs. St. John), 194 Dunn Ave., Toronto.
- " Frances Tribe, Barrie, Ont.
- " \*Elizabeth C. Gordon, Supt. General Hospital, Kingston, Ont.
- " Carrie Smith (deceased).
- " Agnes Pettigrew, Brighton, Ont.
- " Florence Webster (deceased).

1890.

- Miss Gertrude Osborne, private nurse, Troy, N.Y.
- " Ada Marsh.
- " Ida Moore (now Mrs. Stewart Beattie), New York City.
- " Nettie Haight (now Mrs. J. MacRea), 434 Claremont Ave., Westmount, Montreal, Que.
- " Emma Rogers (now Mrs. Fritshaw), Vallejo, Cal.
- " Margaret Gourlay (now Mrs. Emms), Elgin, Man.
- " Margaret McKerricher (married).
- " Nettie Ferguson (now Mrs. Waugh), Detroit, Mich.
- " Kate McTavish, Head Nurse, Atlin Hospital, B.C.
- " \*Annie Hollingworth, 380 King Street West, Toronto.
- " Augusta Blakely, General Hospital, Yorkton, Assa.
- " Janet Ardagh (now Mrs. Bone), 59 St. Mary's Mansion, Paddington, London, Eng.
- " Maggie Fraser (now Mrs. D. Flatt), Tantallon, Assa.
- " Annie Bartle (now Mrs. Burnham), Morden, Man.
- " Carrie Bowman, Supt. City Hospital, Hamilton, Ont.
- " Carrie Currie (now Mrs. John Munro), Portage la Prairie, Man.
- " Marguerite Clendenning (now Mrs. Hart), Vancouver, B.C.
- " Annie Sutherland, Matron Lakeside Hospital, Cleveland, Ohio.
- " Christina McKay (now Mrs. McCann).
- " Annie L. Haigh, private nurse, Winnipeg, Man.
- " Margaret Watson, Supt. Convalescent Home, Toronto.
- " Gertrude Gallon (now Mrs. Campbell), Montreal, Que.

1891.

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 " Mary Cassel, Private Nurse, California.  
 " Helen Sparks (now Mrs. Currie), 39 Howland Ave., Toronto.  
 " Eliza Price (now Mrs. Badger), Montreal, Que.  
 " Emma Armstrong (at home), Armstrong Mills, Ont.  
 " Martha Reynolds, 520 Euclid Ave., Toronto.  
 " Alice J. Scott (now Mrs. H. Turner), Millbrook, Ont.  
 " Belle Gregory, Supt. Nurses St. Luke's Hospital, St. Louis, Mo.  
 " Margaret Johnston (deceased).  
 " Mary Atwood (now Mrs. Coatsworth), 341 Queen Street E., Toronto.  
 " \*Clara A. Green, Supt. Hospital, Belleville, Ont.  
 " Margaret Wardlaw (at home), 40 Wilson Ave., Toronto.

1892.

- Miss Catherine Smith, Barrie, Ont.  
 " Hannah Atkinson, Caledonia, Ont.  
 " Menia Tye, private nurse, Indianapolis, Ind.  
 " Martha Graham (married).  
 " Nellie McDonald, Head Nurse City Hospital, Vancouver, B.C.  
 " Pauline McDougal (now Mrs. W. A. McDonald), Parkhill, Ont.  
 \*Mrs. Annie Bolton, private nurse, 152 West 65th Street, New York.  
 Miss Maud Dover, 722 Spadina Ave., Toronto.  
 " Ruth Pirt, Supt. Military Hospital, Milwaukee, Wis.  
 " Lottie Phair, 142 Louisa Street, Toronto Junction.  
 " Mary Awde (deceased).  
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 " Isabel Turner (care Dr. Henry Turner), Cadboro' Bay Road, Victoria, B.C.  
 " Martha Kilgour, private nurse, College Hill, Cincinnati, Ohio.  
 " Annie White (now Mrs. Clifford Syne), Cobden, Ont.  
 " Mary Gardiner, private nurse, Cleveland, Ohio.  
 " Helen Melville, missionary American Mission, Benguela, West Central Africa, Cisamba Station, *via* Lisbon.  
 Mrs. Christina Mounsey, Supt. V. O. N. Hosp., Swan River, Assa.  
 Miss Isabel McTavish (now Mrs. Burgess), Bala, Muskoka.  
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1893.

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 " \*Lizzie McDonald, 2982 West Pico Street, Los Angeles, Cal.  
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 " Adeline Page, home address, 148 Clendenning Avenue, Toronto Junction.  
 " Agnes Scott (now Mrs. Patterson), Glenboro', Man.  
 " Jennie Halliday, private nurse, 1019 West 8th Street, Los Angeles, Cal.  
 " Fanny Ferrier (deceased).  
 " Ethel Dawson (at home), Collingwood, Ont.  
 " Annie Anderson (home address), Orangeville.  
 " \*Anna Dick, Brampton, Ont.  
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 " Nellie Miller, Supt. General Hospital, Brockville, Ont.

1894.

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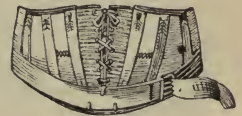
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“ \*Elizabeth G. Flaws, 58 Rose Avenue, Toronto.

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“ Emma Parmenter, 9 East 83rd Street, New York City.

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“ Jessie Christie, Head Nurse Lakeside Hospital, Cleveland, Ohio.

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“ Margaret M. Campbell (deceased).

1896.

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1898.

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 " Gertrude Dudley, 35 West 16th Street, New York City.  
 " Ida MacNabb (at home), Acton, Ont.  
 " Minnie Butterworth (now Mrs. Planate), 322 Cooper Street, Ottawa, Ont.  
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1899.

- Miss Mima Milne (now Mrs. W. E. Worden), 132 Agnes Avenue, Calgary, Alta.  
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 " Lillian M. Craig (address for this summer, c/o Mrs. Corbin, The Vendome, Boston, Mass.), Philadelphia, Pa.  
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## 1901.

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 " \*Minnie Butler (now Mrs. Winchester), 26 Callendar Street, Toronto.  
 " \*Bella Crosby, 12 Selby Street, Toronto.  
 " Mary Davis, 179 College Street, Toronto.  
 " \*Edith Dent (now Mrs. Chas. McCrea), Sudbury, Ont.  
 " \*Mary Duncan (now Mrs. Arthur G. Holland), Bowmanville, Ont.  
 " Edith F. Daley, 551 Sherbourne Street, Toronto.  
 " Clara Evans, Kootenay Lake Hospital, Nelson, B.C.  
 " Phœbe Foster, 380 King Street W., Toronto.  
 " \*Marion Hall, 551 Sherbourne Street, Toronto.  
 " Helen Holmes (now Mrs. Arthur F. Gibbs), Port Arthur, Ont.  
 " \*Annie Hartley, 7 Niagara Street, Brantford, Ont.  
 " Augusta Helen Jones, 156 West 21st Street, New York City.  
 " \*Hannah F. Lawson, 12 Selby Street, Toronto.  
 " Catherine J. Mitchell (now Mrs. Hood), Midland, Ont.  
 " \*Annie Millard, 156 West 21st Street, Chicago, Ill.  
 " Margaret MacLaren, 137 West 21st Street, New York City.  
 " Albertine MacFarlane, City Hospital, Vancouver, B.C.  
 " Maude L. McNish, 551 Sherbourne Street, Toronto.  
 " \*Mary Roberts, 551 Sherbourne Street, Toronto.  
 " Margaret M. Sutherland (now Mrs. John Phillips), Chicago, Ill.  
 " Alice V. Sinclair, 156 West 21st Street, New York.  
 " Mabel Stock (now Mrs. Errol Armstrong), Parry Sound, Ont.  
 " \*Isabel J. Smith, (now Mrs. McArthur), Queensville, Ont.  
 " Maud Tuck, Supt. Consumptive Hospital, Weston Rd.  
 " Kate Walker, (now Mrs. Fowler), Capetown, Cape Colony South Africa.  
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 " Catherine Menzies, 8 Ross Street, Toronto.  
 " Maude Richey, 179 College Street, Toronto.  
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 " Muret Allen, Ross Memorial Hospital, Lindsay, Ont.  
 " Lena Crerar, 551 Sherbourne Street, Toronto.  
 " \*Minnie Kavanagh, 551 Sherbourne Street, Toronto.  
 " Nellie Campbell, 551 Sherbourne Street, Toronto.  
 " M. Pauline Ayling, Chicago, Ill.  
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 " Bertha A. Toye, 380 King Street West, Toronto.  
 " Effie R. Chrysler, 179 College Street, Toronto.  
 " E. Dorothy Gracey, (at home), Nelson, B.C.  
 " Helen King, 551 Sherbourne Street, Toronto.  
 " Edith Gaskell, 551 Sherbourne Street, Toronto.  
 " \*Louise Husband, Head Nurse, General Hospital, Toronto.  
 " \*Clara Brown, Head Nurse P. W. General Hospital, Toronto.  
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 " \*Evangeline Thorpe, 551 Sherbourne Street, Toronto.  
 " Margaret Wood (at home), Millbrook, Ont.

## 1904.

- \*Miss Agnes Baldwin, 551 Sherbourne Street, Toronto.  
 " \*Isabel Maude Brown, 551 Sherbourne Street, Toronto.  
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 " Mary Jane Campbell, 551 Sherbourne Street, Toronto.  
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 " \*Bessie Evelyn Dickens, 436 Shaw Street, Toronto.  
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 " \*Elizabeth Hannant, 551 Sherbourne Street, Toronto.  
 " \*Stella Maude Irwin, Emergency Hospital, Bay Street, Toronto.  
 " Mary R. James, 551 Sherbourne Street, Toronto.  
 " Margaret T. Kerr, General Hospital, Toronto.  
 " \*Gertrude May Moore, 551 Sherbourne Street, Toronto.  
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 " Elizabeth Parker, 551 Sherbourne Street, Toronto.  
 " Janet Mills Peace, 216 Cottingham Street, Toronto.  
 " Nellie M. Ross, 551 Sherbourne Street, Toronto.  
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 " Kathleen A. Smith, 223 Huron Street, Toronto.  
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And you sleep because I will.*

*You forget I am here? 'Tis the darkness hides.  
I am always here, and your needs I know.  
I tide you over the long, long night  
To the shores of the morning glow.*

*So God's hand touches the aching soul,  
Softly, so! And the pain grows still.  
All grief and woe from the soul He draws,  
And we rest because He wills.*

*We forget,—and yet He is always here!  
He knows our needs and He heeds our sighs,  
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# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. I.

TORONTO, SEPTEMBER, 1905.

No. 3

## REGISTRATION—THE BRITISH COMMITTEE'S REPORT.

The Select Committee appointed by the British House of Commons to consider the expediency of providing for the registration of nurses have agreed to the following report:

1. The Select Committee on the registration of nurses was appointed in June, 1904, and was reappointed during the present session of Parliament.

2. Your Committee have examined thirty-four witnesses, among whom are included members of the medical profession, matrons of hospitals, superintendents of nursing institutions, nurses whose experience has been gained abroad, as well as nurses who carry on their occupation in this country, a representative of the male nurses, representatives of various institutions and public bodies, including the Civil Service, besides ladies and gentlemen who are not professionally employed, but who have given much time and work to the management of hospitals and asylums, and to the study of nursing questions, both in the centres of population and in the rural districts.

3. Amidst many divergent views met with in this evidence, there is a general opinion in favor of some change in the conditions under which nursing is carried on.

4. Your Committee have observed this tendency in the evidence of the medical profession and in that of the nurses themselves.

5. The evidence shows that a considerable improvement has taken place of late, both in the class of persons who undertake nursing and in the conditions under which they obtain their training and carry on their occupation.

6. It has been asserted in some quarters that registration is rendered requisite by reason of the amount of illegality, immorality and scandal which at present continues undiscovered and unchecked. It is contended that registration would be an efficient instrument against these scandals, and would safeguard the public. In the judgment of your Committee, while registration might prove a means towards checking some abuses, no evidence which has been brought forward substantiates a general charge of moral delinquency.

7. On the other hand, there is a general concurrence of opinion that in the interests of the nurses and of the public further improvement is both desirable and practicable; and your Committee consider that the desire for co-ordination of the various training schools, although not universal, is widespread.

8. Upon the question of what changes in the conditions of nursing are desirable, strong opinions are held and vigorous expression has been given to them.

9. In these circumstances unanimity could not be looked for.

10. The principal suggestions laid before the Committee are:

(a) Registration of individual nurses.

(b) Registration of training schools for nurses.

(c) Licensing of nursing homes, institutions and societies which supply or employ nurses.

11. Your Committee are agreed that it is desirable that a register of nurses should be kept by a central body appointed by the State, and that, while it is not desirable to prohibit unregistered persons from nursing for gain, no person should be entitled to assume the designation of "registered nurse," whose name is not upon the register.

12. They recommend that this central body should be set up by Act of Parliament, and that its constitution should be defined in the Act, as was done in the case of the Central Midwives Board.

13. The central body should consist of matrons, nurses and representatives of the medical profession, of training schools for nurses, and of the public.

14. Your Committee consider it desirable that the number of representatives should be kept within reasonable limits; they suggest eleven as a convenient number, and recommend that it should never exceed fifteen.

15. Your Committee recommend that the central body should admit to the register of nurses such nurses as have had a training at a recognized training school for nurses for a period to be determined by such body, and have satisfied their training school, whose certificate they must hold, stating that they are equipped with the knowledge and experience requisite for nursing, and that they are of good character.

16. They also recommend that the central body should decide what constitutes a recognized training school for nurses, taking into consideration the number of beds, the accommodation for probationers, the facilities afforded for learning, and the general standard and conduct of the examination; for this purpose the central body should have the power of inspection. Your Committee further recommend that the examination be held at and by the training school.

17. For the purpose of defraying the expenses of the central

body a small registration fee should be charged. Your Committee consider that this fee should not exceed one guinea.

18. Your Committee have heard a large amount of evidence on the subject of the necessary period of training at a school. The great bulk of this evidence points to three years as the requisite period of training. They are themselves impressed with the advisability of such a period, but they recognize that a stereotyped rule might operate unfortunately. They, therefore, recommend that the minimum period should not be fixed by Act of Parliament, but should be left to the discretion of the central body.

19. There should be an annual publication of the register of nurses. For this purpose the central body should make provision for striking off the register the names of those who have died, or who have ceased nursing, and also of those nurses who, in the opinion of the central body, have been guilty of serious misconduct in the discharge of their duty, or of moral delinquency.

20. With regard to existing nurses your Committee are of opinion that those who can produce evidence satisfactory to the central body, both as regards efficiency and character, should be placed upon the register on payment of the registration fee.

21. The Committee are of opinion that it should be the duty of the central body at a date not later than four years after the passing of any Act for the registration of nurses to submit a report to the Privy Council on the advisability of instituting a separate register of nurses whose training is of a lower standard than that laid down for "registered nurses."

22. The claims for registration of mental or asylum nurses have been laid before your Committee. They are of opinion that a separate register of "registered asylum nurses" should be kept by the central body, to which should be admitted the names of nurses who have served for not less than three years (in not more than two asylums), and have received the certificate of the Medico-Psychological Association, and can produce satisfactory certificates of good character.

23. An analogous but separate question has come before your Committee, namely, the treatment of nursing homes and institutions. Nursing homes are deemed to include all homes and places conducted for profit where patients are taken in for treatment. By nursing institutions are meant those societies or bodies which supply nurses to the public.

24. The evidence laid before your Committee has led them to consider the licensing of such homes and institutions to be highly desirable. The license should be issued by the county or county borough authority in whose area the home or institution is situated, and no such home or institution should receive the license unless it is conducted in conformity with requirements to be laid down by that authority.



25. The county or county borough authority should be empowered to draft regulations to be approved by the Local Government Board, and to appoint inspectors who should have the right of entry and inspection.

26. It should be a condition of such license that when a nurse employed in a nursing home or sent out by a nursing institution is not a "registered nurse," the fact shall be definitely stated.

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### MISTAKES IN OBSTETRICAL NURSING.

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The mistakes I shall mention are genuine ones, made by the nurse I know best of all.

During the early years of my work at the Burnside, when my patients complained of labor pains, I urged them diligently "to keep moving around," "not to sit down," or, "to keep on working."

I had a mistaken idea that this would bring the pains on and hasten the termination of labor. Especially did I think this true of cases where the membranes had ruptured early. I considered I had not done my duty unless I had walked my patient around as much as she could endure, and as I often accompanied her, we both suffered. The pains, however, did not come on, except in their own good time, and it took me a long, long time to learn that I could not induce labor to begin, or make it either longer or shorter when it did start. Experience has taught me to save my patient's strength in every way, and to let her sit, stand or lie down, as best suits her; occasionally a warm bath is found soothing; sometimes pressure on the back gives a little ease; some weak women can only lie on a bed, while others prefer to stay up as long as possible. There can be no cast-iron rule in these cases; the treatment which gives the patient the most comfort is the best.

Little attention is generally paid to the feeding of the patient during the first stage of labor. After the confinement is over she is often painfully exhausted, I believe from sheer lack of nourishment. Of late years I have tried to give food, and find that, although patients often think they can not take anything, they generally can, with a little coaxing, and feel better for taking it. I give them tea, bread and butter, hot milk and chicken broth, and I rarely find that it interferes with the taking of chloroform afterwards. Patients who suffer from nausea are often helped by taking several glasses of hot water.

It is frequently said by those who know very little about them that babies are all alike, while the fact is that babies differ from one another just as much, or even more, than grown folks

do. I once thought that each little one should eat just as much and just as often as its tiny neighbor. Many a time I have wearied myself and worried the baby, trying to make a fat, sleepy, good-tempered, little girl baby eat as much as a bouncing boy. To her credit, be it said, she would not do it.

Babies' appetites differ as all our appetites do, and they must be treated as individuals, and not as a class. They are charming things, and no trouble at all when you know them, but you really must understand them to care for them properly. For instance, all babies love warmth, but some far more than others. A little, thin, frail baby will snuggle up to the hot water bottle, while a big, saucy fellow, with the same amount of covering, will throw out his fists and yell vigorously until a friend comes to his rescue, to find him covered with perspiration.

He only wants a drink of water and to be laid in a cooler place, with a lighter cover over him, to be good and happy, too. Neither are babies always sick when they regurgitate their food; they have just taken a little too much, and Mother Nature is relieving them.

I wonder if other nurses ever regret as I do that they have not paid more attention to the small ailments of their patients, and lent a more attentive ear to the recital of their various aches and pains. We are so apt to think that patients will complain enough any how; yet my experience is that they rarely do so, and often refrain from speaking of their troubles for fear of causing extra work. Many times when I find the pulse fast, I ask, "Have you not got a headache?" and the answer wearily always is, "Oh, yes! I have had a little one all day, but I think it is going away now." The question then arises, What caused that headache? Is it indigestion, worry, heat, septic infection, the breasts, or threatened eclampsia? After, when the breasts are examined, the tell-tale flush and hardness is found, that shows where the trouble is. There was a time when I paid little heed to headaches, regarding them as the common lot of women (from which I had been personally exempted), but I find they always mean something when my patients have them. Many cases of eclampsia begin with a headache, and glad am I when I can catch a case of that kind at its inception, and have remedial measures started before a convulsion comes on.

The longer I nurse the more I am convinced that what a patient needs most after confinement is absolute and complete rest; yet few realize how hard it is to secure this. The relief from pain to the patient is so great, and the result so happy, that she wishes to rejoice with her family and talk the affair over. I have been unwise enough to let these rejoicings go on sometimes, with the result that my patient never slept all night from sheer excitement, and lay an exhausted wreck next morning. I hope I am wiser now; at all events I earnestly try to have my

patient, rather my two patients, mother and babe, have a good long sleep and let nothing disturb them.

I shall stop now, not, however, because I have exhausted the list of my mistakes, but because this journal has not as yet started to publish a serial story.

The Burnside.

N. MCKELLAR.

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## THE CANADIAN NURSES' ASSOCIATION.

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The Canadian Nurses' Association was organized in March, 1895. The members, who numbered twenty-five, were, with the exception of Miss Rogers, the President, graduates of the Montreal General Hospital, at that time the only training school in the city.

The objects of the Association were mutual instruction and graduate professional instruction.

The Executive Committee established and control a registry for nurses.

With the advice and at the desire of our Advisory Board of Doctors we decided to admit nurses from recognized training schools, as well as obstetric nurses, and those who had diplomas for special training in any branch of the profession, and had served for three years in a training school for this specialty.

In this way we have been able to meet the requirements of the physicians and the public. We feel that this department of our work has been a success, and that by keeping a central and general registry, where the names of all the nurses in the city may be found, we are able to give greater satisfaction than by having a register in each hospital. We also feel that our success is largely owing to the unvarying kindness and courtesy of our registrar, who at any hour of the day or night is ready to answer the call of doctor, nurse or patient.

The cases to whom nurses were sent during our first year's work numbered 331. Last year, with a membership of 220, the number reached 1,090.

Our Association, as its membership increased, was anxious that it should be incorporated, and our dear friend and adviser, Dr. Kirkpatrick, who really was the moving spirit in our organization, did all he could for us in this matter.

His unexpected death in 1897 was a blow to us all. However, our bill for Dominion incorporation was presented before the House by Dr. T. G. Roddick, but met with unexpected opposition, for what reason we did not know, unless the object of the bill was not understood by those who opposed it.

What we desired was a Nurses' Association, with head-

quarters in Montreal, to which all the graduate nurses in the Dominion could belong, and from which auxiliary associations could be formed.

Any nurse who could write C.N.A. after her name would have an assured standing, and the general public and the profession would need no further guarantee that they were employing a thoroughly trained nurse, whose qualifications had been answered for, and whose diploma and medal had been seen by the Committee of the particular association to which she belonged.

To our disappointment, and by Dr. Roddick's advice, we decided to withdraw our bill.

Later on, in 1899, by the great kindness of our lawyer, C. M. Holt, K.C., we secured city incorporation. This, we find, meets all our requirements, as our Association is confined to Montreal. As we had been called the Canadian Nurses' Association for four years, we were incorporated under that name.

In April, 1903, much to our regret, Miss Rogers, our President, retired and returned to her home in Kingston, Ont. To her untiring efforts the Association owes its success.

A word as to the work of the Association during the winter: We have a course of lectures by some of our leading doctors. These lectures are very much appreciated and enjoyed by the nurses, and the doctors have been most kind and willing to help us in this way.

We have a pleasant reading-room at 169 Peel Street, for which we have received many gifts of works and magazines from the doctors. We subscribe for all the nursing literature of the day, and are very glad to add to it THE CANADIAN NURSE, to which we wish every success.

ANNIE M. COLQUHOUN.

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### THE CENTRAL REGISTRY.

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There are now hundreds of fully-qualified nurses in Toronto, graduates of hospitals in this city and elsewhere, and it has become advisable to centralize and simplify as much as possible the work of nurses' registries. The different *alumnæ* held a preliminary meeting to discuss this matter, and as a result each society sent representatives to a joint meeting, held last May, at which it was unanimously decided to start a "central registry" near the centre of the city, where all demands for nursing work would be satisfactorily answered. One hundred and twelve members were guaranteed by the various *alumnæ* to place the registry on a satisfactory basis. Miss Bovell Barwick, graduate of the class of '93, of the Johns Hopkins Hospital Training School for

Nurses, Baltimore, Md., was appointed Registrar, and for the time being will have the registry at her own residence, 644 Spadina Avenue. A Registry Committee, each nurse representing her hospital in the City of Toronto, will manage the details of the work, and will meet in the first week of each month for business purposes. The registry requires that the nurses should be graduates of training schools giving not less than the two-year course, and having all the services; also, that graduates of "special hospitals" should have taken post-graduate courses in general work, or else register for their "special work only," and that masseuses holding diploma may join for massage work.

Besides their diplomas, all foreign graduates are expected to present a letter from their superintendent of nurses guaranteeing their eligibility to become members of the registry, the Canadian nurses will have their names sent through their alumnae associations.

A few simple rules have been adopted, and are printed in pamphlet form, with the schedule of fees. A copy of this is given to each nurse as she registers.

As the nurses report for duty their names will be placed in rotation, with the names of the hospitals from which they graduated, their exclusions and specialties, if they make any.

When a call comes, the whole list is given, so that all nurses stand an equal chance.

The list is made up every morning, dated and left on the telephone desk, the old one being placed on file, where it is kept for a month and then destroyed.

The time is always put down when a call comes in, so if there is any discussion over the length of time a nurse takes to arrive at a case, she has the registrar to substantiate her statements.

The registry fee is a small one, being only \$5.00, dating from the day of registration, until that same date the following year.

The success of this undertaking depends on each individual nurse; she can assist, not only financially, but by her personal influence, directing her cases through this main channel by informing her patients and the doctors that her professional address is "The Graduate Nurse Registry." She need not fear any loss of her own cases, for when one comes she will be notified whether registered or not.

It is only when each of us makes this matter a personal one that the registry will be in Toronto the success that it has already become in other cities, thereby advancing the interests of the profession.

## Reports of Nursing in Hospitals.

### NURSING THREE CASES OF RHUS TOXICODENDRON POISONING.

1. S. W., female, aged 24; was admitted July 14th. Temp. 98½, pulse 80, resp. 20. Face inflamed and swollen almost past recognition, hands and forearms in same condition, numerous vesicles over affected area. Had been in the woods picnicking two days before. The patient was put to bed, light diet given, and the following lotion ordered to be applied frequently:

Calamine	
Zinc Oxide āā .....	ʒiii
Glyc.	
Spt. Vinc. Rect. āā .....	ʒii
Aq. Calcis.....	ʒiii
Aq. Ad .....	ʒviii

On the 17th the burning had ceased and the swelling had subsided. On the 22nd she was discharged cured, with very little trace of the acute dermatitis.

2. M.T., female, aged 21. Was out in the woods July 19th. July 20th, was sent to the hospital with a diagnosis of erysipelas. Face, hands and forearms very swollen and inflamed; but the absence of any chill; a temperature of 99, pulse 80, and a history of being in the woods the day before changed the diagnosis to one of ivy poisoning. She was put to bed, given light diet, and the following was applied, the parts affected being kept moistened with it:

F. E. Grindelia Robusta.....	ʒxx
Aq. Ad. ....	ʒxxx

No pain was felt while the parts were moist. July 24th all the vesicles had dried up. July 22nd, the grindelia was discontinued on the face, and carbolized vaseline was applied. The swelling and inflammation had disappeared, and the patient was discharged completely cured July 28th.

3. *Recurrent.*—M.H., female. Had been poisoned by rhus toxicodendron fourteen years ago when on a visit to Canada from England. Had after her return to England seven recurrent attacks, generally in the spring of the year. In the spring of 1905, when again in Canada, she had the eighth attack, which began with intense burning, aching and tight feeling of the scalp, and skin of right side of face and head; the next day the painful parts were inflamed and swollen, numerous vesicles appeared the day following. The parts were

fomented for twenty minutes every four hours with water as hot as could be borne, and then kept moistened with distilled extract of Hamamelis; the other side of the face and head became affected, and it was a week before the swelling disappeared. Zinc oxide ointment was then applied. The attack was accompanied by malaise and prostration. Strychnia and digitalis were given. It was three weeks' from the onset before the patient recovered her normal condition.

Victoria Hospital, London.

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### NURSING A CASE OF PERFORATION IN TYPHOID FEVER--WITH RECOVERY.

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Who, as a nurse, has not experienced the anxious waiting of friends and relatives at the bedside of one who is dangerously ill. The case has been pronounced hopeless, and the time a few hours. An operation has been spoken of, but will not be permitted, as the patient is too weak. The urgent request comes to the nurse from time to time not to give any more treatments as the hypodermic infection excites him; the medicine or stimulant he cannot swallow, or the saline worries him. Why not let him rest quietly till the end? Such was our experience a few weeks' ago with a patient who had a severe attack of typhoid complicated by a perforation of the intestine.

A young man, aged 23; ill one week at home, was admitted to the hospital in December. Temperature on admission, 104; pulses, 90. Spots on abdomen; blood showed Widal reaction; continuous headache; heavily-coated tongue and occasional epistaxis; temperature, afternoon next day, 105; pulse, 100; morning, 103; pulse, 90; continued in this way with little variation for ten days, then the temperature gradually began to come down to 99 in a.m. to 101 in p.m.; pulse, 90. The cold pack was used when the temperature was high for one hour once in four hours. We found three large bath towels much more convenient than sheets; one under and two above, as the temperature was reduced. The daily soap and water bath and cold sponges, if the temperature was 102, were ordered.

During the night, in the middle of the third week, the patient awoke with a sharp spasm of pain, followed by a severe chill. Temp., 104; pulse, 130; resp., 36. Hot stupes were immediately applied and seemed to give relief. Four hours later temp. 97; pulse, 140; resp., 48. Marked distension,, pronounced tenderness, cold, clammy perspiration, and a few hours after restless delirium, constant vomiting and increased respirations.

During the night following the pulse was very irregular and weak, and at times almost imperceptible at the wrist. The vomited material changed from green in color to dark brown, and the patient seemed in a comatose condition. During this time heat was constantly applied, and mustard over the heart in a continuous poultice. Hot turpentine stupes were changed every ten minutes and turpentine enema given. Strychnine hypodermically, and brandy and white of egg, per enema, given. After following this treatment for forty-eight hours the distension was lessened; the vomiting not so frequent; the respirations were quieter; temperature 101, but the pulse was still very irregular and weak, with every appearance of complete exhaustion. Saline, interstitial and per rectum, was administered, and the pulse improved. The evacuations were involuntary, but during the whole attack there was no sign of hemorrhage.

On the 7th day from the sudden spasm of pain, fall of temperature and rise of pulse, the distension had almost entirely disappeared; the vomiting ceased; the pulse was regular, but weak and rapid; patient quite conscious and took nourishment in very small quantities well.

A week later, temperature and respiration normal; pulse stronger and improving steadily, as he was then able to take both stimulant and nourishment in larger quantities; distension entirely disappeared and patient convalescing nicely.

The patient left the hospital in eight weeks perfectly well and strong. The conclusion at the consultation was that the perforation was small, and if the heart's action could be kept up nature would make repair, which evidently did take place.

We feel that the careful handling, perfect ventilation and cleanliness, carefully administered nourishment, heart stimulants promptly given, and the constant application of heat was, to a great extent, the means of saving a life. We as nurses know the unhappiness often of losing a case such as this, but only a true nurse can fully appreciate the gradual returning consciousness of one who has been so near the brink, and the joy of hearing him say, What day is this? or some such remark, is sufficient reward. Those of us who had to nurse this patient feel that we should be better nurses for having had the case, and are happy that the request went by unheeded at the most critical moment of, "Please, nurse, do not give him any more treatment, as it worries him."

FRANCES E. SHARPE.

Woodstock Hospital.



# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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VOL. I.

TORONTO, SEPTEMBER, 1905.

No. 3

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## Editorial.

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### PALMAM QUI MERUIT FERAT.

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On behalf of our readers, and of the nursing profession, we offer cordial congratulations to Mr. Irving Heward Cameron, F.R.C.S., on the honors he has received from Edinburgh University and the Royal College of Surgeons of Edinburgh. THE CANADIAN NURSE is proud to number Mr. Cameron among the earliest of its subscribers and friends.

AN IMPORTANT DOCUMENT.

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A very important document is published in this issue—the Report of the Select Committee of the British House of Commons *re* State Registration of Nurses. It is recommended that a central body, made up of representatives of the nursing profession, of the medical profession, of training schools for nurses, and of the public, should be appointed by Act of Parliament, to keep a Register of Nurses. That is, all that the nursing profession in Great Britain and elsewhere has asked is recommended by this Committee, and this report will be the basis of legislation. We congratulate the nursing profession in Great Britain, especially our contemporary, *The British Journal of Nursing*, and earnestly advise our readers to *study this Report and tell all their friends about it.*

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REGISTRATION.

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At the annual meeting of the National Council of Women, held last June in Charlottetown, P.E.I., a paper was read on "State Registration for Nurses," prepared by the Committee on Legislation of the Graduate Nurses' Association of Ontario. Miss Carty, of Toronto, kindly read the paper, and through her, and also through Mrs. Willoughby Cummings, Secretary, we learn that it was exceedingly well received. Great interest was manifested; many members of the Council giving it as their opinion that, as a safeguard for the public, registration was much needed.

The Council as a whole expressed a desire to assist the nurses in any way in their power to obtain the legislation desired.

Dr. P. H. Bryce, Chief Medical Officer for the Dominion, happened to be in the meeting when the paper was read, and he gave it as his view that registration was a much required measure, and advised the nurses to secure the sympathy and aid of the Medical Councils.

Since the annual meeting of the National Council, the Medical Association of St. John, N.B., has appointed a small Committee to see how registration for nurses can be brought about. This, we understand, is a result of the paper read at the Council meeting.

The National Council is composed of thinking women, and women whose sympathies are strongly with anything that advances the interests of women, coming from all over the broad Dominion. As they return to their homes and report to their

Local Councils the doings of the annual meeting, they will spread the news of what trained nurses are eagerly looking forward to in the near future.

And inasmuch as public opinion is a great power, the more our aims are known and favorably commented on, the stronger will be our position.

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### MR. JOHN ROSS ROBERTSON'S GIFT.

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A Nurses' Residence is now being erected south of the present Hospital for Sick Children, on College Street, by Mr. John Ross Robertson, at a cost of \$75,000, in memory of his first wife and only daughter.

Mr. Robertson's generosity to this hospital has been great and worthy. Sixty thousand children have been helped, and many of them cured, largely through what he has done and induced others to do.

Could any kindness be more wise and true than that which cures a child? When one thinks of blindness, deafness and lameness being alleviated or removed, disease cured, strength restored, in a children's hospital, it makes the heart glad. We offer our hearty congratulations to the nurses, the hospital, and to our generous friend, Mr. John Ross Robertson.

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The following inscription is on a marble tablet placed in the Woman's Medical Ward of the new Allegheny General Hospital by Mr. J. B. Morgan, jun., in memory of his wife, who was a graduate of Bellevue Hospital, New York:

This Ward is furnished  
in memory  
of  
MARGARET WRIGHT MORGAN  
February 28, 1902.

"Bless the Lord, O my soul, and forget  
Not all His benefits, who forgiveth  
All thine iniquities; who healeth all  
thy diseases; who redeemeth thy life  
from destruct'ion, who crowneth thee  
with loving kindness and tender mercies"

## Correspondence.

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*To the Editor of THE CANADIAN NURSE*

DEAR MADAM,—The graduate nurses of Toronto have established a Central Registry for properly qualified nurses in good standing at 644 Spadina Avenue.

The object of this Registry is to raise the standard of the nursing profession in Toronto, by enrolling only competent and reliable nurses, and to secure calls for its members, also to aid physicians of the city and vicinity, and the general public, to obtain nurses at the minimum expenditure of time and energy—a long-felt want in this city. It is to be hoped and desired that the Registry will receive unanimous support, both from the medical and nursing profession. The Committee have been most fortunate in securing as Registrar, Miss E. B. Barwick, a Johns Hopkins graduate, who has had many years' experience in the above work in Baltimore.

The Registry will be open night and day. Telephone North 1060.

CARRIE DE VELLIN, *Secretary Registry Committee.*

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DEAR MADAM,—Manitoba is to the fore! and maybe not very far behind Ontario in the matter of getting a bill into Parliament. When Miss Lennox, President of the Alumnae Association of Toronto General Hospital, passed through Winnipeg, the nurses of the city took the opportunity of asking her to address a meeting and give a few suggestions as to how the Ontario nurses are working for registration.

Well, this Province is noted for rapid and bountiful harvests after sowing, and so it proved. A very large meeting was held about two weeks after Miss Lennox addressed the nurses, and "The Manitoba Association of Graduate Nurses" was formed and officers appointed. This has to accomplish the work of enrolling all graduate nurses throughout the Province into one body, as there are nurses from far and near practising in Manitoba.

A letter has been sent out to all the hospitals in the Province asking information as to the size of hospital, length of training, number of graduates, etc; also a notice to all the provincial papers asking graduate nurses everywhere in Manitoba to put themselves in communication with the President or Secretary, that by October the Association may be in a form to draft a bill, and if possible we would like to have a copy of the bill that the Ontario nurses are drawing up, that we, a young Province, may be guided by the older.

The nurses are most enthusiastic about it, and they see it is none too soon to agitate for registration, when just last week

this advertisement appeared in our most prominent daily paper, the *Manitoba Free Press*, which has a large circulation from coast to coast, also in Great Britain:

WANTED—Young women to study nursing, self-supporting plan. Address College for Nurses, 382 Jackson Boulevard, Chicago, Ill.

If only something could be done to put a stop to this "get there quick" and "quack" system, but as long as the world lasts there will always be the underhand way of doing things, and it lies with the nurses themselves to protect their profession now and for the future.

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DEAR MADAM,—Our hospital is small, containing thirty-five beds, with a staff of nine nurses, one of whom is liable to be sent to contagious wing at any time. My experience as Superintendent of Nurses has been short, and as we are about to establish a three years' course of training I should like some advice from those who have been longer in the work concerning a workable system of lectures for a school of this kind, where the nurses graduate in classes of twos and threes and sometimes ones. I am anxious that the foundation of our three years' course should be firm, and would like some idea also of the class work covered by the Superintendents of small schools during a three years' course.

We are also about to start a diet kitchen, and any hints regarding the work of nurses in same would be gratefully received.

An idea of what other training schools of this size are doing would be of great help to me in drawing up a schedule.

With best wishes for the success of THE CANADIAN NURSE,

Sincerely yours,

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*Superintendent of the ——— Hospital,  
——— New Brunswick.*

[We take great pleasure in publishing this, our first letter from New Brunswick, and specially request our readers to send answers, on or before November 1st (vide Contributor's Club), to these questions.—EDITOR.]

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DEAR MADAM,—Sarnia General Hospital was built about ten years ago; has been well kept up, and is at present in a very flourishing condition. It has recently had new heating put in; the interior has been painted and decorated, and some parts newly furnished. It is a bright, cheerful building, in the best part of the town.

The ladies of the town are very enthusiastic, and do a great

deal for the hospital. At a recent entertainment they realized one thousand dollars towards the funds of the institution. Our training school is small, fourteen undergraduates, with a graduate as head nurse. Our present head nurse, Miss Mary Hain is one of our own graduates. Our course of training is two years, in addition to the two months' probation. Several of the graduates are in positions, but the majority are doing private work.

Port Huron has recently opened a new hospital, which is managed by two graduates of this school. Two of our graduates are doing district nursing in Detroit.

I am very pleased that we have a Canadian journal on nursing, and hope it may be a great success.

Yours sincerely,

E. B. CLARKE, *Lady Superintendent.*

DEAR MADAM,—I wonder if it would interest your readers to hear about Hospital Day in Grand Rapids. I must say I was somewhat prejudiced against it at first.

Booths decorated with bunting and palms are erected in the banks, hotels, Union Station and prominent street corners. Each one is presided over by two ladies, one representing Butterworth and one the N.B.A. Hospital.

They have as their aides two nurses, whose presence alone is an eloquent plea for the cause they represent.

Contributions varying from one cent to one hundred dollars were received, and in return the contributor is presented with a badge, and by evening there are few passers-by who do not wear them, and the common query heard is, "How much did yours cost you?"

Even the warm weather approved of Hospital Day.

The warm sunshine brought out large crowds of people, and some gave from the sheer joy of being warm once more. There were many pleasing incidents, and many revelations of character. Many poor-looking people would lay down a small coin, saying apologetically, "I am sorry, but this is all I can spare to-day!" However, when I tell you that altogether \$3,300 was contributed you will realize "that many mickles make a muckle."

This amount is divided equally between our hospital and the N.B.A. Hospital.

The graduates assisted us, as we could not spare a sufficient number of pupil nurses.

I made the round of all the booths in an automobile, and my last prejudice died out. I was delighted with Hospital Saturday and the many kindly expressions I heard.

The idea is somewhat novel and so easily worked out that I thought you might mention it in THE CANADIAN NURSE.

E. G. FLAWS.

## The Contributors' Club.

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### NEWS FROM THE FAR WEST.

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In the past few years amongst the incoming population of the West there have been a number of nurses, graduates from many of the training schools of Canada, also several Canadians, who have graduated from American hospitals.

After long persistent effort a number of these graduates were brought together last June, and an organization known as the Calgary Association of Graduate Nurses was formed.

The first article of our constitution reads: "The objects of this Association shall be the promotion of unity, good fellowship and professional and social intercourse among the members of the Association, and the elevation of the professional character." The city doctors co-operate with us, giving us addresses on practical subjects at our regular meetings.

The Association has its own clinical charts printed, which are retailed at cost, and each member is also given a printed copy of the rules and regulations, constitution and by-laws of the Association.

The Association has its own registry, which is kept by the leading druggist of the city.

At our annual meeting in June we hope to report definitely the organization of a Sick Benefit Fund.

As an Association we hailed with delight the advent of THE CANADIAN NURSE, believing it to be a long-felt want supplied, and the majority of our nurses will subscribe at once.

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### COUNT THE FORCEPS.

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In the last number of THE CANADIAN NURSE, Superintendents are requested to write about difficult cases, etc., as a help to others. I do not know if my subject will be a help to anyone, but as the daily papers of different towns published what they no doubt believed to be the truth, I feel that it may help our hospital for the public to know the real facts.

On June 1st, 1902, a patient was admitted to be operated on for an ovarian cyst. The patient was a woman weighing one hundred and seventy pounds, and there were many adhesions. Sutures were removed on the seventh day, and patient went home on the twenty-first day. During the next two years the patient lost flesh rapidly, was troubled with constant diarrhea, and had different medical men to attend her, but without relief. On June 4th, 1905, patient passed, per rectum, one handle of an artery

forceps, and on the following week was brought to the hospital, where a second incision was made and the other part of the forceps removed from the intestine. Patient improved for two days, then died of post-operative peritonitis.

Some people severely criticize the nurses for not counting the forceps. There were four doctors present. Forceps are now counted in this hospital.

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#### FROM AN ONTARIO HOSPITAL.

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In our little training school of ten pupil nurses we have an admirable course of lectures, extending over eight months of each year, and on the following subjects: Anatomy and physiology, 12; materia medica and therapeutics, 6; hygiene, toxicology and medicine, 9; surgery, 6; gynecology, 4; obstetrics, 6, and urinary analysis, 4.

With one lecture a week, it is obvious that these cannot all be given in one session; so my plan is to have them cover two years. One evening each week is devoted to class work with the Superintendent, where the Public School Anatomy and Physiology, with Hampton's "Nursing," are the text-books. This is also the time for talks on ethics, hospital etiquette and kindred subjects. I begin each session with the younger nurses, but all attend except the seniors, who relieve during class. Then on lecture night the juniors relieve, and all the second and third-year nurses attend. One evening each week is thus devoted to class work, and one to lectures. I find this plan works out very well.

We have a diet kitchen, but I regret that I have not yet been able to arrange for any special instruction in dietetics.

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#### The Nurse's Library.

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Messrs. A. S. Barnes & Co., New York, have published under the interesting title, "The New Knowledge," a book which will be a boon to busy people who would keep up with the times. This book gives a brief, popular account of recent advances in scientific thought.

*A Woman's Words to Women.* By MARY SCHARLIEB, M.D.  
London: George Routledge & Co. 1s.

Five chapters—The Young Wife, The Young Mother, Labor, Miscarriage, The Young Mother's Holiday—are comprised in this book, which is an excellent one to place in the hands of any woman.



*The Mother's Guide.* By MARY SCHARLIEB, M.D. London: George Routledge & Co. 1s.

This little volume by Mrs. Scharlieb is an admirable guide, clearly and simply written, on the care and nursing of children in health and sickness.

*Hints to Nurses on Tropical Fevers.* By S. F. POLLARD. London: The Scientific Press, Limited. 1s. 1d.

Written by a sister of the Army Nursing Service Reserve of Great Britain, this is a brief, but useful account of a few of the more important tropical diseases from the nurses' point of view. The first chapter, "Hints on Going Abroad," is a particularly good one, and the little book well repays reading.

*The Art of Right Living.* By ELLEN H. RICHARDS. Boston: Whitcomb & Barrows. 50 cents.

Mrs. Richards' suggestive little book is a condensation of a course of lectures delivered a year ago at the Summer School of the South, in Knoxville, Tenn., and is both easy and profitable to read. The publishers, Mary Barrows and Frank H. Whitcomb, have made a specialty of the publishing and supplying of books on Health and the Home, Cooking, Sociology, etc., and we advise our readers to send for their catalogue and see it for themselves.

*How to Become a Nurse.* Edited by SIR HENRY BURDETT. London: The Scientific Press, Limited. 2s.

This is the well-known guide to training for the profession of a nurse for Great Britain, the present being the seventh edition. It also contains an outline of the principal laws affecting nurses. As a directory and hand-book, it is convenient and contains a vast deal of information. In our opinion, the part relating to Canada should be revised.

*Chemistry in Daily Life.* By DR. LASSAR-COHN. Translated by M. M. MUIR, M.A. London: H. Grevel & Co.

Professor Lassar-Cohn's work is one of the most interesting of elementary books on every-day chemistry. The author, in a common-sense and scientific manner, arrays before us the vast army of chemical facts at the very foundation of all that we do, and in an original, yet simple manner, presents all that the ordinary student needs to know of such things. A reading of the book convinces us of its wide scope and value.

*Infantile Mortality and Infants' Milk Depots.* By G. F. McCLEARY, M.D. London: P. S. King & Son. 6s.

In the 135 pages of this interesting book we have an able presentation of the facts and statistics *re* municipal milk depots,

and also a general discussion of the question of infant mortality. The author is Medical Health Officer of Battersea, and he has produced a book of great present importance. The illustrations add to the value of the book, which we hope and think will have a large circulation. The problem of the birth-rate and infant mortality is really the problem of national existence; every citizen of the Empire must help to solve it.

1. *Health in India.* SIR JOSEPH TAYLOR, K.C.S.I., M.D., President of the Medical Board at the India Office.
2. *Primer of Hygiene.* E. S. REYNOLDS, M.D.
3. *Hygiene for Beginners.* E. S. REYNOLDS, M.D.
4. *Science of Common Life.* A. T. SIMMONS, B.Sc., and E. STENHOUSE, B.Sc.
5. *The Soil in Relation to Health.* H. A. MIERS, M.A. F.C.S., and R. CROSSKEY, M.A., D.P.H.
6. *Hygiene for Students.* E. F. WILLOUGHBY, M.D.  
London: MacMillan & Co.

The above is a most interesting series, varying in size from the small primer of 50 pp., a monograph which may be read through in an hour, to the large hand-book of 560 pp., containing information in every important department of hygiene.

The above-mentioned lecture (1) "The Preservation of Health in India," should certainly be in the hands of every nurse or missionary who is to go to India. It is admirable in its complete and reasonable presentation of the subject.

"The Primer" (2) is intended for school children in the higher grades, and also for those attending university lectures on hygiene in Evening Continuation Classes, County Council Courses, etc. It is clear, thorough and carefully adapted to those for whom it is intended.

"Hygiene for Beginners" (3) is the next step in the series, and contains much more than (2), especially an outline of anatomy and physiology, as an introduction to the main facts of hygiene. It contains 100 illustrations, and as in all the rest of the series, the mechanical part of the book is excellent.

This book (4) is well-known under its former title, *Experimental Hygiene*. It is intended as an introduction to domestic science, and would be very useful as a book of reference for nurses and others who may have occasion for a work which will explain and show the application of ordinary scientific facts to every day life. A model explanation, for instance, is that on pages 66 and 67, dealing with the conduction of heat.

This (5) is one of MacMillan's Manuals for Students, and is a small book on the principles of geology, in so far as they concern sanitary science. It is interesting, authoritative and

practical, and it contains a great deal of information found nowhere else outside of the large works on geology and hygiene.

This (6) is an approved and favorite text-book, which has appeared under the separate titles, each volume being larger and more important than its predecessor. First published by Messrs. Collins in 1884, as "Principles of Hygiene," and always intended as a Manual for the Examination of the Science and Art Department, it has now (1902 edition) been enriched by accounts of the latest discoveries in medical and allied sciences, and is equally adapted to the purposes of the medical man, the student, teacher and the general reader.

*The British Journal of Nursing.*—This excellent journal is now in its thirty-fifth year, and, under the editorship of Mrs. Bedford Fenwick, stands for the best interests and highest rights of the profession. Its weekly issues are always interesting and full of articles and news of great importance to nurses. Recent numbers have been necessarily largely devoted to the great question of registration.

*Nursing Notes.*—Of all our contemporaries, none is more helpful than *Nursing Notes*. The articles are so good that we frequently wish to reproduce them for the benefit of our readers.

*The Nursing Times.*—This is a new nursing journal, issued weekly by Messrs. MacMillan & Co. It is well-conducted and has several special departments, e.g., "The Wider World of Women."

*The Hospital*, an English medical weekly, with a large and important supplement devoted to nursing, maintains its place among the best of the English nursing journals.

*The National Hospital Record*, which is the official publication of the American Association of Hospital Superintendents, always contains articles of great value to those engaged in hospital work.

*The American Medical Journalist* is a monthly review devoted to the business side of medical journalism and professional work, and of great value to medical advertisers and publishers.

*Magazine of the London School of Medicine for Women.*—This quarterly magazine is always welcome. The current number contains a valuable article on "The Management of Normal Cases at Queen Charlotte's Hospital."

*Journal of the Royal Sanitary Institute.*—This is, perhaps, the most important journal of hygiene published. The current number is devoted to the problem of housing.

*The Australian Nurses' Journal*, the organ of the Australasian Trained Nurses' Association, is now to be a monthly journal instead of a quarterly as before. This journal is an important publication, and we congratulate the management on its success.

*Una*, the journal of the Royal Victorian Trained Nurses' Association, is an attractive monthly magazine now in its third volume. The current number contains an able lecture on "Japan," delivered at the last monthly meeting of the R.V. T.N.A., and a great many letters and short articles on interesting subjects.

*The Nurses' Journal of the Pacific Coast* is a handsome and well-conducted quarterly magazine, devoted to the interests of the profession in California.

*The American Journal of Nursing*, which has a large circulation in Canada, as well as the United States, has done much for the profession. The August number is an admirable one, a number that will be read with deep interest by those who have the progress and welfare of the profession at heart.

*The Trained Nurse* for August opens with, "Go Put Your Creed Into Your Deed," a thoughtful and stimulating address to the graduating class of the Backus Hospital, Norwich, Conn., by Miss Brennan, formerly Superintendent of Bellevue Hospital Training School, New York.

*The Alumnae Magazine of the Johns Hopkins Hospital* is one of our most welcome visitors. It is conducted by and for the Alumnae Association of the J.H.H., and reflects great credit on the hospital and the Association.

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Our readers will be interested in an advertisement on another page of this issue in reference to Hourly Nursing and Nurses' Supplies.

## Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE.

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Miss Gracey, graduate of T.G.H., 1903, has taken up private nursing in Nelson, B.C.

Miss M. Laughlin, also of St. Catharines G. and M.H., 1893, has gone to California.

Miss M. A. Snively is spending the month of August at Scarboro' Beach, Maine.

Miss DeWitt, of the Buffalo Woman's Hospital, is on special duty at the B. and W. Hospital, Berlin.

Miss Alma C. Murray, head nurse of Riverdale Isolation Hospital, is taking a much needed rest.

Miss Mabel Laud, graduate of G. and M. Hospital of St. Catharines, has taken up private nursing in Toronto.

Miss Lilian Southgate, graduate of S.C.H. '05, has gone to the Roosevelt Hospital to take a post-graduate course.

Miss Grace Boyd Nourse, graduate of the Kingston General Hospital class of 1904, is now head nurse of Galt Hospital.

Miss Margaret Wightman, graduate of Galt Hospital, class of 1904, has charge of a private hospital, Dominion City, Man.

Miss Grace Bolton has returned to Fredericton after taking a post-graduate course in the Polyclinic Hospital of Philadelphia.

Miss Ford, also a graduate of the Guelph General Hospital, has taken the position of head nurse in the Walkerton Hospital.

Miss Bertha M. Toye, graduate T.G.H., '03, has accepted the position of Superintendent of the Parry Sound General Hospital.

Miss C. Hornby, Berlin-Waterloo Hospital, '04, resigned her position as head nurse of that institution and is doing private work in Berlin.

The Royal Alexandra Hospital, Fergus, has been enlarged; another flat having been added, as well as extensive improvements to the interior.

Miss Jennie Conn, graduate of the Hamilton City Hospital, 1903, has gone to New York to take a post-graduate course in the Memorial Hospital.

Miss McKnight, graduate of the Guelph General Hospital, was appointed Lady Superintendent of the County of Bruce General Hospital at Walkerton, and entered upon her duties June 21st, 1905.

Miss K. Manson and Miss Potts, of the S.C.H., are graduates of the Lady Stanley Institute, Ottawa, and not St. Luke's, as stated in the last issue.

Miss Margaret Anderson, Port Perry; Miss Lena Rilance, Beaverton, and Miss Mona Weatherald, Goderich, are recent graduates of Galt Hospital.

Miss Mary L. Stratton, graduate of the Kingston Hospital class, 1903, has been appointed surgical nurse in the Butterworth Hospital, Grand Rapids.

Miss M. Fyfe, class of '03 B. and W. Hospital, Berlin, who has been at Swan River Victoria Hospital, is expected to pay a visit to her alma mater this year.

Miss Cora Canfield, graduate of G. and M. Hospital, St. Catharines, has resigned her position as head nurse and has gone home to Woodstock to be married.

The course of training for the nurses of the Victoria Hospital, Fredericton, N.B., has been extended to three years, with a probation period of three months.

Miss C. C. Fraser, graduate of St. Michael's Hospital, Toronto, has taken charge of the General and Marine Hospital, Midland, during the summer months.

Miss Lena Martin, graduate of G. and M. Hospital, St. Catharines, who is with Dr. Jennie Trout at Palma Sola, Fla., has decided to spend another year there.

Miss M. J. O'Neill, graduate of St. Catharines G. and M.H., '93, has been appointed Superintendent of the Fredrick Co. Medical Association Hospital, Md., U.S.A.

The staff of the S.C.H. gave a dance for Dr. Whyte at the Lakeside Home, July 27th, as he was severing his connection with the hospital. An enjoyable evening was spent.

Miss Alice Landry, graduate of Victoria Hospital, Fredericton, has gone to her home in Dorchester, N.B., for a rest. Miss Landry will engage in private nursing in Fredericton.

Miss Mary Jardine, a nurse in training in the S.C.H., has been obliged to go home for a rest. We hope that she will soon be able to resume her duties, with her health fully restored.

Miss Clara Evans, Superintendent of the Kootenay Lake General Hospital, Nelson, B.C., will spend August and September visiting the Coast cities and seeing the Portland Fair.

Miss Bella Gauld, graduate of G. and M. Hospital, St. Catharines, resigned her position as Superintendent of the Woman's Hospital, Batavia, N.Y., and has taken up private nursing in Winnipeg.

Miss Jessie Murdoch (T.G.H. '02), assistant chief nurse at the Ancon Hospital, Canal Zone, Panama, has returned to her work after spending a short vacation at her home in Guelph.

Miss Alice Cowper, graduate of S.C.H., 1904, who has been taking her post-graduate course at the Roosevelt Hospital, New York, contracted scarlet fever. Miss Tyler has been sent in her place.

Miss Joan Scott and Miss Ida Whitlam, graduates of the Riverdale Isolation Hospital, '02, are visiting friends in Toronto after a period of three years' successful nursing in New York City.

Miss Ethel Gamble, a graduate of the Victoria Hospital, Fredericton, N.B., has been appointed matron of the Woodstock Hospital, N.B. Miss Gamble entered upon her new duties on July 1st.

The Kootenay Lake General Hospital, Nelson, B.C., in charge of Miss Clara Evans, graduate T.G.H., expects very shortly to build a new operating and sterilizing room. New floors have been laid in the public wards, and the hospital is to be painted and kalsomined throughout.

Mr. J. Ross Robertson, with his usual generosity, has presented to the Sick Benefit Fund of the Alumnae Association of S.C.H., the sum of fifty dollars, and has also offered to furnish the two rooms so kindly presented to the Association; one in the hospital proper, and one in the "The Infections."

It is now the custom in the Sick Children's Hospital to have a class pin as each class is formed. The one for this year, 1905, is a monogram of the hospital initials, "V.H.S.C." The name of the owner is on the back.

Miss K. Lawrence, graduate of St. Catharines G. and M.H., 1902, who has been appointed infirmiry nurse at St. Mary's College, Dallas, Texas, is at her home in Parry Sound for a two months' vacation.

Miss Jean Sutherland, a graduate of Galt Hospital class of 1899, has been appointed the Lady Superintendent of the Queen's Hospital, Rock Bay, B.C. This hospital is under the control of the Victorian Order of Nurses.

A laboratory is about to be started in connection with the Victoria Hospital, Fredericton, N.B. It will be in charge of Mr. R. H. McGrath, who recently took a course in laboratory work in the Royal Victoria Hospital, Montreal.

St. Joseph's Hospital, of Glace Bay, C.B., was opened in 1903, and since then has treated over one thousand patients and had six hundred operations. There are at present twelve nurses in training, six of whom will graduate this autumn.

## TEXT-BOOKS FOR NURSES

Hampton, "Nursing, its Principles and Practice" .....	\$2.00
Stoney, "Practical Points in Nursing" .....	1.75
Weeks, "Text-book of Nursing" .....	1.75
Humphrey, "Manual of Nursing" .....	1.00
Davis, "Obstetric and Gynæcologic Nursing" .....	1.75
DeLee, "Obstetrics for Nurses" .....	2.50
Fullerton, "Obstetrical Nursing" .....	1.00
Boland, "Invalid Cookery" .....	2.00
Knight, "Food and Its Functions" .....	.75
Hart, "Diet in Sickness and Health" .....	1.50
Holt, "Care and Feeding of Children" .....	.75
Dock, "Materia Medica for Nurses" .....	1.50
Stoney, "Materia Medica for Nurses" .....	1.50
Kimber, "Anatomy and Physiology for Nurses" .....	2.50
Furneau, "Human Physiology" .....	.75
Hampton, "Nursing Ethics" .....	1.50

Pyle, "Personal Hygiene" .....	\$1.50
Hewer, "Our Baby" .....	.75
Griffith, "Care of the Baby" .....	1.50
Warwick & Tunstall, "First Aid to the Injured" .....	1.00
Pye, "Elementary Bandaging" .....	.50
Roberts, "Ambulance Work" .....	.75
Osborn, "Nursing Ambulance Lectures" .....	.60
Stoney, "Bacteriology and Surg. Tech. for Nurses" .....	1.50
Dorland, "Pocket Medical Dictionary" (plain) .....	1.00
Do. (indexed) .....	1.25
Gould, "Pocket Medical Dictionary" (plain) .....	1.00
Do. (indexed) .....	1.25
Morten, "Nurses' Dictionary" .....	.75
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Diamond Hall



Miss Elizabeth S. MacWilliams, graduate of the Royal Alexandra Hospital, Fergus, Ont., has been appointed Lady Superintendent of the above institution. Miss MacWilliams obtained the gold medal scholarship in her year.

Miss Barwick, Registrar of the Toronto Graduate Nurses' Registry, is a granddaughter of the late Dr. James Bovell, of the Toronto School of Medicine, and of Trinity University, Toronto. Miss Barwick's experience and qualifications are a good augury for the success of the Registry.

Miss McGibbon and Miss Hannant, graduates of T.G.H., have gone to New Orleans. Miss McGibbon will act as assistant to Miss Baldwin in the Polytechnic Sanitorium, and Miss Hannant will do private nursing. The appearance of yellow fever in New Orleans recently will make this a memorable year.

The General and Marine Hospital of Owen Sound has a graduating class of seven nurses for 1905. Dr. C. M. Lang is awarding a gold medal to the nurse who has the highest marks in anatomy, surgery and physiology. Dr. Bent is also giving a gold medal to the nurse who has the best paper on diseases of eye, ear, nose and throat.

Miss L. G. Keene, who recently finished her post-graduate course in the General Memorial Hospital, New York, and who has been engaged in private nursing in that city during the last few months, has returned to Fredericton for a short rest.

Miss Helen King and Miss Maud Brown, graduates of the T.G.H., left Toronto on August 10th for the Yukon, to take positions in the Good Samaritan Hospital, Dawson City, in place of Miss Moodie and Miss Graham, who have resigned and are returning to Toronto.

A happy week was spent by three of the old graduates of the G. and M. Hospital, St. Catharines, when they met together recently in the far west: Miss Smith, of Weyburn, Assa.; Mrs. Hamil (nee Foster), Indian Head, and Miss Draper, who had been nursing at Rosthern, Sask. Mrs. Hamil entertained her sister nurses at her home. Miss Draper was on her way home to St. Catharines, Ont.; Miss Smith, who has charge of the Weyburn General Hospital, is expected at her home in St. Catharines in the autumn.

The Victoria Hospital Training School for Nurses, London, Ont., graduated its twenty-second class on Wednesday, May 31st, in the Auditorium. The following were presented with their medals and diplomas by Mr. S. Screamon, the Chairman of the Trust: Eva L. Bond, Ethel M. Fraser, Edythe T. Fredin, Isabel I. Hutchinson, Florence Mae Magill, Miriam Sharpe, Jessie K. Smith, Lizzie Thom, Annie B. Wall, Francis

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*"THE WELLAND," St. Catharines*

V. Whitney. Before receiving their diplomas the graduating class repeated standing the Nightingale Pledge. Addresses were given by His Lordship the Bishop of Huron, Dr. John Wilson, and the Mayor, Dr. Campbell. The new Nurses' Home, built by the City of London, for the pupil nurses, was at the same time declared open by Dr. Campbell. The Home, which is a three-story brick building, contains fifty-three single and six double bedrooms. It faces east and west, and is well equipped with laboratories, sitting-rooms, a dining-room, laundry and kitchen. The nurses will in future have their domestic science work in the Home, where, under a competent instructor, they will cook for their own table, and have theoretical and practical lessons in cooking for the sick and convalescent.

The Alumnae Association of the S.C.H., Toronto, are anxious for a fuller membership to share the benefits derived from the monthly meetings, and keep the graduates in touch with one another. The Social Committee are promising an interesting programme for the coming season. A leaflet will be published giving lectures, lecturers and date.

The annual meeting of the Kingston General Hospital Alumnae Association was held on May 26th, 1905. The officers elected for the next year are: Hon. President, Miss Gordon; President, Mrs. Tilley; 1st Vice-President, Miss Veale; 2nd Vice-President, Miss Reid; Secretary-Treasurer, Mrs. Nicol; Assistant Secretary, Miss Montgomery; Convener of Surgical Supply Cupboard (assisted by all the members of the Alumnae), Miss Walsh. The past year has been a most successful one, and a Nurses' Library has been begun.

Miss Margaret Kidd and Miss Kathleen Streeleas, graduated from the Calgary General Hospital in July, 1905. The system of training pupil nurses in this hospital is being reorganized. Up to the present there has been one graduate in the General Block. Her post was that of head nurse. This has proved to be quite unsatisfactory, so far as the training of the nurses is concerned, and the directors have been persuaded to abolish the position of "head nurse," and to appoint two graduates, one in entire charge of the upstairs floor, and one in charge of the operation room and downstairs room, combining also with her duties the dispensary work. A graduate to be in charge at night is also to be appointed, and a graduate in charge of the new Isolation Block to be opened shortly.

The "Made in Canada" Exhibition, held in Galt the last week in June, in aid of the hospital, was a great success, and will add about \$2,800 to its funds. At the Nurses' Booth all kinds of fancy and useful articles were sold. These were contributed by patients, ex-patients, nurses and friends of the hos-

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pital. The deep interest shown alike by the graduates and pupil nurses was most encouraging. Generous contributions came from those who are now distant thousands of miles from their alma mater. This was the only international booth, and cleared about \$300. A very interesting feature was an exhibit of dolls in the uniform of the different training schools. The Committee having charge of the booth are very grateful to the superintendents and nurses who sent the dainty little ladies to represent their hospitals.

The Collingwood General and Marine Hospital Training School for Nurses held its annual graduating exercises, June 2nd. The opening address was delivered by Mrs. W. J. Bassett, President of the Woman's Board of Management. The address to the graduating class was most ably given by Dr. Aylesworth, President of the medical staff. The diplomas were presented by Mrs. Bassett. The medals were the gift of Mrs. Lett, patroness of the school, who pinned them on the graduates. The class pin was given by Miss Morton, Superintendent of the Training School. Miss Morton was presented with a beautiful bunch of crimson roses by the alumnae of the training school. The graduates are: Miss Gerald Morton, Bradford; Miss Annie Moore, Orono; Miss Mary Robinson, Bateaux; Miss Etta Wilson, Collingwood; Miss Mary Lord, Barrie; Miss Bertha Klinck, Duntroon.

The graduates of the General and Marine Hospital, Collingwood, met on Saturday afternoon, May 30th, and organized an Alumnae Association, beginning with fifteen members. The object of this organization is to promote unity and good feeling among its members, and the advancement of the interests of the nursing profession. Officers were elected as follows: Patroness, Mrs. F. Lett; Hon. Member, Mrs. Bassett; Hon. President, Miss Morton, Superintendent G. and M. Hospital; President, Miss Redmond; 1st Vice-President, Miss Knox; 2nd Vice-President, Miss Carr; Secretary, Miss Jenkins; Treasurer, Miss Morrison. It was decided to meet in the board-room of the hospital on the last Saturday of every month, between three and five p.m., the annual meeting to be held in May. At these meetings, papers dealing with subjects pertaining to the profession will be read by physicians, members and others. Social gatherings will also be held at different times during the year.

The graduating exercises of the nurses in training at the Nicholls Hospital, Peterboro', which took place on June 26th before a large and representative audience, were a great success. The musical programme, the addresses, and the presentations were all enthusiastically received and enjoyed by those present. Mr. Richard Hall, Chairman of the Hospital Board, presided, and gave some interesting particulars of the work of the hos-



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FIG 3



FIG. 1

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Figure 3 shows the Helmet in use. It fits the head perfectly, and is sufficiently large to hold an ample quantity of ice.

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pital. The first class of nurses graduated in 1893, and now there are about 44 graduates. Last year 425 patients, 94 of whom were free, were admitted to the hospital. The Rev. Mr. Langfeldt addressed the nurses, and Dr. Caldwell presented the diplomas. The graduates are Miss H. D. Wilson, Miss N. J. Foster, Mrs. L. J. Doyle. The Superintendent is Mrs. Coleman, and the assistant, Miss H. A. Coleman.

The regular monthly meeting of the St. Thomas Graduate Nurses' Association was held at the Amasa Wood Hospital, June 21st, 1905. After the business meeting, Dr. Jennie Drennan gave a very interesting talk on mechano-therapy.

On June 17th a most successful garden party was given by the Kingston General Hospital Alumnae Association. The hospital grounds, always pretty, were made more so by display of bunting and the bright costumes of pretty girls, who dispensed tea and sold all sorts of wares. The tea-table was decorated with scarlet streamers and poppies, and the assistants wore white dresses with scarlet belts, or sashes, and poppy hats. In the "Briar Patch," the commodities that men would be likely to buy, were sold. These included flowers, pipes and tobacco. Here also was to be found the fortune-teller. The ladies at this booth wore a Turkish costume, which was very becoming.

One table had a Jack Horner pie (with a real crust), containing plums of all descriptions; while from still another table candies were sold. The cakes, strawberries and ice-cream were in great demand, but the mecca of all the children, and older people as well, was the Punch and Judy show. At night, Chinese lanterns made the grounds gay and bright, and the 14th Regiment Band, which had enlivened the afternoon proceedings, was again present.

The commencement exercises in connection with the school of nursing of the Butterworth Hospital, Grand Rapids, were held in the Fountain Street Baptist Church, May 18th. The address to the graduates was delivered by Dr. J. B. Whinery. It was most instructive and showed the keen interest taken in the educational work of the nurses. Diplomas were presented by Dr. G. K. Johnston to the following nurses: Luella F. Bockstahler, Indiana; Beatrice Graham, Grand Rapids; Jeannette Boer, Grand Rapids; Katherine M. Currie, Nova Scotia; Mary Marshall, Guelph, Canada. Mr. Edward Lowe, President of the Board of Trustees, pinned on the badges. The annual report, which showed the school was in a flourishing condition, was read by Miss Elizabeth G. Flaws, Superintendent. A pleasing innovation was the older graduates of the school appearing in their pretty white uniforms, which lent an attractiveness to the scene that the uniform of the nurse always tends to produce. The graduates were presented by their friends with many beauti-

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ful flowers, which were distributed after the exercises. The following day, Mrs. Eugene Boise, President of the Board, held a reception for the nurses at the Country Club.

MARRIED.—Bilger-Wismer—On Saturday, July 1st, 1905, at Dunnville, Ont., Armintha Wismer, a graduate of the T.G.H., was married to Mr. Bilger, of Toronto.

MARRIED.—Reeve-Ritchie—On June 5th, 1905, at Stayner, Ont., Maud Ritchie, a graduate of the Toronto General Hospital, was married to Herman Reeve, of Montreal.

MARRIED.—Allison-Roberts—On Thursday, July 27th, 1905, at Adolphustown, Ont., in St. Alban's Church, Florence I. Roberts was married to Dr. B. N. Allison, of Williamstown, N.Y. Mrs. Allison is a graduate of the T.G.H.

MARRIED.—Robinson-Burnet—On Thursday, July 20th, 1905, at the residence of Mr. and Mrs. Adam Robertson, Durham, Ont., by the Rev. Mr. Farquharson, their daughter Elba was married to Dr. A. C. Burnet. Mrs. Burnet is a graduate of the Hamilton City Hospital.

MARRIED.—Ross-Thompson—On Thursday, June 22nd, 1905, by the Rev. T. H. Brown, assisted by Rev. Rural Dean Thompson, Julia Hlen, Daughter of Captain Thompson, Meaford, was married to William D. Ross, of Welland. Mrs. Ross is a graduate of the Guelph General Hospital.

MARRIED.—Bright-Gunn—On Thursday, July 13th, 1905, at Toronto Junction, by the Rev. George McKinley, of Thornhill, Estella Louise, daughter of Mr. W. A. Gunn, was married to Dr. H. R. Bright, of Drayton. Mrs. Bright was Superintendent of Royal Alexandra Hospital, Fergus, Ont.

BIRTH.—Pickersgill—On June 23rd, 1905, at Wyacombe, to Mr. and Mrs. T. A. Pickersgill (nee Smith), a son.

Died—Of tuberculosis, at her home in Muskoka, July, 1905, Mrs. Atkin, formerly Miss Sarah Forge, class 1893, Grace Hospital, Toronto.

---

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### *Obstetrics and Gynecology.*

(Dr. A. H. Wright.)

1. Describe and compare aseptic and antiseptic methods in obstetrical nursing.
2. How will you sterilize instruments for an obstetrical or gynecological operation, being careful not to dull the edges and points of knives and needles?
3. How will you prepare a normal salt solution, and how will you administer it by the rectum for four days after a serious hemorrhage?
4. Describe briefly two methods of artificial respiration for asphyxiated new-born babies.
5. Describe the care and dressing of the vulva for one week after labor.

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### *Hygiene and Sanitary Science.*

(Dr. Amy. Time: 1½ hrs.)

1. Define hygiene—sanitary science.
2. Name the most common diseases due to unsanitary conditions.
3. From a sanitary standpoint, give in detail your care of a case of pulmonary tuberculosis—typhoid fever, scarlet fever, erysipelas.
4. Give most common sources of infection from pulmonary tuberculosis, typhoid fever and smallpox.
5. What hygienic rules would be ordered so as to maintain the body in as healthy a condition as possible?

GRACE HOSPITAL, TORONTO.—Examination Papers for Head Nurses.

1. How is the heart-beat governed and regulated, and what effect have these governing agents on the heart?
2. Name eight drugs that are classed as cardiac stimulants and give their dose. Name the most powerful and most easily obtainable heart stimulant which a nurse would be justified in using in the absence of a physician.
3. Write a short note on the following drugs, giving action, dose, for what given: Apomorphine, croton oil, Epsom salts, (1) strychnine, (2) calomel, (3) atropine, (4) chloral, (5) belladonna, (6) morphia. Give symptoms of overdose for the last six.
4. Outline a case of pleurisy with effusion, giving subsequent medical and surgical treatment and nursing.
5. Outline treatment and nursing of a case of gastritis, also of peritonitis.

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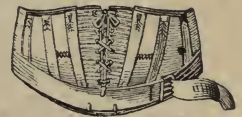
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 " Purdy, Royal Victoria Hospital, Montreal.  
 " Day, 1135 Dorchester Street, Montreal.  
 " Le May, 395 Mance Street, Montreal.  
 " Campbell, Royal Victoria Hospital.  
 " Davidson, Royal Victoria Hospital.  
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# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. I.

TORONTO, DECEMBER, 1905.

No. 4

## REGISTRATION—AT HOME AND ABROAD.\*

The movement for Registration of Nurses took its rise in England in 1887, with the founding of the Royal British Nurses' Association, by Mrs. Bedford Fenwick, and a small group of English matrons.

The more keen-sighted of English nurses already felt that demoralization of the standards of modern nursing, not long since lifted by Miss Nightingale, was threatening and was bound to result from the rapid multiplication of so-called schools for training, over which no supervision was exercised, and in which no noble professional motives but only strict commercial interest guided the policy. They realized precisely what we realize to-day, that a thousand spurious articles are being manufactured and put forth as the "Trained Nurse," that bogus training schools were being made commercially profitable to their owners, that the public was being duped and exploited, that unsophisticated young women were being deceived and tricked into joining "private nursing homes" and "correspondence schools," and that a rapid debasement of genuine standards of nursing was thus proceeding. They realized, too, that purification could only come from within, and that nurses themselves must prepare to defend their profession, protect their education, and announce a genuine standard, since others could not or would not. The formation of the Royal British Nurses' Association was the first step in the organization of nurses now so splendidly and vigorously progressing in every country of the civilized world. I should like to go with you into the early history of this association, the bitter opposition which it encountered, the stifling which for many years it was subjected to at the hands of reactionary officers, and the way in which its nurse members finally asserted themselves,—but would take too much time. You can read it all in the early numbers of the "Nursing Record," now the British Journal of Nursing: Until a few years ago, the subject of registration was suppressed in England, except in the Matrons' Council, where the progressives still upheld and worked for the principle of legal

\*An abstract of an address delivered in Toronto, October 19th, 1905.

status and genuine nursing education. Meantime, however, some of England's colonies were more enlightened and liberal. South Africa first, and New Zealand second, secured legislative Acts fixing a standard of training for the nurse and protecting her and the public from fraud. In Australia both the Australasian Nurses' Association and the Victorian Association are working actively by means of a voluntary registration plan, to arrive at definite minimum standards, and to secure State legislation. In Holland and Germany there are definite movements for State registration, and in the former country there is an association trying to carry out a voluntary examination and registration plan.

As you know, the nurses of the United States are working vigorously and with encouraging success to fix honest training standards by the authority of the State, and many notable Canadian women who have trained and are working in our midst are foremost in this effort. We now have State organizations of nurses in 21 States, and have secured the passage of laws in ten States, though not all of these have had time to show results. As the progress of this movement is fully reported in the American Journal of Nursing, which is accessible to you all, I will not attempt to go into detail. It is enough to say that we have established the principle of the justice of placing the examination of nurses in the hands of nurses, by the creation of our nurse examining boards. This is the only way to keep the State examination of nurses *practical*, and to ensure their being taught *to do*, as well as to know, the essential characteristic of sham training being to cover the absence of real ability *to do* by a sheer of superficial knowledge from books.

Mrs. We must return now to England to note the formation of a Miss F. and fresh army to fight in the battle against dull prejudice. "The State Society for Registration, again the work of Mrs. " M<sup>r</sup>. Fenwick, the untiring, who has been its secretary, with "s Louisa Stevenson as President. It has been the triumphant M<sup>u</sup>lt of the labors of this society that a registration bill has been presented to Parliament—that the Royal British Nurses' Association cast off the control of bigoted officials—that the Select Committee was appointed, and that it has brought in a favorable report. What this means, you, perhaps, not knowing the hidden prejudices of England, cannot realize. In closing I would only like to say, stand by our professionally edited Nursing Journals. You see yours, we have ours, the English and Australian nurses " theirs, and they are staunch in loyalty to high ideals, and have done marvels in creating public opinion; whereas the commercially edited papers, which exist only to make money out of nurses, have been, and are to-day, steadily and bitterly hostile to organization, to every form of self-help and independence for nurses, and have done their utmost to defeat our efforts for a minimum standard of training. Do not make the mistake of

thinking that this is only a nurses' movement. It is a tremendous educational movement, and a vast factor in the gradual uplifting of women the world over—it is a piece of human progress.

L. L. Dock.

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### A REGISTRATION MEETING.

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On the evening of Oct. the 19th, a meeting under the auspices of The Graduate Nurses' Association of Ontario was held in the Theatre of the Normal School, Toronto, to listen to addresses on the subject of "State Registration for Nurses." To this meeting all graduate and under-graduate nurses, members of the medical profession, and those interested in the advancement of nurses, were invited.

The speakers of the evening were Miss L. L. Dock, of New York, Hon. Sec. of the National Congress of Nurses; Prof. Irving H. Cameron, and Mrs. Willoughby Cummings, Sec. National Council of Women. Miss M. A. Snively, Superintendent of Training School, Toronto General Hospital, occupied the chair.

Miss Dock, who has spent the greater part of the past four years studying the subject of Registration both at home and abroad, first dwelt on the meaning and need of registration, and then gave the history of the movement. Her address (see page 11), was listened to with the greatest interest and attention. Prof. Cameron followed in a very happy speech, in which he said that he felt sure he could pledge the whole medical profession to do all in their power to assist the nurses in what must be felt to be a most reasonable demand, recognition by the State.

Mrs. Willoughby Cummings gave an account of a paper sent by the Legislative Committee of the G. N. A. O., to be read at the annual meeting of the National Council of Women, held last June in Charlottetown, P.E.I. Every woman in that large gathering endorsed the idea of nurses being registered as a protection to the public, and the Council was ready and anxious to assist the nurses in any way in its power.

Dr. Brown, Medical Superintendent of Toronto General Hospital, expressed himself as most willing to do all he could to help the nurses. Having some knowledge of the technicalities of passing bills, he desired to make it of use in obtaining the legislation sought for.

A vote of thanks to the speakers and chairman was moved by Miss C. Mitchell, and seconded by Miss Matheson, and most cordially carried by the audience.

Notwithstanding the inclement weather the meeting was a very large one, the hall being nearly full, and the attention to and interest in the speeches was marked.

One object, and that perhaps the main one that the promoters of the meeting had in view, was to give the undergraduate nurses, whose heavy hospital duties and constant studies leave them very little time for reading the Nursing Journals, an opportunity of hearing concisely and clearly why legislation was so earnestly sought, and what had been accomplished towards this end.

It was cause for satisfaction, therefore, that all the city hospitals, but one, made such arrangements that every pupil nurse who was not required in the wards, might avail herself of what was so largely intended for her benefit. The one exception was a disappointment and a deep regret.

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### THE CENTRAL REGISTRY.

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The Central Registry, after five months' hard work, may be considered as fairly well established, and although the work has been slow and the discouragements many, still there is a definite improvement, and we can now feel that we are becoming known to the public and profession generally. Up to date our membership list consists of the following graduates:

Toronto General Hospital, 31; St. Michael's Hospital, 17; The Sick Children's Hospital, 18; The Western Hospital, 6; Riverdale Hospital, 5; Orthopedic Hospital, 2; outside Canadian and English Nurses, 15; American Hospital, 15; Grace Hospital, 19, making a total of 128.

Moneys received in Registry fees from June 1 to Nov. 1, 1905, \$405.00; amount spent in advertising, telephone rentals and Registrar's salary, \$313.56; balance in bank, \$91.44; fees due Registry, \$235.00.

The following is the list of calls received at the Central Registry for the five months: June, Registry calls, 3; personal, 3; total, 6; visiting nurse, 1. July, Registry calls, 9; personal, 1; total, 10; visiting nurse, 5. August, Registry calls, 36; personal calls, 3; total, 39; visiting nurse, 6. September, Registry calls, 46; personal 6, total 52; visiting nurse 2. For October, Registry calls, 26; personal, 7; total, 33; visiting calls, 4.

Before closing I should like to express, on behalf of the Registry Committee, our warmest thanks and keen appreciation of the able assistance given us by the members of the Registry, the homes and hospitals throughout the city, and also our sincere regret at the departure of Miss Christie, who carries with her our kindest wishes and warmest interest for her future.

ETHEL BOVELL BARWICK,

## DISTRICT NURSING

District nursing has become more familiar to us since the Jubilee, though it is really as old as the nursing profession.

There is no sentimentality about district nursing, but solidity and strength of character, sympathy, tact and discretion are the necessary qualities for the woman to possess who takes up this most important work.

Much common-sense and judgment is required if we would help without pauperizing. It is Christ-like work. Moral influence has no limit and the aim should be to effect lasting good, though amid disappointments and discouragements.

The earnest nurse who teaches thrift, self-help, self-restraint and self-respect is one of the most potent helpers in solving the social problems of the day.

In her daily rounds she will see and hear sad things, and the old proverb proves true, "When poverty comes in at the door love flies out at the window."

The women and children she visits are better acquainted with abuse than with kindness. The bright, cheerful face of the visitor inspires confidence; she brings sunshine to the home and heart, where darkness and despair have been.

There never can be a better opportunity for the nurse to show her ability than when nursing in the poverty-stricken home. There is a lack of all the hospital conveniences, and really nothing to work with but what she herself carries.

One is tempted at once to relieve when destitution arises; it is best to give carefully. At present the charitable organizations in New York are trying to undo the supposed "good work" of past years (the promiscuous giving of religious societies), and teaching instead the necessity of earning what is given, or giving something in return for what they get.

Free doctors, free dinners, free nurses, free clothing have destroyed the best maternal instinct.

The immediate needs can be overcome at once, as they will always arise. In most cases they can be foreseen and preparation made, the nurse teaching them to help themselves.

People in every station shirk responsibility, perhaps oftenest in the poor class. Teach the mother her responsibility toward her family. Get her to grasp this, and the nurse has accomplished much towards making good citizens.

"Ask God to give thee skill in comfort's art,  
That thou be consecrate and set apart,  
For great the weight of woe in every heart."

CHRISTINA A. MITCHELL.

DISTRICT NURSING.

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District nursing, though laborious, is perhaps the most interesting work a trained nurse can undertake,

She should, at the outset of her work, make herself fully acquainted with her district, to know the shortest, easiest way to the little lanes and alleys, to be able to climb the rickety staircases which at first sight you would hardly care to venture upon, but which, alas! are not infrequently found in the slums of our cities. This, I have found, saved me retracing many a step, also car fare, and afforded me more time for professional duties.

The nurse must be ready at any time to answer an emergency call, which invariably comes at night, and not infrequently after she has had a very busy day and would enjoy a rest. This has been my experience many times, but it is not so in large cities where there is a district night nurse, who relieves the day nurse of such calls. We find that "an ounce of prevention is worth a pound of cure," often saving a patient a doctor's bill, besides many incidental expenses. Often we go to homes which, at first sight, look as if the family had just moved in, or were in the act of moving out; and where there is not the slightest regard for sanitary laws. After a few visits to such a house you will find it is only the chronic state of affairs. In such cases the nurse's attention should not be confined solely to her patient, but she should strive to insist on laws of comfort and cleanliness, though her advice in this connection is not always received in the most gracious manner.

On the other hand, we will find many a neat, clean little spot, where there is much sickness and trouble, and where poverty abounds; these little places, though few, are looked upon as an oasis in the desert, where the district nurse is always welcomed. It is essential that the district nurse should always maintain her dignity and authority, and at the same time have a heart full of sympathy and love for the poor and afflicted. She must always have a smile for the half-clad little urchins that follow her down many an alley and look with wondering eyes at the mysterious bag she carries. And, indeed, it is a mysterious one, as mine has often held at the same time, chicken broth, beef tea, jelly, besides dressings, drugs, instruments, etc. It may seem strange, though nevertheless true, that the nurse is looked upon by many of her patients as almost infallible, and is consulted in matters both temporal and spiritual. At such times she will find many an opportunity to help both soul and body. We also find in our daily rounds that it is not always actual disease we have to cope with, but a most deplorable degree of both moral and spiritual apathy, caused by the surrounding atmosphere of insanitary dwellings,

lack of proper food, and a continual struggle for a livelihood. In such cases the nurse should administer a large dose of common sense and a little substantial aid, and she will prove (and this should be her aim) a blessing in her district.

GEORGIE H. COLLEY,  
158 Park Ave., Montreal. Cor. Sec. C. N. A.

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### THE DYNEVOR HOSPITAL, SELKIRK, MANITOBA.

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This hospital is entirely for the Indians and half-breeds. No white patients are taken; the rule is to admit no patient who does not receive "treaty money" from the government.

It is situated at a lovely spot on the Red River, about half-way between Winnipeg and the mouth of the river, and is reached by rail to West Selkirk, then a drive of three miles through a well-settled district; the farms on either bank of the river being cultivated by the original owners, Indians and their mixed descendants. The hospital proper was originally the house of the late Archdeacon Cowley, built about forty years ago, and is as substantial to-day as then; the greatest objection to its present use being the small, deep-set windows. It has been used as a hospital about ten years, and at present can accommodate about twelve or fourteen patients. There was a very nice Nurse's Home built adjoining it, through the efforts of some of the Eastern churches' missionary aids, but as there has never been more than the one nurse, it has never been used. Miss Mitchell, a graduate of the Southern Infirmary, Liverpool, England, has been in charge for the past five years, and as there is no resident doctor, and she is nurse in charge, dispenser and compounder of drugs, head cook, chief gardener and general factotum, with only one Indian girl in the kitchen as help, one can readily understand why she has only had one short holiday in her five years. In fact, she is a missionary in every way, and has to make ends meet, both in surgical, housekeeping and all other work.

As her patients are nearly all tubercular, the work gets quite monotonous. If it were not for an occasional shooting accident, it would be almost impossible to continue working for such a length of time in the surroundings.

One case, for instance, came all the way from Moose Factory. In the winter an Indian had been accidentally shot in the arm whilst out trapping, and it was three weeks or more before he reached the hospital. His arm was in a fearful condition, and



had to be amputated at the shoulder. However, for once there seemed to be no tubercular complications, and there was every prospect of his getting back to the north again.

It is marvellous the stoical way in which all Indians bear pain, but it is very sad to see the number which are cut down yearly by their worst enemy, tuberculosis.

Miss Mitchell has the grounds in first-class shape, and takes her relaxation in superintending and making her patients interested in out-door work. Her vegetables were far ahead of those on the farms, and as for flowers and indoor plants, they were many and beautiful.

This hospital is supported by the Government and aided by the Anglican Churches throughout Canada. Though placed in such a beautiful spot, it is shut off in winter time, and Miss Mitchell deserves all sympathy and honor for the courage and steadfastness in her labors for the bodies and souls of the "noble red man," who, unfortunately, seems now doomed to be wiped out by the "great white plague."

A. M. CRAWFORD.

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## THE ALUMNÆ ASSOCIATION—TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

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The annual meeting of the Alumnae Association of the Toronto General Hospital was held in the Lecture Room of the Nurses' Home. In the absence of Miss Lennox, the president, the chair was taken by Miss Hodgson, first vice-president.

### OFFICERS 1905-1906.

Honorary President, Miss Snively, Toronto General Hospital; President, Miss Grace Hodgson, 82 Bloor St. West; 1st Vice-President, Miss Lucy Bowerman, 551 Sherbourne St.; 2nd Vice-President, Miss Minnie Christie, 19 Classic Ave.; Treasurer, Miss Neilson, 295 Carlton St.; Recording Secretary, Mrs. Charles G. Begg, 264 Carlton St.; Corresponding Secretary, Miss Julia Stewart, 12 Selby St. Directors: Miss S. Gladstone, General Hospital; Miss Clara Brown, General Hospital; Miss M. Tweedie, 63 Langley Ave. Conveners of Committees: Miss Mitchell, Com. of Publication, 380 King St. West; Miss F. N. Davis, Com. of Legislation, 179 College St.; Mrs. Findlay, Com. to Visit Sick Nurses, 649 Church St.; Miss M. Roberts, Programme Com., 551 Sherbourne St.

### SECRETARY'S REPORT.

Toronto, October 10th, 1905.

The seventh anniversary of our Alumnae marks an epoch in the life of the Society. Substantial progress has been made all

along the line and important new work begun, notably, the publication of a quarterly magazine, THE CANADIAN NURSE, and, in conjunction with other Alumnae, a Central Registry.

Nine regular and two special meetings were held during the year, with an average attendance of thirty. The membership of our Alumnae is one hundred and forty-three, with a balance in the bank of \$158.08. This is a creditable showing, considering that not many more than one-fourth of the graduates are members of the Society. The Association would rejoice to have all T. G. H. graduates, far and near, one with us in our society work.

The Sick Benefit Fund is growing slowly. There is a balance in the bank of \$450.52, though the membership is but thirty. This is a form of insurance which should commend itself to every nurse, and we hope the close of the year we are entering upon will see its membership materially increased.

Two changes were made in Articles II and III of the Constitution, a corresponding secretary was appointed in December, and the conveners of standing committees were added to the Board of Directors in April.

The work done by four small standing and various temporary committees during the year has been so important and so arduous it is difficult to express our appreciation of it. The Social Committee, under the able management of its convener, has, by written and personal communication, compiled a list of one hundred and seventy nurses practising their profession in Toronto, graduates of good hospitals in Canada, the United States and even England. This list has facilitated the work of the O. A. G. N. Secretary, besides broadening our own interests, as many of these nurses come to our meetings. The work of this committee has brought legislation, our grand ultimate aim, appreciably nearer.

The O. A. G. N., which is really the result of years of work on the part of some of our members, held its second annual meeting in April. Much was accomplished at this meeting, and best of all, that warm good-will which is so necessary to the success of such a society, was apparent in all the proceedings.

The Central Registry Committee, working with committees from the various Alumnae Associations in the city, have together succeeded in placing on a firm basis such a Registry as will be known and used by prominent medical men throughout Ontario. The measure of success already attained augurs well for the future of the Registry, and this Alumnae Association would heartily commend it to all nurses practising in Toronto.

The work of the Publishing Committee has, indeed, been a strenuous one, and has involved not only the sacrifice of time, but has also necessitated the giving up of pecuniary interests for the higher and nobler work of serving. The rank and file of nurses will never know just how much labor and sacrifice has been endured by the members of this committee during the past year,

and to them, and to the energetic Editor-in-chief, Dr. Helen MacMurchy, this Alumnae Association owes a deep and lasting debt of gratitude.

To those nurses who have suffered illness personally or in their homes, and to those who have borne loss of kin, we extend our sympathy.

The cordial thanks of the Association are offered those who addressed our meetings, namely:

Mr. Flavell, on a New Hospital; Miss Barwick, on a Central Registry; Dr. Adam Wright, on Provincial Registration; Mr. Roy, on the preparation of Lacto-Globulin food for infants and invalids; Dr. Helen MacMurchy, on The Habit of Classification; Miss Snively on Parliamentary Law.

This was an unusual year. Contrary to our usual custom we had no regular lectures, yet the deep interest engendered by our new undertakings has increased the attendance of our own membership. Not only that, but members of other Alumnae Associations and the nurses whom our Social Committee reached are frequently with us.

A committee of two was appointed to make enquiries respecting a course of lectures for the coming year, with the result that two courses are being prepared; one will be delivered to us as a society in our meeting hall, the other will be given elsewhere—a course that will, we hope, find favor not with nurses only, but with the public.

To Miss Snively this Alumnae Association wishes to pay a tribute of thanks. She has been our guide in all our work, our preceptress during and since our student days, our friend always. We welcome her kindly criticism, knowing her judgment wise and keen. We give her honor and love from our hearts, and may she long be spared to the work to which she has been a wide-spread influence and an inspiration.

JESSIE AGNEW BEGG,  
Secretary.

#### TREASURER'S REPORT.

FOR THE YEAR ENDING SEPTEMBER 30TH, 1905.

RECEIPTS.	DISBURSEMENTS.
To balance in bank from 1904. \$129 25	By sundry accounts.....\$201 01
“ an'l fees and dues. \$181 00	“ cash in bank ..... 158 08
“ bank interest..... 4 44	
“ special sub-cription. 2 40	
“ proceeds from recep- tion ti.kets..... 42 00	
————— 229 84	
Total.....\$359 09	Total..... \$359 09
Audited and found correct.	M. E. DOUGAL, <i>Treasurer.</i>

CHAS. G. BEGG.

October 9th, 1905.

SICK BENEFIT FUND.

RECEIPTS.	DISBURSEMENTS.
To balance in bank from 1904. \$358 58	By sick benefits paid..... \$40 00
“ members’ dues.... \$120 00	“ cash in bank ..... 450 52
“ bank interest..... 11 94	
————— 131 94	
Total.....\$490 52	Total.....\$490 52
Audited and found correct.	M. E. DOUGAL, <i>Treasurer.</i>
CHAS. G. BEGG.	
Oct. 9th, 1905.	

REPORT OF PUBLICATION COMMITTEE.

Toronto, Oct. 10th, 1905.

The Publication Committee take pleasure in bringing a full report before the Alumnae Association, hoping to accomplish thus what we have failed to do by other means.

There is just one more issue of THE CANADIAN NURSE to complete its first year.

It has more than come up to our expectations. It has certainly filled the need already, broadening our minds and uniting us in sympathy with each other.

It has become the official organ of the Graduate Nurses’ Association of Ontario, the Alumnae Association of the Hospital for Sick Children, Toronto, the Alumnae Association of the Western Hospital, Toronto, and the Alumnae Association of the Toronto General Hospital.

We hope in time our journal may become the official organ of all the Associations in our profession in Canada. We beg you, as individuals, to take individual responsibility. Your Committee have not spared themselves in any way to carry out the wishes and further the interests of our journal.

We know there are only a few who are deeply interested. To make the journal a success, all must be. When first it was spoken of, the idea was to have a very small paper, costing little, and supported by the Alumnae Association of the Toronto General Hospital. When the Committee was formed and the matter considered, we decided such a paper would not answer, and immediately asked permission to enlarge it and publish a magazine worthy of our profession in Canada. As THE CANADIAN NURSE is the first Nursing Magazine in our country, it should have a good appearance. We have now a magazine which does us honor, not only in appearance, but throughout, and every issue has been enlarged. This calls for more money.

Our Editor, Dr. Helen MacMurchy, to whom we owe the high standard of the magazine, has been of the greatest help to us. It is due to her unselfish and generous efforts that our magazine takes the place it does. Being thoroughly acquainted

with the business of such an undertaking, she has carried us safely through.

Miss Minnie Christie, our Business Manager, has worked most faithfully, giving up nursing entirely to carry on the work.

Miss Hargrave's work has been invaluable, many hours being spent in preparing her department.

Also Miss Lennox and Miss Hodgson have been untiring in their efforts, in getting advertisements, subscriptions, and in correspondence. We ask you, now, to show your appreciation of our united efforts, by putting it into practical work. We have issued 1,000 copies quarterly, which means 4,000 a year. These have been sent to England, United States, and all over our own great country. Our subscription list should be doubled. Will all who have not already subscribed do so before leaving this meeting? Also pledge themselves to secure six new subscribers, or even three, yes, one.

The yearly subscription for our magazine (50 cts.), suits the means of every nurse. If all would unite we should have no difficulty in raising our circulation to 2,000. Will you read every article in it? Nothing is printed but what is of vital importance to us. We are being educated by it, on the burning questions of the day. We beg you to study it, discuss the articles with your friends, and send your criticism to our Editor, who will endeavor to put into its pages what is most interesting to you.

We try by this report to show that THE CANADIAN NURSE belongs to you, and this means you must support it, also our Editor, Business Manager and Committee. Again may I urge you to come forward and work up this subscription list. We have both ability and energy. Let us show it by bringing up our subscription list to 2,000. We thank the nurses who have so ably assisted and supported the Committee in this important work. Much has been laborious, but we have taken pleasure in doing it, as well as gaining much valuable experience.

Respectfully submitted,

CHRISTINA A. MITCHELL,  
Convener Pub. Com.

#### REPORT OF CENTRAL REGISTRY.

It is with pleasure that I accepted your President's invitation to report on our new venture—the Central Registry, which was started, as you all know, on the 1st June last.

Prior to this time, and in the unavoidable absence of the Registrar, the Registry Committee had pamphlets printed and distributed among all the doctors and nurses throughout the city, and so things were laid in train as it were for the opening, which was marked by our first case on June 2nd. In that month 27 nurses joined and there were six calls, with one for the visiting nurse.

July was a decided improvement as far as calls were concerned, there being ten for the private nurses, and five for the visiting nurse, but there were only nine added to our list. For August 39 private calls, six visiting nurse, with 26 added to the membership. For the month of September, private calls 52, visiting calls 2, new members, 30. At present our roster consists of the following graduates:

Toronto General, 23; S. C. H., 15; St. Michael's, 12; Grace, 16; Riverdale, 5; Western, 4; Orthopedic, 1; English and Canadian, 11; American, 14, making a total of 101.

Our work here is most seriously hampered by that of the untrained or partially trained women, who will undertake a case from \$8.00 upwards, getting even as much as \$15.00; so to do away with this evil as far as possible, the Registry Committee have adopted this plan, to ask a nurse, who is low down on the list if she will take the case for whatever sum the doctor assures us can be paid; that we will keep her on the list, and move her up as the nurse above her goes out, so by the time the district case is over she will be at the top, or near it, for an \$18.00 a week case; or if she should receive a special call in the interim, then we will try and have her relieved, so she can accept it. I spoke to one of our leading physicians about this plan; he was most enthusiastic, and said we were indeed greatly elevating our profession by so doing. We are hoping to be of some assistance to the Victorian Order this winter, when they are overworked and when a patient cannot pay anything, or an emergency obstetrical case. Then if the nurse will give her service for the confinement, the Registry Committee will pay her expenses, such as laundry, car fare, etc., and \$5.00 has been put away for this purpose. The fees up to date have amounted to \$340.00, and the expenses \$290, this amount having been spent on the office books, advertising and Registrar's salary.

We have in the bank at present, \$68.67, and the amount of Registry fees due us is \$175. The only expense we have is about \$5, due Grand & Toy, for printing large, white, square cards, to be hung by the telephones in the various institutions in the city. They simply have the address and telephone number of the Registry, with the remarks that nurses are provided any hour, day or night, also graduate masseuses and hourly nurses. The visiting nurses have provided a most excellent emergency obstetrical outfit, the cost of which is \$3.00 This contains 1 doz. ob. pads, sterilized olive oil, vaseline, carbolic acid, bichloride tablets, a box of absorbent cotton, sterilized cord dressing and safety pins, a douche nozzle and glass catheter, green soap and nail brush and talcum powder. One box is at 644 Spadina, ready to be sent off at a moment's notice, while a second one is at Miss Hunter's. On behalf of the Registry Committee I would earnestly urge that every graduate should join the Registry, it is their own organiza-

tion, started by their own Alumnae, backed by it, and it is only loyalty, faith and conscientious hard work on the part of each nurse that will make the Registry a success. A new venture is always an experiment, and when you have selected your own representative, then you must at least have faith in her, and truly believe that she will do her very best for the interest of her own association, and it is certainly her right to demand the loyal support and hearty co-operation of every individual member. What we ask is very little, merely that each nurse should join, and give as her professional address, The Central Registry. We do not wish to take away a single nurse out of the homes, nor to interfere with a nurse's work, but only to centralize it, and to give as rapid a service as possible for the equal accommodation of doctor and nurse.

E. B. BARWICK,  
Registrar.

#### REPORT OF COMMITTEE ON LEGISLATION.

This Committee has to report constant agitation in favor of Legislation. An address was given to our Association in March, by Dr. Adam Wright, on the subject of Provincial Registration of Nurses. Another was given on October 19th, by Miss L. L. Dock, of New York, on State Legislation.

MARION E. HALL.

#### REPORT OF SICK VISITING COMMITTEE.

During the summer five of our nurses have been sick in the hospital. Miss Nairn, whose illness began in May, is now quite recovered and on duty again. Miss Finucane, who also was ill for some weeks, is on duty. Miss Hargrave is still at her home, Sherbrooke, Que., but expects to return to Toronto in December. Miss Scott and Miss Neilson have both improved, though Miss Neilson is not yet able to return to her work. Miss Scott has left the hospital, but will rest for some time yet. At present there are no nurses off duty from illness.

S. GLADSTONE.

#### CONSTITUTION OF THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

*Article I.*—The name of the Association shall be: "The Alumnae Association of the Toronto General Hospital Training School for Nurses," of Toronto, Canada; and its object shall be the promotion of unity and good feeling among the Alumnae, and the advancement of the interests of the profession of nursing.

*Article II.* The officers of the Association shall consist of a President, two Vice-Presidents, a Recording Secretary, one (or more) Corresponding Secretaries, and a Treasurer. These officers, together with three other members, and the Conveners of

Standing Committees, shall constitute a Board of Directors, who shall represent the Association and manage its affairs. The officers and other members of the Board of Directors shall be elected by ballot at the annual meeting, and shall serve until their successors are elected.

*Article III.*—The President shall preside at all meetings of the Association; she shall countersign all orders for the payment of moneys, and may, in case of any vacancy, make all necessary appointments until the next regular meeting of the Association.

The Vice-President shall preside at all meetings and discharge all the duties of the President in her absence.

The Recording Secretary shall keep a regular record of the proceedings of all meetings of the Association. She shall notify members by mail of all regular and special meetings.

The Corresponding Secretary (or Secretaries) shall conduct the Correspondence of the Association.

The Treasurer shall take charge of all moneys, collect all dues, and pay only such bills as are countersigned by the President.

*Article IV.*—The Regular Annual Meeting of the Association shall be held during October, at the Nurses' Home, Toronto General Hospital, at such time as the Board of Directors may appoint.

*Article V.*—Graduates of the Toronto General Hospital Training School for Nurses, in good standing in the profession, are eligible for membership. Application for membership to be sent to the Secretary and by her presented to the Association.

*Article VI.*—The initiation fee shall be One Dollar (\$1.00), payable to the Treasurer on admission. The annual dues shall be One Dollar (\$1.00), payable not later than January 1st.

A Life Membership in the Alumnae Association may be secured by the payment of \$25.00.

No member shall hold office or vote at the Annual Meeting who is in arrears to the Treasurer.

*Article VII.*—Honorary Members may be elected by a two-thirds vote of the members at any general meeting of the Association, provided the candidates receive at least ten votes. Honorary Members may be permitted to take part in discussion, but may not vote or hold office.

*Article VIII.*—Each member of the Association shall sign the Constitution to signify her acceptance of the terms of membership and her willingness to be bound by its provisions.

*Article IX.*—At any meeting of the Association five members shall constitute a quorum, and three members shall constitute a quorum of the Board of Directors.

*Article X.*—This Constitution may be altered or amended at any general meeting of the Association, or at any special meeting called for that purpose, provided notice of the change pro-



posed be mailed to each member of the Association at least ten days before said meeting.

*By-law No. 1.*—The order of business at meetings of the Association shall be as follows:

- |                          |                             |
|--------------------------|-----------------------------|
| 1st. Roll Call.          | 5th. Report of Committee.   |
| 2nd. Reading of Minutes. | 6th. Elections.             |
| 3rd. Report of Treasurer | 7th. Miscellaneous Business |
| 4th. Report of Board.    | 8th. Adjournment.           |

*By-law No. 2.*—The Board of Directors shall meet when called together by the President or by any three members of the Board. The Secretary shall send notice of such meetings to each member of the Board.

ARTICLES OF CONSTITUTION OF SICK BENEFIT ASSOCIATION,  
ORGANIZED BY THE ALUMNÆ ASSOCIATION OF THE  
TORONTO GENERAL HOSPITAL TRAINING  
SCHOOL FOR NURSES.

*For Sick Members Actively Engaged in the Work of Nursing.*

ARTICLE I.

*Section 1.*—The Benefit Fund shall consist of \$4.00 yearly dues, payable in advance, and donations and bequests.

*Section 2.*—The Benefit Fund shall be devoted to the care of members in time of illness.

*Section 3.*—Upon notification of the illness of a member she shall be visited by the Executive Committee, or by some person appointed thereby, and upon the approval of the Executive Committee she shall be paid a weekly sum of \$5.00 for a period not exceeding four weeks in any one year, but this amount may be increased at the discretion of the Executive Committee.

*Section 4.*—Members not residing in the City of Toronto will be entitled to receive the same consideration as residents, provided they make a written application to the Society, enclosing a certificate from the medical attendant.

ARTICLE II.

*Section 1.*—Annual dues shall be payable in advance (without official notification) for the year concurrent with the Alumnae Association year beginning in October.

*Section 2.*—Members desiring to join the Sick Benefit Association at any period during the year may do so on payment of the pro rata amount of the annual fee for the balance of the year.

*Section 3.*—No member on joining the Sick Benefit Association shall be entitled to its benefits until one month after becoming a member.

## ARTICLE III.

The Executive Committee shall consist of the Board of Directors of the Alumnae Association, three of whom shall constitute a quorum for the transaction of business connected with the Benefit Fund.

## REPORT OF PROGRAMME COMMITTEE.

This Committee has to report that two separate programmes are in process of preparation. One for us as an Association is as follows:

Surgery, November, Dr. F. N. G. Starr; Obstetrics, December, Dr. McIlwraith; Typhoid, Dr. Thistle; Children's Diseases (two lectures), Dr. J. Graham; Pneumonia, February, Dr. Helen MacMurehy; Humanitarian Side of the Nurse's Life, Dr. J. T. Fotheringham.

The other programme is open to all interested, and is as follows:

Registration at Home and Abroad, October 19th, Miss L. L. Dock; The School Nurse, January, Miss L. Rogers; Tubercular Nursing in the Homes, February, Miss Damar; The Nurse as a Citizen, March, Mrs. Hunter Robb; Sanitary Inspection, April, Mrs. Von Wagner. The months of November and December not yet filled.

M. CAVEN.

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**THE ALUMNAE ASSOCIATION—HOSPITAL FOR SICK CHILDREN, TORONTO.**

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**SECRETARY'S REPORT.**

The Alumnae Association of the "Hospital for Sick Children," Toronto, Canada, held their second Annual Meeting at the Hospital, College Street, on October 14th, 1905.

The year closed with a membership of thirty-two, showing an increase of thirteen over last year. The members have taken a greater interest this year in the Association. Numerous letters have been received from graduates nursing elsewhere. The officers report with satisfaction the organization of a "Sick Benefit Fund" in connection with the Alumnae, which, it is hoped, will encourage the graduates to join the Association.

Through the kindness of Mr. J. Ross Robertson, two rooms have been set apart for the use of our sick graduates. He also donated Fifty Dollars to the "S. B. F."

Our meetings have been mostly of a business character and have been well attended. The thanks of the Alumnae Association are due to Dr. Helen MacMurehy, for a very interesting talk on "Patent Medicines," and Dr. McPhedran, on "Diet of Patients." The thanks of the Association are tendered Mr. J. Ross Robert-

son for printing done during the year. We regret the loss of Secretary, Miss Doble, whose services were highly appreciated by the Association. She is now nursing in New York. The sincere sympathy of the Association is extended to Miss Hamilton, our President, who suffered from a painful fracture for many weeks, also to Miss Mary Gray, who has had a long and trying illness.

Through Miss Brent, the Lady Supt. of the above Hospital, one month in the operating room has been offered to our graduate nurses, during the months of July, August and September. Also by invitation of Miss Brent, the Alumnae Association were invited to hold their closing meeting of the year at "The Lakeside Home," on Saturday, June 10th, 1905, in conjunction with St. Barnabas Guild. After a very pleasant social meeting, the Alumnae were invited to attend the Guild Service, which was conducted by Canon Welsh.

It is requested that all members shall notify the Secretary of any change of address.

MARY GRAY,

505 Sherbourne Street.

Sec'y. A. A.

#### TREASURER'S REPORT.

FOR YEAR ENDING OCTOBER, 1905.

RECEIPTS.	DISBURSEMENTS.
Balance from last year.....\$33 65	Annual Reports.....\$16 12
Annual fees and dues..... 35 00	Postage..... 6 00
Interest on deposit..... 0 43	Stationery..... 3 25
	Flowers..... 1 00
	Refreshments..... 1 36
	Total.....\$27 73
	Balance on hand..... 41 35
Total.....\$69 08	Total.....\$69 08

#### SICK BENEFIT FUND.

Donation, Mr. J. Ross Robertson.....\$50 00

IRENE SHEPARD, *Treasurer*

## THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.\*

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During the past year there have been a total of 666 applications for admission to the training school; 39 of these were accepted and admitted on probation, and 25 were ultimately enrolled as members of the School, while one was dropped from the roll.

The nursing staff of the Hospital, therefore, consists of the following: 3 probationers, 78 under-graduate, and 7 post-graduate nurses, a total of 88 nurses in all.

In 1903, 155 special nurses were employed during the year; in 1904, 244, and in 1905, there have been about 375.

For the first time in many, many years we miss the familiar face of one who always wore her Nurse's Cap, and never failed to be present on graduating evening. Mrs. Margaret Davis was a nurse in this Hospital for many years, many years ago, and though she did not belong to the Training School, properly speaking, she certainly did belong to the Hospital. Mrs. Davis passed away peacefully and quietly on Sept. 18th.

The following have received appointments during the past year: Miss Elizabeth Gordon, Supt. of General Hospital, Kingston, Ont.; Miss Elizabeth Flaws, Supt. of Butterworth Hospital, Grand Rapids, Mich.; Miss A. Macfarlane, Lady Supt. City Hospital, Vancouver, B.C.; Miss Ida Bingeman, Lady Supt. General Hospital, Parry Sound, Ont.; Miss Agnes Baldwin, Supt. Polytechnic Hospital, New Orleans; Miss Lauder Sutherland, Supt. Nurses City Hospital, Hartford, Conn.; Miss Clara Green, Supt. General Hospital, Belleville, Ont.; Miss Ida Sharpe, Supt. Nurses Long Island College Hospital, Brooklyn, N.Y.; Miss Mary McGibbon, Asst. Supt. Polytechnic Hospital, New Orleans; Miss Nellie Campbell and Miss C. Menzies, Head Nurses City Hospital, Vancouver, B.C.; Miss Maud Brown and Miss Helen King, Head Nurses, Good Samaritan Hospital, Dawson, Yukon; Miss Bessie Dickens, Office Nurse, Toronto; Lizzie McDonald, Office Nurse, Los Angeles, Cal.; Gertrude Thorne and Marion Wilson, joint proprietors of the Rest-a-While Sanitarium, Mt. Dora, Fla.; and in our own Hospital, Jessie Christie, Assistant Supt. of Nurses for five months; Jeanette Neilson, Supervisor of Night Nurses for seven months; Eva Thorpe, Head Nurse of Operating Room, and Stella Irwin, Head Nurse of Emergency Branch, Bay Street.

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\*Abstracts from the twenty-fourth annual report of the Superintendent, Miss Snively.

### GRACE HOSPITAL.\*

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It is my pleasure to submit the fourteenth annual report of the Training-School for Nurses, in connection with Grace Hospital. Three hundred and twenty young ladies have applied for admission to the Training School, against two hundred and fifty-four last year. Of the twenty-seven received on probation, thirteen were accepted, eight refused, and six did not remain. Three nurses were dismissed during the year. Of the nurses remaining in the school, eight are in their third year, nine in their second, fifteen in their first, and four probationers, total of thirty-six. The Training School has now a total of one hundred and three graduates as follows:—Private nursing, seventy-three; hospital positions, six; married, twenty-three. The following hold hospital positions:—Miss E. B. Clarke, General Hospital, Sarnia, Ont.; Miss Minnie Hector, Trinity College School, Port Hope; Miss A. McLeod, General Hospital, Fort McLeod; Miss Lottie Segsworth, Dr. Brown's Hospital, Birmingham, Alabama; Miss Edith P. Jones, Colorado Sanitarium, Colorado; Miss E. I. Knox, Port Simpson General Hospital, Vancouver, B.C.

We wish to extend our thanks to the following doctors of the staff, who have so kindly lectured for the nurses:—Obstetrics, Dr. J. M. Cotton, Dr. C. J. Hastings; Physiology, Dr. D. W. McPherson; Surgery, Dr. G. P. Sylvester; First Aid to the Injured or Sick, Dr. William Nattress; Anatomy, Dr. J. H. McConnell; Gynæcology, Dr. J. W. Hunter Emory; Infectious Diseases, Dr. A. O. Hastings; Eye and Ear, Dr. L. L. Palmer; Diagnosis, Dr. L. H. Evans; Bandaging, Dr. T. H. Stark; Nose and Throat, Dr. J. N. Anderson.

Out of 11,352 nursing days, 166 days have been lost through illness. On account of three cases of typhoid, pneumonia and rheumatism occurring among the nurses, the percentage of days lost is rather high, but with these exceptions, their health has been good.

Forty-six graduate nurses have been employed in the hospital during the year, and fifteen under-graduates. \$435.90 have been realized this year from nurses on special duty, against \$802.20 last year. The hospital has been crowded all the time, necessitating the employment of graduates as special nurses.

The nurses receiving diplomas are, in order of merit:—Georgie L. Rowan, Jessie Denmark, Mabel Eva Duke, Joanna Allen, Ella Knight, Lucy Louise Robinson, Edna May Sayers, Edith Lyle Owen, Lena Maud Haslitt.

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\*Extracts from the fourteenth annual report of the Superintendent, Miss Patton.

THE ALUMNÆ ASSOCIATION OF THE TORONTO  
GRACE HOSPITAL TRAINING SCHOOL  
FOR NURSES.

SECRETARY'S REPORT.

October 14th, 1905.

As the Grace Hospital Association was organized so lately as March 25th, 1904, it is wonderful the growth to which it has attained. At the close of this year we find we have a membership of forty-six, two Honorary and forty-four Active, an increase of sixteen since last year.

The members of the Association had thought that during the year it would be possible to organize a Sick Benefit Fund, but on further consideration decided that it would probably be advisable to wait until the Society was older. We have, however, decided on and come into possession of our pin, which was designed by Dr. Evans, and which bears the words "Succurrere disco Miseris"—we learn to help the suffering.

The monthly meetings during the year have been very well attended, considering the difficulty nurses on private duty have of getting out at any fixed time; this success is due, no doubt, to the trouble and care the Entertainment Committee has taken to arrange the programme for each month. Lectures delivered and papers read by the following were highly appreciated: "The Pulse," by Dr. C. J. Hastings; "What is of Interest to the Nurse," by Dr. H. L. Evans; "Registration," paper read by Miss Emma Haldenby from Am. Journal of Nursing; "Nursing of Pneumonia," paper by Miss Carrie De Vellin.

The nurses "At Home" held in October was a most gratifying success. It was held in the nurses' Reception Room at the Hospital which was tastefully decorated with chrysanthemums and palms. Miss Patton and Miss Haldenby received the guests, which included many of the doctors of the staff and their wives.

OFFICERS, 1905-6.

Honorary President—Miss Patton, Superintendent, Grace Hospital.

President—Miss De Vellin, 505 Sherbourne Street.

First Vice-President—Miss Macpherson, 38 Cecil Street.

Second Vice-President—Miss Chant, 50 Avenue Road.

Treasurer—Miss Irwin, 9 Pembroke Street.

Secretary—Miss Evans, 21 Park Road.

Assistant Secretary—Mrs. Macquoid, 26 Selby Street.

Directors—Miss Haldenby, 16 Earl Street; Miss Forbes, 36 Marlborough Avenue; Miss Goldnor, 556 Church Street; Miss McKeown, 26 Selby Street; Miss O'Byrne, 50 Avenue Road.

### THE CANADIAN NURSES' ASSOCIATION.

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The annual meeting of the Canadian Nurses' Association was held on Tuesday evening, October 3rd. The president in the chair.

The reports for the year of secretary, treasurer and registrar were most encouraging. During the year ten hundred and seventy-six cases were arranged for, and for the last three or four months there have not been enough nurses to supply the demand made on the registrar, though fifty-three new names were added to the roll of membership during the year.

The six lectures delivered by the physicians and surgeons were most instructive, and our thanks are due them for the trouble and care taken in our behalf, also for a number of valuable books and pictures presented to the library. The C. N. A. reading-room is at 169 Peel Street, where the latest medical and nursing literature may be found.

It was agreed that we make *The Canadian Nurse* our official organ. We wish it every success, and trust it may meet with such unity and co-operation that it may become *the journal* for the whole of Canada.

The officers and committee for the ensuing year were elected as follows:—

President, Miss DesBrisay; 1st Vice-President, Miss Dunlop; 2nd Vice-President, Miss Baikie; Treasurer, Miss Cooper; Cor. Secretary, Miss Collier; Rec. Secretary, Miss Beard. Committee—Miss Hill, Miss E. Cooper, Miss McBride, Miss Baynes, Miss Bullock.

We have very much pleasure in appointing Miss Henderson, Lady Superintendent of the Royal Victoria Hospital, as our Honorary President.

At the close of the meeting refreshments were served, and the nurses enjoyed their reunion. It was with much regret that we bade good-bye to our late President, Miss Colquhoun, who has left us to spend the winter in California.

HELEN DES BRISAY.

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This is the prayer always used to constitute the meetings of the Edinburgh College of Surgeons. It is traditionally understood to have been framed by John Knox:

“O Eternal God, our loving and merciful Father in Christ Jesus, seeing we are convened to treat of those things which concern our calling, we beseech thee, O Lord, to be merciful to us, and give us grace to proceed therein without malice, grudge, or partiality: so that the things we do may tend to the glory of God, the weal of our vocation, and the comfort of every member of it: through Jesus Christ our only Lord and Saviour. Amen.”

## PREPARATION OF GLOVES.

After five minutes' scrubbing with soap and hot water, the hands are thoroughly dried with a sterile towel and rubbed with alcohol to remove any moisture. Clove oil is then rubbed into the skin for five minutes and afterwards washed off with alcohol. The dry sterile rubber gloves are then put on.

1. All gloves must be washed thoroughly in warm water with green soap, then turned and washed thoroughly on inside.

2. Rinse in clean, cold water, and test while rinsing with water.

3. Mate and roll in gauze, marking as follows: (1) Very large pairs, two large safety pins; (2) medium size, one large safety pin; (3) small gloves, one small safety pin; (4) other gloves leave unmarked.

4. Put all gloves in glove cage and clasp lid tightly.

5. Put plain water in copper boiler—enough to thoroughly cover entire glove basket.

6. When boiling, introduce glove basket and allow gloves to boil hard ten minutes.

The glove basket must be weighed down with something heavy, so that gloves may be under water while boiling.

When gloves have been put in to boil, nurse must tie up her hair with gauze and cover mouth with mouth-piece; sterilize her hands as for an operation; put on sterile long-sleeved gown and first pair of gloves just sterilized, which must be discarded after all are finished; cover table with sterile sheet; put on dressing towels and sterile powder-pan ready to begin.

Gloves are then dried thoroughly with sterile towels inside and out; powdered inside and out with sterile talcum powder, rolled in sterile gauze and pinned as before; each set rolled in sterile towel, with extra sterile towel on outside, and labelled.

Make as many complete sets as possible, and put all extra pairs in separate set, and label odd gloves.

A set consists of two pairs for surgeons, pair for house surgeon, two pairs for nurses.

Before the gloves are put on for the operation, the nurse powders her hands with sterile powder, then takes a piece of sterile gauze to handle the first glove, and after that she puts on all the other gloves for the surgeon, house surgeon or nurses.

E. G. FLAWS.

The Butterworth Hospital, Grand Rapids, Mich.



# The Canadian Nurse

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## COMMITTEE ON PUBLICATION:

MISS MITCHELL, 380 King Street West, *Convener.*  
MISS LENNOX, 62 Czar Street. MISS HARGRAVE, 380 King Street West.  
MISS CHRISTIE. MISS BEAM, 12 Selby Street. MISS HODGSON.  
MISS GORDON, President Graduate Nurses Association of Ontario.

## COLLABORATORS:

MISS CHILLMAN, Supt. General Hospital, Stratford, Ont.	MISS F. SHARPE, Supt. General Hospital, Woodstock, Ont.
MISS SHEPHERD, Supt. General Hospital, Guelph, Ont.	MISS GREGORY, Supt. St. Luke's Hospital, St. Louis, Mo.
MISS SCOTT, Supt. Ross Memorial Hospital, Lindsay, Ont.	MISS MOLLIE STUART, Supt. Marion Sims Sanitarium, Chicago, Ill.
MISS J. CHRISTIE, Asst. Supt. Toronto General Hospital.	MISS CRAWFORD, 233 Kennedy Street, Winnipeg, Man.
MISS C. M. HALL, Supt. W. C. A. Hospital, Jamestown, N.Y.	MISS J. NEILSON, 419 West 118th Street, New York, N.Y.
MRS. PAFFARD, 26 Isabella St., Toronto.	MISS NEWMAN, Phurlow, Victoria, B.C. MISS LAWDER SUTHERLAND, Lakeside Hospital, Cleveland, Ohio.

## BUSINESS MANAGER:

MISS CHRISTIE, 19 Classic Ave.

## ASSOCIATE EDITORS:

MISS ROBINSON, Supt. General Hospital,  
Galt, Ont. MISS HODGSON, 82 Bloor Street West,  
Toronto, Ont.

## EDITOR:

MISS HELEN MACMURCHY, M.D., 133 Bloor Street East, Toronto.

The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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Vol. I.

TORONTO, DECEMBER, 1905.

No. 4

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## Editorial.

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### REGISTRATION.

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This is our Registration number, and we have great pleasure in presenting to our readers Miss Dock's valuable address, and other important articles. The Legislation Committee is doing nobly and are already working on the draft of a Bill. Let us all lend our aid to this great movement to uplift the profession until we have Registration an accomplished fact. This is our duty and our privilege.

TO OUR READERS.

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It gives us the greatest pleasure and satisfaction to announce to our readers that THE CANADIAN NURSE is now the official organ of The Graduate Nurses' Association of Ontario, the Canadian Nurses' Association of Montreal; and of the Alumnae Associations of the following Training Schools: Toronto General Hospital, Hospital for Sick Children, Toronto; St. Michael's Hospital, Toronto; Grace Hospital, Toronto; The Riverdale Isolation Hospital, Toronto; The Western Hospital, Toronto. It is hoped that all other Nurses' Associations in Canada will also adopt THE CANADIAN NURSE as their official organ, and we respectfully request the officers of such Associations to bring this question before their members at the December meeting. Our Business Manager will be delighted to hear from them *before* the end of the year. All Associations adopting THE CANADIAN NURSE as their official organ will have their reports, lists, papers, etc., published by us at a special rate, and it is intended that the newly-appointed Publication Committee shall at once mature a plan by which all such Associations may be represented on the Publication Committee, the number of their members subscribing to THE CANADIAN NURSE being taken as a basis of representation. We therefore urge the prompt payment of all subscriptions for 1906, which will fall due as soon as this, the last number of our first year, is in the hands of our subscribers. We desire to ask most respectfully that each one will double her subscription this year by sending us the name of one new subscriber. One dollar is far more easily mailed than fifty cents. We have already a fine subscription list, but if it were doubled THE CANADIAN NURSE would be twice as good.

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FROM THE PUBLICATION COMMITTEE.

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The Publication Committee of THE CANADIAN NURSE is desirous of bringing before each Nurses' Association in Canada, the importance and potentiality of the future of this Journal. There is a great need for such a Journal, as the work of our first year has proved, in that 4,000 copies have been brought out, and we are entirely free of debt, though we have had absolutely no financial influence to back us.

The members of the nursing profession, through this publication, have been brought into touch, and the view-point for all bettered thereby; while the interest and enthusiasm it has aroused assure us of the sympathy of the profession for its progress. But in order that it may become the success it promises, it is imperative that it have the loyal support of all the nursing profession of

Canada. Therefore, we would earnestly ask all Associations to adopt THE CANADIAN NURSE as their "official organ," and employ its pages to publish annual reports and all business in connection with Associations. We would also ask every Canadian nurse to send at once her subscription for 1906, to the Business Manager, Miss Christie, 19 Classic Ave., Toronto, and would respectfully suggest \$1.00 for her own subscription and that of a new subscriber as the easiest sum to send.

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## Editorial Notes.

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### **The President of the British Medical Association.**

We extend our heartiest congratulations to the new President of the British Medical Association, Dr. R. A. Reeve, and desire, on behalf of our readers and the nursing profession in Canada, to wish him the greatest success and pleasure in his onerous duties.

### **Nurses for the Middle Classes in Britain.**

Mrs. Lewis, the widow of the well-known money-lender, Samuel Lewis, has given a large sum of money to establish the "Ada Lewis Nurses," who will act as visiting nurses for those who cannot afford a resident nurse, but can pay a small sum. A nominal charge of 5s. to 10s. a week will be paid by the patient.

### **The Problem of the Trained Nurse.**

We hope that many of our readers have read the article under the above heading, which appears in the *National Review* for October. It is by Lady Helen Munro Ferguson, daughter of the late Marquis of Dufferin and Ava, and deals ably with the Registration question.

### **Generous Donations to the General Hospital.**

The Toronto General Hospital has recently received magnificent donations, which have gladdened the hearts of all interested in its work and in the welfare of the community. It is a matter for great thankfulness to see and feel the growth of a wise, generous and noble spirit among us.

### **Red Tape.**

The *British Medical Journal* and others have drawn the attention of the Empire to the fact that great mistakes have been made in the plans for the Nurses' Residence in connection with the new Military Hospital at Millbank, England. It is further stated that Queen Alexandra herself offered to give £2,000 out of her own private purse in order that the mistakes might be rectified. Her Majesty's generous offer and the attention directed to the subject will, no doubt, be effectual, but there is evidently more red-tape than common-sense somewhere.

**Miss Flora C. Stevenson.**

In the death of Miss Flora C. Stevenson, LL.D., the nursing profession has lost a great friend, and the world a great woman. She was Chairman of the Edinburgh School Board, one of the governors of the George Heriot Trust, and a vice-president of the Society for State Registration of Nurses. The children of the schools of Edinburgh lined the route to the cemetery as the funeral passed, and the presence of thousands of citizens bore testimony to the universal respect in which she was held both in life and in death. Miss Stevenson had conferred upon her some years ago an honorary degree by the University, and the freedom of the city of Edinburgh.

**"Our English Mother" A Knight.**

This is the Japanese name of Mrs. Terésa Richardson, who returned lately from Japan, where she worked during the war. Mrs. Richardson is a Welsh lady, a fluent linguist, and an army nurse of experience in South Africa and elsewhere. The Mikado conferred upon her the Sixth Class Order of the Crown, which carries with it the honor of Knighthood. She has also received the Order of Merit of the Japanese Red Cross, and two medals. King Edward has graciously sanctioned her acceptance of these foreign decorations, which are all the more interesting because women are not yet eligible for the English orders of Knighthood.

## The Contributors' Club.

**LAPAROTOMY STRAPS—**

In your June number new ideas were asked for, and also reports of unusual cases. In response to this I would like to give some ideas that I came across in New York when taking a postgraduate course. They will doubtless be familiar to many, but not, I venture to think, to all. Therefore, I will give one that I have found specially useful, namely, the mode of keeping on dressings by means of laparotomy straps. It is not very generally known in Canada, I think; at least, on my return I introduced it into Kingston General Hospital, and in Montreal the doctors I met had not seen it.

To make the straps take strips of adhesive (z. o. is best) about six inches long and two wide, turn the covers of one end to form a point. In this cut a hole, then take about twelve inches of tape, make a hole in the end, pass through the hole in the adhesive, and then through the hole in itself, drawing tight, and forming a firm, hard knot. Next apply a piece of the muslin that you had taken off the face of the adhesive from the point of the strap back about one-third of the length, to prevent it from sticking to the dressings.

These straps are always made and used in pairs. In using apply your dressings, then put a strap, one each side, applying firmly to the person of your patient, then tie your tapes.

In this way dressings can be kept perfectly in place on any part of the body, and can be changed quickly and easily without any troublesome bandaging. I have simply given the usual size for abdominal dressings, and, of course, as many can be used as necessary. To remove, wet thoroughly with alcohol before pulling off.

Amy Wartman.

450 Princess Street, Kingston, August 25th, 1905.

## ANTISEPTIC—

The following is a cheap and excellent formula for an antiseptic and takes the place of expensive proprietary articles in every particular. The quantities given are sufficient to fill a Winchester.

R	Thymol.....	gr. xl.
	Menthol.....	grs. xvi.
	Ac. Salicylic (C. P.).....	ʒ viiss.
	Ac. Boric (C. P.).....	ʒ xii.
	Eucalyptol.....	ʒl xxx.
	Ol. Gaultheria.....	ʒl xv.
	Formaldehyde 40%.....	ʒ iv.
	Aqua ad.....	ʒ lxxx.

Before filtering mix with calc. carb. powder, and a beautifully clear solution will result.

We use this for a mouth wash in the following proportions :

R	Antiseptic.....	ʒ iss.
	Glycerine.....	ʒ ss.
	Aqua ad.....	ʒ iv.

## BISMUTH FORMIC IODIDE—

Now that Bismuth Formic Iodide powder is being so extensively used as a dressing for wounds, the following methods of preparing gauze may prove useful. The gauze is cut into yard lengths, and rendered sterile in the usual way. For each yard take—

R	Bi-muth-Formic Iodide (Pul.) ...	grs. l.
	Glycerine.....	ʒ vi.
	Alcohol.....	ʒ i.
	Aqua ad.....	ʒ iv.

Mix together thoroughly, and pour over the gauze which has been placed in a sterile basin, and with hands which have been rendered surgically clean rub in till every mesh is well saturated. Fold in towel and sterilize. We have used this gauze in our hospital for years, and find it eminently satisfactory in all places in which the iodoform gauze is used, except in tuberculosis and rectal cases, in which the iodoform is preferable. One advantage it possesses is that while not such a bright color as iodoform gauze, sterilizing does not produce any change in its appearance.

Collingwood G. & M. H.

## APATHY AND BUSINESS—

There are two decided characteristics that seem to me to belong solely to the "nursing profession," and wishing to bring them to the notice of all nurses, I think I cannot do better than by sending a contribution of ideas to "The Canadian Nurse." Firstly, then, I find the lack of active personal interest shown by the nurses in general over the agitation in Canada for the legislation necessary for registration.

Of course, the old excuse of nurses leading such busy lives always "holds good," but from my experience in the work and in meetings, I have found that the "busiest" nurses are the ones to be relied on to attend meetings and give their time and personal help towards the furtherance of the cause. The newer graduates seem to treat the agitation as "something apart from them." Why cannot they come forward and take up their share of interest and work? The prevailing idea is that "some future time will do." Well, it won't do. Now is the time for accomplishing our registration, for in a few years' time it will be almost an impossibility to obtain the results we desire, so that we may be ready for all business connected with our profession and the recognition of our legal standing.

Secondly, I would like to call attention to the fact that the majority of nurses are nearly always behindhand in the payment of their dues. As a class, nurses are the most improvident of working women. Their cry usually is, "Oh! I have no money just now, wait till my next case." As far as I can see, there is absolutely no need of such a state of affairs, providing nurses can be made to look on all obligations as business transactions, and that they should, on principle, try to save a certain amount per month. In fact, I think it would be a wise plan if the super-

intendent of each hospital would provide each graduating class with a course of lectures on "Simple Business Transactions," and the accurate keeping of personal accounts. This, I have no doubt, would be helpful to many nurses, and open their eyes to the fact that during the earlier years of active work they should provide for sickness and old age. Then, also, having thus a working acquaintance with money matters, they would not indulge in extravagances which they regret later, and so be always ready to promptly meet all accounts.

MRS. DAVIS—

Mrs. Davis was a name and personality familiar to hundreds of graduates of the Toronto General Hospital. She was the last link of the old-time nurse whose reign flourished before training-school days, and she was an excellent type of her generation.

To those of us who love the traditions of the old Toronto General Hospital, her stories of bygone days were always of the greatest interest; how one woman would do the nursing, scrub the white pine floors, and keep up the wood-fires of a ward like No. 5; how the nurses dined in the kitchen, scampering off to their wards and down stairs at the sound of a big bell in order that each might secure her portion of potatoes cooked in their skins, and also her rightful allowance of beer. The present store-room, butcher shop, and cold storage room and Ward 7 were used for sleeping apartments. The night nurses always did night duty and slept in the tower rooms of the attic. Such traditions and reminiscences caused us to fully realize how times had changed, and what a marvellous benefit the introduction of training-schools and educated women into hospitals must prove to sick and suffering humanity.

The nurse of Mrs. Davis' time worked under disadvantages; her hardships were many, her sacrifices great; she had practically no professional instruction, but we know that in her way, and according to her light, she did good work. There was the womanly sympathy and the womanly touch and kindness of heart under a rough exterior. We know from Mrs. Davis that loyalty, order, and discipline were not disregarded, and that the principal teacher was the greatest of teachers—common sense—"Truth and God's own common sense, which is more than knowledge."

Mrs. Davis gave many an excellent pointer in nursing, and I remember instruction given to a graduate with much profit, for the same instruction has been passed on to succeeding generations of nurses:

"For their work continueth  
And their work continueth  
Broad and deep continueth  
Great beyond their knowing."

With the passing of Mrs. Davis, an old hospital landmark has been removed, and many of us feel that we have lost an old friend. She was appreciative of remembrances, and always interested in the success and welfare of the graduates of the Toronto General Hospital. E. C. G.

Kingston, November 4th, 1905.

THE DOMINION IRON AND STEEL CO.—

The following interesting account of a Canadian hospital is written by Miss Edith Draper (Bellevue), formerly of Toronto. Miss Draper has held important positions in the Royal Victoria Hospital, Montreal, and elsewhere. She opened the hospital of the Dominion Iron & Steel Company at Sydney, and was its first superintendent. The "Canadian Nurse" welcomes her back to Canada.

In 1901 the Dominion Iron & Steel Company, of Sydney, found it necessary to build a hospital for the care of their injured employees, as no institution of the kind then existed in Cape Breton, and there was sore need. The building though small is very complete, and is equipped with all modern necessities. It is beautifully situated upon a rising ground in the best part of the town, the only drawback being that it is about a mile distant from the steel works. The company cares gratuitously for all its accident cases, and the hospital is open to outsiders on payment of a moderate charge. Only contagious cases are excluded. A Government grant is received from the Province of Nova Scotia, and the hospital is under control of a Board, comprising representatives of the Steel Company, the medical profession, and the town of Sydney.

## Correspondence.

October 18th, 1905.

Editor "Canadian Nurse":

Dear Madam,—Nicholls Hospital, Peterboro', was built by Mrs. Nicholls in 1889. Mrs. Nicholls left a small endowment, and some more money that could be used for this hospital, or for any other charitable work. Our yearly deficiency is (or has been so far) made up out of this fund. We get no aid from the town.

There are twelve nurses in the training-school, and there is a course of three years, including general, medical, surgical, gynæcological, maternity, and infectious nursing. We are quite proud of the positions held by some of our graduates, also of our surgical work. After a great deal of work we thought we were going to have the infectious wards closed, but the change the trustees have made leaves us almost worse in the matter of infectious wards than the old ones were. They have windows within a few feet of our maternity and surgical wards. Still, we hope in time that the city will do as has been promised and build a proper isolation hospital. Our hospital is a pretty building, and the wards are very bright. The site is perfect, on a hill, facing the east, with a view of the Otonabee.

Helena, Montana, Aug. 25th, 1905.

Dear Editor,—Have thought the work of trained nurses in this Western city might be of interest to the readers of "The Canadian Nurse."

During the last few years the demand for skilled care in the home has grown rapidly.

Two years ago I knew the superintendent of an hospital who wrote to prominent physicians in Helena and Butte, Mont., asking them the outlook for trained nurses in those cities. The replies without exception, were not favorable. There were a few nurses in both cities, but they were having uphill work. In fact, trained nursing was still in its infancy.

Three years later I came to Helena to take an hospital position. During the months I was at the hospital there were many calls for nurses both in town and to cases out of town. There was but one nurse doing private work to answer these calls. I decided to take up private nursing. Many of my friends predicted failure. "Why, there will be three months at a time when you will have nothing to do," said they. "Helena is a healthy city." But I was kept busy, as were others who gradually joined our ranks.

Now we have twelve nurses on the registry, about sufficient to fill present demands, as Helena has only 14,000 inhabitants. The registry has been organized for two years. The name of no nurse is enrolled until she shows her diploma, and thus the great evil of unqualified women, palming off on an unsuspecting public as trained nurses, has been done away with. Before the registry was formed the difficulty with which a family procured a nurse was often surprising. The physician would give them a list of nurses. They would telephone where possible, and then take long walks up and down hill from one address to another, often in the end having to give up the fruitless search, when, in some part of the city, sitting in her room perhaps, was a nurse wishing for a case.

Now the physicians and public can get a nurse with ease and promptness by calling up the registry.

We find private nursing interesting and arduous here, as elsewhere; being now in an elegant city home, or then in a quiet, ranch home, or perhaps in a mining town, one or two hundred miles from Helena. We don't count distance here as in the East, but we learn to love the expanse, the freedom of this great West, with its grand old mountains, and happy hospitable people.

One thing has greatly amused me, and it was to hear a new arrival

in the nursing ranks tell us how things were done "back East." After a time she began to feel more like us. It had dawned upon her we were nearly all graduates from eastern training-schools, and not so far behind the times after all.

It is the spirit of the West to be progressive; and I am proud to say our nurses have that spirit. Sincerely yours,  
Margaret Hughes.  
28 Denver Block, Helena, Montana.

Dear,—I was very pleased to see the examination papers of the different hospitals in the last issue of "The Canadian Nurse." It is helpful in a small hospital to know the standard of the larger and older established institutions. I must congratulate the editor and staff of "The Canadian Nurse" on the able way they are handling the paper. I feel quite proud of it, and wish it every success, that it so fully deserves.

Yours very sincerely,

M. C. Hyde, Superintendent of the Hospital, Dauphin, B.C.

## The Nurse's Library.

THE DELINEATOR for December is a beautiful Christmas number. This magazine, long known as a great authority on fashions (as it still is), is now much more. The articles by Mary H. Abel, on "Pure Foods and How to Get Them," are alone worth the price of the magazine. The stories, articles and verse are of a high order. (The Butterick Publishing Co., New York.)

QUEEN'S NURSES' MAGAZINE. This is one of the editor's best friends. We already view with affection the V.R.I. in the centre, and the Q. N. Q. V. in either corner of the Greek scroll on its blue and white cover, and we always look twice at the motto, so dear to the hearts of hard workers who cannot always get to church, "Laborare est orare." The editor is Lady Hermione Blackwood, herself a Queen's nurse, one of the daughters of the great and beloved Marquis of Dufferin and Ava. The September number is full of interesting news and articles about the work of the Queen's nurses and others, including a page or two about the Victorian Order in Canada. (Annual subscription (to nurses), 1s. 3d. Address the Editor, Clondeboye, Co. Down, Ireland.)

THE 'VARSITY is always interesting and full of college and university news. The new editor, we understand, has arranged for a number of special articles during the year. The Hallowe'en number contained an excellent suggestion to the University Commission—that Toronto University should have a Lord Rector. We say so, too.

SURGICAL ASPECT OF DIGESTIVE DISORDERS. J. G. Mumford, M.D., and A. K. Stone, M.D. (London and New York: Macmillan & Co. Toronto: Morang & Co.) \$2.50.

This is a book as interesting as it is timely. Distinctly modern, and with a literary quality, it is attractive reading, and suggests many new thoughts. The authors are both instructors in the Harvard Medical School—one in surgery, the other in medicine. The book opens with an Argument in which the main theses of the volume are set out and the first chapter is a historical account of ancient conceptions of the digestive organs.

MEDICAL ELECTRICITY AND LIGHT TREATMENT. By Sister Kate Neale. (London: The Scientific Press.) 2s. 6d.

The Sister-in-charge of the Actino-Therapeutic Department of Guy's Hospital has prepared a book which will be a boon to all nurses having to do with the electrical and light treatment. The explanations are excellent and the whole plan of the book satisfactory.



THE DIETETIC AND HYGIENIC GAZETTE, a magazine published in New York, is of great interest and value to nurses. Besides, it has a supplement of twenty pages or more, edited by F. W. Barrows, M.D., devoted to nursing, with special reference to the relation of nurse to physician.

THE EYE : ITS REFRACTION AND DISEASES. By Edward E. Gibbons, M.D., Chief of Clinic of Eye and Ear Diseases in the University of Maryland, Baltimore. (London and New York : The Macmillan Co. Toronto : Morang & Co.) \$5.00.

This beautiful volume, with many illustrations and admirable letterpress is a model of what a book ought to be. The author gives a detailed account of the embryology and anatomy of the eye, and then deals fully with the diseases of and the operations upon the eyeball and its adnexa. The chapters upon Migrain, Eye-symptoms in Systematic Diseases, and also that on the External Examination of the Eye, are perhaps among the most important chapters of the book for purposes of reference.

AILMENTS OF WOMEN AND GIRLS. By Florence Stacpoole. (Bristol : John Wright & Co.) 2s.

"Suffering is not woman's necessary lot." These true and simple words are the keynote of this book. It is not a book for children, but for mothers and aunts and others who are, or ought to be, grown-up. The author is well known as a lecturer for the National Health Society and for the Councils of Technical Education, and in this book she has stated in clear and suitable language the principal physiological facts which women especially ought to know, and the usual causes of various ailments from which many women suffer. We have often wished for such a book, and there are many women to whom it would be a help. There is in the preface a necessary caution against any attempt at self-treatment.

NURSING : HINTS TO PROBATIONERS. By M. H. A. Voysey. (London : The Scientific Press.) 2s.

This is a book of practical work for probationers, and we can only say that there are many things here which will be of great value to them. The book is simply and clearly written and there is an excellent index.

OUR HOSPITALS AND CHARITIES. (London : Macmillan & Co.) 3d.

This is a most interesting monthly journal. The words printed on the title-page are true : "If you feel the work and welfare of our hospitals and charities to be the slightest concern of yours, the contents of this paper cannot fail to interest you." Every article is not only readable, but too interesting to lay down. A beautifully illustrated history of Guy's Hospital, an account of the Royal Asylum for the Deaf and Dumb Poor at Margate, and "The Guild of the Brave Poor Things," are three of the best articles in this issue.

PRACTICAL DIETETICS. By W. Gilman Thompson, M.D., Professor of Medicine in the Cornell University Medical College in New York City. (New York and London : D. Appleton & Co. Toronto : Morang & Co.)

Dr. Thompson's complete and standard work on Dietetics is so well and favorably known that it will naturally be one of the first to be placed in a nurse's library. The present is the third edition, thoroughly revised. A good deal of new material has been added on the dietetic treatment of disease, Milk as a Food, Diabetes, etc. The section on Methods of Feeding the Sick, Foods Required for Special Conditions, and Conditions which Affect Digestion are specially valuable to nurses, as is also the information given in detail about all the different articles of diet. We cordially recommend this book to our readers.

THE NURSING OF SICK CHILDREN. By James Burnet, M.D., M.R.C.P. (Edin.) (London : The Scientific Press.) 1s.

This handbook will be found well adapted for the use of nurses, especially those who have not had much experience of children as patients.

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**HANDBOOK OF ANATOMY.** By James K. Young, M.D. (Philadelphia : F. A. Davis Co.) \$1.50.

This work is a complete synopsis or compound of anatomy, containing in the smallest possible space a great deal of information on this vast subject. It is intended for the use of medical students and nurses and will be found valuable, especially for review or reference.

**THE MAINTENANCE OF HEALTH IN THE TROPICS.** (London : John Dale, Sons, and Danielsson.) 2s. 6d.

This is a small manual of personal hygiene in the tropics, written at the request of the Committee of the London School of Tropical Medicine, and published under their auspices. The author is Professor of Hygiene in King's College, and Lecturer on Tropical Hygiene at the London School of Tropical Medicine. We have much pleasure in recommending any nurses about to engage in missionary or other work in any tropical country to procure and study this book, and so be prepared to take the necessary precautions to maintain health.

**COOKERY IN THE TROPICS.** By Sister Cockburn. (London : The Scientific Press.) 3s.

"A little help in a serious difficulty." Thus modestly does Sister Cockburn, late of the Colonial Nursing Service in Sierra Leone, speak of her small book, which to a young man alone going out to a hot country, or to anyone in the tropics who knows not too much of cookery would be more than valuable. The book consists of recipes, hints, reasons for failure, etc., and we are glad to see that it includes full directions how to make bread.

**SIMPLE LESSONS ON HEALTH, FOR THE USE OF THE YOUNG.** By Sir Michael Foster, K.C.B., M.P. (London : Macmillan & Co.) 1s.

From his home at Ninewells, in England, one of the greatest men of the age writes a preface to a little book on health he has prepared for the use of children in which he tells how he came to write it. There are four chapters—Fresh Air, Food and Drink, Light, Cleanliness—simple with the simplicity characteristic of a great mind. This primer is a model, and we can only thank the "distinguished friend" who induced Sir Michael to write it, by objecting to his "destructive criticism."

**OUR BABY.** By Mrs. J. L. Hewer. Ninth Edition ; Fortieth Thousand. (Bristol : John Wright & Co.) 1s. 6d.

This useful little book, written by one who holds the certificate of the London Obstetrical Society and was formerly a Hospital Ward Sister, will be found to fulfil admirably the purpose for which it was written, namely, to assist a mother in bringing up a healthy child and to help her to understand the general principles underlying the care of children. It is extremely practical. The chapters on "How Big Ought Baby to Be" and "Baby's Troubles" are among the best in the book.

**PRACTICAL PEDIATRICS.** By Dr. E. Graetzer. Authorized Translation by H. B. Sheffield, M.D. (Philadelphia : F. A. Davis Co.) \$3.00

This is a brief reference book, a small encyclopedia of children's diseases, and a mine of valuable information for the student and practitioner. The American translator has made a number of notes and additions which add to the value of the work. Our readers will find it a reliable and interesting volume.

**INTRODUCTORY PHYSIOLOGY AND HYGIENE.** By A. P. Knight, M.A., M.D. (Toronto : The Copp, Clark Co.)

Dr. Knight is well-known as a teacher, both in public and high schools, and also as Professor of Physiology in Queen's University, Kingston. There is probably no one in Ontario better fitted to write a text-book in this important subject, and the book itself will be its own best recommendation. It is clear, well arranged, thoroughly scientific, and adapted for the use of teachers.

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**ELEMENTARY BANDAGING AND SURGICAL DRESSING.** By Walter Pye. (Bristol: John Wright & Co.) 2s.

Eighteen years have passed since this book was prepared by the late Walter Pye. The present is the tenth edition, revised by Mr. Carwardine, F.R.C.S. It is an excellent hand-book, complete and satisfactory in every respect.

**FIRST AID TO THE INJURED AND SICK.** By F. J. Warwick, M.B., and A. C. Tunstall, M.D. Third Edition; Fourteenth Thousand. (Bristol: John Wright & Co.) 1s.

This valuable manual is a model of clearness, accuracy, and completeness. It is probably the best First Aid Handbook, and is very widely used. The illustrations are also published separately as "Large Sheet" First Aid Diagrams for the use of lecturers.

**THE PRINCIPLES AND PRACTICE OF MEDICINE.** By William Osler. (New York and London: D. Appleton & Co. Toronto: Morang & Co.)

Thirteen years ago the first edition of Osler's Medicine appeared, and not long after it was "the" text-book on medicine of the medical world. Six editions and one hundred thousand copies in use prove its worth, but to those who have read it daily no proof is needed. As a book of general reference in a nurse's library it has no equal, and next to the text-books of nursing itself, it is the book that should be got by nurses who have a right ambition. Many remarks on nursing will be found in its pages. This edition is almost a new book, and yet it is the old book. Sections are transposed, new material added, new ideas considered. The publishers have done their part well.

**PRACTICAL MASSAGE IN TWENTY LESSONS.** By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College. With 46 Original Illustrations. 168 Pages. (Philadelphia: F. A. Davis Company.) \$1.00.

The author is already well known by other books on Massage and Gymnastics but this volume is undoubtedly of more value to nurses than any of them. It is very practical and written in an interesting way. Some of the best lessons are those on the "Diseases of the Organs of Movement"—Scoliosis, Lumbago, etc. The book covers all the essentials of massage.

THE NURSING TIMES of November 18th, just to hand, is an interesting weekly number and contains, as usual, specially good notes from The Lancet, The Practitioner, and other medical journals. Among the articles are "English Nursing in French Eyes," "Ophthalmic Nursing," and "Nursing From a Dramatic Standpoint."

A new volume of the "Golden Rules" series, published by Messrs. John Wright & Co., of Bristol, is about to be issued, entitled "Golden Rules of Nursing." The price will be one shilling.

We have just received from W. B. Saunders & Company, of Philadelphia, the widely-known medical publishers, an unusually attractive illustrated catalogue of their complete list of publications. A copy will be sent free upon request.

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The Bloodless Phlebotomist is the title of a new monthly journal issued by the Denver Chemical Co. The first numbers contain a number of interesting items and much information about antiphlogistine.

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## Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE.

A special meeting of the Graduate Nurses' Association of Ontario, to be held in the theatre of the Normal School, has been called by the president for 1.30 p.m., on December 28th. It is to be hoped that all members of the Association, and those desiring to become members, will make every effort to be present. A draft of a bill for registration is now in process of preparation, and will be laid before the meeting. Other important business will also be discussed. As the bill will affect every individual nurse, we would urge all to attend. The members will be entertained by the Alumnae Association of Toronto General Hospital.

Miss Tillie Murdie, graduate of the G. & M. H., St. Catharines, has gone to Niagara Falls to engage in private nursing.

Miss E. Argue, graduate Riverdale Hospital, Toronto, has returned from Winnipeg. Miss Argue has been appointed nurse in charge of the Aged Women's Home, on Belmont Street. Her many friends wish her every success.

Miss Brereton, graduate of the T. G. H., has gone to Parry Sound Hospital for a month, to assist Miss B. M. Toye.

Miss Kavanagh has returned from a very pleasant trip abroad, her patient remaining in England.

Miss Edith Brown, graduate of the H. F. S. C., Toronto, has taken a position as head nurse in the Roosevelt Hospital, New York.

Miss M. K. Gallaher, assistant superintendent of the Lady Stanley Institute, Ottawa, is away on a two months' vacation.

Miss Graham and Miss Moody, graduates of T. G. H., have returned to Toronto from Dawson City, Yukon.

Miss Helen Wapshot, graduate of H. F. S. C., Toronto, has taken a position as head nurse in the Presbyterian Hospital, Chicago.

Miss Ida B. Bingeman, graduate of T. G. H., has been appointed superintendent of the Edmonton Public Hospital.

Miss Ida Whitham and Miss Joan Scott have returned to New York after a three months' visit with friends in Toronto and Muskoka. Miss Scott and Miss Whitham are graduates of Riverdale Hospital.

Miss Baldwin, graduate of T. G. H., has returned to New Orleans after a month spent with friends in Toronto.

Miss Charlotte Tuck, graduate of G. & M. H., St. Catharines, has been appointed head nurse in that institution.

Miss Alvina Walkinshaw, graduate of H. F. S. C., Toronto, has taken the position of head nurse in the Lakeside Hospital, Cleveland, O.

Miss Alice Pepper, head nurse in the operating room, General Protestant Hospital, Ottawa, resigned October 1st to take a position in New York City.

Miss Stella Scott, of Portland, Ont., has been appointed head nurse in the operating room General Protestant Hospital, Ottawa.

Miss Rice, assistant superintendent Ottawa Maternity, has resigned.

Miss Alice E. Stewart has resigned her position as superintendent of the Sherbrooke Protestant Hospital.

Miss K. O'Neil, graduate of St. Michael's Hospital, Toronto, has accepted a position as head nurse in the Scranton Hospital, Pennsylvania.

Miss Mabel Bruce, graduate of the G. & M. H., St. Catharines, leaves in November for Florida, where she will spend the next six months, and engage in private nursing.

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Miss E. G. Flaws, late superintendent of the Kingston General Hospital, and now superintendent of the Butterworth Hospital, Grand Rapids, Michigan, recently visited Kingston, where her many friends were delighted to see her.

The friends of Mrs. W. C. Lillie (nee Ida MacLaughlin), a graduate of St. Thomas Hospital, and recently of McKellar Hospital, Fort William, are sorry to hear that Mr. Lillie was taken very ill at Spokane on their wedding trip.

The regular meeting of the Alumnae Association of Riverdale Hospital was held in the Nurses' Home, Thursday, November 2nd, at 4 p.m. After a short business meeting, a most interesting address was given by Miss Argue, on her trip through the West and the various hospitals she visited while there.

At the October meeting of the Alumnae Association of St. Michael's Hospital, it was decided that the "Canadian Nurse" would be the official journal of the association.

The annual meeting of the Nurses' Alumnae Association of the Royal Victoria Hospital, Montreal, was held October 11th, 1905; the President, Miss Gilmour, in the chair. The meeting was well attended. The annual report showed that a considerable interest had been taken in the association. The lectures delivered by Dr. Chipman and Dr. Hamilton were much appreciated, a copy of the former being printed and sent to each member, through the kindness of the president, Miss Gilmour. It was with deep regret the members of the association learned of the death of Dr. Buller which had occurred that day. It was resolved that a message of sympathy be sent to his bereaved family. The Sick Benefit Fund, to which some of the doctors have most kindly contributed, has now reached the sum of \$62. The following officers were elected for the ensuing year: President, Miss Gilmour; 1st Vice-President, Miss Grant; 2nd Vice-President, Miss Ausbury; Treasurer, Miss Hall; Secretary, Miss Connell; Cor.-Secretary, Miss Cooper; Executive Committee, Misses Freeland, Anton, MacIntosh, Hersey and McKindsey. After the business meeting Miss Henderson, superintendent of nurses, invited the members to her rooms, where a most enjoyable time was spent.

The graduating exercises of the Class of 1905 of St. Michael's Hospital Training School for Nurses, took place on October 3rd. The following nurses received their diplomas and medals: Misses E. R. Greene, Toronto; Anna Weger, Peterboro'; Rose Cosserly, Tottenham; Rose Kinmit, St. Catharines; Agnes Brennan, Penetanguishene; Veronica Winterhalt, Berlin; Bessie Mills, London; Anna Connor, Toronto; Alice Thompson, St. Catharines; Lena Claffy, Altona; Winnifred Warnica, Gravenhurst; Julia Sullivan, Stratford.

The following nurses have taken a creditable standing in the final examinations of the Kingston General Hospital: Misses Louise McLennan, Belleville, Ont.; L. S. Woodburn, Ottawa, Ont.; A. A. Davis, Brockville, Ont.; Mrs. M. Markle, Napanee.

The nurses of the Kingston General Hospital Training School are much delighted at the gift of a library for the Nurses' Home. Accompanying the books is a very pretty book-case, bearing this inscription, "From Mrs. Mowat, in memory of many kind ministries." The books, some hundred in number, comprise a number of the standard works, and the best authors of the day. Some of the books have been given by the writers themselves, which also adds to the value of the gift. Many a cosy evening is spent over the charming stories in the pretty sitting-room of the Nurses' Home, and Mrs. Mowat will always be most kindly remembered by the nurses to whom she has given so much pleasure.

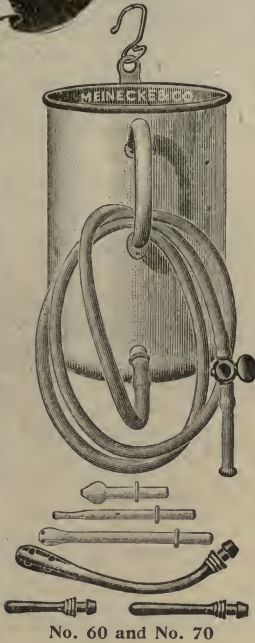
The McKellar General Hospital Training School for Nurses at Fort William has begun its second year's work. The school is still in its infancy, but now has a senior and junior class. Last year classes were held regularly all through the fall and winter, and examinations were given in June.

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FOUNTAIN SYRINGE**

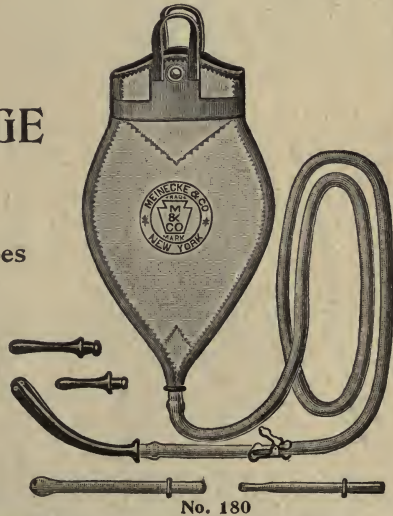
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THE WIDE OPENING PERMITS  
TURNING BAG INSIDE-OUT**

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PARK PLACE NEW YORK \***

The new wing of the Nurses' Home of the Dauphin General Hospital has been completed, and the old home has been entirely renovated in the way of papering and painting. The addition gives the nurses individual bedrooms, and a sitting-room which has been handsomely furnished by the bachelors of the town. The superintendent has a separate sitting-room. The new dining-room and diet kitchen are very nicely fitted up, and the new bedrooms have been beautifully furnished by the Hospital Ladies' Aid. One of the ladies started rather a novel idea for raising money. It was an autograph quilt, and the charge for having a name embroidered was quite optional, anything from 10 cents to \$10 being acceptable. Steam heating is being put in to take the place of hot air, and as soon as it is finished there will be a public opening of the new wing. The Dauphin Hospital prides itself on having the very prettiest home in Western Canada.

The Victorian Order Hospital at Rock Bay, B.C., is progressing well and doing excellent work under the careful and painstaking management of Miss Jean Sutherland, graduate of Galt Hospital, and recently of the McKellar Hospital, Fort William. Miss Sutherland is doing pioneer hospital work among the loggers.

In the Victorian Order Hospital at Swan River, Manitoba, improvements are being made on a small scale. There is no other hospital within a radius of sixty or seventy miles, and so some of the patients travel long distances and in strange equipages. One woman walked sixteen miles with her sick child, two years old. When the child was able to be taken home the husband came on horseback for them. The woman got astride the horse and took the child, bundles were tied on to the saddle, the man led the horse, and away they went, happy to have their child restored to health. In the past eighteen months this hospital has treated 180 patients, most of them coming a distance of from twelve to seventy miles.

The Notre Dame Hospital, of Montreal, is building a very large hospital on Sherbrooke Street.

Miss Alice Scott has resigned her position as superintendent of the Lindsay Ross Memorial Hospital. The position is now held by Miss Miller, late of the Brockville Hospital.

Miss Crawford, of Winnipeg, one of our most valued contributors, has, we regret to say, been laid up for some weeks with phlebitis. Her many friends will join us in hoping for her speedy recovery.

Major I. Wood, late president, and now hon. president of the Sherbrooke Protestant Hospital, has given that institution one of the most modern and complete sterilizing plants, by which hot and cold water, surgical dressings and instruments can be sterilized. The cost of the plant, when placed in position, will be about \$1,000.

The graduating exercises of the Class of 1905, of the Toronto General Hospital Training School for Nurses, took place on Friday evening, October 20th, and were interesting and pleasant. Among those who took part in the programme were the Rev. Dr. Wallace, J. W. Flavelle, Esq., Chairman of the Board of Trustees, Dr. R. W. Bruce Smith, and His Worship the Mayor. Miss Snively received afterwards in the Nurses' Residence. The names of the graduating class are: Misses Winnifred Brereton, Bethany, Ont., Josephine Y. Hopkins, Peterboro', Ont.; Annie Maud Stirling, Millarton, Ont.; Ida Helen Murray, Peterboro', Ont.; Priscilla Janet Smith, Aberfoyle, Ont.; Edith Macpherson Dickson, Toronto, Ont.; Elizabeth Davidson, St. Thomas, Ont.; Elizabeth Mary Lindsay, Blyth, Ont.; Ethel Maud Levy, Brownstown, Jamaica, B.W.I.; Jessie Mulholland Robson, Vernonville, Ont.; Christella Gertrude Sutherland, Bradford, Ont.; Elizabeth Merle Laidlaw, Durham, Ont.; Lucy Hurlburt, Mitchell, Ont.; Elizabeth Helen Purdy, Kincardine, Ont.; Isabel Mary Browne, Keyser, Ont.

Miss L. Rourke, a graduate of the Orthepeidic Hospital, Toronto, has accepted a position as night supervisor in the Julia Burnham Memorial Hospital, Champagne, Ill. Miss Rourke is a most capable nurse, and will no doubt make many friends in her new field of work.

## The Wise Nurse

Sets apart out of her earnings each year a sum sufficient to provide for her old age, or to provide for those who may be dependent upon her for support in case of her premature death. For this purpose she naturally

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Which places a substantial sum in cash at her own disposal in ten, fifteen or twenty years' time, and meanwhile protects those who may be dependent upon her in case of her death. Such a policy

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**BOVRIL MAKES YOUNG  
BLOOD IN OLD VEINS**

Miss L. Brent, Lady Superintendent, H. S. C., has been holidaying for the past month in Montreal, and other points.

Miss B. I. Atkinson, a graduate of Lady Stanley Institute, Ottawa, 1902, has been appointed as assistant at the Hospital for Sick Children.

Miss Ethel Dawson, Class of 1900, Collingwood General Hospital, who has been dangerously ill in the hospital, is now convalescent.

Dr. H. Machell gave a most interesting address on some points in infant feeding, to the members of the Alumnae Association, H. S. C., November 11th, demonstrating the making of whey.

Miss F. B. Stoney, Class of 1901, General Hospital, Collingwood, who recently returned from the Philippines to her old hospital to undergo an operation for appendicitis, is now quite convalescent, and expects to resume her work in Manilla this autumn.

The Ross Memorial Hospital, Lindsay, Training School for Nurses held its first graduation exercises in the auditorium of the Collegiate Institute on the evening of November 7th. The first graduate, Miss Bonnell, was presented with a gold watch by the doctors of Lindsay. Among the large audience was the former superintendent, Miss Alice Scott, of Toronto, who has now quite recovered her health, and to whose work many kind references were made by the speakers of the evening. The Mayor, Mr. Ray, was in the chair, and addresses were delivered by the Chairman of the Board of Governors, and by Dr. Vrooman.

Mr. and Mrs. A. Bisset Thom, Goderich, Ont., send \$20 as a donation for our Sick Benefit Fund. Mrs. Thom is a graduate of 1888, T. G. H. We feel grateful that in so many years she has not forgotten those who are following, and sends to the relief of the sick nurse. May many others follow this excellent example.

The following is the programme of lectures of the United Alumnae Associations of Training Schools for Nurses in Toronto: December—"Instructive Visiting in District Nursing," Miss H. Fulmer. January, 1905—"Sanitary Inspection," Mrs. Wm. Wagner, Long Lake Village, N.Y. February—"Tubercular Nursing in the Homes," Miss Annie Damer, Bellevue Hospital, New York City. March—"The Nurse as a Citizen," Mrs. Isabel Hampton Robb, Nottingham, Ohio.

The authorities of Toronto General Hospital have taken another step forward. Miss C. A. Mitchell has been appointed special nurse to visit the homes of tuberculosis patients. Her duties will be instructive nursing, and the care of the patients. It is said that two members of the Board, already most generous, have again provided the money for this work.

The annual meeting of the Alumnae Association, Mack Training School, St. Catharines, was held in the parlor of the Nurses' Home on Aug. 30th. Subjects of importance were heartily discussed. The following officers were elected for the ensuing year: President, Mrs. Parnell, St. Catharines; 1st Vice-President, Miss MacIntosh, Buffalo; 2nd Vice-President, Mrs. Wiel, Niagara Falls, N.Y.; Sec.-Treas., Miss Bruce, St. Catharines. Afterwards the nurse enjoyed the kind hospitality of the Superintendent, Miss Hollingworth, and each and all felt the better for even such a short association together again.

Miss Eastwood and Mrs. John Caven entertained at tea on Friday, October 20th, in honor of Miss L. L. Dock, of New York, and a delightful hour was spent. Among those present were, Mrs. St. John, Mrs. Paffard, Miss Hodgson, Miss Neilson, Miss Mathieson, and Miss Goldie.

**SPECIAL NOTICE.**—All graduate nurses, not yet members of the Ontario Graduate Nurses' Association, are requested to send in their applications for membership at once to the secretary, Miss Mathieson, Riverside Isolation Hospital, Toronto, so that they may, if possible, be proposed for membership at the special meeting in December. This is the last opportunity before April, 1906, and in view of the progress of the registration movement, prompt action is necessary.

# INSTRUCTION IN MASSAGE

Swedish Movements, Medical and Orthopedic Gymnastics

Term: 3 months

Tuition Fee: \$60.00

The Study of ELECTRO-THERAPY may be commenced at the same time

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## Winter Classes Form Jan. 16th, '06

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system and Weir Mitchell Rest-Cure System. The students have the opportunity to become familiar with Electric Light Baths, Vapor and Hot-Air Apparatus, Hydro-therapy, etc.

Particulars and free booklet on Massage upon request.

### Instructors

T. D. TAGGART, M.D.; WM. ERWIN, M.D.; MAX J. WALTER (Royal University, Breslau, Germany, and lecturer to St. Joseph's, St. Mary's and West Philadelphia Hospital for Women, Cooper Hospital, Camden, N.J., etc.); FRANK B. BAIRD (University Pennsylvania, Medical Department.); HELGA INGEBORG NORSTROM (Royal Gymnastic Central Institute, Stockholm, Sweden); LILLIE H. MARSHALL, EDITH W. KNIGHT (Pennsylvania Orthopedic Institute).

An Early Application for Admission is Necessary

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A DELICIOUS  
DELICACY WHICH  
TRAINED NURSES  
CAN SAFELY GIVE  
TO THEIR PATIENTS.

Juket is a delicious, dainty, healthful dessert food. It can be safely given to invalids, sick people, children, dyspeptics and all people who have weak stomachs. It will be retained when nothing else will. It is nourishing and quickly assimilated.

Patients like it because it is so dainty and wholesome.

In the truest sense of the word Junket is a "Pure Health Food" consisting as it does of pure milk and cream with the addition only of a small quantity of Rennet Ferment. No chemicals whatsoever are used.

A great variety of delicious, healthful desserts can be quickly and easily made with Junket in conjunction with pure, fresh milk. In no other form can the nutritious properties of milk be so safely and enjoyably taken.

**JUNKET**  
makes exquisite, velvety ice cream, at small expense. Ten cents buys enough Junket to make ten quarts. Colors and flavors to suit the fancy.

For sale by all leading grocers. If your grocer does not have our goods, ask him to order them for you.

**CHR. HANSEN'S LABORATORY,**  
Box 3078, Little Falls, N. Y.

Miss M. E. Dougal, late assistant superintendent of the Toronto General Hospital, took charge of the Woodstock Hospital during the absence of Miss Sharpe, on her holidays. Miss Dougal was in Toronto recently on her way to New York, where she has accepted a position as assistant in St. Luke's Hospital.

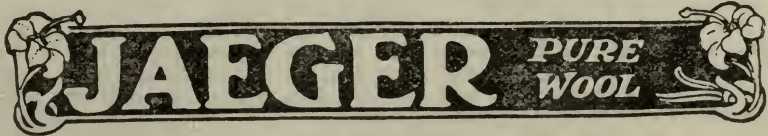
Miss Jessie Christie, assistant superintendent of the Training School for Nurses Toronto General Hospital, has resigned, her resignation taking effect on November 1st. The undergraduate nurses showed their appreciation of Miss Christie's valuable services by presenting her with a jewel case. Miss Christie's many friends in Toronto, both her fellow-graduates and others, greatly regret her resignation, and hope that she may remain in Toronto, where she will undoubtedly find scope for her talents and experience, and where all will wish her success.

Two new appointments have been made by the authorities of Toronto General Hospital. Miss Elsie Lawler, of Whitby, has been appointed first assistant to the Superintendent of the Training School, and Miss Florence Manson, second assistant and supervisor of the operating theatre. Both ladies are graduates of the Johns Hopkins Hospital Training School. Miss Manson enters on her new duties at once, but Miss Lawler, who is at present first assistant to Miss Nutting at the J. H. H. will not come until January 1st, 1906. It is pleasant to welcome back Canadian nurses to Canada, and we wish them all success.

Among the trained nurses taking the fall course at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy (incorp.), 1516 Green Street, Philadelphia, Pa., are four Canadian nurses: Miss Alice A. Stanton and Miss Sarah A. Stanton, St. Thomas, graduates of the Brooks Memorial Hospital, Dunkirk, N.Y.; Miss Catharine Campbell, Avon, Ontario, graduate of Sarnia General Hospital, and post-graduate of the Woman's Hospital and Infants' Home, Detroit, Mich., and for two years in the hospital, British Columbia; Miss Clara F. Elliott, graduate Sarnia, General Hospital. Miss Susie McMillan, Berlin, N.H., graduate of the General Hospital, Cornwall, Ontario, graduated from the same institution in September, along with twenty-four other graduates from different parts of the United States, and one from England.

The graduating exercises of Grace Hospital Training School for Nurses, Toronto, were held on October 27th, 1905, and a very pleasant evening was spent. The programme was as follows: "God Save the King"; prayer, Dr. Parker; Chairman's address; duet (cello and piano), Miss Madeline M. Evans and Mrs. Massie; address to graduate nurses, Dr. Kilpatrick; vocal, Miss McNeil; report of Training School, Superintendent; piano, Miss Dollie Blair; essay, Miss Denmark; presentation of diplomas, Dr. Bruce Smith; presentation of medals, Mrs. Vander-smissen and Mayor Urquhart; presentation of prize in obstetrics, Dr. C. J. Hastings.

When it became known that Dr. Osler had been appointed Regius Professor of Medicine at Oxford, it was felt that some acknowledgement should be made by the graduate nurses of Dr. Osler's many kindnesses to them, both in and out of training. It was felt also, that this acknowledgment might convey a sense of the privilege the nurses as a whole consider it has been to be associated in some small measure with Dr. Osler in his hospital work during these years of his leadership." Mrs. Osler's aid was enlisted in the selection of an acceptable remembrance. At her suggestion it was decided to purchase a desk set in silver. The set consisted of a tray with capacious ink-bottles and pen tray, pens, a blotter, stick-file and stamp box. Dr. Osler had himself expressed a wish to meet the nurses before his departure, and Miss Nutting arranged a very delightful reception in the Nurses' Home, at which Dr. Osler spoke a few characteristic words. He subsequently sent his thanks to all the graduates in the following letter:—"I appreciate their kind thought of me more than I can well express. My relations with the nurses have always been so pleasant, and I have always so felt the importance of their work, that this testimony of their love and esteem touches me deeply. They will continue to have my sincere interest in their work. Do express to the graduates my heartfelt thanks."—From the J. H. H. Alumnæ Magazine.



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A new Maternity Hospital for Montreal is being erected at a cost of \$125,000, and consists of a main structure and two wings, facing north and south. The southern wing was built by the donation of Sir William Macdonald to serve as a home and lecture rooms for the nurses. It will accommodate 75 or 80 beds. The basement includes kitchen and dining room accommodation, servants' quarters and a steam laundry, the gift of Mr. Jas. Ross. On the ground floor are the administrative rooms of the hospital, the waiting patients' room and the nurses demonstrating room. Public wards occupy the first floor, while the top floor contains private wards and a splendid operating room. The expense of furnishing the building has been met largely by the generosity of private individuals.

At Grand Bend, Ontario, Canada, September 23 1905, to Mr. and Mrs. Dell Mollard, a son. Mrs. Mollard was formerly Miss Pearl Ellis, a graduate of the General and Marine Hospital, St. Catharines, Canada, class of '99.

#### MARRIAGES.

The marriage of Miss Cora Canfield to Mr. Albert H. Wilson took place at the home of the bride's aunt, on August 30th, at Woodstock, Ont. After a wedding trip down the St. Lawrence, Mr. and Mrs. Wilson took up their residence in Woodstock, Ont. Mrs. Wilson is a graduate of the G. and M. H., St. Catharines, Class 1903, and previous to her marriage held the position of head nurse in that institution.

At Burlington, Ont., on June 22nd, 1905, Miss Ida M. Peck, graduate of Kingston General Hospital, Class of 1903, was married to Mr. S. V. R. Campbell, of Kingston. Mrs. Campbell will be at home at 220 Albert St., after October 1st.

At Bath, Ont., June 22nd, 1905, Miss Annie Balfour was married to Rev. F. E. Fotheringham, of Calgary. Miss Balfour was a graduate of the Kingston General Hospital, Class of 1903.

On October 6th, 1905, Miss Mary McNicholl was married to Mr. Griffin, of St. Louis. Miss McNicholl was a graduate of St. Michael's Hospital, Toronto.

In Orillia, on October 1st, 1905, Miss Nellie Frawley was married to Dr. John McMahon, of New York. Miss Frawley was a graduate of St. Michael's Hospital, Toronto.

#### DEATHS.

Mrs. McArthur (nee Smith), graduate of T. G. H., 1901, died at her home in Queensville, Ont., on October 20th.

Mrs. John Murphy (nee Frances Hughes), graduate of St. Michael's Hospital, Class of 1899, died after a short illness at her home in New York City.

Miss Lillian Southgate, graduate of the Hospital for Sick Children, Toronto, Class of 1905, died on October 15th, after a short illness, of typhoid fever, in the Roosevelt Hospital, N.Y., where she was taking a post-graduate course.

Miss Rose Marie Heise, a graduate of the G. and M. H., St. Catharines, Class of 1901, died on October 12th. A few days previous to her death Miss Heise was brought to the hospital and underwent an operation for appendicitis. Her death was due to uremic poisoning. Since graduating Miss Heise has been private nursing at Niagara Falls, Ont., and has endeared herself to many. Before the removal of the body to Newstadt, home of the deceased, a service, quite largely attended by friends both from Niagara Falls and from this city, was held in the Nurses' Home.

# Victor Shoes for Women



Owing to the many requests from ladies all over Canada for special woman's shoe, built on the most approved modern lasts, to sell at a moderate price, we have gone about the production of the Victor Shoe for women. The success we have had with Victor Shoes for men has helped us very considerably in getting out this ladies' shoe, and we think our customers will agree that "Victor" Shoes for Women equal the very best American Shoes sold. The price, however, is the moderate Victor price—

**\$3.50**

**The** **SIMPSON** **Company**  
**Robert** **Limited**  
**TORONTO**

Mrs. Fielding (nee Minnie Slattery), a graduate of the Hospital for Sick Children, 1897, died after an illness of ten months, at her residence, 457 College Street.

Mrs. McArthur, wife of the Rev. Mr. McArthur, of Queensville, and one of the graduates of the Class of 1901, died last month, deeply regretted. She was one who could ill be spared, one who will always be remembered with affection, and who left the world better than she found it.

Mrs. Davis, so long a familiar and picturesque figure in Toronto General Hospital, finished her life's work on September 18th, 1905. She had lived in the hospital for thirty-three years. She was born in Ireland, May 1st, 1820, and came to this country when quite young, settling near Port Hope, where she was married. Her husband lived but a short time and after his death she took a position on the staff of the Deaf and Dumb Institute about the year 1867, and afterwards went to the Toronto General Hospital. She always took a great interest in the hospital, and was quite an authority on its history. She was buried at Newtonville, near her old home.

## Graduates of the Training School for Nurses.

### NAMES OF NURSES WHO HAVE OBTAINED CERTIFICATES FROM TORONTO RIVERDALE HOSPITAL, TRAINING SCHOOL FOR NURSES.

1897.

- Miss Kate Mathieson, Superintendent of Toronto Riverdale Hospital.  
 Miss Amie Montgomery, Superintendent Civic Hospital, Montreal.  
 Miss Flora Gilmer, New York.  
 " Edith Strickland (now Mrs. Stevenson), 215 Dundas St., City.

1898.

- Miss Angelina Lane, Prescott, Ont.  
 " Alma C. Murray, Head Nurse Toronto Riverdale Hospital.  
 " Mildred Sibbald, Private Nurse, Seattle.  
 " Eva Hamilton, Orangeville, Ont.

1899.

- Miss Bertha Andrews, Private Nurse, Winnipeg.  
 " Millward (now Mrs. Dr. Rose), Blackfort Hospital, Gleichen, Alta.  
 " Minerva Barnhardt (now Mrs. Meads), Orillia.

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food made to-day  
and the finest thing  
for the sick room.

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Flaked Wheat  
Farina  
Brosemeal  
Hominy Grits  
Wheatlets

DOCTORS  
RECOMMEND  
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**P. McINTOSH & SON**  
TORONTO

1900.

- Miss Kathleen Scott, Head Nurse, Toronto Riverdale Hospital,  
City.  
 " Elizabeth Argue, Nurse in Aged Women's Home, Belmont  
St.  
 " Etta Kleedt (now Mrs. McAvree), Mimico.  
 " Ida Pillow, Cleveland, Ohio.

1901.

- Miss Joan Scott, Private Nurse, New York.  
 " Becca Easson, Private Nurse, Chicago.  
 " Mattie Storey, Private Nurse, Chicago.  
 " Annie Murray, Nurse at Upper Canada College.  
 " Louie Churchward (now Mrs. Mathew) 211 First Ave.,  
City.

1902.

- Miss May Fogarty, Night Superintendent, Riverdale Hospital.  
 " Alberta Sanford, 505 Sherbourne St., City.  
 " Ida Whitlam, Private Nurse, New York.  
 " Janet McNeil, 505 Sherbourne St., City.  
 " Tessa McKay, Niagara Falls, N.Y.

1903.

- Miss May Sawyer, 76 Avenue Road, City.  
 " Elizabeth Allan, Willard Parker Hospital, New York.  
 " Stella Lash, Private Nurse, Montreal.

1904.

- Miss Janet Highsted, Ithaca, N.Y.  
 " Annie Reade, 505 Sherbourne St., City.  
 " Ethel Armstrong, Detroit, Mich.  
 " Janet Pearce, Mitchell, Ont.  
 " Susie Mears, 76 Avenue Road.

1905.

- Miss Edith Ogilvie, Detroit.  
 " Margaret Warwick, 68 Sorauren Ave.  
 " Jean Berry, Brantford, Ont.  
 " Mina Fraser, Polyclinic Hospital, New York.  
 " Lillie Whitlam, 102 Caroline St., City.

# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. II.

TORONTO, MARCH, 1906.

No. 1

## AN ADDRESS \*

It is but a few years ago since the work of your Training School was initiated; indeed, your organization is not as yet in its teens, and already we are invited to address, forsooth, an organized and doubtless influential alumnæ association; and is it not delightful to contemplate that already in so few years so much has been accomplished—your school brought to so high a standard of excellence, and the merit of the training already so widely known that it is with difficulty we keep our graduates from accepting higher posts elsewhere? And it is equally with much pride that we watch the careers, not only of those whose work has brought them to seats of prominence among the favored of their profession, but of those, too, who, preferring the quieter life of usefulness at home and showing equal sincerity of purpose and devotion to their calling, merit all commendation from those who are competent to judge.

But enough of adulation—you deserve all you get. Your work is no sinecure; your carrying out of it has its trials and its hardships, and yet uncomplainingly and often unappreciated you pursue the even tenor of your way. For all this and much more let us wish you your deserts, and meanwhile let us bestir ourselves as to the future.

Is it not true that for a young organization such as yours the future is brighter than in any similar institution of the kind? that your prospects, your broad sphere of influence, and your capacity for expansion, are unique? It is surely not too early, and it is certainly never too late, to take cognizance of all this—to look about and grasp the skirts of happy chance with the great opportunity placed in your very path, thanks to kindly and generous and interested governors, and also I am sure to everyone else about you.

But some of you will say, "All is progressing quite satisfactorily; what need to regard the future if already we get enough work to keep us busy?" I hope none of you ever do think along lines quite so narrow and—shall I say—so selfish as this. In entering our profession, or yours, we at once involve ourselves in a duty which, though perhaps irksome at times, is none the less imperative, viz: to do what we can, not for ourselves alone, but

\*To the Alumnae Association of the Royal Victoria Hospital, Montreal.

even more so for our profession. If by acquiring a practice a physician believes he has done all that is necessary in his work, or if by obtaining a sufficient number of cases a nurse believes that she has attained the *summum bonum*, let us say at once that in each instance the individual is far short of the goal, far too much below the ideal. Our duty lies much nearer to our profession; we owe far more to it than to be able through its medium merely to satisfy our material requirements and our little vanities. Unless we do something whereby we can feel that at least we have bettered our profession, be it by scientific work, by organization, by example, or otherwise, then we have pitched our aims too low! I am not well versed in Biblical lore, but unless I mistake there is somewhere a reference to a people who perished because they had no vision—no ideals, I take it, to stimulate them to higher things.

I have often been impressed since reading it many years ago with the pathetic and yet entertaining story of the German pastor to whose labors and genius the modern training schools for nurses owe their existence—initiated from humble beginnings and simple surroundings, an example and stimulus for all times to show how much may be done by right thinking and doing for the betterment of this or any sphere of work. The story is doubtless familiar to many of you, how in the early years of this century the simple Lutheran pastor evolved his plan owing to what he considered a very urgent need in his own small community. It was, I think, in 1821 that Pastor Fliedner, a young man, the native of an obscure village in Germany, with but little taste for the theology of his day though with an essentially practical mind and a great sympathy for human suffering, decided to accept a call to a Protestant church in the little village of Kaiserswerth, on the right bank of the Rhine. He had never known the luxuries of independence before; his circumstances had ever been straitened, for his father, also a clergyman, had been unable to acquire enough money to satisfy even the needs of his humble household. Driven by necessity to seek his education as best he could, we find him working his own way through the university and gaining a moderate education in spite of his dire needs. Many amusing incidents are told of this period of his career, nor did he in later life regret the struggle in view of the results. His early letters home describing his methods of economy, his clumsy efforts to mend his own clothing and keep up a moderate appearance of decency, seemed to have appealed to the sympathy of his biographers. Moreover, his early village surroundings had scarcely conduced to make his manners and deportment exemplary in his academic environment. So much indeed did his friends deplore his bluntness and uncouth ways, that he was about to follow their advice of abandoning all hopes and aspirations for a professional career, when there suddenly came the unexpected call to Kaiserswerth. This determined him anew, and he followed what he considered a predestined plan. Accepting, therefore, the tempting offer of a pastorate in this small factory town, at a salary of \$120.00 per annum, he proceeded forthwith to his new home. The community—his parishoners—were Protestants, and for the most part

employees of the local velvet factory, all of extremely humble station in life, and thus appealing all the more to the large-hearted clergyman. We are told that his advent to take up the new post would have necessitated a public reception which might have been severe on the limited resources of the people, so to preclude this drain on their contracted purses, he came quietly and unannounced a day before the appointed time. Such characteristics illustrate the simplicity and consideration of the man who founded schools of nursing, who taught Florence Nightingale the principles of her profession, and who was later on to be summoned by kings and princes to various parts of the world for the purpose of spreading the good work initiated in this humble locality.

The acquisition of the "munificent" income of \$120 a year unfortunately did not terminate his early cares. One can perhaps imagine his peaceful resignation on finding that he was to share his parsonage with the aged widow of his predecessor, and even this did not prevent his bringing two brothers and a sister to live with him, thus relieving his widowed mother of an added care.

Four weeks of labor at Kaiserswerth brought a crisis in the affairs of the village—the factory failed, and his little community, without means of livelihood were threatened with distress. Without prospective aid from his unsympathetic Catholic neighbors, whose regard for their heretical townfolk was scarcely likely to induce much philanthropy, and seeing no hope for his little band, we find our pastor starting alone, and on foot, for Holland, in the hope of obtaining aid from the sympathetic and influential fellow-Protestants of the Netherlands. From here we learn that he travelled on to Hamburg and later on again to England. Wherever he went his mission succeeded, not only in a financial way but far more by enabling him to learn of the needs of the sick and the poor—work which in England had already been attempted in a moderate degree by the well-known Elizabeth Fry. The work of prison reform, of harboring the poor and of caring properly for those who were ill and in need of something else beside the administration of drugs and the visits of a physician, had been hitherto but little known in Germany, and it is therefore with no small degree of wonder that we contemplate the present condition of affairs, which was originally evolved from Pastor Fliedner's community of paupers.

It is difficult to appreciate what at this time it must have meant to institute an organization of women in connection with practical ecclesiastical work, for although it was really in church establishments that the care of the sick had commenced, yet no proper organized attendance had been supplied except among the Catholic communities where convents and similar institutions existed. The Protestants had hitherto been denied such attentions, but, thanks to freedom from French dominion and Catholic sway, the German Protestants could once more think for themselves, and draw women back into active service for the poor, the needy and the sick. It was in this way that the modern deaconesses arose in Fliedner's community. As you all know, the name deaconess dates really from early Christian times, but women holding that title had a



purely theological function, acting under the church guidance in their care of the sick and poor, though they were further supposed to act in the capacity of chaperones at all interviews held by the bishops with women. Tertullian tells us that among the qualifications for the post one reads that candidates must be, "Widows, mothers, at least forty years of age, and married only once."

During the Middle Ages the order of deaconesses passed out of existence, the only substitute being the purely religious organizations of the Catholic Church, so that it was really a revival of this order under Protestant auspices that Fliedner brought about with his deaconesses' institutions for nursing. To work under Fliedner was no sinecure. The probation for deaconesses in the early days was severe, and successful candidates engaged to serve for five years, leave of absence not being granted unless personal affairs or family needs demanded. The essential for all was obedience. There was great need as he had seen in his travels for a more intelligent care of the sick, and such could not be had without system and organization.

His beginnings were of necessity small. A large vacant house was rented, a few of the rooms fitted up with mended furniture and cracked china, and with six sheets and other supplies equally scant on October 13th, 1836, he opened up the Deaconess Hospital of Kaiserswerth, without patients and without deaconesses. This was the first training school for nurses of modern times.

We are told that among the early applicants was Florence Nightingale, but to the blunt pastor, her high social status in England, her delicacy and refinement, ill accorded with the simplicity of the village maidens already engaged for service, and he promptly refused her the requested privilege. It seems that Miss Nightingale persisted, and was finally told with characteristic brusqueness to proceed at once and scrub the floor—a task she readily undertook, and by this and similar acts won her way into the good will of Pastor Fliedner.

From this you will see that the training did not then, nor does it now, include merely a care of the sick as is understood in many institutions. In the term, now of three years, the essentials of housekeeping occupy no insignificant part, and thorough training is given in cooking, sewing, washing and ironing, and similar tasks, even to the repair of bedding and keeping of accounts. At the same time a prominent place is given to the teaching of letter writing, of reading aloud, and of various other devices to entertain and amuse those who are convalescent. The distribution of graduate nurses throughout the country follows a well-defined plan. The deaconesses are sent either to hospitals connected by nursing methods with the parent institution, or again to some town, parish or district which has signified a desire for such aid. It is interesting to know that nearly every town in Germany is provided in this way with deaconesses, who are eagerly sought for to do general or special district work, for which the town assumes the financial responsibility. The facts in all these details are most interesting and Miss Eleanor Kinnicutt and others have given the history in a very pleasing way.

Extension of this institution began early and within a few years additions were made locally and elsewhere which have made it one of the world's great centres of philanthropic work. The pastor, eager to fulfil his purpose for the benefit of all, travelled far and wide forming what he called mother houses and subordinate stations, thus spreading the good work, which by now has affiliated institutions from Jerusalem in the East to the American prairies in the West. The present large hospital at Kaiserswerth, with its 210 beds, is surrounded by numerous buildings, a home and a hospital reserved for the nurses, a holiday house, an orphan asylum, workshops, publishing departments, dairies, and several hundred acres of land. The last good work of Fliedner, viz., the erection of "The Home of Evening Rest," was completed shortly before his death in 1864—a home for such deaconesses as were incapacitated for further service.

I will not weary you with further descriptions of all that has been done, yet one cannot but think that the inspiration from such work will appeal to every thinking individual, to none more so than to those whose work carries them into the field of institutional service. Never before have so many golden opportunities been offered to graduate nurses, never was a young *alumnæ* association in a better position to initiate grand and good work and yet never is one in so great danger of descending to commonplace existence than when pampered by luxurious surroundings and aided by the labors of a willing few. I have often wondered in looking at the new home which is making rapid strides to completion, how many of our graduates have contemplated seriously the opportunities ahead and the great importance of bestirring themselves now, that good work may be done in other respects than the mere erection of a beautiful structure of stone and brick.

An *alumnæ* association has, I presume, manifold functions and uses; it has its value as a mutual protective organization, a means of conferring together for the benefit doubtless chiefly of the weaker ones in the profession. It is a support and a source of comfort in time of distress, for through its membership one may look for help in various ways. But it is more than this, for although it has its social side and its opportunities through meetings at stated intervals to bring together the individuals for pleasant concourse and an exchange of the latest news, yet there is a far more serious aspect for which not only the little association depends for its *raison d'être*, but for its usefulness and self-respect. I refer to the sense of responsibility which its members have of contributing something to the profession and of improving themselves through its medium. Will there, for example, be a literary value to your club, perchance a monthly bulletin containing useful hints for all the members, and others outside of its pale, as well as giving to all interested the news of members far and near, and thus form by its distribution a bond which individual correspondence rarely can achieve? Is it not well in some such way, too, to keep in touch with each other and with various institutions (for it is to be hoped that every graduate constitutes a focus of influence for the good of her school), and thereby ascertain with more reasonable

certainly where and when are desirable opportunities for work and for advancement, be it in hospitals, in district nursing, or even in an army medical corps? So far as I know there is no permanent registration of addresses among your graduates to which all can refer and to which each graduate by mutual understanding forwards her address as changes occur. With an ever increasing membership the needs of some such arrangement should, I think, be obvious.

I take it for granted you will form a library, one of professional as well as of general interest, that you will thus have access to current literature and journals which concern your work. Contributions by you to the nursing magazines of the day help in the specialization of your training, for I take it that as the school increases in size and importance the desire for specializing in nursing, as in medical practice, will be advisable. With an ever-increasing medical and surgical staff in your hospital there will surely be more and more demand in time to come for nurses specially equipped in certain lines of work to fulfil the needs of the varied duties of your profession.

And in connection with your interest in a library and a reading room would it not be well if some one or several of you compile a history of the past decade in the Training School, collecting information that will surely interest all concerned, before it is impossible to gather facts which time so easily obliterates?

Perhaps you will say such aims are Utopian, such plans too vague and ambitious, or again that time scarcely permits of such achievements. Believe me, they are not trifles, and believe me too, there is always time.

Your early training as nurses has tended to routine, you have for a time perhaps lost some of your individuality under the eagle eye of the Senior Ward. But this was a matter of discipline and it has had its uncounted blessings. It has taught, I hope, a full appreciation of the word service, willing service. Routine teaches the value of careful systematic work, and should, if properly regarded, develop rather than retard the individuality. Nowhere as in a new country is there such an ambition for and expectation of immediate results, a desire to attain to a greatness for which when attained, the individual is not prepared. While in European countries, for example, it takes many years of patient waiting and faithful service before the acquisition of an influential practice or a high position in the profession; in this Western Hemisphere more is expected quickly with a correspondingly lower level of ideals. Some one has truly said of doctors, that the early attainment to a large and absorbing practice has usually effected the ruin of their careers, by stunting the development of talents which can only grow in peaceful thinking and faithful quiet plodding. It is somewhat similar with nurses. That you have attained to that successful point where you are assured of work, is but one step in your career; you must do something besides to help your association, to advance your profession, before you are justified in proclaiming a *nunc dimittis*. Do not expect, all of you, promotion to high posts of command. It is not necessary to have such a

place among your colleagues before doing your part. For in the race towards positions of trust few alone can be chosen among the many called. And so, in whatever path of your profession the work may lead, there is an opportunity to do good, to promote the welfare of your school and enhance its reputation.

To some, though to very few, it is given to do those things which can be called original—creative individuals whose ideas are the result more or less of genius. To others again, executive ability, organization in accord with practical needs, are the qualifications for promotion and commendation. Some, however, through no fault of their own, are blessed with neither of these virtues to them remains the no less important opportunity by earnest work, sincerity of purpose and, above all, an appreciation of the lessons of the golden rule to promote that *esprit de corps* in a school which in itself is surely no less important than the piling up of stone and mortar.

CHARLES F. MARTIN.

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### MONTREAL GENERAL HOSPITAL—A SHORT HISTORICAL RETROSPECT.\*

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It is always important to know something of the history of an old institution like the Montreal General Hospital, with which we have all been and are now in some way connected, and in which we are all interested. This great charity, like many others, had a very small beginning, and the initiation of the good work was due, in the first instance, to a few philanthropic ladies who, in 1816, established a dispensary and hospital for sick immigrants. About this time, after the war of 1812-14 with the States, and after the disbandment of the armies in 1815 when the Battle of Waterloo broke the power of Napoleon and settled the peace of Europe, there was a great influx of immigrants into this country from Great Britain and Ireland, and it was felt that some provision should be made to treat the sick strangers who had been stranded in their midst. Owing, perhaps, to an early winter and the closing of the great river highways which prevented new arrivals going further up into the country, the towns of Quebec and Montreal were crowded with immigrants who had but little to support them. In these days a voyage across the Atlantic was a perilous undertaking and was rarely accomplished, in the small sailing vessels then used, in less than two or three months, and if the winds were unfavorable and the weather stormy much more time was taken, so people who started in summer seldom arrived before the late fall.

In 1816 a house with four rooms was taken on Chaboillez Square, and this was called "The House of Recovery"—a very

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\*An address delivered to the Montreal General Hospital Nurses' Club, December 6th, 1905.

hopeful title, you will observe, for a hospital. In Spain they yet call their hospitals "Health Houses," while the Germans and Dutch call them more properly "Sick Houses." The first doctor in charge was Dr. T. P. Blackwood, a retired army surgeon. I have in my possession at the College some very fine cases of instruments which belonged to him.

Later on, in 1818, a larger "House of Recovery" was found necessary, so a house having three wards, capable of accommodating altogether 24 patients, was hired on the north side of Craig Street, near Bleury, and this was called, "The Montreal General Hospital." In 1820 the land on which the front part of the present Hospital now stands was bought (it was then called Marshall's Nursery)—what a pity when land was so cheap more was not acquired, but in those days space and air were not thought to be a desideratum. At a public meeting held on the 25th of April, 1820, more than 85 years ago, with the Hon. Jno. Richardson in the chair, £2,000 was subscribed to erect a building. At this meeting all the prominent citizens were present,—the Molsons, Moffatts, Torrances, Frothinghams, Leslies, Skakels, Ermantingers, Rosses, Gateses, Gillespies, Gibbises, Porteouses, Fishers, Sewells, etc., and Drs. Robertson (1st Dean), Caldwell, Blackwood, Farrendon and Christie were elected attending physicians and surgeons. Isaac Clarke was elected President.

The corner stone was laid on the 6th of June, 1821, with Masonic honors, and the following May the Hospital was ready for patients, there being accommodation for seventy. During the building of the Hospital it was resolved to adopt a method used in the Derbyshire (England) Hospital, viz: to warm the building with air heated by a furnace placed in the basement—then an untried method here. The report says: "Even if no saving should arise from this method the cleanliness and small risk of fire were considered a sufficient reason for its adoption." In the First Annual Report, 1823, is said the following: "The plan submitted consisted of a central building, 76x40, capable of holding seventy-two patients, and two wings, 70x30, to contain an equal number of patients." As funds for the erection of the whole building could not at once be raised, it was decided to erect only the central building. A cupola was also added, "to serve as an ornament to the building and to give light to the operation room below."

The building cost £5,856, about \$24,000. In January, 1823, His Majesty George IV. granted a Royal Charter. In 1831 the Richardson Wing was built as a memorial to the Hon. Jno. Richardson, who had been President for ten years and who had been mainly instrumental in organizing the charity. It was erected by the Governors "in memory of a man who was present as chairman at the first meeting held for its erection and whose name stands first on the list of subscribers." In 1848 the Reid Wing was built by the widow of the late Hon. Justice Reid, in memory of her husband. Her portrait and that of her husband are now in the Governors' Hall, part of the Richardson Wing. In 1866, at a cost of \$4,800, the land opposite the Hospital was bought by Messrs.

Wm. McIlson and J. G. MacKenzie, the buildings removed, and the part has been kept as one of the lungs of the Hospital ever since.

In October, 1822, a School of Medicine was organized in connection with the Montreal General Hospital by the attending physicians and surgeons, viz.: Drs. W. Robertson, W. C. Bell, A. F. Holmes, J. Stephenson and H. P. Loedel. This school was called the Montreal Medical Institution and had the approval of His Excellency the Governor-General. The first session was in 1824-25 and twenty-five students attended. In 1828 to prevent the relapse of the bequest of James McGill, the Montreal Medical Institution became the Faculty of Medicine of McGill University. This was the beginning of McGill University, and for some time the Medical Faculty was the only one, and in fact was McGill University. So you see how intimately the General Hospital is connected with the University, and is in a way responsible for the fact that the University was established at all. The first professor was Dr. Robertson, an attending physician to the Hospital. In 1831 to 1832 the city contained 30,000 inhabitants. This year cholera broke out and carried off in less than three months one-tenth of the inhabitants, 3,000, and was a busy time indeed for the General Hospital.

The 47th report, for 1869, shows the income to have been \$17,047.95, while the expenditure amounted to \$22,029.20. I first joined the Hospital as a student in 1869, and then, as has been noted, the expenditure was in excess of income, as it has been ever since, and yet notwithstanding this apparent condition of bankruptcy we still keep our heads above water, and are making pretty strong swimming too. In the year 1869 so alarmed were the Committee of Management at the deficit that they requested the attending physicians to reduce the daily number of indoor patients to 100. This year the new Fever Hospital (now the kitchen and dining room of staff), at a cost of \$18,000 (\$5,000 of which was subscribed by Wm. Molson), was opened for patients, and proved most opportune, for an epidemic of small-pox was raging, and 150 cases were, in 1869, treated here. This year steam was introduced into the laundry and much needed improvements were instituted in connection with the dead house. In this year our present excellent President was made a Life Governor and John Redpath, the venerable President of that time, died, being succeeded by the Vice-President, Wm. Molson. The present Lord Mount Stephen also was elected a Governor for two years in 1869.

Of the then attending physicians and surgeons only one is alive, and he has ceased to practice medicine, having gone into the Church, and lives now at 84 St. Famille Street. I refer to the Rev. Wm. Wright, M.D., late Professor of *Materia Medica* and Emeritus Professor in McGill University; at that time he was a very progressive surgeon and had a large practice in the city. Until recently there were two, but Dr. McCallum's death has reduced the number to one. Dr. Geo. W. Campbell was Dean of the Medical Faculty of McGill and Chairman of the Medical Board. Dr. Robert Craik, the late Dean of the Medical Faculty, was on the consulting staff; Dr. R. P. Howard, afterwards Dean of the

Medical Faculty, and then Professor of the Practice of Medicine, was Secretary to the Hospital and one of the attending physicians; Dr. Roddick was Assistant House Surgeon. Eight medical men attended the hospital and acted both as physicians and surgeons; two acted for each quarter, admitting patients week about. There was no division into the physician and surgeon until long after this.

There were in the Twenty-Seventh Annual Report, 150 so-called minor operations, of which thirty-one consisted of amputated fingers, and forty-nine major operations; these included fifteen cases of lithotrity and four of lithotomy. Lithotrity at that time was a new operation; there were no abdominal sections and but one trephining; many amputations, a few excisions and two extirpations of the tongue; seventy-two fractures were treated and six dislocations.

The hospital at the period I first entered as a student consisted of the present building on Dorchester Street, viz., the central building and the Reid and Richardson Wings, and the new fever hospital. On entering the present door one came into a passage of no great width, having on the right the dispensary and apothecary shop, presided over by the late Dr. Rodger, and on the left two rooms, one in front and one behind, the first, lighted by a window, for seeing out-door patients, and the inner one, lighted by gas, as a dressing-room. The two house-surgeons attended to the out-patients in the morning, before the visit of the attending physicians at noon, and reserved all interesting cases for their inspection. At the end of the passage before mentioned ran another passage at right angles to it connecting the two side wings. On the left one entered a series of small wards and one large one, and on the right the private wards, the house-surgeons' and matron's quarters. Upstairs were the lock wards and eye wards in the central building, and the wings contained larger wards, two or three, the stairs being in each wing. As a rule the east wing contained surgical cases and the west medical. The operation room is where the gynecological operating room is now, and was entered from the hall through the middle of the present seats. The garret was occupied by the employees and nurses of the hospital. At this time there were only eighty governors against six hundred or more at the present time. At present the expenditure is over \$105,000 a year, and income \$95,753, the deficit being two-thirds as much as the whole income in 1869. Instead of one hundred the average number of daily patients in 1905 Report is 195.

Perhaps the great difference that would strike a stranger on entering the hospital would be the size of the wards and the neatness with which they are kept by that modern institution, the trained nurse. In my early student days the wards were all small, none holding more than a dozen beds, and most much less, and the nurses—or Sarah Gamps—I cannot describe them! Some were good creatures and motherly bodies, all uneducated, but mostly kind—which was considered a great desideratum. Some were clean; many looked upon the wine (or brandy) when it was red, and white too—for at this time much was expended on stimulants:

out of \$22,000, \$2,700 were expended for stimulants. In 1900-01, only \$301 was expended, and in the last report it was \$661, and this with double the number of patients—a great change indeed. I remember when everybody was given 4 oz. of whiskey, or 8 oz. of port wine daily, and if they were convalescent, or preferred it, two pints of stout or beer.

The day nurses were fairly good, but the night nurses were as a rule untrustworthy. One nurse attended to three flats, and she often appropriated to herself the stimulants deemed necessary to support some sinking patient, and if a patient was obstreperous he was strapped down hand and foot to his bed. I remember on one occasion just before modern nursing was introduced, a little over twenty years ago, going down one evening to see a patient on whom I had operated for strangulated inguinal hernia that morning, and finding him sitting out on the back gallery in his night shirt smoking a pipe, and it was a cold night too. On remonstrating with the nurse she said she couldn't be everywhere at once, but I told her such a thing need not happen to patients who had just been operated on. Next night I went down again and found my patient strapped immovably to his bed and the nurse priding herself on what she had done. This man died of pneumonia.

It was frequently the case that other patients would surreptitiously feed a patient, who had an abdominal section, with bread and milk and even more solid food. I remember one case of enormous inguinal hernia I had operated on that was treated in this way and made a good recovery. This case is the largest inguinal hernia I have ever operated upon. He was a blacksmith and had had his hernia out for many years, and it was getting larger and larger, so that when he came to me he could not wear trousers the hernia was so large; he wore a kind of modified trouser kilt. I operated on him and found in the hernia sac external to the abdomen all the intestines (with the exception of the duodenum and part of the jejunum and the rectum) and a huge mass of omentum. I tied off several pounds of omentum and then tried to return the bowel to the abdominal cavity, but failed utterly; there seemed to be no room, the space had been so long vacant it had contracted. However, one of my most athletic students got on the operating table and held the patient up by his heels, whilst I with two hands, assisted by my house-surgeon, pushed the intestines back into the abdomen. After many anxious minutes we succeeded and sewed up the opening. When the operation was finished his abdomen could have been used for a big drum. However, he recovered and was living and working at his trade a few years ago with no recurrence of his hernia. This was nearly twenty years ago.

How different is the conduct of the ward now and how carefully each patient is guarded and cared for, and how strictly our most minute orders are carried out by our most zealous and intelligent staff of nurses. One who has not seen the old way could hardly believe the difference. I remember in the seventies when we had the smallpox hospital attachment, some of the clinical clerks whose thirst for knowledge overcame their fear of the disease, or because



they had implicit faith in vaccination, used to accompany the attending physician after visiting his wards to the smallpox hospital; we noticed one very sick man thickly covered with the eruption and quite delirious. On coming to hospital next morning I was told that that evening this patient had taken a header through the two windows (for it was winter and very cold), landed in a snow bank and started to run with nothing on but his night shirt, and in bare feet, to his home in Beaver Hall Terrace. He was pursued, and only caught as he reached his own doorstep. He was brought back, and began to get well from that day. Dr. Osler had charge of this hospital for a year, and was himself a patient, having contracted a mild attack of smallpox during his tenure of office.

In these days it was with the greatest difficulty patients could be induced to go into hospital. It was the popular belief that if ever they went in for operation they would never come out alive. Now how changed is the aspect of affairs—people want to go to hospital for operations, to save upsetting of their homes, and because they think the advantages there of equipment, nursing and attendance are better and the chances of recovery greater. The wards are now run in a regular, orderly way, charts and records hang over each bed, patients kept tidy and the ward clean and dustless and no cobwebs. When I first entered as a student no records were kept, the clinical thermometer had not yet come into use, the patients had to a great extent to look after themselves; fresh air was not thought to be a necessary adjunct of treatment; at night armies of rats disported themselves about the wards, picked up stray scraps left by the patients, and sometimes attacked the patients themselves. We had no neatly dressed nurses to preside over our operating room, but our instruments were looked after by a man who when he had finished with the operating room assisted at post-mortems and acted as general factotum in the dead house. No wonder so many cases of operation died. We knew nothing of germs or sepsis or antisepsis, but surgeons operated with dirty instruments and septic hands or septic parts, and wore as a rule coats which had for years been baptized with the blood of victims. Now the operating room is presided over by a nurse who knows more about asepsis than the surgeon, who is deeply versed in all kinds of instruments and their uses, and who knows how to prepare sutures and ligatures, dressings and bandages, lotions and antiseptic paints, so that germs have no place in her kingdom, but are driven out by her coadjutor angel, Heat, whose fiery sword does not drive them to the bottomless pit, but destroys them utterly. She also with her assistant instils a horror of micrococci and bacilli and all other micro-organisms into the minds of her pupils so that instinctively they learn to avoid contact with them, and can tell them from afar. Cleanliness is the sole secret of success in surgery, scientific cleanliness, I mean. And the surgeons—how different is their dress, how fresh and clean they look in their boiled suits, the hands covered with rubber gloves and only the face exposed, and now even the face is covered with a mask by some purists to prevent contamination of the wound by the breath.

In Germany in many places they rinse the mouth out with brandy previous to operating, and then spit it out or swallow it. It is said tobacco chewers have no germs in their mouths; this is a point for surgeons to think of. When I attended hospital in London many years ago the older surgeons always operated in dress suits and spotless white shirts. It was considered an evidence of good surgery to perform, an amputation say, without getting any blood on one's cuffs or shirt front. I have seen Sir William Ferguson perform the most bloody operations without getting a drop of blood on his shirt. I first saw antiseptic surgery in Edinburgh, in 1874, where Mr. Lister was one of the surgeons and used a hand spray to operate under and also for dressings. The steam spray was afterwards introduced, but I never used it, having commenced about 1878 with dry dressings, as recommended by Mr. Sampson Gamgee, of Manchester. For some years operations were conducted under a fog of carbolic spray, which saturated operator, patients and onlookers, and in this way rendered them antiseptic. Later on these were discarded and huge pitchers and jars of water were used to cleanse the patient and field of operation from time to time. Gradually the river of spray and water dried up, and aseptic operating became the fashion, and has remained so for some time.

In 1872 the Hospital had a surplus for the first time, owing to rigid economy in expenditure, and also to the largely increased number of subscribers. This year also the Medical Board recommended that no more smallpox cases be received and that the city provide a hospital for smallpox, as is done in other smaller and less wealthy cities; but nothing came of it and for some years the Hospital continued to receive smallpox patients, and the city had no special smallpox hospital until the great epidemic of 1885, when there were in the neighborhood of 5,000 deaths. This year, 1872, Donald Smith (Lord Strathcona) and Geo. Stephen (Lord Mount Stephen), were made Governors. A Children's Wing (Morland Wing) was built this year at a cost of \$10,000, from money left by Mr. Morland, and some given by Mr. Thos. Cramp and Mr. Geo. Stephen. This year was the fifth year since the Hospital obtained its Royal Charter and this year also was Dr. Osler's graduation year and his last year as a student in the Hospital. I was in my third year then.

In 1875 it was decided to institute a system of trained nurses, and for this purpose Miss M. Machin, a Canadian, was brought over from the Nightingale School at St. Thomas' Hospital, with a supply of trained nurses, twenty-five in number, all members of a nursing sisterhood. The old methods were abandoned and new methods adopted. For two years this was tried, but so much jealousy was aroused, and so many incompetent servants dismissed that Miss Machin, who herself was not of a very submissive nature, had a very hard road to travel. Many conspiracies to undermine her were started, and altogether there was not a very pleasant time there for anyone. I acted as house-surgeon part of the time and know something of the trouble. There were faults on both sides, but the medical service was better than it ever

been before and scientific nursing was for the first time seen in Canada. All the nurses belonged to a sisterhood, in a way religious, and somewhat High Church, and this aroused the enmity of some people belonging to other denominations and also of the Low Church. Again, the cost of running the Hospital was naturally much increased, so the experiment ended after two years, and Miss Machin withdrew with all her nurses, the Hospital relapsing into its old ways of slovenly haphazard nursing, and the patients and doctors both suffered in consequence. Some of the nurses remained on this side, however, and one, who afterwards became Mrs. Strong, started a private hospital which was much patronized by the surgeons of that day who were trying to adopt modern surgical methods. All my early operations were performed in her hospital, and I have never had better success in grave cases than I had then.

With the advance of antiseptic surgery elsewhere and the adoption of modern nursing methods in the cities of the neighboring United States, it was felt that if one were to keep up with the times an effort must be made to introduce a better kind of nursing. For a time when Miss Rimmer was Lady Superintendent an attempt was made to create a training school, and Miss Maxwell, now of the Presbyterian Hospital, New York, was engaged to organize, but there was so much confusion and opposition from the very persons who ought to have encouraged new methods, that this scheme also fell through, and Miss Maxwell left us for the States. Miss Rimmer now resigned owing to ill-health and after trying several lady superintendents with more or less success, Miss Livingston, who had recently graduated from the New York Hospital, was asked to take charge, and immediately reforms began and a new system of nursing was introduced, which has developed into the magnificent training school we have now, than which I know of none better on this or any other continent. Miss Livingston had the good sense to make the changes slowly, but no less surely; gradually the old nurses were got rid of, new, better educated, and younger ones obtained, and a training school established. With the improvement in nursing came the improvement in the wards and operating rooms. New surgical wings were built and the old part of the Hospital was remodelled, until now we have a modern hospital. There is still some room for improvement in the building, and a new outdoor department and private wards are most necessary, and there is now a movement on foot to obtain these, which I am sure will be quite successful in the near future.

I must not close this fragmentary historical address without alluding to the late Mr. Wolferstan Thomas, who did so much for the Hospital and the nurses. He it was who collected the money to build the beautiful Nurses' Home you are all so familiar with, the corner stone of which was laid by Lord Lister in 1897. He and Miss Livingston worked hand in hand for the good of the Hospital and the efficiency of the Training School, and not one of you, I am sure, is not proud of your Hospital, your Training School, and your Lady Superintendent. I know you will all loyally uphold your *alma mater* and do everything to advance its interests, feeling that if its reputation is injured yours is also, feeling

that the high standard of conduct and nursing which Miss Livingston has instituted will ever influence you in your voyage through life and be a stimulus to you all to strive to attain higher standards in the future.

FRANCIS J. SHEPHERD, M.D., LL.D. (EDIN.), F.R.C.S.E. (HON.)

Senior Surgeon to the Montreal General Hospital, Montreal.

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### THE GUILD OF ST. BARNABAS.

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The Guild of St. Barnabas for Nurses was founded in London, Eng., on St. Barnabas Day, 1876, by a few friends who were interested in the spiritual welfare of the nurses. The aim of the Guild is purely religious. It concerns itself not with the technical details of a nurse's work, but with the hidden world of aims and motives—with character, its roots and unfolding. Its object is to assist trained nurses to maintain a high standard of faith and practice in the exercise of their profession, "for the amendment of their lives and souls and to nourish more love."

In 1900 the membership was nearly 2,000, and in 1904 (the latest statistics) had reached nearly 4,000, and is steadily increasing, with branches in India, Africa and Canada. A branch was started in Montreal about seven years ago and in Toronto in 1900, with Canon Welch as Chaplain, and Mrs. Broughall as Superior, Mrs. Welch being made Superior in 1902. A branch has also been started in Ottawa.

A nurse wishing to join must be a communicant of the Church of England, and must be first admitted as an associate for six months, and after satisfactory probation is received as a member. The Toronto branch has been increasing very slowly since its formation, but this year an effort is being made to draw within its fold the nurses of the various hospitals and nurses' homes, etc., that all may share in the privileges of membership. The meetings are held on the last Friday of every month in St. James' Rectory, at 8 o'clock p.m. The nurses are cordially invited to attend.

The following is the report of the eighth annual meeting of the Montreal Branch of St. Barnabas' Guild, held January 16th, 1906:

Since our last annual meeting ten nurses have joined the Guild as associates, while six have received their medals and become full members. A former member of the Toronto Branch has been transferred to the Montreal Branch, and another member, who resides in British Columbia, has been transferred here from England. We have now 59 names on our list, 48 of whom are full members, and 11 are associates. As in former years many of the members and associates are living away from Montreal, but at the nine meetings held during the year the average attendance has been 14.4 at each meeting, besides visitors and the officers of the Guild.

The greater number of the meetings have been held at St. John

the Evangelist Church, and the addresses given by the chaplain or the Rev. Mr. Donel, rector of the Church of the Advent. The January meeting was to have been held in the Royal Victoria Hospital, when the Bishop of Vermont had promised to give the address, and a large attendance of members and other nurses was expected, but these arrangements had to be cancelled owing to a fire in the Hospital a few days before the date fixed and the meeting was therefore held in the usual place.

We are happy to be able to report that the Bishop fulfilled his promise and came to Montreal on February 6th, when Miss Henderson, Superintendent of the Royal Victoria Hospital, invited the Guild to hold a meeting there. Through the kindness of Miss Livingstone, Superintendent of the Montreal General Hospital, the May meeting was held in the chapel of that institution, and the members were afterwards entertained in the Nurses' Home. At this meeting the address was given by the Rev. Mr. Wood, rector of the Church of St. John the Evangelist. On the occasion of the November meeting the members were hospitably entertained by two of their number at the Nurses' Club.

St. Barnabas Day (the Guild Festival) falling on a Sunday, many of the members attended the usual 8 a.m. celebration at St. John the Evangelist Church; while on Tuesday, June 13th, when the festival was kept, there were celebrations at 6.30 and 7 a.m. The anniversary service was held in St. John the Evangelist Church at 7 p.m., and after the service the party adjourned for supper to Miss Stikeman's, where a pleasant evening was spent in music and conversation.

By the kindness of the Lady Superintendents of the Montreal General and Royal Victoria Hospitals, as a new feature of the work of the Guild, celebrations of the Holy Communion are now held every two months at each of these hospitals at 6.15 a.m. on the day of the Guild meeting. These celebrations evidently fill a felt want, as there have been on each occasion a large number of Guild members present, besides other nurses who are communicants of the Church of England.

Though strictly speaking not the work of one Branch alone, but in union with the Branches in Canada, we may perhaps refer here to the fact that during the past year an important step has been taken in the formation of a Canadian District—in accordance with the regulations set forth by the Council General for the formation of the Districts without the United Kingdom—this District to include the three Canadian Branches of Montreal, Toronto and Ottawa, and any others which may subsequently be formed in the Dominion. Before making application to the Council General for permission to form this District, the whole matter was most carefully considered, and in this connection it is well to mention the work undertaken by the chaplain in the drawing up of a pamphlet for distribution setting forth the new regulations of the Council General and the benefits likely to accrue from the formation of a Canadian District. The question was submitted to a meeting of this Branch held March 28th, when the following resolution was adopted and ordered to be sent to the

Board in England in time for the general meeting: "That application be made to the authorities in England for the formation of a Canadian District, in accordance with Article VII (a) as to Districts throughout the United Kingdom, recently incorporated in the Constitution of the Guild." On receiving the required permission from the Council General, a District Council, including representatives from Toronto and Ottawa, was formed, Mrs. Stikeman being unanimously elected District Superior, and Rev. A. French, District Chaplain. A District Secretary and Treasurer were also appointed and arrangements made for holding four meetings during the year. In leaving this subject we can only express the earnest hope that, under these new conditions, our Branch, with the whole Canadian District, may look forward to a period of increased prosperity and usefulness.

It has been suggested that the work of the local Branch would be furthered by the appointment of a local committee, consisting partly of nurses in training and partly of nurses in practice, whose especial work it would be to make the existence of the Guild more generally known, to increase the membership, and to assist the Superior in the social work. It has also been suggested that while the present hour of meeting, 8.15 p. m., is very convenient for nurses in training or on the staff of the hospitals, it is the most inconvenient time for nurses who are engaged in their professional work in private practice. The question as to how this difficulty may best be met should be considered by this Branch.

In conclusion, the Chaplain has requested the Secretary to recognize and emphasize the work done by Miss Emily Wand, as acting Secretary during her absence in Europe, and also to mention the help it has been to the Guild for the Secretary to have personally met, while in London, those of the mother Guild who are so deeply interested in its welfare.

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"WHILE I speak with all humility, I venture to think that a predominantly scientific education has one besetting sin, the sin of narrowness. In particular it is liable to mistake the part for the whole, and to think that the conceptions of science, and even the conceptions of physical science are in themselves sufficient to explain the mysteries of this most wonderful universe. If there is one thing more certain than another, it is that no materialistic hypothesis can ever explain those mysteries. 'Great are the works of the Lord, and worthy to be sought out by those that have pleasure therein.' But they are great because they are God's works, and if we, the humble searchers after knowledge, are able to distinguish truth from error and good from evil, it is because in Him we also, every one of us, live and move and have our being."—From an Address to the Medical Students at Leeds, by Arthur James Balfour.

**DRAFT OF PROPOSED BILL FOR REGISTRATION OF  
NURSES AND INCORPORATION OF THE ONTARIO  
REGISTERED NURSES' ASSOCIATION.\***

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HIS MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows:

1. The persons who shall cause their names to be registered under the provisions of this Act shall be and are hereby constituted a body corporate and politic, under the name and style of "Ontario Registered Nurses' Association" (hereinafter called the Association), having a perpetual succession and a common seal.

2. The Association shall have power to acquire, hold and dispose of personal property and real estate for the purposes of this Act, and shall have power to publish a magazine or nursing journal, and may sue and be sued in the manner usual with such corporations; Provided always, that the Association shall only have power to acquire and hold such real estate as shall not at any time exceed an annual value of \$5,000.

3. (1) The Association may promote and increase by all lawful ways and means the knowledge, skill and proficiency of its members in all things relating to the profession or calling of nursing, and attending under the direction of a qualified medical practitioner sick, wounded, injured or diseased persons, and maternity cases, and to that end may establish training schools, classes, lectures and examinations, and generally prescribe such tests of competence, fitness and moral character as may be thought necessary or expedient to qualify for admission to membership, and may grant diplomas and certificates of general efficiency, and may authorize its members to use the distinguishing title of "Registered Graduate Nurse" as a guarantee of competency, or may grant diplomas and certificates of efficiency in any branch of the said profession or calling of nursing and attendance.

(2) The Association may also prescribe for nurses who may desire to become members of the Association such courses of study and training, and such examinations, and may grant to them such certificates of competency as it sees fit; and may organize the said students into a society in affiliation with itself for study and mutual improvement.

4. (1) The Association, in general or special meeting assembled after due notice, may make by-laws for carrying out its objects, and may vary, alter or repeal the same from time to time; and after the first set of by-laws has been made no new one shall be made, nor shall any by-law be altered or repealed except by a two-

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\*Ratified by The Graduate Nurses' Association of Ontario at a Special General Meeting held in Toronto, December 28th, 1905.

thirds vote of the members present at a meeting of the Association, and only after at least four weeks' notice of the proposed alteration or repeal shall have been given to the members of the Association.

(2) The notice mentioned in subsection 1 of this section may be given by mailing a printed or written copy of such notice to each member of the Association in good standing at his or her address as given in the register of the Association.

5. The affairs, business and concerns of the Association shall be managed by a council (hereinafter called the Council) of fifteen persons and the members of such Council shall, in the first instance, be appointed by the Lieutenant-Governor in Council within one month after the passing of this Act.

6. (1) The Council shall be composed of the following persons, namely:—

(A) Four duly qualified medical practitioners.

(B) Eleven persons, all of whom are members of the Ontario Registered Nurses' Association, and have been in practice of their profession or calling of nursing for a period of five years from the date of their graduation; three, and not more than three, of whom may be nurses who have had at least three years' experience as superintendent of a training school for nurses.

7. The Council, as appointed by the Lieutenant-Governor in Council, shall hold office for the following terms respectively:— The first two persons named of the class mentioned in clause (a) of section 6, and the first three named of the class mentioned in clause (b) of section 6, for a term of three years; the second two named of the class mentioned in the said clause (a), and the second three named in the said clause (b) for a term of two years and the remaining members for a period of one year.

8. The members elected to fill the vacancies caused by the retirement of the members so appointed and all subsequent members of the Council shall hold office for three years from the date of the declaration of election, and shall be elected by voting papers or otherwise in such manner as may be provided for by the by-laws of the Association.

9. No person shall be eligible to the Council or qualified to fill any vacancy thereon who is not a British subject resident in the Province of Ontario.

10. A majority of the members of the Council shall form a quorum.

11. The Order in Council appointing the first members of the Council shall name a time and place for the first meeting thereof and at the said meeting and thereafter at the first meeting of the Council, held after the annual meeting of the Association the members of the Council shall elect from among themselves a president, a vice-president a secretary, a treasurer, and such other officers as may be provided for by the by-laws. In the event of the office of president becoming vacant the vice-president shall become presi-



dent of the Association for the remainder of the term. All other vacancies among the officers or the members of the Council shall be filled by the Council; and the Council shall have power to remove from office any officer for misconduct or other just cause, and to appoint his successor for the remainder of the term.

12. The Association may by by-law provide for an annual fee to be paid by all members of the Association, but such fee shall not exceed the sum of \$3.00. The Association may by by-law also provide for a registration fee, and may vary the amount from time to time, and until the passing of such by-law, the Council may fix such fees.

13. No member shall be personally liable for any debt of the Association beyond the amount of his or her unpaid fees or subscription as aforesaid.

14. All fees payable by members of the Association may be recovered as ordinary debts due to the Association.

15. All nurses, resident in the Province of Ontario, who prior to the passing of this Act have graduated from hospitals of good standing, which give a training of two years or over, shall be entitled to registration as members of the Association upon satisfying the Council as to their competence, fitness and moral character; and upon making application to the Secretary of the Association within one year after the passing of this Act, and upon paying the prescribed fee.

16. The Council may, by a vote of two-thirds of all the members thereof, admit to the membership of the Association, without examination, such nurses from hospitals of good standing as may, by reason of their general professional reputation and standing, be deemed qualified for membership.

(This section shall also apply and be deemed to include all pupil nurses in such hospitals in training at the time of the passing of this Act.)

17. (1) The Council shall cause to be kept by the Secretary a book or register, in which shall be entered in alphabetical order the names and addresses of all members in good standing, and those members only whose names are so entered shall be deemed entitled to the privileges of members of the Association; and such book or register shall at all times be subject to inspection by any person free of charge.

(2) Such register, or a copy of the same, duly certified by the Secretary, shall be *prima facie* evidence in all courts and before all persons, that the persons therein specified are members of the Association in good standing, and the absence of the name of any person from such book shall be *prima facie* evidence that such person is not a member of the Association.

18. The Association shall have power to limit the term of all diplomas or certificates granted by it to one year from the date of granting the same, and shall have power to withhold the granting or renewal of the same, together with all the other privileges of

membership, from any person who neglects to pay the prescribed fees when they are due, and so long as such neglect continues.

19. The first general meeting of the Association shall be called by the Council, and shall be held within six months after the passing of this Act, and thereafter an annual meeting of the Association shall be held at such time and place, and under such regulations and notices, as the by-laws of the Association shall provide.

20. All members of the Council and officers shall hold office until their successors are elected or appointed.

21. Every duly qualified medical practitioner elected to the Council shall during his term of office be *ex-officio* a member of the Association.

22. No person shall be entitled to take or use the name of "Registered Graduate Nurse," or any letters or abbreviation of the said name, either alone or in combination with any other words or letters, or to take or use any description implying that he or she is a member of the Association, unless such person is a member in good standing and registered as such.

23. (1) Every person violating the provisions of the next preceding section shall be liable on summary conviction thereof before a justice of the peace, to a fine not exceeding \$50, to be recovered and enforced in the manner provided by the *Ontario Summary Convictions Act*.

(2) Any sum or sums received from convictions and fines, as aforesaid, shall be paid immediately on the recovery thereof by the convicting magistrate to the treasurer of the Association.

(3) Any person may be prosecutor or complainant under this Act, and the Council may allot such portion of the penalties as may be deemed expedient towards the payment of such prosecution.

24. The Association may by by-law provide for the suspension or expulsion of any member for misconduct or violation of the rules or by-laws of the Association on complaint, and after due enquiry by the Council or a committee thereof.

25. After the appointment of a Secretary by the Council, no person who is not registered as a member of the Association in good standing shall be appointed to act as nurse in any hospital, asylum or other institution, maintained by the Province of Ontario, for the reception of sick or diseased, or maimed, or physically, or mentally defective, or insane persons.

26. There shall be paid to every registered member of the Association summoned to attend any court, civil or criminal, for the purpose of giving evidence in a professional capacity, or in consequence of professional services rendered by such member as a nurse, for each day of attendance at such court, in addition to travelling expenses (if any), and to be taxed and paid in the manner by law provided, with regard to the payment of witnesses attending such court, the same fee or allowance as is payable to duly qualified medical practitioners.

### OUR PROFESSION.\*

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Now that we have graduated, the scene has changed; but this change comes gradually; as we became more experienced, and were given charge over others, we realized that not only is the way of transgressors hard, but that uneasy must lie the head that wears the crown.

I am sure that we appreciate more than we can express, the valuable counsel which we have from time to time received from our esteemed superintendent. Our years of training form a romance which will always be pleasant to reflect on, and the occasional summons to Miss Patton's room, and the conditions leading up to it, have but lent color to what might otherwise have been a monotonous course. Furthermore, had we never transgressed, we would have been denied the valuable counsel of which I have already spoken. As Emerson says, "There is usually some good comes out of every evil." However, I hope our successors will not misunderstand me; I would not advise them to experiment along this line.

I am sure we cannot over-estimate the value of our training, of which discipline is the very essence. It teaches us to make exact observations; to understand exactly; to know exactly; to do exactly, and to tell exactly, in such a stupendous issue as life and death. It teaches us self-control, method, order, all, in fact, that develops the best that is within us. Having reached the goal which we have in view when we enter upon our course of training, we now realize the great responsibility of our profession.

A brief review of the advances in the nursing profession in the past decade is very interesting, and these advances are being made in every country in the world. A more thorough and uniform curriculum, a higher standard of education, as a necessary qualification for entrance to the several training schools, the facilities for post-graduate teaching, the establishing of *alumnæ* associations by which graduates may keep abreast of the times, all tend to elevate the profession to the high and noble position it so justly deserves. Two bills are at present before the Commons in England, one for the promotion of the higher education and training of nurses, with a unity of curriculum, and the other for the registration of nurses.

Why should we tolerate quacks in our profession any more than in any other profession? I am sure that in our efforts to secure legislation to that end, we will receive the hearty endorsement of the medical profession. In expressing this opinion, which is held by the past and present graduates, we hope that our trust and confidence may not be misplaced in any regard.

JESSIE DENMARK.

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\* Valedictory address at the recent graduating exercises, Grace Hospital, Toronto.

## NURSES IN PUBLIC SCHOOLS.

Before the nurses began work in the public schools of New York City, it was found that the children who were sent home for treatment on account of contagious diseases, in many instances never received any care whatever. The parents would look at the printed card and read what they could of it, and with the explanation given by the child come to the conclusion that nothing much was the matter, and leave him to get well with nature's assistance. The child, instead of being attended to, was allowed to run on the street and play with the other children as they came out of school, thereby coming as much in contact with them as if he had remained in school. It will be seen that the contagion was not being lessened in the community, and the child was not only not receiving any medical attention but was also losing his schooling.

At this time it occurred to Dr. Lederle that something more must be done, and he consulted with Miss Wald of the Nurses' Settlement, and Dr. Burlingham, President of the Board of Education, and they decided that a nurse might prove of benefit in the schools.

A nurse was asked to make the test for a month, and a group of four schools was chosen in the most crowded part of the city. She began by visiting the principal of each school and making arrangements for a place to work (any place being accepted where there was good light and water), a time for beginning, and also a system for having the children come to the "dressing room." The doctor was also consulted, and the most practical plan arranged for carrying on the work with the least possible inconvenience to the teachers. The time given to each of the first three schools was one hour, and by beginning at nine these were attended to in the morning. The school having the largest attendance was left until one or one-fifteen, and the work finished by two-thirty or possibly three o'clock. This all depended on the number of children requiring attention.

Before leaving each school a list of those sent home for various ailments was obtained from the principal or clerk. These children were visited the same day by the nurse, and the reason for exclusion explained to the parents. If a physician was required, they were advised to have one; if too poor to pay, the proper dispensary was indicated. If the child was excluded for some reason which could be remedied if the mother knew what to do, she was given directions, and in nearly every instance was extremely grateful. The children soon learned what was being done, and some came back with their cards still sealed as they were when taken home.

The teachers took kindly to this new effort, and would bring lists of absentees and truants who could not be reached, and ask the nurse to please see what she could do, explaining that they knew it was not part of her duty, but that she would have more influence. I may say that very little difficulty was found in getting

them back. Children, who had been away from the beginning of the term in September, with a few days' care in dispensaries, or with the proper use of ointment obtained from them, were returned and kept in school.

A great many children, almost all girls, were excluded on account of unclean heads. It was seen that great efforts had been made to remedy this, the scalp in many cases being broken from vigorous combing, but still not clean. When the mother was told the proper way to use kerosene and sweet oil, and after thoroughly cleansing with hot water and soap, the use of vinegar and the reasons for doing so, the result obtained was remarkable.

In October, there being twenty school days of which six were Jewish holidays, children were seen and cared for 893 times, and 137 visits were made to the homes. The work proved so successful that early in November the nurse was appointed as a regular member of the Board of Health.

At this time the Department of Education offered to give the supplies needed, and have continued to do so.

On December first eleven nurses were appointed, and forty-four schools were taken charge of. The result of this month's work was so satisfactory that an appropriation was made by the city to carry on the work for the following year. In February the staff was increased to twenty-eight, twenty-seven nurses working in the schools and one supervising the general work. One hundred and six schools are being visited and an attendance of over one hundred thousand children carefully watched.

The teachers have many times expressed their gratitude for the assistance it has been to them, and the effect it has had on the general cleanliness of the pupils, the standard being much higher now than ever before. The parents are very grateful, too, and send their thanks in various ways, sometimes on paper not the most aseptic. It is all encouraging, and when one remembers that a child's school life is short at the best, it is with a sense of gratitude that we are allowed the privilege of being able to give, even in the least degree, our share of help to those who cannot help themselves.

The work entails great responsibility, and the nurses who take it up should be well qualified, not only by having large experience in different phases of nursing, but by having the child's interests at heart, and also a due regard for the positions of those with whom they are brought in contact.

LINA L. ROGERS,

Supervising School Nurse, New York and Brooklyn.

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NOT a day passes over the earth but men and women of no note do great deeds, speak great words, and suffer noble sorrows.—CHARLES READE.

## Reports of Nursing in Hospitals.

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### SCARLET FEVER COMPLICATED WITH ADENITIS, OTITIS MEDIA, NEPHRITIS, AND PEMPHIGUS VULGARIS.

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B. M. aged 5, female, admitted June 5, 1905, with scarlet fever. Sore throat, strawberry tongue, rash well developed. Temp. 104, pulse 148, resp. 28. Urine amber, acid, 1028, faint trace of albumen, a few pus cells and urates.

*Treatment*, milk diet, throat swabbed with resorcin and alcohol, ichthyol 50 per cent. in lanolin, applied to eruption.

June 19. Temp., which had declined, rose again to 104, cervical glands painful and enlarged, Antiphlogistine applied. Urine amber, acid, 1,000, a trace of albumen, micros. negative.

June 20. Rash disappeared. Temp., which had ranged from 100 to 103, gradually declined until 27th inst., when it became normal and remained so until 30th.

June 22. Urine normal.

June 27. Pulse very irregular, markedly so in the night.

June 29. Urine amber, acid, trace of albumen, leucocytes, pus and epithelial cells.

June 30. Temp. 102.4, pulse 120.

July 1. Application of resorcin and alcohol to the throat discontinued. A mixture of potass citrate and liq. am. acet given. Quality of pulse improved.

July 2. Tem. 103.4, pulse 126, left ear very painful, ordered to be syringed with sod. bicarb. solution, and heat to be applied; on the 14th inst. tension was relieved by a free discharge of pus, which ceased July 27.

July 3. Urine dark red, scanty, amount for 24 hrs.  $\frac{3}{4}$  xv 1010 acid, loaded with albumen, bacteria, and red and white blood cells. The patient vomited. Ichthyol inunctions discontinued.

July 4. Hot packs ordered to be given t. i. d., they were very effectual and were continued daily until 22nd inst., when amount of urine had increased to  $\frac{3}{4}$  xxxiv for 24 hours.

July 6. Urine contained pus and epithelial cells.

July 12. Temperature normal since 4th, rose to 100.4, pulse 114, and continued until 25th to range from 99 to 101.2. Red erythematous patches, slightly painful, appeared on face. Bichlor. of mercury 1 in 10,000 was applied to the painful blotches, which, on the 14th, became bullous, the bullæ varying in size from a pea to a 50c. piece, and pendulous from the large amount of fluid contained. Successive crops appeared on the neck, back, abdomen, pubes and thighs, each beginning with a painful spot

which developed into a bulla, which, when emptied, left an excoriated surface itching and drying off in scales, leaving reddened maculæ some  $\frac{3}{4}$  in. in diameter. The diagnosis of Pemphigus Vulgaris was made, for which were ordered warm alkaline baths of soda bicar. 5 per cent. t.i.d., denudation of the bullæ and application of sulphurous ac. 25 per cent. in glycerine to exposed surface, and capsules of boracic ac. grs. iij internally q. 6 h. The condition of the kidneys, for granular casts had appeared in the urine, contraindicated the use of arsenic which, according to Mr. Hutchinson, the English dermatologist, is an almost un-failing remedy. The alkaline treatment was, however, most successful, for, on 25th, only one new bulla appeared, and the macular condition of the skin had almost disappeared. As, according to some authorities, Pemphigus is due to the action of a streptococcus, the nurse, when giving treatment, was directed to wear rubber gloves, and when denuding the bullæ took care not to let the fluid run over the skin. Pemphigus has three well-marked varieties, (1) Pemphigus Vulgaris, (2) P. foliaceus, (3) P. vegetans, and is a very rare disease. Erasmus Wilson, of England, reports 19 among 10,000 cases of skin diseases, and Stelwagon, of Philadelphia, has seen only 4 in 6,000. Its origin is obscure, some authorities attributing it to a disorder of the nervous system, others considering it to be of bacterial origin.

Victoria Hospital, London, Ont.

EDITH MAYOU.

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### A SUCCESSFUL CASE OF NEOPLASM OF PYLORUS.

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On the eighth day of July, 1905, a male patient, age fifty-six, was admitted to our Hospital for treatment. When admitted, patient was suffering from severe pain over abdomen and persistent vomiting. The pain it appears had been more or less present for six years, the nausea and vomiting for about a year. The patient was poorly nourished, emaciated and anemic. Sullen, irritable with the intense pain, forlorn and uncared for, his whole appearance and condition was pitiful and anything but encouraging.

*Treatment.*—For two weeks after patient's entrance to Hospital, lavage of the stomach together with electrical treatment by the faradic current was given daily.

A liberal diet of fruit, fish, eggs, toast, game, butter, brown bread and milk was given. The nurses used every possible device and contrivance to make patient's meals dainty, nourishing and tempting repasts, but with apparently little success, patient's condition continuing very weak and the vitality low. Meanwhile constant effort was made to alleviate the intense abdominal pain and distension by means of hot turpentine stupes, hot fomentations, linseed poultices, and turpentine enemata. On the sixteenth

day, a test meal was given, the stomach being washed out with a solution of boracic acid, the syphoned contents being submitted to examination, upon the result of which it was decided to operate—the diagnosis being “Neoplasm of the Pylorus,” the operation taking place on the twentieth of July.

Patient's condition during the operation was precarious, and an intravenous saline Oi was given, together with stimulants hypodermically.

*Treatment after operation.*—On patient's return to ward, a nurse was detailed to look after the case solely—good nursing being now the only hope the doctors held out to carry him through.

Strychnine sulph., grain  $\frac{1}{60}$ , was given q. 4 hrs. hypodermically, and rectal saline Oi q. 3 hrs., together with stimulants per hypo. q. 3 hrs.

External heat was kept up unremittingly by means of hot cans and hot water bags.

For the first week after the operation all feeding was given by means of nutrient enemata q. 4 hrs., alternating with rectal saline Oi. The nutrient enemata consisted of peptonized milk c. s. v. y. albumen c. soda water and champagne.

During the second week after the operation, small quantities of tea, albumen water, water gruel, beef tea and orangeade were given per mouth, and this diet was gradually augmented by light boiled custards, jellies, sago puddings, strained soups, thin bread and butter, broiled chicken, scraped beef, and sweet breads, until by the end of the fourth week patient was able to have almost anything he had a desire for.

Out of the sixty days spent by patient in the Hospital, forty-five were spent in bed, when patient was utterly helpless, unable to move hand or foot alone—and owing to the lack of vitality of the patient, his weak and anemic and emaciated condition, it was a difficult matter to prevent bed sores, but by unremitting care and attention not even an abrasion of the skin occurred.

During the long weary days and still more weary nights of pain, weakness and helplessness, every possible attention was given towards rendering the patient's condition as comfortable as possible. Daily bathing, night and morning, frequent sponging with alcohol, absolutely clean and dry linen, small pillows, hip-rings, soft pads, all were utilized to bring about the desired result.

On the sixteenth day, patient left the Hospital, having gained in weight, put on flesh, free from pain, brighter in spirits, and once again able to resume his life, with renewed vitality, vigor and energy.

E. A. WRIGHT, Nurse-in-Training,  
Montreal Western General Hospital.



## TECHNIQUE TO BE OBSERVED IN THE OPERATING ROOM OF THE TORONTO GENERAL HOSPITAL.

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Bearing in mind the use to which the amphitheatre is devoted, great care should be exercised to keep the floor and seats of that part occupied by the students as free from dust as possible.

*Preparation of Arena for Operation.*—The floor should be scrubbed at least once daily with soap and water, and afterwards thoroughly wet with a solution of bichloride of mercury, 1-2000. The walls, seats, fixtures and all movable apparatus should be scrubbed once a day, and afterwards washed with bichloride solution, 1-2000. The operating table should be thoroughly wetted with carbolic solution, 1-20, immediately before each operation. If the table has been used for a septic case, it should have a thorough scrubbing and douching with soap and water followed by bichloride solution immediately after the operation.

*Dress of Surgeons.*—The operating surgeon and all assistants should be clothed in sterilized gowns with sleeves long enough to be overlapped by the gloves, and with caps provided with visors to cover the nose and mouth. Each surgeon may, and assistants shall, wear rubber gloves, and care should be taken that these gloves are free from holes.

*Dress of Onlookers.*—All onlookers on the floor of the operating room in important operations should be clothed in gowns and caps with visors. No such onlookers are, however, to be admitted except by consent of the operating surgeon.

*Dress of Nurses.*—Similar to that of operating surgeons and assistants except that the cap should be of folded gauze, large enough to cover the hair. The gowns, caps and gloves of all surgeons and nurses should be put on by a nurse (sterilized) detailed for this work. This nurse should take pains to avoid touching any part of the clothing of those whom she is dressing, and, in case of such accident, she should frequently rinse her own hands in bichloride solution, 1-2000. She should not assist in this work after putting on her gloves preparatory to handling the sponges.

*Sterilization.*—All linen, gowns, caps, towels and dressings should be sterilized by steam at a pressure of 15 lbs. for at least half an hour.

In the case of prepared dressings, such as iodoform gauze, double cyanide gauze, or other manufactured gauzes, the receptacles containing such should be sponged off with bichloride solution, 1-2000, before being opened, and should be handled by sterilized hands and instruments, such as forceps for removing the gauze.

Tubes of sterilized catgut, silkworm gut, horse hair and silver wire should be kept completely covered in a carbolic solution, 1-20 (this solution should be changed once a week), and removed therefrom before the operation to sterilized water or an antiseptic solution. Silk or celluloid sutures or ligatures should be boiled

for half an hour on first preparation, and afterwards be stored in ac. carbolic, 1-20, or in alcohol.

Rubber tubing for drainage purposes should be washed with green soap and water—where possible, inside as well as outside—then rinsed in sterilized water and afterwards scrubbed with ether, then boiled for half an hour and kept covered with carbolic acid, 1-20. This should be changed once a week.

The rubber tubing, nozzles, etc., for irrigating purposes should be kept in carbolic acid, 1-20, and after operations should be disconnected, washed and boiled.

Jars, funnels, basins and all receptacles should be thoroughly scrubbed with green soap solution or sapollo, then rinsed with sterilized water and boiled in the carbonate of soda solution.

The basins to be used in the operation should be carried in the basket covered by a towel to the operating room and placed in position by a nurse whose hands have been sterilized.

*Instruments.*—All scissors, scalpels and needles should be wiped with alcohol, then soaked for half an hour in carbolic solution, 1-20, and afterwards transferred to sterile water. All other instruments should be boiled in carbonate of soda solution for ten minutes immediately before the operation, and then transferred to sterilized water. To prevent discoloration of steel the instruments should not be immersed until the water is boiling.

*Instruments in Emergency.*—Should any instrument, not previously prepared, be called for during the progress of an operation, it should be entirely immersed in pure carbolic acid for two minutes, then seized in a pair of sterile forceps and vigorously rinsed for a moment in sterilized water before being handed to the surgeon.

*List of Instruments.*—A record of the number of forceps, scissors and needles used in each abdominal or thoracic operation should be kept, and the number accounted for before the wound is closed, the house surgeon in charge of the instruments being held responsible.

*Care of Instruments after Operation.*—(a) After clean cases, all instruments, including scalpel, scissors and needles, should be washed and scrubbed with a brush in warm (not hot) soap suds, then transferred to hot sterilized water for a few moments. This water should then be poured off and the instruments very carefully dried while still hot. (b) After septic cases, all instruments, including scalpels, scissors and needles, should be scrubbed and washed as above, then boiled for five minutes, and afterwards dried as above.

*Gloves.*—(a) Before operation—Gloves should be wrapped in a towel and boiled for five minutes, totally submerged, and then placed in sterilized water or antiseptic solution. (b) After operation—Gloves should be thoroughly washed in green soap and water, then turned inside out and thoroughly washed again. While in the solution each glove should then be very carefully examined for holes and rents, and, if any be found, such gloves should be set aside for repairs. If they have been used for septic cases they

must be boiled after being scrubbed. They should then be stored in bichloride solution, 1-2000 or dried and powdered.

*Repair of Gloves.*—The part around the hole should be wiped with gasoline or benzine, slightly roughened with fine sand-paper or emery-cloth, then smeared with rubber cement, which should be allowed to become almost dry. The patch to be applied should be prepared in the same way, and when the two surfaces are nearly dry they should be pressed firmly together. The patches should be placed upon the inside of the glove. It should be recognized that the damaged glove is a menace, because not only may septic matter be pumped into the surgeon's fingers, but macerated epithelium and germs may be pumped out from the skin of the surgeon to the wound of the patient through a very small opening.

*Extra Gloves.*—There should be on hand, prepared, two or three pairs of extra gloves in case the operating surgeon or assistants should deem it advisable to change during the operation.

*Cleansing of Hands.*—The hands of all surgeons and nurses, and the forearms, including the elbows, should be thoroughly scrubbed with soap and water and a brush under running water for at least five minutes, then washed in alcohol (65 per cent.) and afterwards soaked in 1-40 carbolic, or 1-2000 bichloride solution for two minutes. After disinfection the hands should never be dried on a towel, nor allowed to dry in the air.

*Gauze Sponges, Wires and Pads.*—These should be of various sizes adapted to the needs of various operations. They should be made of gauze of good quality, so prepared that there are loose edges upon the surface. They should be sterilized by steam under pressure, as above described, and should be rinsed out of sterilized water or antiseptic solution.

In quite clean cases they may be rinsed out of sterilized water and used over and over again during the operation, but in septic cases, or when contaminated with feces, urine, mucus, etc., they should be discarded after being used once.

In abdominal operations all gauze sponges should be provided with tapes, and should be carefully counted before operation and accounted for before operation is finished. A number of very large gauze sponges, say 1 foot wide by 2 feet 6 inches long, should be constantly on hand in case of abdominal operations in which large masses of viscera are necessarily exposed, as in operations for intestinal obstruction.

*Sea Sponges.*—Sea sponges after preparation should be kept in 1-20 carbolic acid. When required for use they should be removed from this solution to sterilized water or antiseptic solution. Sea sponges should be on hand in every operation about the mouth or throat, and in other operations when preferred by the operating surgeon.

*Stock Solutions.*—There should be kept on hand in very large bottles solutions of the following: Acid carbolic, 1-20; acid boracic, 1-20; hydrarg. bichloride, 1-500 and 1-1000; sterilized normal saline solution (double strength); rectified spirits; ether; turpentine; gasoline in pint bottles. In making up solutions from these

stock mixtures great care should be taken that these solutions are of the designated strength, and vessels of known size should be used in compounding the solution, or the basins should be graduated by easily observed lines indicating quarts.

*Spare Basins.*—There should be available for the use of the surgeon during an operation (a) a basin of carbolic acid solution, 1-40, or bichloride solution, 1-2000, according to individual preference; (b) a basin of sterilized water, or normal saline solution. A similar arrangement of basins should be available for the nurses.

*Number of Surgeons and Assistants.*—In all major operations there should be, in addition to the operating surgeon, a first, second, and third assistant, and at operations of unusual magnitude, such as amputation at the hip joint, a fourth assistant will be required. For minor operations two assistants only may be required.

*Number of Nurses.*—The operating-room nurse should be sterilized, and have general supervision over all her assistants, and the general conduct of the operation and operating-room. She should not merely superintend, but be prepared to lend a hand where her judgment shows that she may be useful. For major operations she should have three assistants. The nurse who is to hand sponges may assist without gloves in preparing the operating-room and dressing the surgeons and nurses before the operation commences, but after she takes charge of the sponges and towels she should not be required to do anything else, and should take the utmost pains to prevent the accidental infection of her hands or the sponges, towels and dressings in her charge. In case of any such accident she should rinse her gloved hand thoroughly in 1-2000 bichloride solution.

*Care of Patient after Operation.*—After the completion of the operation the responsibility for the proper care of the patient rests upon the senior house-surgeon, who should either accompany him to the ward himself, or instruct a competent junior to do so.

It is the duty also of the house-surgeon, on the return of patient to the ward, to acquaint the nurse in charge of the patient with the character of the operation which has just been performed, and with instructions as to the after treatment, and any emergencies which may arise owing to the peculiar nature of the operation.

*Preparation of Area of Operation while Patient is in the Ward.*—With regard to the area to be prepared, it is difficult to lay down any definite rules; but the general principle may be indicated by saying that, for example, when the operation is upon the trunk of the body, such as in kidney cases, an area extending at least 15 inches in all directions from the actual seat of operation should be prepared. Where possible, the preparation should be commenced the day before the operation and should be carried out as follows:

- (1) The whole area should be shaved.
- (2) The part should be thoroughly wetted and rubbed gently for about one minute with turpentine. In case of mechanics with very much soiled and greasy hands, gasoline is an excellent solvent, and should be used before the turpentine is applied.
- (3) Thoroughly scrub the whole area with a soft nail brush, using soap and carbolic solution 1-40.
- (4)

Apply a wet dressing of bichloride solution, 1-2000 over night. (5) Next day, two hours before operation, repeat the wetting with turpentine. (6) Repeat scrubbing with soap and acid carbolic solution, 1-40. (7) Apply a layer of gauze, thoroughly wetted with bichloride, 1-2000, and bandage in position until the time of operation. (8) When the patient is on the table and everything ready for the operation, this gauze should be removed and the whole area thoroughly swabbed with 65 per cent. alcohol. In case of emergency operations this method of disinfection should be carried out as thoroughly as possible, using gasoline instead of turpentine, after the anesthetic is administered. The preparation should be conducted by either a competent nurse or the house-surgeon.

*Special Technique in Septic Cases with Pus.*—Where it is known that pus will flow as the result of the operation, the surgeons and nurses should join their efforts to confine the pus and the septic products of the operation to the smallest possible area. The operating table should be entirely overlaid with rubber sheeting covered with sterilized towels or sheets. Vessels should be provided and put into position to catch the pus as soon as it flows. Large loose tampons should also be used to mop up any escaping pus, and a receptacle for these should be provided immediately at hand, so that the pus is not passed across the operating table or to the nurses' table. These tampons and all infected sponges and gauze should of course afterwards be destroyed.

Recognizing the almost insuperable difficulties of disinfection after contact with virulent septic products, the utmost care should be observed by house-surgeons and nurses not to become infected with such toxic matter. Forceps may often be used to handle infected sponges.

After such operations, any utensils or instruments known to have come in contact with the pus should be carefully kept from contact with uninfected utensils and instruments during the process of cleaning up.

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## OUR RESPONSIBILITY *RE* TUBERCULOSIS.

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The great battle of the twentieth century against tuberculosis demands the help of every trained nurse. The average nurse has very little opportunity for studying phthisis in its incipient stage owing to restrictions in many hospitals against accepting tuberculous cases, and generally regards a consumptive as an emaciated, coughing, and hopelessly ill patient. Pulmonary tuberculosis is so insidious that very often the patient is beyond the possibility of cure before his disease is recognized.

"In order to successfully combat tuberculosis of the masses the combined action of a wise government, well-trained physicians, and an intelligent people is needed."—Knopf. Now, considering the position of the trained nurse, is it not apparent that her place in the struggle is as a connecting link between physician and people? First, let her acquire a full and detailed knowledge of

the prophylaxis of the disease, then let her teach to the people whose homes she enters the measures they can adopt towards prevention.

Nurses must fully comprehend a few leading facts about consumption. The person suffering with tuberculosis may not be a "patient." He may be a visitor to the family, or one of the household who "has a cold that he cannot shake off," or who "seems to have a slight cough, but does not think anything of it," or who is "run down and has indigestion and feels lazy all the time." Often a remark similar to these is the first one hears from the lips of an incipient case of pulmonary tuberculosis. He may not have considered his indisposition of sufficient seriousness to consult his physician. Here is the opportunity for the nurse to begin her good work. Better to be mistaken in suspecting many cases as tuberculosis which are not, than to fail in detecting one which is. Let the nurse be ready to speak quietly but firmly and tactfully to the one who has aroused her attention, and urge him to see his physician, pointing out that serious lung trouble may sometimes first manifest itself in that way. If this were done throughout the country surely many and many a man or woman, acting on the trained nurse's suggestion, would consult his medical adviser and his disease would be discovered before his chance of recovery was gone.

Next, the nurse must meet many people who are in a semi-advanced stage of tuberculosis, and who themselves fear it. In her talks and visits with these people she can wonderfully assist the hundreds of physicians in America who are giving their lives and devoting all their learning to the furtherance of the great cause. She can let them know that consumption can be cured. The old idea of its incurability must be overcome.

Again, in how many homes will the nurse find insanitary arrangements, imperfect ventilation and darkened rooms, and what broad opportunities are hers, as she lives among "the people," to teach them that tubercle bacillus, the cause of this dire disease that yearly claims thousands of young lives, is harbored and nursed by just such means.

The tubercle bacillus is a fungus which can be rendered inert by the two most easily attainable agents in the universe—*i.e.*, fresh air and sunlight. It cannot remain virulent for more than twenty-four to forty-eight hours in fresh air, and for more than two to three hours in sunlight. The value of "fresh air" in the home, and "sunshine in dark corners," can be at once recognized. No sane person would drink stagnant water, and yet how many today are breathing stagnant air. A nurse can point out to the family, with whom she is temporarily living, that it is necessary to breathe pure air twenty-four hours out of every twenty-four to maintain a proper standard of health. It is not a simple matter to show that rooms must have a *constant*, a never-failing supply of the air that nature intended man to breathe. But it must be taught with persistent effort and relentless force, this great gospel of fresh air, and with it the need of sunshine must be emphasized. Bedrooms and living rooms must never have one ray of sunlight excluded that is willing to enter. These matters are commonly

known, but they need to be impressed on the mind of the average householder. Teach and teach again, and yet over and over again, the need for the home to be flooded with pure out-of-door air and sunshine.

Another responsibility which confronts the nurse is in regard to the disposal of sputa from persons who may or may not be known to be suffering with tuberculosis. It would be well if the trained nurse would teach every person, tuberculous or otherwise, to be careful in the disposal of all mouth secretions.

In bronchitis, post-nasal catarrh, influenza, and other diseases where there is abnormal secretion, there should be no indiscriminate expectoration, but all discharges should be either burned or sent down the sewer.

In nursing a case of phthisis the following details should be observed as faithfully as the rules of asepsis at an abdominal operation. *Burn* all sputum before it has time to dry. One bit of cotton or paper used once must immediately be wrapped up in itself and never opened again but consigned to the flames before it dries. If sputum cups are used they must be kept securely covered to prevent evaporation and keep out insects. The patient must hold a piece of paper or cotton in front of the lips while coughing to prevent flecks of saliva or sputum being coughed on to his clothes or bed-covers. If possible he must cough with lips closed. Separate handkerchiefs must be used for nose and lips. Small bits of old cotton are preferable for the latter as they can be burned. Teach the patient that he can re-infect himself by carelessness.

Moustaches should not be worn as they are invariably soiled with sputum, and consequently dried sputum is inhaled. Kissing upon the lips is dangerous. Many cases of tuberculosis are traceable to infection received in this manner.

All dishes used by a phthisical person should be scalded. It is in the care in detail of all articles likely to be smeared with saliva or sputum that the disease is prevented from spreading.

Finally, let every nurse feel it her duty and privilege to teach whenever occasion permits, the need for regularity in the habits of life; temperance in the use of alcohol, the abuse of which is the predisposing factor in many cases of tuberculosis; cleanliness in all things; carefulness and discretion in the choice of foods, which are the repairers of the waste caused by disease; and, lastly, the need for courage, good cheer and optimism as preventives of a lowered vitality—the open door to tuberculosis.

EDITH P. JONES.

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#### GLIMPSSES OF ANCON HOSPITAL.

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Ancon Hill rises almost straight up from the sea on the edge of the city of Panama. It commands a splendid view of the Pacific Ocean, the Culebra Mountains, and on clear days the distant coast of South America. The top of the hill is wooded, while its lower

slopes were laid out by the French in a landscape garden. Beautiful driveways wind their way from level to level, and these are shaded by royal and cocoanut palm trees. On the terraces surrounded by lawns and a luxuriance of tropical plants, stand the forty-five or more buildings which make up Ancon Hospital. The greater number of these buildings are of one story, roofed with red tile. They have high ceilings, wide doors, numerous windows, and long verandahs. All are so situated that the winds from the mountains blow through them day and night year in and year out.

Upon our arrival more than a year ago, there were none of the buildings screened, but as quickly as material could be secured every door and window, and many of the verandahs, were thoroughly screened. It is almost impossible for mosquitoes to become infected from patients, and, furthermore, it is a great protection against the myriad insect-life that abounds in so warm a climate. Under these conditions, and surrounded by an ever-compensating nature, do the nurses at Ancon live and move and have their being. It is pretty generally acknowledged by all that we are more than fortunate in our location. We practically live in the fresh air all the time, and there is no reason why we should not have just as good health here as at home. There is malaria, and few escape it. There are very few fatal cases on record, but almost everyone here is too wise to court it and prophylactic doses of quinine are rarely long forgotten. It is said that 70 per cent. of the people living in Panama have the malarial germ in their blood. In time as the sanitary conditions improve, when the stegomyia and anopheles no longer exist, this beautiful spot of the universe may indeed be a Paradise. According to an old legend it is said to be the Garden of Eden. In its present condition it would require quite a stretch of imagination to consider the Isthmus or any part of it a health resort, as there is much rank undergrowth, suggestive of all kinds of low animal life and noisome odors. Yet the winds are as soft and sweet as a perfect June day. It is only forty-seven miles from ocean to ocean, and the breezes are constantly blowing this way and that. We go about in the thinnest of clothing. The average temperature is about 86°. The nights are cool and delightful for sleeping and in the seventeen months spent here I have always used a blanket with comfort.

To have been only an insignificant part of this great work undertaken by the American nation was a privilege greatly appreciated by the early nurses who were here at the organization and opening of the hospital, under Miss Hubbard as Superintendent of Nurses.

In those days there was such a fascination in watching one scheme after another perfected. There was much remodelling of wards, rearrangement of linen rooms, diet kitchens, and dressing rooms; but one part after another of the work was taken up and completed, and now the hospital, with a splendidly equipped operating room, is thoroughly up-to-date both in its management, equipment and technique.

There are at present on the staff fifty-six nurses; among them



are several army nurses, many of whom have served in Cuba, the Phillipines and South Africa. The duties of the nurses are arranged according to an eight-hour service for day nurses and ten hours for night nurses. By such planning it is thought to keep the nurses in better health, as the climate does not permit of as strenuous duty as in the north. Amusements are necessarily limited, yet there are many sources of pleasure according to individual resource and capacity for such things. Entertainments there are none, and anyone expecting to be amused in that way will meet with nothing but disappointment.

Through the courtesy of the commission, the nurses were given a piano, which adds a great deal toward making our home homelike. Many of the nurses own native horses, and those who do not can usually rent them, making horseback riding a means of exercise and diversion. The Panama ponies are small, but excellent saddlers, good singlefooters, full of spirit and life. A favorite ride is to the Seramis, where the wealthy Panamians have their summer residence. The country is rolling, reminding one more of a beautiful park than an isthmian jungle. It is covered with green sod; here and there are groves, and one may ride for miles over the soft green sward. Another fine ride is to old Panama, where only the ruins remain of what once was the richest city in the world. A famous old tower stands there as a monument to Sir Henry Morgan's destroying band. Last, but not least, of these rides is up and down the beach when the tide is low, galloping for miles along Panama Bay. Such a ride is ideal under the full glory of a tropical moon. There is a beautiful little island called Toboga, where the nurses are sent occasionally to recuperate.

I have pictured possibly the most pleasing side of life, but do not think the all-important reason for our being here is forgotten. It is, as elsewhere, the best in every one is expected and demanded, and as it is given so are we judged and considered an eligible part of the profession represented. It is without doubt a life of sacrifice. The pioneer accompaniments are felt, in that we are separated from home and friends and the many other attractions that bind us to our own country. But the circumstances otherwise are pleasant, and there is much to be thankful for. Botanists and lovers of nature find endless interest in the plant-life. Flowers are a little disappointing, as there is not the variety one would expect to find in the tropics, but it has what no other place in the world has, the dove plant:

“What time the Lord drew back the sea

And gave thee room, s'ight Panama,

'I will not have thee great,' said He,

'But thou shalt bear the slender key

Of both the gates I builded me,

And all the great shall come to thee

For leave to pass, O Panama !'

(Flower of the Holy Ghost, white dove,

Breathe sweetness where he wrought in love.)”

J. M. M.

# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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No. 1

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## Editorial.

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### THE PROGRESS OF NURSING.

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Post-graduate courses of study, the provision of some special course of training for the future superintendents of training schools and others (which can now be had only in the Teachers' College of Columbia University, New York), and the correlation of the probationers' course in hospitals, either with a domestic science department of a university or some kindred institution, are three of the most important lines of progress before the profession. The renewed life of the University of Toronto, the new Hospital, the feeling of prosperity and progress in the community at present, fill us with hope that we shall not look for these great things in vain. We hope to publish letters on these subjects from prominent members of the profession in our next issue.

### THE NEW GENERAL HOSPITAL FOR TORONTO.

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This great enterprise goes prosperously on its way, nearly \$1,200,000.00 of the \$1,500,000.00 required having already been subscribed. Every nurse is interested and wishes it success. We are all anxious to do anything we can to help.

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### THE CENTRAL REGISTRY.

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The Central Registry for Nurses in Toronto now numbers 174 members and the excellent work done by the Committee and the Registrar is beginning to bear fruit. Only those who have been the pioneers in a new undertaking such as this know how hard and often trying the work is. But it is good work and it lasts when we are gone. We congratulate the Committee and the Registrar on their patience, their foresight and their success.

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### THE UNPROFESSIONAL UNDERGRADUATE.

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The Superintendent of a training school for nurses in a hospital in Ontario writes to ask our opinion of one of her undergraduate nurses who had still eight months to complete of her three years' course of training, leaving without permission to be made "Lady Superintendent" of a private hospital in another Province, the proprietors of said private hospital promising to "graduate her!" We think the undergraduate nurse and the private hospital authorities were both unwise and unprofessional, and would express a hope that such conduct is all but unheard of

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### THE NURSES' COURSE OF LECTURES.

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On Jan. 11th all the Nurses' Alumnae Associations of Toronto met to listen to a lecture by Mme. Von Wagner, of Yonkers, on "Tenement Work," and on Feb. 1st Miss Damer, of New York City, lectured to the same audience on "The Nursing of the Tuberculous Poor in their Homes." This course of lectures has been profitable and successful even beyond our hopes. The large audiences, the great interest aroused, the increase of friendly and professional relations among the nurses in Toronto, are some of the good results of these lectures. The next lecture is to be at 8 p.m., on March 8th, in the Y.M.C.A., Room 10, by Mrs. Hampton. Robb, on "The Nurse as a Citizen," and to it we look forward with great anticipations.

## Editorial Notes.

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### International Council of Nurses.

An informal Conference is being arranged for at Paris in 1907.

### Naval Nurses.

The Surgeon-General of the United States thinks that women should be employed as nurses in the navy.

### Royal Commission on the Poor Laws.

This important Royal Commission includes only one doctor and no trained nurse in its membership. Public attention is being directed to this omission.

### Two Frauds.

All honor to Samuel H. Adams, of *Collier's*, for his article against the great American fraud (Patent Medicine). But why publish the advertisement of a "Correspondence School of Nursing"?

### Welcome.

We have much pleasure in welcoming the new collaborators and the new members of the Publication Committee. The Committee regret that Miss Snively and Miss Brent, who were also elected, felt that it was not possible for them to accept the position at present.

### The Bill.

As we go to press, the good news comes in that the Bill now before the Ontario House has been made a Public Bill and received its first reading on March 1st. Our readers will all join with us in congratulating Miss Eastwood, the other members of the Legislative Committee, and the Hon. J. W. St. John.

## The Contributors' Club.

"A WORD TO THE WISE."

FROM MANITOBA.

As an old graduate I would like to say a few words on "international" courtesies. I have found the recent graduate "full up" with all the latest hospital devices, very intolerant of the older graduate's practical and less "hospitally" ideas. Each may gain by learning from the other. The recent graduate, after making many mistakes, will find that she might have saved herself much discomfort and heartburning had she been advised by an older graduate. Then, the latter may learn many new ideas from a recent graduate, and may keep pace with all the new methods. This is for the graduates belonging to American and Canadian schools. Then, also, the graduate from the "Old Country" hospital has so many new things to learn in this new country, that she is decidedly handicapped in her first year of private work. The mode of living and working is so different, that she should almost take a post-graduate course in a large hospital on this side of the ocean before attempting private nursing. Alas! they have to go through many hard experiences before they realize that they are dropping many of their "ultra-English" ideas and picking up a broader and more practical way of doing things. It certainly does a nurse good to be thrown amongst graduates from all schools and nationalities; and so I would say, educate yourselves to "large views" of life, picking out the good things of other schools and hospitals and adopting them for your own work. Be willing to impart knowledge to others, and give your own "patent ideas" away to other nurses who you know will profit by them. Nurses should work, not each one for her own particular good, but for the community and for her sister nurses. The Golden Rule is, I think, our own special property, "Do as ye would be done by," in few words.

SCOPOLAMINE—

FROM MICHIGAN.

We have been using scopolamine and morphia with some success:

R Scopolamine hydrobromate.....	.0012
Morph. sulph.....	.03
Aqua.....	5i

Given in three hypodermic injections, one hour apart, the last half an hour before the operation. The final preparation of the patient can be done while under its influence. Much less chloroform is used, the nausea and vomiting is less. But its use is entirely in the experimental stage, it has not been used long enough for the surgeons to form a judgment in the matter.

[We are glad to have this note from a valued correspondent. There is much difference of opinion on the subject. In Toronto General Hospital the results have not been favorable. De Maurans, of Paris, condemns the use of scopolamine. Wood, of Philadelphia, is quite favorable to it. The *New York Medical Journal* strongly condemns it.—Ed.]

## Correspondence.

GENERAL HOSPITAL, ST. JOHN'S, NEWFOUNDLAND.

DEAR MADAM,—Our Training School is yet in its infancy, and has had difficulties to overcome incidental to most beginnings, but promises to do well. The term of training is for three years, the age limit 21 to 30. Candidates come for a month on trial, which may be extended, and, if necessary, they sign an agreement for three years. Our present staff consists of sixteen nurses, which number will be doubled when the new wing now in contemplation will be finished.

We do not take infectious cases, but there is a hospital for infectious diseases just finished and standing in the same grounds, to which we hope to send our nurses for special training.

We have an X ray department and a Finsen light for the treatment of lupus cases. We get a great variety of surgical cases, and our operating theatre is used daily. Being the only hospital for the whole island, we have to refuse cases constantly that ought to be admitted, and our number of patients always equals the number of beds. With kind regards,

Believe me, yours sincerely,

M. SOUTHCOTT, Supt. of Nurses.

## Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE, TORONTO; MISS CRAWFORD, WINNIPEG;  
AND MISS YOUNG, MONTREAL.

MISS M. L. BRAINARD, class of 1904, Galt Hospital, is doing private nursing in Niagara, Ont.

THE members of the Central Registry Committee have presented Miss Barwick with a very pretty desk clock.

THE new laboratory in connection with the V. P. H., Fredericton, is now fully equipped and in working order.

MISS B. M. TOYF, graduate of the T. G. H., has resigned the position of Superintendent of the Parry Sound Hospital.

MISS LENA RELANCE, class of 1905, General Hospital, Galt, Ont., is spending the winter with her sister in Two Harbors, Minn.

MISS FLORENCE JAMES, a graduate of the Sarnia General Hospital, 1904, has gone to New York to take a post-graduate course.

MISS MCGRATH and Miss Edith Green have gone to the McKellar Hospital, Fort William, to assist for a short time in ward work.

MISS GLADSTONE has resigned her position as head nurse of the Pavilion in the T. G. H. Miss Purdy, of the class of 1905, succeeds her.

MISS CRAIG, a recent graduate of the Public General Hospital, Chatham, Ont., has gone to Winnipeg, where she is engaged in private nursing.

MISS BESSIE MACDONNELL, graduate of St. Michael's Hospital, Toronto, has gone to Pittsburg to take a position in the Eye and Ear Hospital.

MISS ETHEL ARMSTRONG and Miss Edith Ogilvie, graduates of Riverdale Hospital (1905), have taken positions in Ithaca Hospital, Ithaca, N. Y.

MISS ALICE STEWART, for some years Superintendent of the Protestant Hospital, Sherbrooke, Que., has been appointed Matron of the Toronto General Hospital.

THE nurses who recently graduated from the Public General Hospital, Chatham, Ont., are: Miss Millard, Miss Kelly, Miss Head, Miss Ross, Miss Bonter.

MISS SIMONS, of Peterboro', a graduate of St. Mary's Hospital, Rochester, N. Y., is this year assisting Miss E. Regan, at St. Joseph's Hospital, Port Arthur.

MISS FLORENCE I. CAMPBELL, graduate of the H. F. S. C., Toronto, has been appointed Superintendent of the Orthopedic Hospital, East 59th Street, New York.

THE Senior Class of the H. F. S. C. have completed their course in cooking, and the Intermediates and Juniors will continue the course in the beginning of the year.

MISS JEAN BERRY, Riverdale Hospital (1905), paid a short visit to friends in Toronto in January. Miss Berry is spending the winter at her home in Brantford.

MISS POTTS, Assistant Superintendent of the H. F. S. C., Toronto, spent a very pleasant holiday during January, visiting the New York hospitals and her friends in Ottawa.

MISS L. SEDGEWORTH, graduate of Grace Hospital, Toronto, formerly head nurse in Dr. Brown's Sanitarium in Birmingham, Ala., has returned to her home in Toronto.

MISS EMMA ROBERTS, graduate of the G. and M. H., St. Catharines, has been appointed superintendent of the new Port Huron Hospital, which opened Nov. 1st, 1905.

ON account of ill-health, Miss Annie McKnight, of the nursing staff of the V. P. H., Fredericton, has been obliged to discontinue her training for the present.

AT a meeting of the Alumnae Association of the St. Michael's Hospital, Toronto, held on January 8th, 1906, Mrs. Grier, the President, resigned, owing to ill-health, and Mrs. Day was elected president.

MISS ANNIE MONTGOMERY, graduate of Riverdale Hospital, Toronto, class of 1897, has been appointed Lady Superintendent of the New Alexandria Hospital, Montreal.

MISS LUNDY, a graduate of the T. G. H., has gone to the Galt Hospital, Lethbridge, Alta., to take a position on the nursing staff, which is composed entirely of graduate nurses.

THE nurses' new residence in connection with the H. F. S. C., Toronto, has been roofed in and the work is progressing very favorably, and all are looking forward to its completion with keen interest.

MISS ANNIE WOODSIDE and Miss Ellen Lewis, graduates of the H. F. S. C., Toronto, class '05, have completed their post-graduate course in the Roosevelt Hospital, and are now taking a course in Sloan Maternity, New York.

MISS GRACE BOLTON, a graduate of V. P. H., Frederickton, '03, recently underwent a very serious operation at the Polyclinic Hospital, Philadelphia. Miss Bolton has recovered sufficiently to return to her home in St. John, N.E.

MISS M. R. McKim, graduate of the Western Hospital, Toronto, went to Battleford, Sask., in October, as Miss Johnston, the Superintendent of the Hospital, was ill with typhoid. Miss Johnston is also a graduate of the Western Hospital.

THE Collingwood District Medical Association held its quarterly meeting in the Town Hall, on October 24th, 1905. After adjournment the members visited the Hospital where afternoon tea was served informally by the Superintendent and nurses.

MISS BITZNER, who took charge of the B. and W. H., Berlin, when Miss MacLagan resigned, and Miss Ida Kuntz, the Assistant Superintendent, have resigned from the above institution, their resignations taking effect on January 1st, 1906.

MISS HURLBURT, a recent graduate of the T. G. H., has gone to the McKellar Hospital, Fort William, to take the position of head nurse. Miss Banks, the Superintendent, is going away for a much-needed rest, and during her absence Miss Hurlburt will take entire charge.

MISS SALE and Miss Templeton, of the H. F. S. C., have returned from New York, having completed their course in the Manhattan Maternity Dispensary. They have expressed themselves as highly pleased with their training, and their experience has been wide and varied.

MISS CHRISTIE FRASER, a graduate of the H. F. S. C., Toronto, was operated on in January for appendicitis, at the Presbyterian Hospital, New York. On going to press, Miss Fraser was in an extremely critical condition, though hopes were entertained of her ultimate recovery.

MISS MACLAGAN has resigned her position of Superintendent of the Berlin and Waterloo Hospital, and is at her home in Montreal until her marriage in the spring—after which she will reside in Berlin, Ont. Miss MacLagan's departure was regretted by both medical and nursing staff.

THE graduating exercises of the Sarnia General Hospital were held on December 29th, 1905, when the following nurses received their diplomas: Miss M. Fisher, Glanworth, Ont.; Miss Edna G. Cromwell, Woodstock, Ont.; Miss Jennie Graham, Camlachie, Ont.; Miss M. Clunen, Fernhill, Ont.

THE graduating exercises of the Hamilton City Hospital were held on Nov. 16, 1905, when the following nurses received diplomas: Miss E. Robertson, Durham, Ont.; Miss B. Miller, Beeton; Miss I. J. Ainslie, Hamilton; Miss P. Simmins, Collingwood; Miss A. E. Hauhan, Wellandport; Miss F. Mortson, Hamilton.

THE St. Thomas Graduate Nurses held their monthly meeting at Amasa Wood Hospital on November 22nd, 1905, a large number of the members being present. After the usual business had been transacted, the question of the nurses' rates was brought up, and it was decided to charge fifteen dollars a week for general nursing, and twenty dollars a week for infectious cases.

THE second annual report of the McKellar General Hospital, Fort William, shows success in every department. Although in its infancy, the hospital has made very rapid progress, and already is found much too small. Plans are out for another building, which will increase the capacity to one hundred beds. The training school is well established, and the nurses are doing useful work for the hospital.

MISS MCNEIL, of the Riverdale Hospital, has been nursing smallpox at Dundas, Ont.

MRS. JARDINE and Miss Adams (H. F. S. C., Toronto) have taken a post-graduate course at Manhattan Dispensary, New York.

MISS EDITH M. DICKSON, graduate of the T. G. H. (1905) is to take charge of the Weston Sanitarium, with Miss Janet Neilson as her assistant.

MISS DANGERFIELD has been appointed Superintendent of the Calgary General Hospital. The former Superintendent, Miss Egerton, has returned to England.

MISS EVELYN DICKSON, a graduate of the Kingston General Hospital, has been appointed Supervisor of the Beechgrove Infirmary, Rockwood Hospital for Insane.

MISS EDITH JONES, whose valuable article will be found elsewhere, is a graduate of Grace Hospital, Toronto, and was from 1902 to 1905 Nurse-in-Charge of Muskoka Cottage Sanitarium, Gravenhurst.

MISS ALICE J. SCOTT left Toronto on February 24th to take up the duties of her new position as Assistant Superintendent of the nurses in the Hartford Hospital, Hartford, Conn.

MR. AND MRS. J. W. FLAVELLE gave a most pleasant reception at their beautiful home on January 18th, 1906, to Miss Lawler and Miss Mason and the Staff of Toronto General Hospital.

AMONG recent graduates of the Pennsylvania Orthopedic Institute, Philadelphia, in the Swedish system of Massage, Medical and Orthopedic Gymnastics and Electricity are: Miss Alice A. Stanton and Miss Sarah A. Stanton, St. Thomas, Ontario, Canada; Miss Catherine Campbell (graduate Sarnia General Hospital, 1901), and Miss Clara F. Elliott (graduate Sarnia General Hospital, 1901).

MISS LINA ROGERS, of New York, a graduate of the H. F. S. C., Toronto, is the first lite-member of the Alumnae Association of the Sick Children's Hospital. Miss Rogers spent a short time recently with her uncle, the Rev. T. H. Rogers, of East Toronto.

MISS MCLEISH and Miss Summerseldt, graduates of the City Hospital, Hamilton, have gone as special nurses to the Hillman Hospital, Birmingham, Ala. Miss Kee is in charge of the operating room and Miss Edith Taylor is head nurse. Miss Kee and Miss Taylor are also graduates of Hamilton City Hospital.

MISS SNIVELY gave a very enjoyable tea on Wednesday afternoon, January 31st, in honor of Miss Gladstone. Among the guests were Dr. Osler, Regius Professor of Oxford, Dr. MacMurchy, Miss Barwick and Miss Muldron, graduates of Johns Hopkins, Baltimore, graduates and undergraduates of the Toronto General Hospital. Misses Manson, Lawler and Miss Alice Stewart assisted in tea-room.

THE graduating exercises of the Owen Sound General and Marine Hospital were held on December 20th, 1905. The following nurses received diplomas and Hospital medals: Miss Belle Nodwell, Miss Mary Sim, Miss Eva Nixon, Miss Bethel Staples, Miss Emily Currie, Miss Edna Martin, Miss Augusta Madill. Of these Miss Nodwell received Dr. Lang's special medal; Miss, Sim Dr. Burt's medal; and Miss Staples secured Dr. Cameron's special prize—a nurse's chatelaine.

THE Alumnae Association of the Toronto General Hospital held their annual "At Home" on December 28th, 1905, at McConkey's. The President and other officers received at the entrance of the Turkish room. Refreshments were served by the members of the latest graduating class in the Grill and Rose rooms. The members of the Ontario Graduates' Association were the guests of the evening, and included representatives from Kingston, Peterboro', St. Catharines, Guelph, Galt, Woodstock, Collingwood and New York. Among the guests were many members of the medical profession and their wives. An orchestra discoursed sweet music, and a very enjoyable evening was spent.

THE seventh annual meeting of the Toronto branch of the Victorian Order of Nurses, held on February 14th, at the residence of Mrs. Herbert Mason, closed a most successful year. Miss Eastwood, the Superintendent, read the annual report, from which we learn that during 1905 the nurses have cared for 522 patients, and have paid 6,842 visits, 500 of which were night calls.

MISS MAY MONTGOMERY resigned her position as Assistant Superintendent of the Kingston General Hospital, the resignation taking effect on the 6th of December. Many beautiful remembrances from graduate and undergraduate nurses attested Miss Montgomery's popularity. Miss Mamie Foote has been provisionally appointed Assistant Superintendent.

AN excellent innovation at the H. F. S. C., Toronto, is the series of weekly meetings which is being held by Miss Brent, the Medical Superintendent, and Miss Potts, her assistant, and the members of the House Staff, to discuss medical and



surgical matters of interest to nurses and doctors. Miss Brent and Miss Potts give practical demonstrations on subjects which come more especially within the duties of a nurse, and the House Surgeons lecture on subjects in connection with disease, treatment, and surgical operations from the point of view of the physician and surgeon. These meetings are most instructive and interesting and of decided benefit to all.

MISS BRENT, the Superintendent of the Hospital for Sick Children, Toronto, has just completed arrangements with the Victorian Order of Nurses for a four months' course, which will include obstetrical work, etc. The nurses who will be sent to the Order will have entered their third year, and will be under the supervision and direction of a graduate nurse. This course, with the New York Maternity term and preliminary course, which will begin in June next, will make the training at the H. F. S. C. most complete. At the beginning of the year a slight addition was made to the uniform of the nurses, a large monogram (H. S. C.) embroidered in white, was placed on the left arm of the uniform. This is quite distinctive, and has made a very pretty addition.

A MEETING was held in London, Ont., on November 17th, under the auspices of the National Council of Women, to consider whether it would be advisable for London to have a district nurse of the Victorian Order. Miss Margaret Allen, Superintendent of the Order, came from Ottawa to address the meeting, and to set forth clearly the work of such a nurse and the value she is to the poor of a community, and to those who do not need, or cannot pay, for the exclusive services of a graduate nurse. It was unanimously decided to have such a nurse for London; and the necessary steps were taken to form a Committee of Management and to collect the funds needed.

THE members of the Alumnae Association of the Collingwood General Hospital Training School show great interest in their monthly meetings, which are held in the Board-room of the Hospital the first Saturday of each month, and are exceptionally well attended. At a recent meeting it was decided to establish a Central Registry for nurses. The plan has been carried out and is proving very satisfactory to physicians and nurses. The registry is open to all graduates of recognized training schools. It has also been decided to make the CANADIAN NURSE the official organ of the Association. Dr. Aylesworth gave a most interesting talk on the nursing of mental cases, at the November meeting. Miss Jenkins read a paper on "Private Nursing," which was both amusing and instructive, at the December meeting. A paper was also read and discussed on cerebro-spinal meningitis. It was decided that graduates of other hospitals, nursing in town, should be asked to attend occasional meetings.

THE Nurses' Alumnae of the Royal Alexandria Hospital, Fergus, met at that institution on October 25th. An interesting meeting was held in the afternoon. After business matters were attended to several interesting papers were read. Mrs. (Dr.) Bright, of Drayton, former Superintendent of the Hospital, and Hon. President of the Alumnae, read an instructive paper on the "Care of Infants." Miss MacWilliams, Superintendent of the Hospital, and President of the Alumnae, gave an interesting talk on surgical work. The senior nurses in the school served tea in the dining-room to the Alumnae and the medical staff of the Hospital. The tables were prettily decorated with chrysanthemums and smilax, also purple and gold, the colors of the school. In the evening an enjoyable time was spent, when the Alumnae had the pleasure of meeting old friends.

THE Brookland Hospital, of Sydney, C.B., was built and equipped by the Dominion Iron and Steel Company, Limited, for the use of accident cases. Outside patients are admitted, however, and the Hospital is recognized as a public institution by the local government and by the city, and receives aid from both. The building contains, besides the necessary operating, X-Ray and consultation rooms, a large general ward for men, containing fourteen beds, a small general ward for women, with five beds, and five private wards. At present the staff consists of a Matron-Superintendent, a head nurse, a night nurse, a day nurse, and the necessary complement of domestics. There are no resident physicians.

THE formal opening of the Nurses' Home, Grace Hospital, took place on January 10th, 1906. Previously the nurses had been accommodated on the fourth floor of the Hospital. By the purchase of the house to the north better rooms were secured for a limited number. The school consists of thirty-six nurses, twenty-six of whom now occupy the new residence, and in the future the Hospital hopes to build a new home large enough for all. A new diet kitchen has been built and equipped in an up-to-date manner, and there the nurses will receive instruction in Dietetics and Invalid Cookery. This has been done by Mr. E. R. Wood. A course

in Massage has also been provided for this year by the Hon. Geo. A. Cox. The Home has been thoroughly equipped in every way; the friends of the nurses have provided Marshall sanitary mattresses; Sir Henry M. Pellatt has sent blankets, comforters, screens, ward-ropes and chairs. The decorating, painting and papering expenses were covered by the proceeds of a bazaar got up by Mrs. John Sloan. The linen and spreads were the gift of Mr. F. B. Polson and Mr. Packyn Murray. At the opening the Home was visited by the many friends of the nurses and Hospital. The rooms vacated by the nurses are disposed of as follows: an X-Ray room, laboratory, two for patients, and one room decorated and furnished for the use of sick nurses in training. A fund has been open for some time for building purposes, to which friends may send donations for a Home large enough to accommodate all.

ON February 14th, in the theatre of the Normal School, Miss Grace Hodgson, President of the Toronto General Hospital Alumnae Association, gave a most enjoyable musicale to the members of the nursing profession and their many friends. Under the skilful management of Miss Leila Metcalf and Dr. C. K. Clarke, a most delightful programme was rendered, including violin solos by Miss Metcalf and Dr. Clarke, readings by Miss Sweatman, vocal solos by Miss R. J. Dilworth and Miss H. M. Austin, and recitations by Mr. Donald Fraser. Mrs. James Ballantyne and Miss Marjory Clarke were very able accompanists. Among those present were Mrs. St. John, Mrs. R. Christie, Mrs. and Miss McIntosh, Miss M. A. Snively, Miss Lawlor, Miss Patton, Miss Scott, Miss Barwick, Miss Matthewson, Dr. Helen MacMurchy, Miss Workman, Mrs. Robinson, Mrs. Marriott, Mrs. J. E. Hodgson, the Misses Hodgson, Mrs. M. C. Ellis, the Misses McLeod, and many others.

MISS MCKELLAR, for many years Head Nurse of "The Burnside," Toronto General Hospital, sent her resignation to the Board of Trustees of that institution in December last, and requested to be relieved of her duties at the end of the year. There are few of the Toronto General Hospital nurses who remember anyone else than Miss McKellar as Head Nurse of the Burnside, and her friends, both in the profession and out of it, are numerous and attached. She will carry with her to her well-earned holiday the best wishes of all. The esteem in which she is held was strikingly evinced at a private gathering of the Burnside Visiting Staff, Dr. Adam Wright, Dr. McIlwraith, Dr. Fenton, and a large number of nurses, on which occasion two addresses were presented. It was at Miss McKellar's own request that no public gatherings were held on this occasion. Miss McKellar is likely to travel for some time. Her successor at the Burnside is Miss Alice Sinclair, a graduate of the T.G.H., 1901, who has had, both at the Sloan Maternity and elsewhere, an unusually good obstetrical training. The CANADIAN NURSE wishes Miss Sinclair all success.

#### MONTREAL NEWS.

MISS BENNETT, a graduate of the Montreal General Hospital, has been appointed Superintendent of the Brockville General Hospital.

MISS ELIZABETH ROSS, Montreal General Hospital ('05), has been appointed to take charge of the Out-door Department of that institution.

MISS M. G. HOUGHTON, graduate of the Montreal General Hospital, has been appointed Superintendent of the Sherbrooke Protestant Hospital.

MISS JENNETT DUNCAN, graduate of Montreal General Hospital ('04), has been appointed Assistant Superintendent of the Montreal Maternity Hospital.

BISHOP HALE, of Vermont, addressed the members of the Guild of St. Barnabas and the other nurses at the Royal Victoria Hospital at Montreal on February 6th, 1906.

THE work upon the new building now in course of erection in connection with the Western General Hospital, Montreal, has had to be discontinued for the winter months, owing to delay in forwarding of the stone. It is expected to be ready for occupancy in the fall of 1906.

MONTREAL has never seen more activity in hospital construction than during 1905. The Montreal Maternity Hospital and the St. Paul Hospital for Contagious Diseases are completed; the Alexander Hospital for Contagious Diseases, the Notre Dame Hospital and the Western Hospital are well on the way to completion. In addition new buildings are going up in connection with the Royal Victoria Hospital.

MISS M. VERNON YOUNG, of Montreal, and Miss Maud Crawford, of Winnipeg, have been asked to collect all items of interest pertaining to the nursing profession of their respective cities. Any items contributed will be gladly received by Miss Young, M. G. H. Nurses' Club, 59 Park Avenue, Montreal, Que., or by Miss M. Crawford, 233 Kennedy Street, Winnipeg, Man.

THE annual report of the Alumnae Association of the Royal Victoria Hospital of Montreal shows that though the Association has been re-organized only one year (having been disbanded for five years), it is firmly established and has every prospect of growing. Among the advantages the Association enjoyed last year was a talk given by Dr. French on his wide and varied experiences among the poor; and a lecture given by Dr. Hamilton on the Anti-Tuberculosis League. The Society have considered some of the charities of Montreal, and have decided to show in a practical way their interest in five of them by giving a small contribution to each from the general fund. Dr. Stewart has donated a medical encyclopedia to the Association, and Drs. Chipman and Birkett have contributed to the Sick Benefit Fund. The Governors of the Hospital have been approached with a view to making an arrangement for nurses during illness. The proposal made is that for five years after graduation members of the Association will be admitted to a private ward at one half rates, and after that period at three-quarter rates.

#### WINNIPEG NEWS.

WE are glad to hear that Miss A. M. Crawford, of Winnipeg, is steadily though slowly improving in health.

MISS ETHEL JONES, a recent graduate of the Winnipeg General Hospital, has been appointed staff nurse of the Eye and Ear.

THE graduates of St. Boniface Hospital have at length successfully formed their long-talked-of Alumnae, and from all accounts it promises to be of steady growth.

MISS ANNIE D. HAIGH (Class '90 T. G. H.) has been laid up in St. Boniface Hospital with an attack of typhoid fever, but is now better and has taken up her work again.

THE Alumnae of the Winnipeg General Hospital is doing good work towards the agitation movement for registration, and has encouraged the St. Boniface Hospital graduates in the formation of their Alumnae.

MISS WILSON, Lady Superintendent of the Winnipeg General Hospital, has gone on a month's visit to California. During her absence Miss Lumsden, the Assistant Superintendent, will have charge of Miss Wilson's work.

NURSE HICKS, Matron of Grace Hospital (Salvation Army), Winnipeg, has been obliged to relinquish her work for a while and take a rest. She will be succeeded in her work by Nurse McDonald, lately of London, Ont., but at present in California.

MISS MARY C. HYDE (T.G.H.), Superintendent of Dauphin Hospital, brought a patient to the Winnipeg Hospital last week. They had a special train and the tracks were cleared all the way for them. Unfortunately the operation was not successful and the child died. Miss Hyde returned to Dauphin the next day.

MISS McCULLOCH, of Ottawa, has recently arrived in Winnipeg, being the pioneer nurse of the Victorian Order, to "break ground" in the city. Until the present time there has been a decided antipathy to having the Victorian Order open a field of work in the city, but with the coming of Miss McCulloch all this is changed. She already finds her time fully occupied.

THE Emergency Hospital, a department of the General which was built to accommodate the overflow of typhoid patients during the epidemic of 1904-5, has not been closed this year, but is being used, at present as convalescent wards. It has a capacity of fifty beds, capable of enlargement, and is in charge of a head nurse from the General Hospital, with junior nurses as assistants when required.

THE Salvation Army expect to get into their new Hospital early in spring. The new building, with accommodation for sixty patients, is very beautifully situated on the Assiniboine River, between Winnipeg and St. James. As they have lately obtained a "Hospital Charter" they expect to have a training school for general work. At present they train women for maternity cases, giving a full two years' course in maternity and children's diseases.

THE various Nurses' Alumnae and Associations have formed a "Provincial Association," in order to be more "banded together" for the work of obtaining registration, but the labor is great and the laborers few, so that much headway is not apparently made. However, Winnipeg hopes to get the whole province in line, which is a tremendous undertaking, as the outlying districts are hard to reach, and the graduate nurses few and far between, but surely by next year we will have our bill ready.

MISS GLADSTONE was made the recipient of many beautiful gifts on the occasion of her resignation as Head Nurse of the Pavilion, T. G. H. Among these was a beautiful silver-mounted toilet set from the medical staff.

THE handsome new buildings of the Manitoba Medical College were opened on Friday evening, January 26th. The Faculty, graduates, and students gave a most delightful "At Home." The nursing profession was well represented and as the new building is in the next block to the Winnipeg General Hospital, the nurses of that institution were treated to an impromptu dance by the students.

THERE are now a sufficient number of graduate nurses in Winnipeg, and any nurses intending to come west had better take the larger Manitoba towns, as Brandon, Portage la Prairie, etc. Most of the smaller towns are very pleasant to live in and as they have usually to send to Winnipeg for nurses, there would be an opening in many of these towns for a permanent graduate. The nurses located in Winnipeg do not care to take the outside towns as they might miss a city case. There are already a number of Old Country graduates and more to come out this spring.

THE Roseau Private Hospital and Convalescent Home was established June 1st, 1905, in Dominion City, Man., about fifty-six miles south of Winnipeg. It consists of private and semi-private wards only, and is filled with all modern appliances. The wards present a pleasing appearance with their plain, spotlessly white furnishings, enamel bedsteads and immaculate bedding, and the operating room is so arranged that the patient's comfort is assured and no opportunity given for needless meditation. No more than eight patients are accommodated at one time, so at all times it is quiet and homelike, an ideal spot for a convalescent home. Dr. M. C. O'Brien is the physician in charge, Miss M. Wrightman, Galt, Ont., Hospital, is head nurse, and F. S. Bell is secretary-treasurer.

#### MARRIAGES.

ON November 9th, 1905, at Montreal, P.Q., Miss J. O. McKim, graduate of the Western Hospital, "Class 1904," was married to Mr. Albert Bolker, of Montreal.

IN Toronto, on November 15th, 1905, Mabel Twiss was married to F. L. Lambe. Miss Twiss graduated from the Hamilton City Hospital. Mr. and Mrs. Lambe will reside in Hamilton, Ont.

IN Seattle, Nov. 23rd, '05, Mildred Sibbald, a graduate of the Riverdale Hospital, Toronto, was married to Howard M. Parker, of New York. Mr. and Mrs. Parker will make their home in New York.

AT 7 Rose Avenue, Toronto, on Oct. 16th, '05, at the residence of the bride's mother, Mrs. A. McGarvey, by the Rev. J. A. Rankin, Josephine I. McGarvey (graduate of H.F.S.C., Toronto), to Henry G. Tayler, M.D.

IN Winnipeg, on Dec. 28th, 1905, Hattie Woodland (graduate of H.F.S.C., Toronto) was married to Mr. G. Wilcox, of Moose Jaw.

#### DEATHS.

IN the McKellar Memorial Hospital, Fort William, Ont., Miss Rose O'Connor (graduate of St. Michael's Hospital, Class 1901), of appendicitis. For two years Miss O'Connor had been nursing in the Hospital in which she died.

ON Jan. 18th, 1906, Miss Edna Porteous, one of the nurses of the Western Hospital, died after a short illness, greatly regretted.

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THE Lambert Pharmacal Company of St. Louis have been awarded a gold medal at the Lewis and Clarke Centennial Exposition. Further particulars will be found on another page.

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We would draw the attention of our readers to a mattress invented in Toronto and manufactured in Toronto, which is beginning to be used all over the world—Marshall Sanitary Mattress.

## THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.\*

A special meeting of the Graduate Nurses' Association of Ontario was held in the Normal School Theatre, on December 28th, 1905, to discuss a draft of the proposed bill for Registration and Incorporation.

The meeting was opened with prayer by the president, Miss Gordon, followed by the roll call.

The president announced she had received letters of regret from Miss Snively and Miss Micklejohn, of Ottawa.

An announcement followed of an invitation to all the members of the Association, and especially the newly-elected members, to an At Home, to be held at McConkey's, on the evening of the 28th, by the Alumnae Association of Toronto General Hospital.

The president also announced a lecture to be given in the Normal School Theatre, on January 11th, at eight p.m., by Madame Von Wagner, of Yonkers, New York, Government Inspector of Tenement Houses, on "Sanitary Inspection of Tenement Houses."

The president, in her opening remarks, acknowledged with gratitude the untiring efforts of the Legislative Committee, and made special mention of Miss Eastwood's services. She also spoke briefly of the great work the Association was likely to do in Toronto.

She stated that it had been suggested that a magazine or journal of nursing should be considered in connection with the Graduate Nurses' Association. Every organization which is a power must have a mode of expression of its own, and there is no better mode than through the press. A plea was made for the support of the *Canadian Nurse* and other journals devoted to nursing, as it is impossible for members of the profession to keep up with the times without reading journals devoted to the work, and having contact with other nurses and sister schools. "A special organ of our own is needed," she said.

The president announced that the Women's National Council had asked the Association to elect five representatives to attend the meeting of the Council in this city.

It was moved by Miss Julia Stewart, and seconded by Miss Lennox, "That the Misses Yorke, Hamilton, Crosby, Matheson, and Holdenby be appointed to represent the Association at the meeting of the National Women's Council in this city." Carried unanimously.

Moved by Miss Eastwood, and seconded by Miss Robinson, "That the sincere thanks of the Association be extended to the Hon. J. W. St. John, Speaker of the Ontario Legislature, and Dr. Helen MacMurchy, the editor-in-chief of our journal, for the kind assistance they have rendered in the preparation of the proposed bill, and that they be elected honorary members of the Association." Carried unanimously.

Moved by Mrs. A. H. Paffard, seconded by Mrs. Anna Yorke, "That the secretary of the Association be instructed to prepare an agenda of all general meetings, and supply each member of the Association with a copy of same at least two weeks prior to such meeting. In order to enable the secretary to prepare this agenda, all notices of motion, resolutions, etc., must be forwarded to the secretary at least four weeks prior to such meetings." Carried.

Moved by Miss Brent, seconded by Miss Mayou, "That a hearty vote of thanks be tendered the National Council of Women for their assurance of support to the Graduate Nurses' Association in their efforts to secure incorporation and registration; and that the secretary be instructed to submit a copy of the Bill to the National Council of Women, and invite an expression of their opinion upon the merits of the proposed legislation as it would affect the public."

The secretary then read the names of new members proposed.

Moved by Miss Devellin, and seconded by Miss Stewart, "That all new members be received into the Association to-day."

The discussion of the Draft of proposed Bill for registration of nurses and incorporation of the Graduate Nurses' Association of Ontario, now followed:

*Clause 1.*—Miss Julia Stewart: It has been suggested that the title "The Graduate Nurses' Association of Ontario" is clumsy, and that if this Bill pass the Legislative Assembly the name be changed to "Ontario Registered Nurses' Association," as less cumbersome. No person can be prevented signing herself as a registered graduate nurse after she had registered in any registry, as she would be a

\* Report of meeting held at the Normal School, December 28th, 1905, at 1.30 p.m.



"LITTLE LADY BOUNTIFUL"

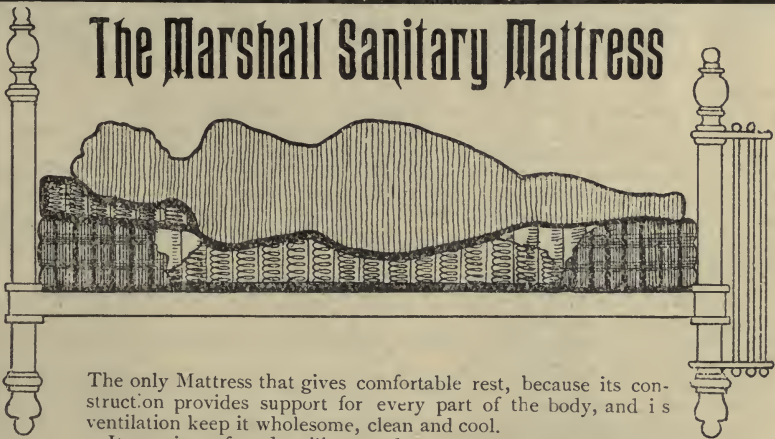
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registered nurse, whereas if the name was changed she could not sign as an Ontario Registered Nurse unless a member of this Association.

This question was discussed by Mrs. Paffard, Miss Eastwood and others.

Miss Hodgson moved, seconded by Miss Boyd, That Clause 1 be passed in its present form with the exception that "The Graduate Nurses' Association of Ontario," shall read, "The Ontario Registered Nurses' Association." Carried.

*Clause 2.*—Moved by Miss Mitchell, seconded by Miss Stewart, That Clause 2 be passed with the addition after \$5,000, of the words "and shall have power to publish a magazine or journal on nursing."

Mrs. Paffard objected, stating that Clause 3 covered the amendment.

Miss Mitchell said that the Association would have to publish their doings some time, and would like the power to do so without having further discussion, and if these words were added to this clause this could be done at any time desired. Amendment carried without further discussion.

*Clause 3, Sec. 1.*—Miss Eastwood moved to change the words "Registered Graduate Nurse" to "Ontario Registered Nurse," otherwise to leave the clause as read. Seconded by Miss Mitchell. After some discussion Miss Eastwood withdrew her motion.

Miss Robinson, Galt, wished the meeting to consider further the part of Section 3 in connection with establishing training schools, as it appeared a little ambiguous. A short discussion followed on this point.

Moved by Mrs. Paffard, seconded by Miss Devellin, that Section 1 of Clause 3 remain as read. Carried.

*Clause 3, Sec. 2.*—Miss Brent suggested that where it reads "nurses," "graduate nurses" be substituted.

Mrs. Paffard moved that Section 2 be passed as it stands, seconded by Miss Devellin. Carried.

*Clause 4, Sec. 1.*—Moved by Miss Julia Stewart, seconded by Mrs. Tilley, That Clause 4, Section 1, be adopted as it stands. Carried.

*Clause 4, Sec. 2.*—Moved by Miss Robinson, seconded by Miss Hodgson, That this clause be accepted as read. Carried.

*Clause 5.*—Moved by Miss Coleman, seconded by Mrs. Yorke, That Clause 5 be adopted as it stands. Carried.

*Clause 6, Sec. (A. & B.)*—Mrs. Paffard asked why eleven persons were needed? Considerable discussion followed as to the number of persons needed on the Council, some ladies thinking eleven were more than necessary, but a majority of nurses were required so that the power might lie with them.

The part of B reading "Three, and not more than three years' experience as superintendent of a training school for nurses, met with some objection as it was thought possible three superintendents might not be willing to act and the Council would be blocked, but it was shown the word "may" overcame this objection.

Miss Mayou wished to know the reason four duly qualified practitioners were included.

Miss Mitchell explained it was simply to have them as advisers.

Miss Eastwood thought it would make it much easier to get the bill passed, as the physicians would safeguard the Association's interests.

Miss Mitchell said the nurses felt they were influenced by the medical practitioners and they would be appealed to in many matters, and it would be easier to have the bill passed having their aid.

Miss Stewart stated the nurses had been in the habit of obtaining their advice in the past and would like to continue doing so.

The President suggested that Clause 6 be passed as read.

Moved by Miss Argue, seconded by Miss Fraclick, That clause 6 including A. & B. be passed as read. Carried.

*Clause 7.*—Moved by Miss Harrison, seconded by Miss Stewart, That Clause 7 be adopted as read. Carried.

*Clause 8.*—Moved by Miss Hodgson, seconded by Miss Standen, That Clause 8 be passed as read. Carried.

*Clause 9.*—Moved by Mrs. Bruce, seconded by Miss Argue, That Clause 9 be passed as it stands. Carried.

*Clause 10.*—Miss Eastwood was afraid if it required eight people to form a quorum almost all the members would have to live in Toronto, or eight could not be counted on. Suggested that five make a quorum.

Miss Robinson objected to five as too small a number, and that members would have to make it convenient to be present.

Miss Eastwood said there would be many meetings, not alone the annual meeting of the Association.

Mrs. Paffard wished to know if the Association would have to pay the travelling expenses of the Council.

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Miss Eastwood said the members of the Council would have to have a meeting once a fortnight, perhaps, for a while to get matters started, and it would be a dreadful thing if seven people met and could not do anything because there were not eight.

Miss Mitchell asked if not possible to have the whole Council in the city.

Miss Mayou thought it would be wise to have an uneven number.

Miss Robinson thought eight out of fifteen would be all right.

Miss Eastwood suggested that sub-committees might meet instead of the whole council.

The president suggested the matter be taken up afterwards, as not necessary to continue discussion now.

Moved by Miss Stewart, seconded by Miss Tweedie, That Clause 10 be passed as read. Carried.

*Clause 11.*—Moved by Miss Hodgson, seconded by Miss Harrison, That Clause 11 be adopted as read. Carried.

*Clause 12.*—Miss Stewart stated that a member of the Medical Council had suggested that he did not think Legislature would pass this clause without the fee being fixed—that it left the power in the hands of the Council to make the fee so high as to be exclusive, and that it would be better to have the fee fixed.

Miss Brent suggested that \$5.00 be registration fee, and have no annual fee.

Miss Harrison thought that a fee might be made for membership for all time, and another fee for registration.

Miss Eastwood said it was necessary to have both fees or the Association could not be kept up, as there would be a register kept of all nurses.

Dr. MacMurchy, in reply to a question, said that in the College of Physicians and Surgeons of Ontario a fee of \$50.00 is paid once by each member, and also an annual fee for the privilege of having the name on the Medical Register. Physicians are warned that if they do not send the \$2.00 annual fee they may suffer the penalty of being struck off the Register.

The President thought both annual and registration fees were necessary.

Miss Eastwood said at first there would not be much expense attending registration, but when it meant examinations, paying for time and getting papers printed, etc., there would be considerable expense. She thought nurses who failed in examinations might try twice without paying a second fee, but if they had to try a third time they should pay a second fee.

Miss Robinson said it is perfectly self-evident no work can be carried on without money, and there would need to be a fee.

After a little further discussion as to the effect the clause would have on the passage of the Bill, it was moved by Miss Robinson, seconded by Miss Brent, That Clause 12 be adopted as read. Carried.

*Clause 13.*—Moved by Mrs. Paffard, seconded by Miss Mitchell, That Article 13 be adopted as it stands. Carried.

*Clause 14.*—Moved by Miss Stewart, seconded by Miss Coleman, That Clause 14 be accepted as read. Carried.

*Clause 15.*—Miss Mayou raised the question as to what was meant by "hospitals of good standing."

The President stated it was thought a very liberal provision had been made by using the words "all hospitals in good standing."

Miss Eastwood asked if it would take in private hospitals.

Miss Devellin stated there were many hospitals not general hospitals that had recognized training schools.

The President stated the time was limited to one year, and perhaps it would be better to be liberal during that time. The Americans had made it three years. But after the expiration of the year there should be a standard examination, and all hospitals should come up to it; there should be a uniform curriculum, and uniform text-books in all training schools. That she would like to see the time when certificates would be issued by universities.

Mrs. Paffard said we have almost the assurance of the University of Toronto.

Moved by Miss Devellin, seconded by Miss Roberts that Clause 15 be passed as read. Carried.

*Clause 16.*—Moved by Miss Harrison, seconded by Miss Mitchell that Clause 16 be accepted as read. Carried.

*Clause 17, Sec. 1.*—Moved by Miss Stanley, seconded by Miss Ewing that Sec. 1 of Clause 17 stand as read. Carried.

*Clause 17, Sec. 2.*—Moved by Miss Ewing, seconded by Mrs. Bruce that Sec. 2 of Clause 17 pass as read. Carried.

*Clause 18.*—Moved by Miss Eastwood, seconded by Mrs. Yorke that Article 18 pass as read. Carried.

*Clause 19.*—Moved by Miss Brent, seconded by Miss Mayou that Clause 19 be adopted as read. Carried.

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*Clause 20.*—Moved by Miss Mitchell, seconded by Miss Argue that Clause 20 be adopted as read.

*Clause 21.*—Moved by Miss Roberts, seconded by Miss Boyd, That Clause 21 be adopted as read. Carried.

*Clause 22.*—Moved by Miss Harrison, seconded by Miss Lamb, that Clause 22 be adopted as read. Carried.

*Clause 23, Sec. 1.*—Miss Stewart objected to the amount of \$50 as a fine.

Mrs. Paffard pointed out the fact that it read "not exceeding \$50."

Miss Eastwood considered it a downright piece of dishonesty to use the letters by one not entitled to have them, and they should suffer the penalty.

The President did not think \$50 excessive—there was no use in inflicting a trivial fine for so serious an offence. "We are seeking for protection, and it would be useless unless there was a sufficient fine."

Moved by Miss Tweedie, seconded by Miss Hollingsworth, That Sec. 1 of Clause 23 be adopted as read. Carried.

*Clause 23, Sec. 2.*—Moved by Miss Standen, seconded by Miss Murray, that Sec. 2 of Clause 23 be adopted as read. Carried.

*Clause 23, Sec. 3.*—Moved by Miss Ewing, seconded by Miss Eastwood, that Sec. 3 of Clause 23 be adopted as read. Carried.

*Clause 24.*—Miss Eastwood thought it would be a very serious thing to suspend any person.

The President thought the committee would report to the Association after due enquiry by the Council.

It was suggested the person expelled should have the right to appeal to the Supreme Court Judge, as in the Medical Profession.

The President thought it was needless to discuss this point, as it was an unwritten law.

Moved by Miss Hollingsworth, seconded by Miss Lamb, That Clause 24 be adopted as read. Carried.

*Clause 25.*—Miss Harrison asked if the Association had the right to dictate to the Government the class of people they could employ.

Miss Stewart said it seemed to her that this applied to asylums, and she did not think that a nurse with a general training only, and no experience with an insane person would be capable.

The President replied. It is no unusual thing for the head nurse of an institution to be a graduate from a hospital, not from an institution. If the Legislature chooses to pass this clause why should we object.

Miss Harrison approved of this point, but wished to know how we could expect the Government to pass this Bill when we dictated to the Government whom they should appoint to fill their own positions.

Miss Eastwood said it was not originally our thought.

The President thought it should not be altered, as hospitals were establishing training schools, and asylums should be in command of a registered nurse. The Deaf and Dumb Institute, of Belleville, has a hospital, and a registered nurse in charge; in Queen Street Asylum, at London and Hamilton also they have trained nurses, and do not ask for graduates of their own school, but of the general hospital. There is always general hospital work in specialty work.

Mrs. Paffard stated that a graduate of our own General Hospital has been in charge of the London Asylum for years and she has had a large amount of surgery.

The President said, in New York City the Nurses who are not registered are coming to be very seriously handicapped and probably it will be the same in Ontario in time. All nurses must be registered or unregistered and a nurse will in time feel it is rather a disgrace not to be registered.

Moved by Miss Green, seconded by Miss Fralick, that this clause be adopted as read. Carried.

*Clause 26.*—Miss Stewart asked if they did not think this clause will meet with opposition from every medical man in the House.

The President said she knew of cases where nurses collected their fees for expert evidence.

Miss Hodgson asked, "Do you think they should be paid at the same rate as a doctor?"

President answered, "They have been, and if nursing is to be recognized as a profession she did not see why this clause should not be passed."

Miss Hodgson asked, "What right have we to charge more a day than we would get—say from \$18 to \$20 a week for time in attending court?"

The President suggested that a nurse might lose a case of one or two weeks for that day or two.

Miss Mitchell said \$15 a day would not be sufficient to pay her for attending court.

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Mrs. Paffard said a nurse might have hard work to get away from her case, and might have to pay a substitute \$3.00 a day, or might lose her case entirely.

Miss Green remarked that she thought medical practitioners had just what the Court thought was right. After some further discussion it was moved by Miss Brent, and seconded by Miss Robinson, That Clause 26 be passed as read. Carried.

Moved by Miss Brent, and seconded by Miss Mayou, That a vote of thanks be tendered to the Legislative Committee for the amount of work and interest during the past months. Carried.

Miss Christie read a very interesting and carefully prepared paper in which she appealed most earnestly for the help and support of our Official Organ, "The Canadian Nurse," after which the President announced that fifty-four new members were enrolled.

Moved by Miss Brent, seconded by Miss Robinson, That the meeting adjourn. Meeting adjourned.

K. MATHESON,

*Recording Secretary.*

## Graduates of Training Schools for Nurses.

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1888.

\*Miss Josephine Hamilton, Private Nurse, 505 Sherbourne Street, Toronto.

1889.

Miss Jennie MacDonald, Private Nurse, Paris, France,

\*Mrs. A. McGarvey, Private Nurse, 7 Rose Avenue, Toronto,

Mrs. (Dr.) Bond (*nee* Field), Eglinton, Ont.

Miss Charlotte McEwen, Deceased.

Miss Jennie Graham, Deceased.

1892.

Miss Olivia Moore, Private Nurse, 81 Plymouth Avenue, Buffalo, N.Y.

Mrs. Cruttenden (*nee* Chaplin), Gerrard Street, Toronto.

Miss Pauline Sterland, Presbyterian Hospital, Chicago, U.S.

\*Mrs. Fielding (*nee* Slatery), Deceased.

\*Miss Jennie Smedley, Superintendent Western Hospital, Toronto.

Miss Addie Clendennin.

1893.

Mrs. (Dr.) Crawford (*nee* Briggs), Winnipeg, Man.

Mrs. Eleanor Baillie.

Miss Susie Graves, Deceased.

Miss Jennie Reynolds, Boston, U.S.

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**Pillow Cottons** made by best English and Canadian makers, pure finish, selected yarns. Plain—0 in., per yd., 12½c, 14c, 16c, 18c; 42 in., per yd., 14c, 15c, 18c; 45 in., per yd., 15c, 16c, 20c. Circular—40 in., per yd., 15c, 16c, 20c, 25c; 42 in., per yd., 16c, 17c, 21c, 26c; 44 in., 17c, 18c, 22c, 27c.

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- \*Miss Sara L. Barnhardt, Private Nurse, 8 West 92nd Street, N.Y.
- Miss Hannah D Shipley, Superintendent State Hospital, Warren, Penn.

1894.

- Miss Cecilia Macdonald.
- Miss Lina Rogers, Nurses' Settlement, 356 Henry Street, N.Y.
- Miss Hattie Woodland, now married.
- Miss Bella McMurchy, Private Nurse, Boston.
- Miss Maggie Haines, Private Nurse, Railway Street, Woodstock, Ont.
- Miss Ella Alton, Private Nurse, Montreal.
- Miss Christina McTaggart, 81 Plymouth Avenue, Buffalo, N.Y.
- Miss Christina Campbell, New Orleans, La.
- Miss Edith M. Woods (at Home).

1895.

- \*Miss Margaret Ewing, Private Nurse, 569 Bathurst Street, Toronto.
- Miss Marion L. Dobbie, Private Nurse.
- \*Miss E. Shepard, Private Nurse, 608 Church Street, Toronto.
- Miss Belle Johnston, New York.
- \*Miss Jennie Richardson, Private Nurse, 73 Isabella Street, Toronto.
- \*Miss Sylva Bell, Private Nurse, Superintendent of Nurses, South Chicago Hospital, 730 92nd Place, Chicago, U.S.
- \*Miss Barbara Goodall, Private Nurse, 668 Euclid Avenue, Toronto.
- Miss Alice M. Booth, Private Nurse, 503 12th Street, Detroit.
- Miss Minnie L. Hunter (now Mrs. Gilpin), "Earls court," Georgia Street, Vancouver, B.C.
- \*Miss M. M. Moody, Private Nurse, 272 Rusholm Road, Toronto.
- Miss Eva L. Miller, Married.

1896.

- \*Mrs. Agnes Scott, Matron St. George's School, Newport, R.I.
- \*Miss Jennie Allan, Manhattan Eye and Ear Hospital, 103 Park Avenue, N.Y.
- Miss Mabel Neale, Married.
- \*Miss Ella Jamieson, Private Nurse, 447 Olive Street, Los Angeles, Cal.
- Miss Hattie L. Bayley, Married.
- Miss Maggie McKenzie, Married.
- \*Miss Mary Hally, Private Nurse, 24 Elgin Avenue, Toronto.
- \*Miss Martha Legge, Private Nurse, Euclid Hall, Broadway and 86th Streets, N.Y.
- \*Miss Mary Matches, 20 West 38th Street, New York City.
- \*Miss Julia Wilson, Private Nurse, 137 West 21st Street, N.Y.
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 Miss Annie Huber, now married.  
 Miss Clara Wilcox, Private Nurse, 99 Alfred Street, Brantford.  
 \*Miss Mary Gray, Private Nurse, 505 Sherbourne Street, Toronto,  
 \*Miss Eleanor Goldstone, now Mrs. (Rev.) Southam, Nashville,  
 Tenn.  
 Miss Mabel Keown, Married.  
 \*Miss E. A. White, 5 Stanley Street, S. London, Ont.

1898.

- Miss Ida Clarkson, now married.  
 Miss Helen Frew, Private Nurse, Guelph, Ont.  
 Miss Alice Merritt, Private Nurse, Scotland, Ont.  
 Miss Alice Kinsey, now deceased.  
 Miss M. Louise Bolton, Private Nurse, Bolton, Ont.  
 Miss May Allan, Private Nurse, Birmingham, Alta.  
 \*Miss Maude L. Barnard, Head Nurse Parry Sound Hospital, Ont.  
 Miss Libbie Reid, Private Nurse, Oakville, Ont.  
 Miss Rosa Pass (Mrs. Geo. Pike), Private Nurse.  
 Miss Jane Barry, Superintendent Hillman Hospital, Birmingham, Alabama.

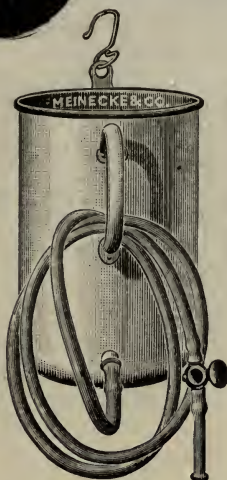
1899.

- Miss Beatrice Gibson, now married.  
 Miss Margaret Allan, Private Nurse, Hartford, Conn.  
 Miss Eleanor Stevens, now Mrs. (Dr.) Cull.  
 Miss Alice Waller (Mrs. Minhinick), Private Nurse, 32 Empress  
 Crescent, Parkdale.  
 Miss Flora Pyke, Eye and Ear Hospital, Boston.  
 Miss Maud Merritt.  
 Mrs. Emma Fletcher, England.  
 Miss Edith Nesbitt, England.  
 Miss Henrietta Parker, New York.  
 Miss Matilda Arrell, now married, 56 Robert Street, Toronto.  
 Miss Leilia Cobban, now Mrs. (Dr.) Millspaugh, 901 Kensington  
 Road, Los Angeles, Cal.

1900.

- Miss Gertrude Edwards, now deceased, by drowning.  
 Miss Robina Cuthbertson, Missionary, India.  
 Miss Maud H. Barnard, Lancaster, N.Y.  
 Miss Ethel Beemer, now Mrs. Love, 296 Avenue Road, Toronto.  
 Miss Christie Fraser, 408 West 57th Street, N.Y.  
 Miss Emilie Harmer, Grand Rapids, Mich.  
 Miss Lydia Hill, Jarvis, Ont.  
 Miss Margaret McIntyre, 408 West 57th Street, N.Y.  
 Miss Helen McLean, Collingwood, Ont.  
 Miss Daisy Patriaiche, 408 West 57th Street, N.Y.  
 Miss Florence Campbell, Superintendent Orthopedic Hospital,  
 59th Street, N.Y.

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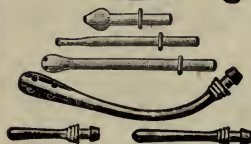


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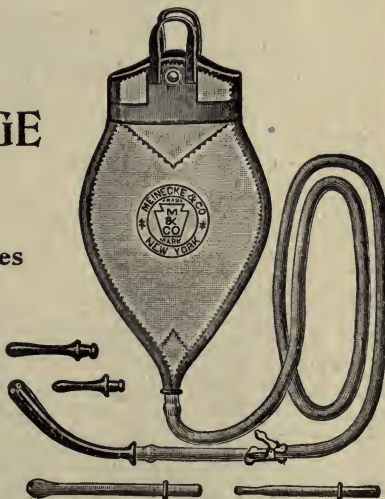
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## 1901.

- Miss Jean Gibson, 276 Queen Street S., Hamilton.  
 Miss Edna Price, 333 Brunswick Avenue, Toronto.  
 Miss Flora Collins, Peterborough, Ont.  
 Miss Mary Elwell, 756 Perry Street, Chicago, Ill.  
 Miss Edith Merrill, now married.  
 Miss Isabell Foote, 64 Wellesley Street.  
 Miss Sadie Howard.  
 Miss Mary Thompson, Private Nurse, 408 West 57th Street, N.Y.  
 \*Miss Mary Fraser, Private Nurse, 557 West 21st Street, N.Y.  
 Miss Mary M. Sears, now married, Sherbrooke, Que.  
 Miss Edna Byers (Mrs. Dr. Moir), Dunnville.

## 1902.

- \*Miss Grace Gowans, Private Nurse, 5 Dupont Street, Toronto.  
 Miss Emma Hammill, Private Nurse, 47 West 21st Street, N.Y.  
 \*Miss Daisy Brown, Private Nurse, 737 Sherbrooke St., Montreal.  
 \*Miss Mary Hill, Private Nurse, 33 Walker Avenue, Toronto.  
 \*Miss Claribel Lemon, Private Nurse, 20 Boswell Ave., Toronto.  
 Miss Ella Bennett, Private Nurse, Dunnville, Ont.  
 Miss Mary Malone, Private Nurse, 408 West 57th Street, N.Y.  
 \*Miss Jean Northcote, now Mrs. T. H. B. Dawson, Sault Ste Marie.  
 Miss Eva Burrows, Private Nurse, 408 West 57th Street, N.Y.  
 \*Miss Louise Doble, Private Nurse, 408 West 57th Street, N.Y.  
 Miss Bernice Adams, now married, Longford Mills, Ont.  
 Miss Ella Tripp, Private Nurse, 5 Delaware Avenue, Toronto.

## 1903.

- Miss Frances Fraser, Roosevelt Hospital, New York.  
 Miss Florence Le Fevre, Dr. Bull's, New York.  
 Miss Minnie Forrest, now deceased.  
 Miss Beatrice Holden, now Mrs. G. Austin, Chambly, Que.  
 Miss Ethel Arrell, Private Nurse, 47 West 21st Street, N.Y.  
 Miss Henrietta Alexander, now Mrs. (Dr.) Waters, India.  
 Miss Constance Fraser, Private Nurse, 137 West 21st Street, N.Y.  
 Miss Jean Gross, now Mrs. Matthews, Lindsay, Ont.  
 \*Miss Florence Blythe, Private Nurse, 62 Grenville St., Toronto.

## 1904.

- Miss Eva Shanks, Private Nurse, Mattawa, Ont.  
 Miss Annie Lindsay, New York.  
 Miss Laura McFarlane, Private Nurse, Port Arthur, Ont.  
 \*Miss Edith McKim, Private Nurse, 76 Close Avenue.  
 Miss Bessie Ball, Private Nurse, Woodstock, Ont.  
 Miss Avillia Walkinshaw, Lakeside Hospital, Cleveland, Ohio.  
 \*Miss Shirley Beale, Lindsay, Ont.  
 Miss Theresa Holland, Private Nurse, Cobourg, Ont.  
 Miss Mabel Jenny, Private Nurse, 24 Elgin Avenue, Toronto.

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 Miss Adelaide Nimino, Supervisor Infect. Ward, H.F.S.C.  
 Miss Mary Dean Maddock, Private Nurse, 33 E. 33rd St., N.Y.  
 Miss Daisy McDonald, Private Nurse, Detroit, Mich.  
 Miss Annie Woodside, Sloan Maternity, New York.

1905.

Miss Edythe Brown, in charge Children's Ward, Roosevelt Hospital, New York.  
 Miss Flora Wiggins, Private Nurse, 24 Elgin Avenue, Toronto.  
 Miss Evelyn Whitmarsh, Private Nurse, 567 Sherbourne St., Toronto.  
 Miss Mary Hindley, Private Nurse, Ospringle, Ont.  
 Miss Helen Wapshott, Presbyterian Hospital, Chicago.  
 Miss Amy L. R. Taylor, Private Nurse, 566 Church St., Toronto.  
 Miss Ella Lewis, Private Nurse, 408 West 57th Street, N.Y.  
 Miss Violet Rose, Private Nurse, 17 Washington Ave., Toronto.  
 Miss Jessie Bain, Private Nurse, 566 Church Street, Toronto.  
 Miss Arilla Donaghue, New York.  
 Miss Alice Cowper, Private Nurse, 24 Elgin Avenue, Toronto.  
 Miss Grace Robertson, Private Nurse, Deer Park, Toronto.  
 Miss Lillian Southgate, Toronto, Deceased.

NOTE.—Our readers are requested to assist the Secretary, Miss Mary Gray, 505 Sherbourne Street, Toronto, by sending her any corrections for the above list.

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## GRADUATES OF NICHOLLS' HOSPITAL, PETERBORO.

---

### CLASS I.

Miss Violet Dixon, Deceased.  
 Miss Fraunde, Day Nursery, Boston.  
 Miss Boyle, Address Unknown.  
 Miss Williamson (Mrs. McDowel), Cass City, Mich.

### CLASS II, 1894.

Miss Alice M. Wood, Private Nurse, 359 W. 57th Street, New York.  
 Miss Fanny Kay, Deceased.  
 Miss Carrie R. Hoyt, Private Nurse, 55 Beverley Street, Toronto.  
 Miss M. Waterbury, Private Nurse, Waterbury, Conn.

### CLASS III, 1895.

Miss Tush. Barnet (Mrs. W. Leck), Peterboro.  
 Miss Finny, Private Nurse, New York.  
 Miss Edith Robinson, Private Nurse, Montreal, Can.  
 Miss Flora Bolster, Private Nurse, Yorkton, Sask.

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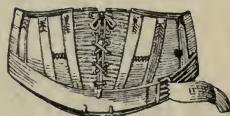
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- Miss Fanny Dixon, Private Nurse, 1933 Indiana Avenue,  
Chicago.  
Miss Mamie Nathers, Private Nurse, Banff, N.W.T.  
Miss Edith Johnston (Mrs. Wemp), Toronto.  
Miss Ketta Irwin (Mrs. Lancashire), Peterboro.

## CLASS V, 1897.

- Miss Clara Clark, Married, Unknown.  
Miss Grace Burnham, Private Nurse, Cobourg.  
Miss Lydia Fahener, Superintendent General Hospital, Portage  
la Prairie.  
Miss Frances Bryson (Mrs. Pierce), Chicago.

## CLASS VI, 1898.

- Miss Helen Coleman, Assistant Nicholl's Hospital, Peterboro.  
Miss Margaret Dunn, Private Nurse, Peterboro.  
Miss Agnes Barnet (Mrs. Dr. Lundy), Portage la Prairie.  
Miss Irene Walton, Private Nurse, Medicine Hat, Assa.

## CLASS VII, 1900.

- Miss Margaret Ferguson, Private Nurse, Peterboro.  
Miss Rachel M. McNeillie (Mrs. Dr. McCullough), Peterboro.  
Miss Jessie R. Cameron (Mrs. S. A. Carpenter), Regina, N.W.T.  
Miss Margaret Wilmot, Private Nurse, New York City.

## CLASS VIII, 1901.

- Miss Mary Maloney, Private Nurse, 1933 Indiana Avenue,  
Chicago.  
Miss Grace Reid, Manhattan Eye and Ear Hospital, N.Y. City.  
Miss Edith Finley, Manhattan Eye and Ear Hospital, New York  
City.  
Miss Ethel Carney, Manhattan Eye and Ear Hospital, New  
York City.  
Miss Lillian Staples, Manhattan Eye and Ear Hospital, New  
York City.  
Miss Edith Wilkinson, Unknown.

## CLASS IX, 1903.

- Miss Edythe Dick (Mrs. Edgar Jarvis), Melfort, N.W.T.  
Miss Frances Munt, Private Nurse, Peterboro.  
Miss Ida Houlehan, Private Nurse, 19 Washington Street, Bow-  
lingreen, Ohio.

## CLASS X, 1904.

- Miss Anna C. Sharkey, Private Nurse, Peterboro.  
Miss Mary E. Gordon, Private Nurse, Peterboro.  
Miss Grace A. Dainty, Private Nurse, Peterboro.  
Mrs. Helen Richardson, Private Nurse, Peterboro.  
Miss Abbie L. Jenkins, Private Nurse, 131 Bloor E., Toronto.

## CLASS XI, 1905.

- Miss H. D. D. Wilson, Private Nurse, Peterboro.  
Miss Mae Foster, Private Nurse, Peterboro.  
Miss Leona Doyle, Private Nurse, Peterboro.

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Miss Irene Moody, Married, Montreal.

1890.

Miss C. A. McGregor, Deceased, Montreal.  
Miss M. Bradley, Married, Brockville.  
Miss Ethel Weacon, Nursing, London, Eng.

1891.

Miss Bella Thompson, Married, Montreal.

1892.

Miss E. Beauchamp, Nursing, Montreal.  
Miss L. E. Watson, Nursing, Platsburg, N.Y.

1893.

Mrs. William Wright, Nursing, New York.  
Miss J. B. Heller, Nursing, Montreal.  
Miss L. M. Sixby, Nursing, St. Albans.

1894.

Miss H. F. Parker, Married, Indiana.  
Miss Maud Hopper, At Home, Moncton, N.B.  
Miss E. M. Pemderton, Church School, Windsor, N.S.  
Miss A. F. Lewis, Doctor's Office, Montreal.  
Miss Fanny McBeath, Nursing, Montreal.

1895.

Miss Elsie Telenan, Nursing, Montreal.  
Miss Jennie Taylor, Nursing, Montreal.  
Miss A. Picken, Nursing, Chicago.  
Miss Dora Hill, Nursing, Ottawa.  
Miss E. Talmage, Married, Spring Hill.

1896.

Miss T. M. Lawerence, Married, Bowmanville.  
Miss A. Fiske, Nursing, Montreal.

1897.

Miss Sara McLean, Nursing, Winnipeg.  
Miss M. S. Bates, Married, Avoca P.Q.

1898.

Miss Potter, Married, Lachute P.Q.  
Miss England, At Home, Dunham P.Q.

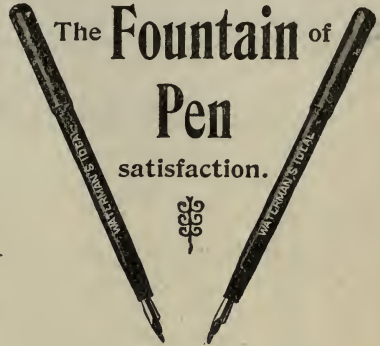


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 Miss B. A. Stuart, Married, Pt. St. Charles.  
 Miss Johnston, Nursing, Montreal.

1900-1901.

Miss E. M. Clanson, Nursing, Ottawa.  
 Mrs. Wilkie, Married, Montreal.  
 Miss C. J. Davis, Nursing, Boston.

1902.

Miss H. H. McKenna, Nursing, Montreal.  
 Miss J. V. Keddie, Nursing, Oshawa.  
 Miss H. H. Byers, Nursing, Montreal.  
 Miss E. Hodgson, Nursing, Montreal.  
 Miss A. Murphy, Married, Montreal.

1903.

Miss E. Diplock, Nursing, Montreal.  
 Miss A. Vance, Nursing, Montreal.  
 Miss E. Bates, Nursing, Montreal.  
 Miss A. Hughes, Nursing, Montreal.  
 Miss L. Devine, Nursing, Montreal.  
 Miss E. Sullivan, Nursing, Montreal.  
 Miss J. T. Byers, Nursing, Montreal.  
 Miss E. Lewis, Nursing, Montreal.  
 Miss O. Canavan, Nursing, Montreal.  
 Miss Y. Bostwick, Nursing, Sherbrooke.  
 Miss Helen Whitney, Married, Montreal.

1904.

Mrs. E. Griffiths, Nursing, Montreal.  
 Mrs. L. Gryce, Nursing, Montreal.  
 Miss J. O. McKim, Married, Germany.  
 Miss H. Hull, Nursing, Hamilton.  
 Miss Olive Mathews, At Home, Montreal.

1905.

Miss M. Menero, Nursing, Montreal.  
 Miss J. Hoctor, Nursing, Montreal.  
 Miss E. M. Campbell, Nursing, Montreal.  
 Miss A. Cleland, Nursing, Montreal.  
 Miss E. B. Loggie, At Home, Chatham, N.B.  
 Miss J. Anderson, Assistant Superintendent, Meriton, Conn.  
 Miss F. McDonald, Nursing, Montreal.  
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 Miss T. Leconteur, Nursing, Quebec.  
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There are some books which we recognize before ever we see them, as companions and friends. Such is this little volume, beautiful in outward appearance, comforting and inspiring within. One of Dr. Osler's students, C. N. B. Camac, has selected and arranged the material, by permission. Of all the books received by THE CANADIAN NURSE in 1905, none, perhaps will do more good in The Nurse's Library than this one, and we are much indebted to the Canadian branch of the Oxford University Press for kindly sending us a copy. We hope all our readers will read it for themselves.

*A Study in Nursing.* A. L. PRINGLE. London, New York, and Toronto: MacMillan & Co.

We have found the reading of this little book interesting and profitable. Miss Pringle was formerly matron of St. Thomas' Hospital; Superintendent of the Nightingale Training School, and Superintendent of Nurses at the Edinburgh Royal Infirmary. From this great experience she speaks of nursing, the officials, the organization, the units of the profession in a tone and spirit practical, high and helpful throughout. *Amare est servire.*

*Anatomy and Physiology for Nurses.* By LEROY LEWIS, M.D. Philadelphia and London: W. B. Saunders & Co. Toronto: J. A. Carveth & Co. \$1.75.

Dr. Lewis, who is Lecturer on Anatomy and Physiology to the nurses at the Lewis Hospital, Bay City, Michigan, has used his lectures as a basis for this excellent handbook. It contains the outlines and essentials of these two great subjects, and we think in its arrangements, in its conciseness and in the clearness of its descriptions, as well as in other respects, it is a good text-book. There are one hundred illustrations, review questions, indexes, etc.

*In Watchings Often; Addresses to Nurses and Others.* By the REV. E. E. HOLMES, Hon. Canon of Christ Church and Vicar of Sonning. London, New York, and Bombay: Longmans, Green. Toronto: J. A. Carveth & Co.

This book of devotional addresses given to the nurses of the Guild of St. Barnabas (now nearly 3,000 in number) has met with wide acceptance in England. It was first issued in February, 1905, and has since been reprinted six times. The Lord Bishop of Lincoln, in the preface, speaks of the spiritual and yet practical tone of the addresses and the reading of the book itself amply confirms this view. Among other beautiful addresses may be mentioned "The Hands of Jesus," "Martha's House," "Deus Clinicus." We are all too ready to forget spiritual concerns and need such books and words to help us to remember.

*Surgical Instruments and Appliances.* HAROLD BURROWS, M.B., F.R.C.S. London: The Scientific Press. Toronto: J. A. Carveth & Co. 1s.6d.

This little book contains a description of all the instruments at present used in operations, with an illustration of each; also chapters on The Anesthetist's Table, Out-patient Departments, Preparation for Operation in a Private House, etc., and is very complete and useful.

*The Doctor Says.* London: Sidney Appleton.

This is one of the books on medicine, for family use, evidently written by a physician, and perhaps as little objectionable as any of the kind. The chapters on "Sleep," "Ventilation," and "Food" are among the best in the book.

MISS NUTTING and Miss Dock are now engaged on a "History of Nursing." This is delightful news. THE CANADIAN NURSE awaits the appearance of the book with great interest.

MISS PATTEE's excellent work on Practical Dietetics (Toronto: J. A. Carveth & Co.) has been adopted for use in the Permanent Schools of Instruction for the Canadian Militia. Four editions of this work have already been called for.

Messrs. Baillière, Tindall & Cox, of London, England, have appointed J. A. Carveth & Co., Toronto, their agents for Canada.

We are glad to learn that there is a possibility that Messrs. Burroughs Wellcome & Co., of London, Eng., may establish a branch house in Toronto. Their Canadian representative, Mr. Nevin, showed the CANADIAN NURSE some beautiful hypodermic syringes for nurses and physicians, and specimens of "Tabloid" and "Soloid" products. We have also received samples of their "Pleated Compressed" bandages, sanitary towels, carbolized lint, and tow, absorbent cotton, plain and medicated, sal alembroth gauze, etc., etc. These packages are wonderfully convenient. The smallest is  $\frac{3}{4} \times 1\frac{1}{4} \times 1\frac{1}{4}$  inches, and the largest  $2\frac{1}{4} \times 1\frac{1}{4} \times 2$ . They are packed in tin-foil and present an attractive appearance. The name of Burroughs Wellcome & Co. is sufficient guarantee that nothing better can be got.

# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. II.

TORONTO, JUNE, 1906.

No. 2

## SOME REMARKS UPON THE NURSING OF CASES OF MENTAL DISEASE.\*

In a somewhat extensive experience I have on many occasions been associated with Hospital Nurses, and have been disappointed at finding that in the nursing of mental cases they have not, usually, risen to the occasion with the same success that has characterized their efforts in different directions. This was a matter of surprise, and at first I could not understand failure, where, theoretically at least, the reverse should be the rule. Nurses did not seem to get in touch with their patients and adopted methods bound to produce unsatisfactory results.

A consultation with some leading alienists, who had extensive General Hospital experience brought out the fact that my disappointment was one common to those whose investigations had followed similar lines, and they insisted that the very best nurses for mental cases, or indeed for all classes of cases, were those who had passed a period of probation in the care of the insane and graduated in an up-to-date General Hospital. This is, of course, ordinarily, an impossible experience, but I think much of the failure of the Hospital Nurse is the outcome of a wrong point of view, for which she is in no respect to blame. She has no real knowledge of the true nature of insanity, and has never realized that it is a disease; she has confounded cause with effect and has regarded symptoms as a disease, rather than evidence of disease.

In training our nurses there is one thing never lost sight of for a moment, and from the beginning to the end of the term, the truth that all forms of insanity must be regarded as disease, as well marked as typhoid, is impressed upon them.

Not only that, the basis of our teaching is the hospital idea—that is, the patients are regarded as sick people and are treated as such. Both patients and nurses are taught this. Ordinarily the grotesque side of mental disease impresses the nurse not well informed, and she has no intelligent conception of what she is undertaking. This condition of affairs is largely the outcome of popular prejudice, which from time immemorial has had much to do with providing stumbling blocks in the way of advanced treatment for the most helpless class in the community.

\* Abstract of a lecture delivered under the auspices of the Nurses' Alumnae Associations of Toronto, April 5th, 1906.

There is a rapid awakening in regard to these matters, and the nursing and care of the insane, in Canada, is gradually assuming an importance it did not command not many years ago.

The development of the Trained Nurse in Hospitals for the Insane has been the most important advance made in this connection.

In this brief article I shall do little more than indicate the general lines of treatment now adopted in the care of acute cases of insanity.

Theoretically, acute mental cases should be treated in private houses; practically such a course is impossible, not only on account of the enormous expense entailed—an expense very few are able to meet—but also because of the difficulty in obtaining isolation from the importunities of anxious, injudicious friends. As isolation is one of the things most to be desired in the nursing of mental disease, it will easily be understood that institution care is almost inevitable. Up to the present Canada has not seen fit to construct any ideal building for the treatment of acute cases, but before long the necessity for this will be recognized and the much-to-be desired development take place.

As it is, we have to make the best of the present conditions, fully aware that we are far from the ideal.

Practically all the really acute cases are isolated and given a modified rest treatment, which necessarily includes, massage, and careful feeding, as it goes without saying impaired physical health is the invariable accompaniment of mental trouble. Loss of weight, steadily going on, means mental deterioration, and the anxious nurse will not neglect to weigh her patient regularly, for she may rest assured that the advent of returning reason will be marked by increasing bodily weight. No wonder we preach the "gospel of fatness" so persistently.

The question of diet will always be an important one, and in cases when the assimilative powers are low, as they often are, peptonizing of all nourishment may be required. Sometimes Koumyss and Matzoon prove useful additions to our list of easily assimilated foods, although milk and eggs will always be the sheet anchors.

The obstinate refusal of food by the patient will often prove a difficult problem, and here the clever nurse has a great field in which to exercise her genius. When it is remembered that the whole question of recovery may hinge on successful feeding, the importance of the problem is at once realized.

Our daily experience with recently admitted cases, particularly those of melancholia, is that the matter of careful feeding has, ordinarily, been neglected, excepting where there has been an obstinate refusal on the part of the patient to take food: owing to a reluctance on the part of the physician to resort to forced feeding. So alive are we to the importance of this, that feeding by means of a soft rubber tube is insisted on, even when the refusal to take food is persisted in for a few hours. Where there is likely to be any trouble or violence in feeding by the mouth, the nasal route is selected, and the process is simple in the extreme to one familiar with it. When it is kept in mind that the danger of death from

exhaustion is always present in acute cases of insanity, the trouble taken to feed the patient does not seem an unnecessary one. Then again no hope of improvement can exist if the patient is reaching a lower condition physically.

Isolation, rest, careful feeding, massage and intelligent nursing are the lines to be followed in the management of curable cases of insanity.

There are very few cases of mental trouble to which the full rest treatment is applicable, so a modified form is adopted, dependent largely on the needs of the patient under our care.

To the nurse, the question of the control of violence and excitement will ever be one of vast importance, and her difficulties will be intensified if the patient is being treated in a private house. In the present day we see very little of the intense excitement that once characterized so many of the acute insane. The intelligent use of hydro-therapeutic measures has altered all this, and there are few cases of acute mania that will not yield to the soothing effects of hot packs properly administered. Such packs are easily applied; are free from the dangers which sometimes exist in connection with the hot bath, and may be repeated several times a day, if necessary in the physician's opinion, with benefit. We almost invariably apply an ice bag to the head during the administration of the pack, and if the patient falls asleep in the pack it is poor policy to disturb him.

The hot bath, not higher than 104 degrees F. (even better at 103 degrees F.) is, at times of the greatest use in allaying excitement. In maniacal disturbance of the persistent type, the continuous bath, in which the patient remains for days at a time is frequently employed, in properly equipped institutions. Hydro-therapeutic measures have supplanted, to a great extent the use of sedatives and narcotics, and restraint has for years been a thing of the past in modern Hospitals for the Insane.

Cold packs are generally harmful, although in some instances cold spinal douches alternated with hot douches are useful.

As autotoxis is an extremely common state in some varieties of insanity careful attention to the condition of the bowels should be given, and patients encouraged to drink plenty of water.

Sleep charts as well as daily charts and records should be carefully kept.

Perhaps the most important function of the nurse is that of applying what we term psycho-therapeutics, and it is in this department the General Hospital Nurse is apt to come to grief, if she follows rigid methods of routine. She is not dealing with an individual who will submit to inflexible rules with a cheerful obedience, that means a good time for patient and nurse, but with one who has a point of view that even Alice in Wonderland would have some difficulty in approaching. Tact, patience, the ability to lead and persuade, firmness; in fact all sorts of adroit methods of getting results are necessary. Deception must not be practised and the insane are just as capable of appreciating honest truths as the sane. The idea that they must be wheedled and coaxed by untruthful methods is one of the mistakes frequently made. Their delu-



sions and hallucinations cannot be removed by argument; and it is unwise ordinarily, to discuss them. There is nothing to be gained and much harm may be done. Kindness, tact, infinite patience, sympathy and truthfulness are the equipments of the ideal nurse for mental cases.

The danger of suicide in melancholia must never be forgotten for an instant, and the nurse who theorizes on the basis that the patient would never commit such an irrational act, is apt to receive some rude shocks. It must not be forgotten too that a suicidal patient will adopt the most ingenious methods to accomplish her purpose.

In a general way I have indicated the broad lines to be followed in the nursing of mental cases, although each patient must form a special study.

C. R. CLARKE, M.D., L.L.D.,

Med. Su<sup>pt.</sup>, Toronto Asylum

#### A DAY'S WORK IN A BOSTON DISTRICT BY THE "HELEN E. CARY NURSE."

*The district wherein my work lies extends from Dover Street to Boylston Street and from Harrison Avenue to Park Square.*

The day's work begins at 8.30 a.m.

First case is a Jewish girl with a bad form of heart disease. I have already taught the mother to bathe her, make her bed, and guard against bed sores, and she keeps her very comfortable. I take the girl's temperature and pulse, rub her back, and repeat the advice already given about keeping the air fresh and giving good nourishing food.

A baby with pneumonia comes next. Yesterday afternoon I showed the mother how to sponge him, wash his mouth, prepare his food and give it to him regularly, and keep the air fresh. She has done her very best to carry out instructions. All the surroundings are clean, and the windows in the adjoining room are open, so that the air is kept pure without chilling the child. The little patient is hot and restless and the mother is just starting to sponge him. She has given two sponge baths since yesterday afternoon, but wishes to see me give one again. I take and record the temperature and pulse, then have her give the bath, while I watch and suggest improvements on her method where I think they are needed. We make up his cot with fresh sheets and pillow case, give him a drink of cold water, and the baby goes to sleep.

Third case is a woman with a very painful attack of rheumatism in her hand. She reports that the splint which I applied yesterday afternoon has given great relief, but complains of the weight. The placing of the suffering member in a sling helps that trouble. Her daughter gives her all needed care, so I give

a few general directions about food, air, and medicines, and leave her to finish the morning's toilet, which I have interrupted.

An Irish woman, upon whom has fallen a double portion of the spirit of blarney common to her race, is the next patient. A visit to her ought to keep the most sour woman in good humor with herself and the rest of the world for one day. Hers has been an unusually bad case of varicose ulcer. When the physician first saw her he told her that she must stay in bed. She invented every possible excuse for not doing so, and was very firmly told that if she was caught out of bed she would be at once discharged. On my subsequent visits I find her in bed, but there are usually many evidences that her entrance into it has been somewhat hasty. On one occasion I accused her of having been up, and her denial is prompt and emphatic. Being convicted by the direct evidence of dirt on the soles of her feet, which were washed the day before, she acknowledges her guilt, with this plea for mercy: "Well, achree, how can I be staying in bed all the time with nothing to do? I can't read and I can't sew, and I'm afraid that if I keep praying all the time I'll pray too much." She begs me not to tell the doctor, and I give the required promise on condition that it won't occur again. It probably does not for an hour or two. However, in spite of the getting up the wound is now almost healed, and as her friend has long ago learned to have everything ready for me, the dressing takes very few minutes. The patient and her friend are interested spectators. "It's almost well now, thank God! And thank you, too," she added. "Oh, yes," said her friend, "the Lord needs help."

Next patient is also an Irish woman, but much trouble and much living alone have turned her sour. An attack of gripe has not added to her amiability. She is getting better, but is still pretty weak. Yesterday she quarreled with the friend who has been coming in to do her work every day. This morning she has not come as usual to light the fire, and the patient is shivering with the cold. I light her fire, give her water to wash herself, and heat for her a cup of broth which I find on the table. I then place a pitcher of milk and her medicine where she can reach them, promise to write a note to a friend who, she says, will come to stay with her for a few days, and take her empty bottle to bring her a fresh supply of medicine from the Dispensary.

I meet the district physician at the Boston Dispensary at 10.30. After reporting the condition of patients visited yesterday afternoon and this morning, and getting needed prescriptions, I go with him to make the new calls. To-day there are seven.

After they are made I have luncheon. I then go back to the Dispensary, where I get some prescriptions filled, write the note for the patient with gripe, and provide myself with sheets, cotton waste, and paper napkins and bags from the loan closet. These supplies I take to a consumptive case visited with the doctor this morning. She is a young woman of twenty-four. The disease is far advanced but as long as she was able to be up they had called no doctor. Now she is confined to her bed, is very feverish, and her back shows signs of approaching bed sores. Her mother

takes care of her as well as she can, but they are very poor and supplies are scarce. I give the patient a bath, comb her hair, change her bed and body linen, showing the mother, who gives what help she can, how to do these things with the least exertion to the patient. I rub her back thoroughly with alcohol and then powder, and impress on the mother the necessity of doing this often and well to prevent the formation of bed sores. I tell the patient to rinse her mouth often and to drink plenty of water. With the cotton waste and bandages I make a ring to protect her back from the bed. Owing to danger of infection, we are unable to loan patients suffering from this disease the rubber rings usually used for this purpose. I then explain very fully the danger to which the patient and the other members of the family are exposed if any of the sputum is allowed to dry and get into the air. I show them how to use the paper napkins and bags, and caution the mother to see that the soiled pieces of paper are burned often, and that the patient in her weakness does not allow any of them to drop into her bed. I also tell her to keep the patient's clothing and dishes solely for her own use, and to have them washed separately from the things used by the other members of the household. I impress on both the great importance of fresh air, clean surroundings, and good nourishing food. I find that the mother is unable to provide the latter, so I give her a diet slip.

An Italian baby with bronchitis and laryngitis, also visited this morning, is the next patient. He is a rather forlorn looking little object. He is feverish and breathes with great difficulty. His mouth is sore; his eyes are inflamed and discharging, and he is facing a strong light. The parents understand scarcely a word of English. I ask for a blanket in which to wrap the baby while I give him a bath, and am shown about a dozen articles before getting something that answers the purpose. I want something to hold the water, and I go through the motion of washing my hands. I am offered soap, then a towel, and finally a bright little boy brings me the pan from under the ice chest. When the mother understands what I am about she comes and helps. Helps to some purpose, too, and the baby is very quickly bathed. She watches carefully while I wash out the mouth and eyes, and a gesture toward the window is enough. She brings some wrapping paper and places it in just the right position to shield the baby's eyes from the light. Then come the medicines. Baby is to have ten drops of one kind of medicine and a teaspoonful of another kind every three hours, and a medicated steam inhalation three times a day. I count out the ten drops in a small glass. She nods her head as each drop falls. A teaspoonful of the other medicine, and some water is added, and the dose is given to the baby. I show her on the clock what an hour means, and the three is easily illustrated by holding up three fingers. She shows plainly by look and gesture that she understands perfectly, and we prepare the inhalation. She very quickly learns how and when this is to be given, and her firm manner shows plainly that the baby's very

evident objection to the process will not prevent his getting it for the prescribed length of time.

I now call next door to see a man with a septic wound of his knee. This is nearly well, and his wife is faithfully carrying out the treatment.

Next call is at a Russian home, where a patient for the Dispensary is seldom lacking. The mother has been told, times without number by many physicians and nurses, that if she wishes her children to be healthy she must keep them clean, give them fresh air, and feed them properly, but she still seems to believe that it is possible for the doctor to give them something that will keep them well without any trouble on her part. She has been shown, both at the Dispensary and in her home, how to prepare food for them, and has been given diet lists innumerable, but a good loud cry from one of the children usually procures for it whatever article of food it may desire. This time Israel has bronchitis. "He's worster," is her answer to my inquiry about the child. "The poor child he cry all night, and him's chest go just like he play de music." The child is sitting at the table eating bread and some friel stuff, although the prescribed diet is milk and broths. "He cry, he scream so hard, poor child, I can't keep it from him," is the mother's excuse. We go over the old ground once more, and she promises to stand the screaming and give the child nothing but the food prescribed. The ground here is very stony, but I believe an occasional seed does bear fruit, for she keeps her house and children just a shade cleaner than she did three years ago, when I first made her acquaintance.

I now go back to the lone lady with the gripe. She greets me with a whine: "I thought you were never coming." She inquires about the note. "Yes, I posted it this afternoon." "I thought you would do it this morning," she grumbles. Although she is in no condition to be out of bed, she is sitting in the kitchen. She has had some large chunks of wood brought in, and beside them lies a small axe. "Now," she says, "if you will cut the wood for me, I think I can light the fire myself." I ask about the woman who has been coming, but get very evasive answers. I decide to investigate, and visit the neighbor across the hall. She tells me that the woman came about noon, but was refused admission, and left word that she would come again when sent for. The neighbors would willingly light the patient's fire and do what they could for her, but she locks her door and will not answer their knocks. I go back to tell the lady that it is impossible for me to keep her fire going, and she ought to let her neighbors help her. My speech is cut short with, "For heaven's sake! while you're talking there you might have had the wood chopped." I send the neighbor's little girl for her friend, and leave them to settle the wood question.

My last visit is to an Irishman with gripe. I find him up and feeling much better. He heaps blessings on the doctor, the medicine, and myself, and the day's work closes with the benediction: "Good-by, good luck. May the Lord spare you your health," called over the bannisters as I reach the bottom of the two flights of stairs.

THE MACK TRAINING SCHOOL FOR NURSES.

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In 1875 there was published in St. Catharines, Ontario, a small pamphlet entitled, "First Annual Report of the St. Catharines' Training School and Nurses' Home." This report, only two copies of which are, I believe, now extant, gave an account of the founding of the training school the previous year, set forth the numerous advantages to be gained by the system of hospital training which had been established, detailed the duties of the nurses and the by-laws governing them, and, altogether, contained much that is interesting after a lapse of thirty years, about the founding of the first Canadian training school for nurses.

As, during the three decades intervening between the issuing of this report and the present year, no apparent effort has been made to establish the school's claims to public recognition as the Canadian pioneer, it is scarcely surprising that many, even of those most actively interested in such matters, are not aware that to the General and Marine Hospital, St. Catharines, belongs the distinction of having been the first hospital in the Dominion to have a training school for nurses established in connection with it.

This hospital was founded by Dr. Theophilus Mack, in 1865, and from a small cottage-hospital it rose during the first ten years to be, as the then Inspector of Hospitals, etc., stated in his annual report, "one of the best and most convenient hospitals in the province."

Dr. Mack, the founder, was untiring in his efforts. To his enterprise is largely due the fact that a training school was established in St. Catharines years before the larger cities of the Dominion received the innovation, and at a time when nurses' training schools were practically unknown in America.

It is true that schools were established about the same period in two or three of the United States hospitals, but their somewhat prior existence does not seem to have had any bearing upon the establishing of the pioneer Canadian school.

Large hospitals in Great Britain were known to be training nurses with marked success and the authorities of the St. Catharines Hospital were enthusiastic enough in their labors for the advancement of the institution to decide that patients in it must also benefit from the system of hospital training that had proved of such value in the mother land.

Miss Money, an Englishwoman, who was matron in 1873, was commissioned to go to England for the purpose of bringing out several trained nurses and others willing to be taught to the number of five or six.

In the early part of the winter, 1873-74, Miss Money sailed upon this mission. She returned early in 1874, bringing with her three trained nurses, graduates of Guy's Hospital, London; and by June of the same year, the St. Catharines' Training School for Nurses—since given the name of Mack Training School, in honor of its founder—was established. It has had an uninterrupted

existence ever since; and from its inception was evidently conducted upon advanced ideas and plans most approved by the best authorities.

The uniform for nurses on duty, for instance, was so well chosen that to the present date it has never been found necessary to materially alter it in order to keep pace with the march of progress. The blue and white striped cotton dress, large white apron, white linen collar and cuffs, and white cap, that the present nurses wear, were worn by the first pupil-nurses thirty-one years ago.

The period of training was three years (as at present), during the first six months of which those in training served as probationers, free.

Pupil-nurses of Mack Training School have always been required, after a stated period of training, to nurse a limited number of cases in private families; and the records show that ample opportunity has always been afforded them for this. In the early days, and, in fact, for many years it was an almost daily occurrence to receive requests for nurses, these requests frequently coming from distant cities and towns; for instance, from Buffalo, Rochester and many other parts of New York State; from Toronto, Hamilton, London, Woodstock, Stratford, St. Thomas, Peterboro', Belleville, Kingston, even from as far distant as Montreal, not to mention scores of other places.

That the fame of this comparatively small school did go well abroad was evidenced by the fact that even from New York City came a request for the name of any M. T. S. graduate, who might be available for a position as Supervisor of Nurses in a large hospital there.

Space does not permit a detailed account of the thirty-one years' work of this school. Its graduates—now scattered over the world—have held important institutional positions in this and other countries; they have labored as army nurses, both in South African and Spanish-American Wars. Some have become foreign missionaries, while others engaged in private nursing have been welcomed as valued assistants by doctors of the highest standing in many cities.

While it is not possible to mention individually the work of graduates, it may be stated in passing that Miss Eugene Hibbard, at present Superintendent of a Training School in Cuba for years Lady Superintendent of Grace Hospital, Detroit, and now so widely known as a war nurse, having been Superintendent of Nurses on Hospital Ship *Maine*, fitted out by American ladies resident in England for service in South African War, is a graduate and a former Superintendent of Mack Training School.

The school has had in all nine Superintendents, the present most efficient one being Miss H. Hollingworth, a graduate of Toronto General Hospital Training School.

Dr. Mack died October 26th, 1881.

A. E. HUTCHISON.

## THE TYPHOID EPIDEMIC AT FORT WILLIAM.

Fort William is a town of about 7,691 inhabitants, situated near the head of Lake Superior on the Kaministiquia River. Typhoid has been epidemic for a number of years in this place. The water supply is obtained from the Kaministiquia River, and pumped directly through the town without treatment. The intake pipe, which is situated about the middle of the town, was broken by a passing vessel in November last year, and the town took its water supply from about thirteen feet of water and only about twenty feet from the shore. Four sewers empty into this river, and one of these, of the old box style, empties just above the pipe. In connection with this sewer were several houses in which typhoid fever had developed in December and January. In the latter part of January typhoid began to increase, and in February got beyond the control of the local authorities. Prof. Starkey, D.P., H.M.R.S.I. (London), was sent for. He came up and took a general view of the state of affairs, and advised first that all infected houses be placarded, the printing and distribution of public notices, the printing and distribution also of notices for houses infected with typhoid fever; and on his return sent F. C. Douglas, M.D., C.M., D.P., H.M.R.S.I. (London), to take full charge of the situation.

Dr. Douglas arrived on March 10th. The plan of action was to send an inspector, immediately on the report of case, to placard the house and see that isolation was carried out, and to see that printed rules were carried out to the letter. A rigid inspection of all hotels, dairies, boarding-houses, and all places where food stuffs were stored or sold was made. The Health Committee prepared three cards with instructions regarding sanitary rules, and sent one to each home, hotel, boarding-house and dairy; also a notice was placed on the water tap stating that the water was unfit for use unless boiled fifteen minutes. For the houses infected with typhoid fever a special card was sent, with instructions regarding the isolation of the patient and the nurse; emphasizing the necessity of disinfecting the hands of the person in attendance, and changing the apron or gown before mingling with the family, as a number of contact cases have arisen. In fact the cases for the past two weeks have been contact cases, owing to the carelessness of the attendants. The weekly report of cases upon the arrival of Dr. Douglas, March 10th, had reached the number of 161, and has been reduced to one case up till Thursday of this week, April 11th.

The greatest number of cases reported in one week was 161; the greatest number of deaths in one week was 11. One is quite safe in saying one of every twelve inhabitants had typhoid fever.

Previous to the arrival of Dr. Douglas, the town had sent to Toronto and Winnipeg for nurses, and had opened up what was termed the Coal Dock Hospital, with an accommodation for 28 patients, 5 of whom were women; also the Finland people gave up their church, with accommodation for 19 patients, 7 of whom were women. These two hospitals were in the Coal Dock region,

where the inhabitants were nearly all foreigners. It was found very hard to deal with cases not sent to a hospital, there was so much carelessness regarding the excreta, even with the assistance of a staff of visiting nurses. During the absence of the nurse the people would dispose of the excreta as they chose, often times emptying the vessels in the yard without any use of disinfectants whatever.

Two weeks after the opening of the Coal Dock and Finland Church hospitals the Auditorium was opened up to be used for a hospital, with an accommodation for 31 patients, though the greatest number of patients at one time in the Auditorium was 26. The stage was used for a female ward. As there was only space for 8 beds, and more women waiting for admission, we were forced to curtain off a space on the ground floor for the accommodation of women. In all we had 11 women patients in the Auditorium. Previous to the opening of the temporary hospitals, McKellar General Hospital had built an annex, with accommodation for some thirty-three or thirty-four patients, so McKellar Hospital can now accommodate some ninety patients.

The complications were pneumonia, abscesses, boils, phlebitis, glandular involvement, also considerable ear trouble and coughs. In a ward of 28 patients 25 would have a cough, with considerable expectoration. There were some very severe hemorrhage cases, with which, in the majority of cases, we had splendid results; also several cases of very acute tympanites and some cases of severe diarrhea. Among the 77 cases which I assisted in nursing there was not one case of perforation, though we heard of several deaths from perforation in the town. The epidemic seemed to be of a most malignant type and a mixed infection, as we had very few typical typhoid charts.

It is most noteworthy that at the beginning of the epidemic the death rate was much higher among the Canadians, but latterly the death rate has been higher among the foreigners, also there were more males than females attacked. I am very thankful to say that by the strict measures adopted by the Board of Health, and the splendid assistance rendered by the visiting nurses (of whom there were seven, all from Winnipeg), together with that of the hospitals, the epidemic has been practically overcome, though, I am sorry to say, with considerable loss of life.

JANET G. MCNEILL,

Graduate Riverdale Hospital, Toronto.

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“BUT if you have learned to work in delicate veracity, stern against yourself, loyal to the perfection whose veils no man has lifted; if the far vision of that perfection has touched you with loyalty, manned you with courage and made you leap, glad to meet the tasks which are set before you, what is this but entrance here and now into the Kingdom of God?”—*President William L. Bryan, Indiana University.*



### SOME MAKESHIFTS.

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When a nurse, who has been trained in a well equipped hospital, starts out to do private nursing, she is often at her wits' end to know what to substitute for the convenient, but expensive and almost indispensable appliances she has been using daily during her three years as a pupil nurse. Some of the makeshifts I am now going to describe I have found just as efficient and useful as their more elaborate models.

1. *Head Mirror*.—In the absence of a head mirror an excellent substitute is a reflector, made of a brightly polished dessert or table-spoon with a wax candle, cut flat on one side, tied tightly to the handle of the spoon, allowing the lighted end to project one-third over the bowl; the most suspicious throat, inflamed ear, or obstructed nose is by this means brightly illuminated.

2. *Kelly Pad*.—A Kelly pad is expensive to buy, cumbersome to carry in the nurse's kit, and soon destroyed by conscientious cleaning, or by being folded away. To improvise one that is equally good for obstetrical cases, dressing wounds, or irrigating cavities, fold a sheet across twice, roll it into a tight roll, lay it on the bed in the shape of a horseshoe, letting the two ends project over the edge of the bed, pinning them firmly with safety pins to the mattress, over the rolled sheet put a good sized rubber sheet or piece of oil cloth, tuck it well under the inner side of the roll, and then over the outer, let the end project over the side of the bed, to conduct the water into the pail, the two edges being held together by a spring clothes pin or a pair of artery forceps, to form a trough for the fluid.

3. *Leg Holders*.—As assistance is often unobtainable in obstetrical and gynæcological treatment where the patient is required to be in the lithotomy position, there are two simple leg holders which can be used instead of having an assistant on each side to hold the legs flexed.

First.—Open out a sheet, twist it diagonally from opposite corners, until it is a roll, pass it over one shoulder, and under opposite axilla of patient when in dorsal position (if put around back of neck it would depress the head too much on the chest), carry down over front of chest, flex thighs on abdomen, pass each end of twisted sheet round thigh from within, outwards near popliteal space, and tie firmly; and no one will be required to hold the flexed thighs while the sutures are inserted, or the intra-uterine douche given.

As an extra sheet is sometimes scarce each nurse should have, as part of her kit, a leg holder made as follows: Two thicknesses of strong woollen webbing, or four of strong cotton flannel, 2 inches wide and 78 inches long when made, firmly stitched together; the middle of the strap is strengthened by being doubled over four times so that the total length before being made is 86 inches. One half inch from each end attach a strong silver-plated snap hook,  $1\frac{1}{4}$  inches long and, 16 and 20 inches from each end respectively, to

allow for difference in circumference of thigh, attach a strong silver-plated ring  $\frac{3}{4}$  inch in diameter. This holder is applied and used in the same way as the twisted sheet. If the snap hooks and rings are silver-plated they will not rust and the whole can be boiled. The webbing, rings, and hooks can be bought at a harness maker's.

4. *Protection of Bedding.* Sometimes a protection for the mattress, pillow or bedding is needed in a hurry, there is not time, or the patient cannot afford to buy sufficient rubber sheeting or oil cloth, or the nurse may be taking care of a chronic case with incontinence of urine and faeces, or with a copious discharge, for whom it seems impossible to provide enough dressing in the form of gauze, absorbent cotton, or clean old rags. Several thicknesses of newspaper, or sheets of thick wrapping paper, covered with clean old cotton will absorb a quantity of moisture and protect the under surface.

5. *Sterilization.*—For an emergency operation when there is not time to sterilize the towels and sheets, by steaming or boiling, they can be rendered almost sterile by being ironed with a very hot iron and wrapped closely in another well ironed towel.

To sterilize by steam when there is neither an Arnold nor a Knye Schurer sterilizer available, put two bricks on the bottom of a wash boiler, on them put an inverted baking tin or pie plates, and on these pile the bundles to be sterilized, being careful not to let the water be above the bricks, cover closely, keep the water boiling for one hour; remove the boiler from the fire and take out the bundles at once before the steam has time to condense on the lid and dry upon the sterilized articles.

6. *Preparation of Room.*—Sometimes an operation has to be performed in a room whose walls are covered with a dirty wall paper which cannot be washed, and which, if swept, would probably send out into the air thousands and legions of bacilli and cocci to infect the wound. To prevent the dust from flying fill the room with steam, by putting into it pans or tubs of hot water, and dropping into them bricks, almost red hot, this will send out clouds of steam. Shut the door at once and keep it closed as long as possible. Papers spread upon the floor and pinned or tacked down, will, if there is a carpet which cannot possibly be taken up, prevent the carpet from being soiled, and the dust and infection, lodging in the carpet, from being stirred up by the feet.

7. *Continuous Outflow.*—When a gynaecological case is ordered to have a prolonged douche lasting for an hour, it is extremely fatiguing, and quite unnecessary for the patient to have the douche pan taken out to be emptied every time it is full. A continuous outflow is ensured by putting the distal end of a Davidson syringe, weighted, into the pan, the proximal end hangs over a pail on the floor, at the side of the bed. If the syringe be too short a piece of rubber tubing may be attached. Start the flow by pressing the ball and as long as there is water in the douche pan it will continue to flow through the syringe. If a Davidson syringe is unobtainable a piece of rubber tubing may be substituted, and the flow started by means of suction; a syringe inserted at the proximal end drawing the water through until the flow is continuous.

EDITH MAYOU,

Victoria Hospital, London, Ont.

## THE NURSES' ALUMNÆ LECTURES.

The course of lectures arranged for nurses by a committee representing all the Hospital Alumnæ Associations in Toronto came to a close on Thursday, April 5th, when a large audience assembled to hear Dr. Clarke's interesting and instructive lecture, which we have much pleasure in presenting to our readers this month. The chair was occupied by Miss C. A. Mitchell, one of the committee to whom we all owe a great deal of pleasure and profit. Mrs. Greer, treasurer of the committee and president of the Alumnæ Association of St. Michael's Hospital, read the treasurer's report, which showed the total contributions to be \$133, and the present credit balance \$5. Miss Mitchell gave a brief address, from which we are permitted to make the following extracts:

The united efforts of our graduates and undergraduates from all the training schools for nurses in the city have proved that "Union is strength." . . . The members forming our committee are the presidents of the different alumnæ associations and two others, who were appointed by the association who proposed the plan. . . . Our first meeting was arranged for by the Graduate Nurses' Association, Miss Dock being the speaker, on "Registration." . . . We had a large meeting, though the evening was very stormy. The interest was very apparent, and we eagerly looked forward to those who were to follow. Mrs. Von Wagner, Government Inspector for Yonkers, N.Y., spoke in January: subject, "Sanitary Inspection." She captivated us by her quietness and strength. She showed what a woman can do in this work, and how much better she can do it as a trained nurse. This is a new department for the nurse to work up in Canada. In February Miss Damer came from New York to address us, on "The Nursing Care of Tuberculous Patients in Their Homes."

. . . The rich and poor alike require educating on this subject. Mrs. Hampton Robb came in March. Her subject, "The Nurse as a Citizen," brought out the importance of our action in regard to the social and religious duties of a nurse. This was a very fine address. . . . It has been said "an organization is as strong as the strongest personality in it: the strongest will strike the key-note." We have evidently many strong ones, for it is union that is the key-note of our organization, . . . The committee now retire, giving place for others to adopt new methods for our education and entertainment.

At the conclusion of Miss Mitchell's address, which was listened to with evident attention and pleasure, steps were taken to carry on the work for next year.

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THE duty for the moment is always clear, and that is as far as we need concern ourselves; for when we do the little that is clear we will carry the light on, and it will shine upon the next moment's steps—*J. R. Miller, D.D.*

### THE ALUMNÆ ASSOCIATION OF THE TORONTO WESTERN HOSPITAL.

This Association was organized March 23, 1904. The membership the first year was seventeen. At the present time there are two honorary members and twenty-one active members.

During the current year nine monthly meetings were held and five lectures were delivered, as follows:

Dr. Clouse, "Surgical Emergencies."

Dr. A. A. Macdonald, "The Nurse's Personality."

Dr. Hunter, "The Nurse, Her Place, and Her Equipment."

Dr. Carveth, "The Nurse's Responsibility to Herself."

Miss Smedley, "Obstetrics."

These lectures were highly instructive and very much appreciated by all. There was also a re-union of the graduates held at the Nurses' Home, Rosebury Ave., at which there was a good attendance. Many of the members who reside outside the city were present and a very pleasant time was spent. The result of the monthly meetings and these re-unions cannot but be beneficial to all our members. It brings the nurses in touch with one another and promotes a unity and good feeling that would not otherwise be obtained, and a large increase in the membership of our Alumnæ is expected from such re-unions. The finances of the Association are in a satisfactory condition, showing a surplus of \$26.61.

Officers, 1906: Honorary President, Miss Smedley, Superintendent Toronto Western Hospital; President, Mrs. Annie Yorke, 400 Manning Ave.; First Vice-President, Miss Marcella McKin, 76 Close Ave.; Second Vice-President, Miss Mildred Wilson, 159 College St.; Treasurer, Miss Clara Ovens, 502 Spadina Ave.; Secretary, Miss Georgina Woodland, 1 Rose Ave.; Directors, Miss Nellie Demmington, 2 Brunswick Ave.; Miss Ida Speer and Miss Terese Alilund, 66 1/2 Spadina Ave.

### GRACE HOSPITAL, WINNIPEG.

This new hospital which is to open about May 15th is the outcome of the Salvation Army Rescue Home, which was started about fourteen years ago in a little cottage on Ross Avenue. Then it was simply a rescue home, but as the city grew, larger quarters were secured on Yonge Street, of which part was used as a maternity hospital and part as a rescue home.

Now this new hospital has been built at a cost of \$47,000, will have sixty beds, and will be devoted entirely to maternity work. It is a handsome building situated in the most pleasant suburb of Winnipeg, within easy reach of the centre of the city, and is surrounded by sufficient grounds to make a very attractive place.

The hospital part is fully up-to-date with well lighted and

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ventilated wards for the patients, a special ward for children, and last but not least, a fine operating room which is supplied with all the latest discoveries, and is warranted "germ proof." Perhaps one of the latest appliances that will appeal to many nurses is the "soiled clothes chute." It is on the outside of the building and is composed of zinc, perforated with ventilators, with doors opening from each floor and running directly into the street, where the clothes are received into zinc tubs constantly supplied with fresh carbolic solutions, it is thus easily cleaned and the clothes are never kept "soiled."

When it opens there will be only \$7,000 of a debt remaining from the building fund. The nursing department will be under the supervision of Staff-Sergeant Kerr. For the present there will be only 16 beds for actual patients, but as the funds increase they hope to get the full complement of 60 beds going all the time.

It is intended to train nurses for obstetrics only, giving them a two year course, also in children's ailments. These nurses are intended to nurse only amongst the poor of the city, and no doubt will be appreciated by the class unable to afford a fully qualified nurse, and most certainly this will be much better than employing the so called experienced nurse.

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### A STEP IN ADVANCE.

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The War Office has issued orders that in future no sister will be promoted to the rank of matron in Q. A. I. M. N. S. until she has passed an examination, the regulations for which will be published in our next issue. The British Government is thus the first to institute and require special training for the important office of matron or superintendent of nurses and to provide for the same. It is a step in the right direction.

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to be honest, to be kind—to earn a little and to spend a little less, to make for the whole a family happier for his presence, to renounce when that shall be necessary and not to be embittered, to keep a few friends, but these without capitulation—above all, on the same grim condition, to keep friends with himself—here is a task for all that a man has of fortitude and delicacy . . . . In his own life, then, a man is not to expect happiness, only to profit by it gladly when it shall arise; he is on duty here; he knows not how or why, and does not need to know; he knows not for what hire, and must not ask. Somehow or other, though he does not know what goodness is, he must try to be good; somehow or other, though he cannot tell what will do it, he must try to give happiness to others."—*R. L. Stevenson.*

## Official Reports.

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### ONTARIO GRADUATE NURSES' ASSOCIATION, ANNUAL MEETING, ST. GEORGE'S HALL, TORONTO, APRIL 17th, 2 P.M.

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The annual meeting of the Ontario Graduate Nurses' Association was held in St. George's Hall, April 17th, 1906, at 2 p.m. The meeting was opened with prayer by the President.

The next in order was the election of the Nominating Committee, which was as follows: Miss Greene, Miss Brent, Miss De Vellin, Mrs. Greer and Miss Ewing.

The Secretary then read the minutes of the second meeting of April 22nd, 1905; also the minutes of the special meeting held on December the 28th, 1905, which were adopted.

Miss Hodgson, of the Press and Publishing Committee, reported as follows:

"The Press and Publishing Committee, in conjunction with the Committee on Legislation has supervised all printing and publications of the Association during the year, and a record of the same has been kept." Report stands approved.

Miss Bella Crosby, the Corresponding Secretary, read her report as follows:

The first correspondence of the Association's year was in regard to affiliation with the National Council of Women. Granted.

A number of letters have been written to different nurses who desired information about the Association and its requirements for membership.

Then for the special meeting of December 28th, 1905, an effort was made, by correspondence, to interest all nurses in Ontario, in view of the fact that a proposed Bill for Registration was under discussion. Each of these forty-seven letters contained a copy of the draft of the proposed Bill, and was in addition to communications sent to members of the Association.

Then in view of the great need of the strong and united support of all the nurses in the Province for our proposed Bill soon to be brought before the House, a circular letter and petition were prepared and sent out in order to obtain the signature of every nurse in the Province. This elicited a hearty response, and about 600 signatures were obtained. A number of the members of the Association very kindly assisted in this work, and we are hoping our work will be rewarded by the passing of our Bill. Report stands approved.

The Treasurer reported as follows:

For the Year ending April 1st, 1906.

Balance on hand May 1st, 1905 .....	\$ 67 81
Annual fees.....	150 00
	<u>\$217<sup>r</sup></u>
Disbursements .....	169 5 81
	<u>\$ 48 31</u>

Report approved.

Report of Committee on Revision of Constitution and By-Laws, was read by Miss Julia Stewart as follows :

Your Committee has very little to report. Several meetings were held in conjunction with the Committee on Legislation. In view of the fact that the passing of the Registration Bill now before the Legislature, will necessitate an entire change of the constitution, it was not thought advisable to make any changes at present. Should the Bill fail to pass, however, we beg to suggest that the Association consider seriously the advisability of doing away with a nominating committee, and having all nominations made from the floor. Even at the expense of time your Committee feels that more general satisfaction would be given, and the best interests of the Association served in this way. Report stands approved.

Miss Eastwood read the report of the Legislative Committee as follows :

"Your Committee beg to report that their first step was to prepare a paper on the subject of 'Registration for Nurses,' to be read at the annual meeting of the 'Council of Women,' held last June, in Charlottetown, P.E.I." A great deal of interest was expressed, and the "Council" recorded its hearty approval of registration for nurses.

The second step was the getting up of a meeting for all graduate and undergraduate nurses in this city and surrounding towns to listen to an address by Miss L. L. Dock, of New York, on "Registration."

This meeting was held in the Theatre of the Normal School, in October, 1905. Miss M. A. Snively took the chair. It was a miserable night—wet and dreary—but the room was almost full, a splendid turnout, showing how general was the interest, and most gratifying to the promoters of the meeting.

Miss Dock gave a history of the movement for registration, why it was needed, and sought for. She was listened to with marked attention.

Mr. I. H. Cameron and Dr. Brown spoke briefly, the doctors promising all the assistance they could give to further the nurses' plans. Mrs. Willoughby Cummings also spoke on behalf of the Council of Women, which desired to make known its willingness to assist if it lay in their power.

The Hon. J. W. St. John, Speaker of the Ontario Legislature, most kindly offered to draw up a Bill to incorporate our Association and at the same time procure for us registration.

Numbers of bills were studied, and many meetings for consultation were held with Mr. St. John, his kindness and patience never failing us. A draft of a Bill was prepared and a special

ing called for December 28th, to discuss and ratify it. (See Mercier number.)

(See Mercier) was introduced into the House on March 1st, by Mr. The Lawford, member for West Toronto, with Mr. W. H. Hoyle, Thos. Guder, member for North Ontario.

As after the first reading, a deputation of nurses was asked to meet some of the members at the House, and explain why they desired registration.

On March 9th, about seventy nurses assembled in one of the Council rooms, and thirty or thirty-five members came to listen to our explanations and requests and to learn what the Bill would do for the nursing profession.

The speakers for the Bill, besides our faithful champion, Mr. St. John, were Miss Snively, Mrs. Paffard, Miss Brent, Dr. Helen MacMurchy, Miss Mitchell and the present speaker. The nurses were well received, listened to attentively, and a general feeling amongst the members of the House was apparent that we were not asking for anything but what was right and reasonable.

Mrs. Hunter Robb, of Cleveland, and Miss Palmer, editor of the *American Journal of Nursing*, being present as spectators, were asked to give an account of what progress registration had made in the United States.

After the second reading of the Bill the House appointed a committee of its members to discuss it and bring in a report. A deputation of nurses was to meet with this committee. From this source and that we learned that clause 25 was a source of offence to many. So a meeting of the Legislative Committee, together with the members of the Executive resident in Toronto, was called, and it was decided to strike out clause 25 entirely.

On April 5th, the special committee of members and a large deputation of nurses (about 100) met, our President, Miss Gordon, coming up from Kingston for the occasion. Clause by clause was gone over, and with Mr. St. John's invaluable assistance and Miss Gordon's well-put arguments, we felt we were safe, and that we came off victorious.

Dropping out clause 25 we had only four other changes to make.

First—The addition to clause 3, section 1, of these words "Examinations shall be held in at least three places besides Toronto."

Second—In clause 4, section 2, the substitution of the word "shall" for "may" at the end of the first line.

Third—In clause 15, the words "competency" and "fitness" were omitted.

Fourth—The time for registration be extended for two years.

On clauses 3 and 15 there was much and very warm discussion.

The session lasted two and a half hours, and when it was finished we felt that so far nothing of moment had been lost; so there was great rejoicing, congratulation and hand-shaking on all sides.

The Legislative Committee know right well that all this has not been accomplished by it alone. In fact force of circumstances often at an important moment reduced the working power of the



committee to one, and that poor one could not bear the responsibility unaided, and generous help was given by many members of the Association. The thanks of the Committee are tendered to all who so kindly lent aid.

It was not a time to stand on ceremony as to whose duty it was to do this or that. The cause was so important and so pressing that all help was thankfully received.

We understand that the Bill comes up for its last reading next Thursday, and though we hear of some opposition we sincerely trust it is in good hands and we hope for the best. The report stands approved.

After discussion, Miss Eastwood moved that we ask the Legislature to strike out clause 9. Seconded by Miss Mayou.—Carried by over two-thirds vote.

The Secretary read the names of the new members, sixty-nine being added to the roll.

The President made the suggestion that the four medical men should be representatives: one from Toronto, one from London, one from Ottawa and one from Kingston.

The Nominating Committee now reported.

Moved by Mrs. Paffard, seconded by Miss Muir, that Mrs. Yorke and Miss Crosby be appointed scrutineers.—Carried unanimously.

The President then called on Miss Watson, of MacDonal Institute, Guelph, who gave an interesting and instructive address on the work of the MacDonal Institute.

Mrs. Bruce moved a vote of thanks to Miss Watson, which was seconded by Miss Robinson.—Carried.

The scrutineers now handed in their report, the following being the officers elected: President, Miss Eastwood, elected by acclamation; First Vice-President, Miss Brent, Sick Children's Hospital; Second Vice-President, Mrs. Nicol, Kingston; Cor. Secretary, Miss Julia Stewart; Rec. Secretary, Miss Mathieson, Isolation Hospital, elected by acclamation; Treasurer, Miss Hamilton, elected by acclamation.

*Members of Executive Committee.*—Miss Gordon, Miss Robinson, Miss Barwick, Miss Graves, Miss Mayou, Miss Hodgson, Miss Mary Gray, Mrs. Tilley, Miss De Vellin.

*Press and Publication Committee.*—Miss Barwick, Miss Crosby, Miss Potts, Miss Harrison, Miss Fralick.

*Legislation Committee.*—Miss Lawler, Miss Patton, Mrs. Paffard, Miss Ewing, Miss Woodland.

*Revision of Constitution and By-Laws.*—Miss Gordon, Miss Chillman, Miss De Vellin, Miss Graves, Miss Moody.

*Auditors.*—Mrs. Yorke, Miss Hargraves.

*Committee to Represent the Association at the Annual Meeting of the National Council of Women.*—Miss Tweedie, Mrs. Yorke, Miss De Vellin, Miss Eastwood, Mrs. Greer.

The President wished a convener appointed for a Committee of Arrangements. It was moved by Miss Eastwood, seconded by Miss Green, that Miss Stewart be elected with power to select her own committee.—Carried unanimously.

The President drew the attention of the members to a work

entitled "Practical Dietetics," by Miss Pattee, which she recommended highly for use in private nursing.

Miss Brent moved that this Association write to *Colliers' Weekly*, *Ladies' Home Journal* and *The Delineator*, in regard to the danger to the profession in the Correspondence Schools of Nursing, asking them if they could see their way to refuse such advertisements. Seconded by Miss Mayou.—Carried.

Miss Eastwood moved that a list of names be prepared for the Council, should they require such a list, seconded by Mrs. Paffard.

The President announced, that owing to the lack of time, Miss Stewart would withdraw her paper on "Materia Medica," but hoped we would have the pleasure of hearing it on another occasion.

Miss Eastwood moved a vote of thanks to the acting president, saying we would not forget how she had come all the way from Kingston and worked for the Association.

With a few final remarks from the President the meeting adjourned.

K. MATHIESON,

Recording Secretary

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#### STATEMENT FROM EXECUTIVE COMMITTEE.

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The fact that the Nurses Bill had to be withdrawn before the third reading is known and deeply regretted by every nurse really interested in her profession, but there may be some among us who are in doubt as to the reasons that caused the Executive Board of the Association to take such a responsible step, and that it was such every member of the Board realized fully.

The amended and objectionable clauses of the Bill read as follows:

Section 3, clause (1): Nothing in this Act contained shall authorize the Association to impose any educational test whatsoever upon any person applying for registration under this Act who is a graduate of any training school approved of by the Council of the Association as hereinafter mentioned.

Section 3, clause (3): All nurses who may hereafter graduate from any training school for nurses now or hereafter conducted by any public hospital within Ontario, the standard of which training school is approved by the Council, shall if such training school gives a training of two years or over, be entitled without any further examination to become registered as members of the Association, upon satisfying the Council as to their moral character and upon paying the prescribed fee.

Section 4, clause (3): Copies of all by-laws, rules and regulations of the Association shall be filed with the Inspector of Public Charities, and all by-laws, rules, regulations and decisions of the Association may be suspended, vetoed or annulled by the Provincial Secretary.

Section 5: The affairs, business and concerns of the Association shall be managed by a Council (hereinafter called the Council) of

fifteen persons, and the members of such Council shall, in the first instance, be appointed by the Lieutenant-Governor-in-Council within one month after the passing of this Act, and shall consist of four duly qualified male\* medical practitioners—four persons, each of whom shall be a member of the Board of Trustees, Advisory Board or Governing Body of some incorporated hospital in the Province of Ontario, and of seven persons, each of whom is a graduate of some training school for nurses of at least five years' standing.

At a meeting held at Grace Hospital, April 27th, 1906, it was decided that the Bill as amended could not be accepted and certain amendments to the amended clauses should be proposed at the third reading. However, it was learned that the chance of these amendments, proposed by the nurses, being considered at the third reading was extremely doubtful, and as no canvass had been made of the members of the House—no definite idea could be had as to the opinion of the members other than those of the Committee. To quote from one of the several letters received on the subject, "Persons familiar with parliamentary work seldom attempt to have a Bill, approved by one of the Committees of the House, amended on its third reading until they first obtain a promise from a sufficient number of the members to vote in favor of the proposed amendment to make sure that it will carry."

This being the case, the majority of the Board felt there was nothing left but to withdraw the Bill, that they could not support a measure which would put the absolute control of nursing affairs in the hands of a Council of fifteen, only seven of these nurses, and which would register nurses without examination should the hospital from which they graduated be approved by the above Council; a Council, remember, of which the majority is doctors and members of hospital boards; and that it would be lowering their standards should they agree to these conditions, and that the profession would lose, not gain, should the Bill become law.

Accordingly a letter was written to Mr. Crawford asking that the Bill be withdrawn.

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\* It should here be stated that the Hon. Dr. Willoughby, Chairman of the Special Committee, took pains to inform the editor of THE CANADIAN NURSE on Monday, April 30th, at 6 p.m., that he would himself move in the House to omit this word when the Bill was called for its third reading.

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BE not uneasy, discouraged, or out of humour, because practice falls short of precept in some particulars. If you happen to be beaten return to the charge.—*Marcus Aurelius.*

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THE vision of the Ideal guards the monotony of Work from becoming monotony of Life.—*Westcott.*

## THE HISTORY OF BILL No. 106.

Bill No. 106, entitled "An Act Respecting the Ontario Registered Nurses' Association," brought in during the second session of the eleventh Legislature of Ontario, in the sixth year of the reign of King Edward VII., has had a brief but exciting life. On the 1st of March, 1906, as we have already informed our readers, it was brought before the House, read a first time, and made a public Bill. Almost by chance, there were present in the Speaker's Gallery some members of the O. G. N. A., who had come to the Parliament Buildings that afternoon for another purpose. They were delighted to hear the mover of the Bill, Mr. Thomas Crawford, member for West Toronto, rise in his place and read an endless number of petitions from nurses in every part of the Province praying for incorporation and registration. Thereafter rose up the seconder, Mr. W. H. Hoyle, of North Ontario, to read still more petitions, until it seemed as if the whole Province had been heard from. But the course of true bills, like the course of true love, never does run smooth, and in the press there were to be heard, chiefly among Opposition papers, murmurs of "close corporation" and other ominous phrases, showing that the Bill, which is intended solely for the protection of the public, and to improve the status of of the nursing profession in Ontario, was being misunderstood in some quarters. An account of its further history, up to the third reading, will be found on pages 29-32.

On Thursday, April 19th, the Bill was down for its third reading as reported by the Special Committee. The Hon. the Speaker, with great kindness, had reserved the Speaker's Gallery for the members of the Association. The gallery was filled and a number of nurses were in the Ladies' Gallery.

Order No. 49 was called by the Speaker, "Bill No. 106," and the House went into Committee of the Whole. Mr. Crawford moved the third reading of the Bill, which would have made it law, but the Hon. Dr. Willoughby moved, in amendment, that it be referred back to the Special Committee, as the Governors of Kingston Hospital and others had made objections to it in its present form. This was vigorously opposed by Mr. Crawford, Mr. Gamey of Manitoulin and others, who felt that such action meant the killing of the Bill. The Premier stated emphatically that the Bill must go on. It had passed the second reading, it had been considered in committee, and he could hardly understand any member on either side of the House desiring to delay it. The Hon. the Speaker, by consent of the House, was then heard. He submitted that if the Bill were only understood the objections to it would vanish.

The hour for adjournment had now arrived, the Committee rose and reported progress. The Speaker resumed the chair, in order that the Premier might move, and the Hon. Mr. Ross second, a resolution tendering the warm and earnest sympathy of the House to the people of San Francisco, and the House adjourned. At

the evening session discussion on the Nurses' Bill was resumed in Committee of the Whole, several members taking part. It was finally agreed, on the motion of the Hon. Mr. Harcourt, that the first clause of the Bill be passed by the House, as a guarantee that the Bill was not to be killed in Committee; and also, on the suggestion of the Premier, that Order 49 remain on the order paper for two or three days, to allow all parties an opportunity to state objections. Accordingly, on April 23rd, the Bill was referred back to the Special Committee who were re-appointed for the purpose, so that certain parties might be heard. The Committee was called for April 25th, and again the faithful nurses attended; in many cases at great personal inconvenience. Some on night duty had given up several hours of their sleep; some on special duty had engaged, at their own expense, special nurses to take their places; some had taken their precious "p.m." in the morning; but all were willing to do it for the common good. There was no quorum of the Committee, a circumstance that may or may not have been accidental, and after waiting an hour or more the chairman rose from his place, declared no quorum, and called the Committee for the next day at the same hour.

On the next day, April 26th, there appeared the Rev. Archdeacon Carey, President of the Board of Governors of Kingston General Hospital, Dr. Dwyer of St. Michael's Hospital, and Mr. Day, solicitor, and Dr. Robertson of the Protestant General Hospital, Ottawa, as well as the members of the Ontario Graduate Nurses' Association.

Again there was no quorum, but still members of Committee present expressed their views, and heard the views of others present. A suggestion was at last adopted that representatives of all parties meet the Chief Law Clerk, Mr. Dymond, at 3.30 that afternoon, and, if possible, agree on amendments to be submitted to the Committee at an adjourned meeting to be held on April 27th. Certain amendments were framed, and Clause 9 was omitted at this conference with Mr. Dymond, those present being as follows: Those requested by the nurses present in the morning to represent them, Miss Patton, Miss Mitchell, Miss Eastwood, Mrs. Paffard, Mrs. Greer, and Dr. Helen MacMurchy; also Dr. Dwyer, Dr. J. N. E. Brown, Rev. Archdeacon Carey, Mr. Pense, Mr. Day.

Miss Eastwood, feeling the responsibility of the situation, requested a number of nurses to meet at 10 a.m., on April 27th, in one of the committee rooms on the second floor of the House, kindly placed at the disposal of the nurses; and here Mr. Crawford, Mr. Gamey, Dr. Sheard, and one or two other gentlemen, came to give assistance. Dr. Sheard afterwards accompanied the nurses to the Railway Committee Room, and when the Special Committee of the House, which was then deliberating, reached clause five, he addressed the Committee on behalf of the nurses, asking that seven duly qualified medical practitioners (four of whom should be endorsed by hospital boards) be appointed by the Government, and that the nurses appoint eight of their own number.

Much discussion followed, and it was finally agreed, in order that the Bill might be reported to the House, that the Bill as

amended on April 26th (see above) should be passed as a whole, and so reported.

A meeting of the Executive Committee of the O. G. N. A. was held at the home of the Victorian Order of Nurses, on April 30th, the members at a distance being notified by telephone. Present: Miss Eastwood, President; Miss Mathieson, Secretary; Misses Barwick, Mary Gray, De Vellin, Hodgson, Lawler and Stewart.

After a lengthy discussion, in which all the ladies present took part, a vote was carried that the Bill should be withdrawn, and the secretary was instructed to write to Mr. Thomas Crawford, requesting him to withdraw the Bill. The Bill was withdrawn accordingly on May 2nd, 1906.

#### NOTES.

It was worth while going to the House to hear the beautiful prayers read by Mr. Speaker entreating the blessing of Heaven on the Empire, the King and Queen, the Houses of Parliament, and the Legislature in session. It is said that the chair has never had a better occupant than the present Speaker.

To the Hon. J. W. St. John the nursing profession in this Province owes a very great and not-to-be-forgotten debt of gratitude. Mr. St. John's kindness, the great trouble that he took, and the value of his advice and influence, we cannot readily find words to express. To him, to Mr. Crawford, and to many others, members and officials of the House, *THE CANADIAN NURSE*, on behalf of its readers, would return thanks.

No one showed a greater grasp of the situation than the Hon. Adam Beck, who repeatedly came to the rescue of the Bill in Committee.

Only three times since Confederation has the Speaker asked leave to address the House. No one seems to remember the first or second time, but we shall never forget the third time.

The greatest interest was taken in the progress of the Bill by almost every nurse. Many of them attended the committee meetings and sessions of the House. From 100 to 150 nurses must have been present.

It would have been impossible for anyone to devote more constant and careful attention to the Bill or to bestow on it more time than did the President, Miss Eastwood, and her colleagues on the Legislation Committee.

We thought Mr. Hoyle was mistaken about hypnotic influence, but he certainly was right about six gentlemen speaking at once!

The Rev. Archdeacon Carey, of Kingston, stated that no copy of the Bill ever reached the Board of the Kingston General Hospital. If they had only read *THE CANADIAN NURSE*, which is sent to all the hospitals of the Province every quarter, all this trouble might have been avoided!

## Reports of Nursing in Hospitals.

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### DIPHTHERIA.

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John C., aged 11 years; admitted to the hospital on January 6th, 1906, suffering from naso pharyngeal diphtheria. The patient had been ill for a week before any physician was called and the disease was far advanced before any treatment was begun.

The tonsils, uvula, and the walls of the pharynx were covered with a thick, dark, leathery membrane; the nose was completely blocked with membrane, and lymphatic glands of the neck were very much enlarged. There was marked constitutional disturbance, extreme pallor, breathing was altogether by mouth, the tongue was badly coated and dry, and the odor offensive. Patient had great difficulty in swallowing.

Temperature, 100  $\frac{3}{5}$ ; pulse feeble, 112; respiration, 24; urine, amber color, and normal in quantity.

*Treatment:* 4,000 units of antitoxin were administered; throat sprayed every hour with hydrogen peroxide, listerine and water, equal parts. Nose sprayed with Seiler's solution; warm camphorated oil applied to the glands of the neck every two hours (calomel as a purgative);  $\mathfrak{Z}$  i of a mixture containing peptonate of iron, elixir of lactopeptine and liquor strychnia was given every four hours. Whiskey,  $\mathfrak{Z}$  iii, every two hours. Diet: milk, beef essence, broths, etc.

On the second day the temperature was 101; pulse, 120; respiration, 24. 4,000 units of antitoxin were again administered. No improvement in the patient's condition; treatment continued.

Third day: Temperature, 100; pulse, 112; respiration, 22. The urine now showed albumin present. At 10 a.m. patient had a severe hemorrhage from the nose. Adrenalin chloride was used, but ineffectually. The nares were plugged with small pledgets of absorbent cotton, saturated with tr. ferri mur. and glycerine. The patient spent a very restless day; the pulse was irregular; his general condition was unfavorable.

Fourth day: Temperature, 98; pulse, 96; respiration, 20. As there was no marked improvement in patient's condition, 4,000 units of antitoxin were again administered. The plugs were removed from the nares; the greatest care had to be exercised in spraying the nose on account of the tendency to hemorrhage.

On the morning of the sixth day the patient's condition was more hopeful. The throat was much cleaner; the swelling of the glands of the neck almost subsided; the pulse stronger, and regular. From the sixth day until the tenth there was marked improvement. The patient's throat and nose were free from membrane on the ninth day. A week elapsed, when the patient became decidedly worse. The urine showed 50 per cent. albumin; there was marked œdema and evidence of nephritis; paralysis of

the muscles of deglutition came on, making it very difficult for him to swallow liquids. Nourishment was given in the form of junkets, milk jellies, calves' foot jelly, etc.

The pulse became slow and irregular; there was persistent vomiting; patient complained of severe pains in his stomach; external heat was kept up by means of hot-water cans; strychnine sulphate  $\frac{1}{30}$  grain and digitaline  $\frac{1}{100}$  of a grain were given hypodermically every four hours. Rectal normal salines  $\frac{3}{8}$  viii every four hours. Diuretin 12 grains every four hours to produce diuresis. Brandy  $\mathfrak{J}$  iii every two hours.

This treatment was continued until the twenty-sixth day of disease, when the patient began gradually to improve. The improvement was slow, but continuous. Careful, persistent attention was given to the details of nursing, the greatest care being exercised to avoid any possible exertion. Owing to the abnormally dry and harsh condition of the skin, the patient was rubbed all over with olive oil every day after his morning bath. As the albumin in the urine diminished, the patient was dieted more liberally, and everything in the nurse's power was done to hasten convalescence.

On February 21st the patient was bacteriologically free from diphtheria, and was discharged from the hospital in a healthy condition.

K. MATHIESON.

Riverdale Hospital, Toronto.

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HOT SAND BAGS.—We are all acquainted with the virtues of the hot water bag, but many persons are not aware of the fact that a sand bag is even better. The way to prepare it is this: Get some clean, fine sand, dry it thoroughly in a kettle on the stove; make a bag about eight inches square, of flannel, fill it with the dry sand, sew the opening carefully together and cover the bag with cotton or linen cloth. This will prevent the sand from sifting out, and also enable the person using it to heat the bag quickly by placing it on the oven, or on top of the stove. After once using this no further recourse will be had to the hot water bottle or the brick. The sand holds the heat for a long time, and the bag can be tucked up to the back without hurting the invalid.—*Health*.



# My Scallop-Shell of Quiet

Give me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.

Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven;  
My soul will be a-dry before,  
But, after, it will thirst no more.

—Sir Walter Raleigh.

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## Opportunities for Doing Good.

THE present opportunity is a rare one. When have we doctors and nurses, members of the medical profession, gathered in this way before—gathered as in the presence of God to give reverent thought to the fundamental eternal relations of our occupations to our doings in the world?

Look upon your call to the bedside of the sick one as twofold, ostensibly to serve the body, but in reality by those faithful, tender ministrations to the body, and by the excellence of your work in the realm of things material, to win such an affectionate regard from your patient that you may simply, sweetly and naturally speak of Him, whose you are and who sent you on this mission. (From an address delivered at a special service for physicians, medical students and nurses at Pittsburg, by Dr. Howard Kelly, of Baltimore.)

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## Where Strength and Greatness Lie.

Physical regeneration is certainly necessary, and to the attainment of that end the elimination of the two great factors of national decay, alcohol and syphilis, must take a prominent place in any scheme of reform. But moral as well as physical qualities go to the making of national vitality, and it is in the development of these that is to be found the remedy for some of the evils which tend to undermine the stability of nations. The strength and greatness of a nation do not lie in the sinews of its people, nor in the moneybags of its traders, nor in the glibness of its orators, but in the devotion of its citizens to a lofty ideal of public and private duty; in their love for all that is true and good and beautiful, and their hatred of all that is false, evil, mean, and ugly; in their strenuous pursuit of knowledge and their readiness to apply it to the making of life larger, fuller, and happier for all.—*The British Medical Journal.*

# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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VOL. II.

TORONTO, JUNE, 1906.

NO. 2

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## Editorial.

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### THE GREAT DISASTER AT SAN FRANCISCO.

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Perhaps the greatest disaster of modern times was that which overwhelmed the fair city of San Francisco. In forty-eight seconds the labor of centuries fell in ruins, and fire quickly following completed the horror of the scene. In those terrible days nurses and doctors met death bravely, remaining at their posts in hospitals, asylums and elsewhere. We do not yet know—perhaps we never shall—the fate of many; but in common with the whole Canadian people and, indeed, with the whole world, THE CANADIAN NURSE would express its sorrow and sympathy with the city and the people on whom so heavy a calamity has fallen.

**THE ONTARIO GRADUATE NURSES' ASSOCIATION.**

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Elsewhere in the present issue is to be found a full report of the proceedings of the Ontario Graduate Nurses' Association at their recent annual meeting. The meeting was lengthy and important, and we understand that it is quite possible that two sessions, instead of one, will be devoted in future to the business of the Association. Organization, always a difficult matter, is progressing, and the future of the Association, it is felt, offers bright and encouraging prospects.

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**THE MANITOBA ASSOCIATION OF GRADUATE NURSES.**

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Great congratulations to our Manitoba sisters on the formation of their Association and the success of their first Annual Meeting. They have now completed their organization, and have a Committee on Legislation appointed to draft a Bill for Registration. All success attend the new Association. An account of the meeting will be found elsewhere.

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**THE ONTARIO BILL WITHDRAWN.**

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Our readers will find elsewhere the official statement from the Executive of the Ontario Graduate Nurses' Association in regard to the withdrawal of the amended Bill.

It is, we think, self-evident that the affairs of a Nurses' Association should be managed by nurses. It is equally true that in order to protect the public and the profession, a register of nurses who have been properly trained should be available. Finally, the standard of such training should be acceptable to the profession, and worthy of it.

Great difficulties arising from political and other considerations, surrounded the Bill, and complicated the question of its withdrawal. Those who were present at all stages of its progress saw these difficulties best, and felt them most. Even practised parliamentarians held divergent views as to the effect of the amendments, many of which were designed to aid the objects which the nurses had in view. We are not discouraged. Ere many years, a better Bill will rise, phoenix-like, from the ashes of the Bill of 1906.

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**A MEMORABLE ANNUAL MEETING.**

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The twelfth annual meeting of the American Society of Superintendents of Training Schools for Nurses, held at the Academy of Medicine, New York, April 25-27, was a great success. From the moment of the invocation by the pastor of Madison Square Presby-

terian Church to the motion for adjournment the interest never flagged, and the only difficulty was to make the most of the varied and helpful programme. The address of welcome was by the Hon. Seth Low, and among the most important papers were those on "Furnishing and Equipment," by Miss Wheeler and Miss Shaw; "Economy in Surgical Supplies and Operating Room Technique," by Miss Macdonald and Miss Jammé; and "The Affiliation of Training Schools," by Miss Macmillan.

Several delightful receptions were given, and the exhibit at the Nurses' Settlement, 265 Henry Street, to show what can be done in the poorest home to find or make contrivances needed in district nursing, "The Gospel of Dishpan and Chair," was indeed a revelation, and of absorbing interest. The President, Miss Goodrich, of New York Hospital, and all the officers, are much to be congratulated on the meeting. Among other interesting announcements made at the meeting was that of the appointment of Miss Nutting, of the Johns Hopkins Hospital, to the Chair of Administration in connection with the Hospital Economics course at Columbia University.

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### SUMMER SCHOOL OF COLUMBIA UNIVERSITY

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The Summer School of Columbia University, New York City, includes each year three departments which would be of great benefit to any nurse who could arrange to attend any or all of the courses of lectures. There would be a chance to see much of the resources of New York at the same time. The catalogue will be sent on application.

The Session opens on Thursday, July 5, 1906, and continues until Thursday, August 16.

The total expense of the Summer Session, including tuition fee, but excluding railroad fare, may readily be kept below \$95.

A University residence located at 1230 Amsterdam Avenue, between 120th and 121st Streets, will be open for the accommodation of the women students of the Summer Session, and a special rate of \$50 is made for the students of the Summer Session, from dinner on Wednesday, July 4, to breakfast on Friday, August 17, inclusive.

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### INTERNATIONAL REGISTRATION.

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It will be remembered by some of our readers that in the neighboring State of New York it is required by the New York State Education Department that before nurses can be registered (R.N.) they must be trained at a registered hospital training school. The following Canadian hospitals have applied for and received registration in the State of New York:

Brockville General Hospital, Cornwall General Hospital, Galt Hospital, Grace Hospital, Toronto; Guelph General Hospital, Hospital for Sick Children, Toronto; Jeffrey Hale Hospital, Quebec;

Kingston General Hospital, Lady Stanley Institute, Protestant General Hospital, Ottawa; Montreal General Hospital, Riverdale Isolation Hospital, Toronto; Royal Victoria Hospital, Montreal; St. Michael's Hospital, Toronto; Stratford General Hospital, Toronto General Hospital, Victoria Hospital, London; Woodstock General Hospital.

Hospitals so registered must renew their registration from year to year, and must, under the New York law, be inspected by a member of the Board of Examiners. The recent visit to Canada of Miss Sophia F. Palmer, member of the Nurses' Board of Examiners for New York State, was for this purpose. Much may be said in favor of this system of registration, but we hope that when nursing legislation is farther advanced there may be established a system of international registration, the inspection and registration of hospital training schools in one country being accepted in another.

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### REGISTRATION IN GREAT BRITAIN.

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On the 8th of March last, just one week after our own Bill was introduced into the Ontario Legislature by Mr. Crawford, our sisters in Great Britain, as we learn from the *British Journal of Nursing* and the *British Medical Journal*, had an audience before the Right Hon. the Earl of Crewe, Lord President of the Privy Council. Those present were: Mr. H. J. Tennant, M.P.; Viscount Morpeth, M.P.; Sir John Dickson Poynder, M.P.; Mr. Munro Ferguson, M.P.; Mr. Charles Hobhouse, M.P.; Sir John Crichton Browne, Dr. Bedford Fenwick, Dr. H. Langley Browne, Lady Helen Munro Ferguson, Mrs. Garrett Fawcett, LL.D.; Miss E. S. Haldane, Chairman Scottish Registration Committee; Mrs. Bedford Fenwick, Hon. President International Council of Nurses; Miss S. E. Hampson, President Irish Nurses' Association; Miss Peter, late General Superintendent Queen Victoria's Jubilee Institute for Nurses; Miss H. C. Pearse, Matron Great Northern Hospital; Miss Mollett, Matron Royal South Hants Hospital, Southampton; Miss Barton, Matron Chelsea Infirmary; Miss C. Forest, Matron Victoria Nurses' Institute, Bournemouth; and Miss M. Breay, Hon. Sec. Matrons' Council.

The speakers were Mr. Tennant, Sir James Crichton Browne, Dr. Langley Browne, Mrs. Garrett Fawcett, Miss Mollett, Mr. Hobhouse, Lady Helen Munro Ferguson, Dr. Bedford Fenwick and Miss Hampson. Their arguments were overwhelming, and the Lord President gave them close attention and keen interest. In reply to the question as to whether the Government would bring in legislation for the State registration of nurses, Lord Crewe said that he could not promise, with the Government's crowded legislative programme, they would do so during the present session. However, he agreed that Parliament must soon take up this question, a question of national importance, and suggested that a Bill should be introduced into the House of Lords; "in which case it would secure the benevolent attention of the Government." So far,

so good, and we hope to hear soon of a Bill in the House of Lords. Meantime, it is inspiring to watch with what ability and courage the leaders of our profession in Great Britain fight on. In spite of faint friends and forward enemies, wolves in sheep's clothing and wolves not in sheep's clothing, the good work goes on and is sure of success in the end.

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## Editorial Notes.

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*Your Own Journal.*—There is no middle course in regard to your journal. You are either actively interested or you are not interested at all! You will all be proud of it when it reaches the standard at which it aims; but you will be infinitely prouder of it if you have yourself help it to reach that standard. We still need three hundred new subscribers. Will you not send us three?

*Demonstrations for Medical Students.*—The Ward Sisters of the London Hospital now give special practical demonstrations on Medical and Surgical Nursing, for the medical students, twice a week.

*New Methods at Guy's Hospital.*—We learn from *The Nursing Times* that four new methods are being tried at Guy's. Two of these are in the Light Department—the Leslie-Miller ultra-violet light, which is very successful in lupus, and the Localisateur du Dr. Belot, a wonderful new treatment for ringworm, by which in about three weeks after the treatment all the hair comes off, and the place is cured, fresh hair growing in the course of a few months. Vibrator massage is also being tried for lupus. The new hot-air bath, manufactured by K. Schall, is also a new feature. It is shaped like a cupboard with a hole in the lid to allow the head to protrude. This cupboard is lined with white porcelain, and contains forty lights of sixteen candle-power each. The maximum heat used is 120, and the patient sits in a chair inside for twenty minutes or so, according to needs of the case, and has a warm bath directly afterwards. The treatment is being tried for all kinds of rheumatism, principally, of course, for rheumatoid arthritis.

*The Royal Red Cross for a Nurse.*—His Majesty the King has been pleased to confer the decoration of the Royal Red Cross upon Mrs. Eleanor Mary Hatch, in recognition of her services in nursing and caring for persons injured in the disastrous earthquake at Dharmasala in April, 1905. The Order of the Royal Red Cross was founded in 1883 by Queen Victoria, for women who had shown zeal and devotion in nursing sick and wounded sailors and soldiers. There are only two other British Orders for women—The Imperial Order of the Crown of India (C.I.), instituted by Queen Victoria in 1878; and the Royal Order of Victoria and Albert (V.A.), founded by Queen Victoria in 1862 to commemorate the Prince Consort. This decoration is usually awarded for personal service at Court, first and second classes reserved for royal ladies, the third for peeresses, and the fourth for peeresses and other ladies. Two other Orders are open to men and women. The Imperial Service Order, founded by King Edward in 1902, and the Order of St. John of Jerusalem, "for services in the cause of humanity."

*Guild of St. Barnabas for Nurses.*—Miss Mary Browne, a sister of Miss Sidney Browne, formerly Matron-in-Chief at the War Office, has been appointed Assistant Secretary. Her address is at the office of the Guild, Church House, Great Smith Street, S.W., London, England. Miss C. J. Wood is at home to members of the Guild every Thursday from 3 to 7 p.m., at the Nurses' Hostel, Francis Street, W.C.; and Mrs. Gardner on Saturdays at 17 Bloomfield Terrace, Pimlico, S.W. Some of our Canadian members across the sea will doubtless be interested in the above announcement.

*Signora Mario.*—At the age of seventy-four, Signora White Mario, the famous lady who was chief nurse on the medical staff of Garibaldi, died in the beginning of this year. After peace was declared, she worked for many years among the lapsed masses in Italy.

*The Catholic Nurses' Guild.*—Our readers will be interested to know of the existence and progress of the Catholic Nurses' Guild. The Sister Superior, Convent of the Visitation, Harrow-on-the-Hill, England, will give information in regard to the Guild.

*The Teresians.*—A society has been founded among the Johns Hopkins nurses to study the history of nursing. Those of our readers who have read Dr. Osler's "Science and Immortality," will not need to be told the origin of the name, nor its allusion to S. Teresa. Miss Nutting had the honor of suggesting the name. The society intends to meet fortnightly, to aid in the building up of the historical library of the Training School, and to publish from time to time papers of especial interest and value on this subject. The first meeting, at which Dr. Florence Sabin delivered an inspiring address, seems to have been a delightful one. The following subjects are to be studied: Deaconesses; Sisterhoods, Foreign, American; St. Vincent de Paul; Little Sisters of the Poor; the Beguines; Early Hospitals, Hotel Dieu, St. Bartholomew's, Ospedale Maggiore; Knights of St. John of Jerusalem, Knights of Malta; the Red Cross—Geneva Convention, the Red Cross in America; Kaiserwerth, John Howard, Elizabeth Fry; Florence Nightingale—(1) her early life and general education, (2) her training at Kaiserwerth and elsewhere, (3) her work in the Crimea, (4) what followed—her later life.

*The Anglo-American Nursing Home in Rome* held its seventh annual meeting on February 20th, at the British Consulate. The Home is about to be enlarged.

*The Hospital Question in Montreal.*—An interesting discussion has recently been carried on in the Montreal press in regard to the proposed amalgamation of the Montreal General Hospital and the Western (General) Hospital. It is understood, however, that no change of this kind is now likely to take place.

*The Uniform.*—In the police court at Auckland, New Zealand, one of the prisoners, a woman, charged with theft, appeared in a nurses' uniform. She was convicted of the offence charged against her. In the newspapers next day a statement appeared from Mrs. Neill, Assistant Registrar of Nurses in New Zealand, explaining that this woman was not a registered nurse, thus protecting the profession from the injury that it would otherwise have sustained. Lord Crewe, the Lord President of the Privy Council of Great Britain, said recently that a nurses' uniform carries with it "a prestige only enjoyed in the case of the inferior sex by His Majesty's navy," and it is important that its honor should be upheld.

*Nurses' Hours.*—Mr. Barnes, M.P. for Glasgow, brought up the question of nurses' hours in Glasgow under the Parish Council. The Secretary for Scotland, on being asked if he were aware that the nurses' hours were increased to seventy-one per week, their salaries decreased at the same time, replied that the Government had no power to interfere. It is felt, however, that Mr. Barnes' question will do good.

*Queen Alexandra's Imperial Military Nursing Service.*—Miss Sidney Browne, R. R. C., the Matron-in-Chief of Q. A. I. M. N. S., has been the recipient of many and great honors on the occasion of her retirement from her position (at the age of 55 years, by military regulation). She was entertained at a farewell dinner by the R. A. M. staff of the War Office, and at an At Home on April 21st, by the new Matron-in-Chief, Miss Keer, R. R. C., and the members of the Q. A. I. M. N. S. But a still greater honor was in store for her. She was commanded by the Queen to Buckingham Palace, where she was received privately by Her Majesty, who entered into a long conversation with her, and expressed, with the utmost graciousness and charm, her interest in the work of the Q. A. I. M. N. S. Miss Keer, the new Matron-in-Chief, has many friends in Toronto and St. Catharines, where she resided with her father, Major-General Keer, of the Bengal Staff Corps (retired). Before the family returned to England, Miss Keer, who is a graduate of the Boston City Hospital, entered the Army Nursing Service (in 1887). She has since been stationed in Egypt, England (1894-99), South Africa, during the war (and for her work during the campaign she was awarded the two South African medals and the Royal Red Cross). After a brief stay in England she was sent again to South Africa in 1903 as Principal Matron, where she has done a great work. Miss Keer was born in India, educated in England, and has worked all over the world. She possesses in a rare degree, tact, skill, and the power of leadership; and above all, faithfulness. *O sic omnes.* God bless her and her work for the Empire.

*A Noble Example.*—The Business Manager reported at a recent meeting of the Publication Committee that the Alumnae Association of Galt Hospital, had sent a sum of money as a gift to THE CANADIAN NURSE. It was a kind and thoughtful act, and the genuine interest that it shows was inspiring to the Publication Committee.

*The Detroit Meeting.*—We beg to ask our readers' special attention to the kind invitation of the Detroit Nurses' Association. Miss Barwick (J.H.H.) is to attend as a representative of the J. H. H. Alumnae, and we hope others will be able to avail themselves of this opportunity.

*The Central Registry* has now 194 members, and a name that is beginning to be known not only in Toronto, but also in the neighboring towns of Ontario. There are often those who greatly need a nurse, and yet cannot afford to pay the rates asked by "The Graduate Nurse." The Registrar then asks a nurse who is low down on the list, if she will take the case for whatever remuneration the doctor assures her can be paid. Those nurses above her go out on duty, so by the time this case is over she will be at the top, or near it, for a full rate case; or if in the interim she should receive a "special case," she is relieved, if possible, so that she can accept it. This is not an obligatory rule; every nurse being asked if she is really willing to assist in the good work, and in every instance there has been a hearty and warm assent. Financially, the Registry is not as flourishing as it will be later; it has weathered the storm for the first year, so the time is not far distant when there will be our own office and reading-room for the comfort and needs of our nurses. There are still quite a number of well-known graduates whom we cannot yet claim; and these we need, for every nurse joining means an increase of work, and additional life to the Registry; so before the close of our second birthday, we will hope to have every graduate in Toronto on our membership card.

**CHANGE OF ADDRESS.**—Members of the O.G.N.A. will please notify Miss Mathieson, Riverdale Hospital, Toronto, of any change of address.

**TO OUR SUBSCRIBERS.**—Do, please, send the Business Manager, Miss Christie, a post card whenever you change your post-office address, giving both old and new address. We received a wrathful letter from a lady deprived of her CANADIAN NURSE (no wonder she was angry at that!), accusing us of not sending it. Trembling and astonished, we looked up our mailing list. *The lady forgot to tell us that she had moved.*

**SPECIAL NOTICE.**—It is particularly requested that all copy for the September issue be sent to the editor on or before July 10th.

## The Contributors' Club.

GUELPH, ONT., April 6th, 1906.

### A WORD TO THE WISE—

I wish to thank the nurse from Manitoba for her Article, "A Word to the Wise." That is the spirit that has long been needed in the nursing profession: large views of life rising to the nobleness of the profession above narrow self, and so living the Golden Rule.

AN OLD GRADUATE.

### A NOVEL OCCURRENCE—

Did any nurse ever see hair grow on the body of a patient, who had been ill for a long time? A lady was wounded, and after being a patient for five months, what had been a smooth skin, was covered with hair distressingly long and dark. The patient had had a daily soap and water bath, followed by an alcohol rub. Sometimes this was twice a day, and sometimes in hot weather there was much plain water bathing.

### EUCALINE—

An elderly lady had violent pains and vomiting for ten days, and was at last induced to come to the hospital. She was quite feeble and worn, and she had a strangulated hernia. She was immediately prepared for operation. The doctors decided not to give chloroform but to use eucaïne. She was in the operating room about two hours. The first thing that the doctors found was a dark, enlarged appendix, which they removed, and then reduced the hernia. The temperature afterwards once rose to 99 2/5, the pulse was weak, though not too rapid. The patient was given stimulating enemata of saline, whiskey and bovine every six hours, and then every eight hours for nearly a week. After two days she began to take nourishment by mouth. In three weeks she went home well, but was warned to keep quiet for a while.



Are nurses throughout the provinces accustomed to seeing eucaïne used? Some doctors use it always for hernia and other operations where a local anæsthetic will answer. The patient is on the table much longer, but has not the nausea or other ill-effects following the use of a general anæsthetics. If the patient is in the hospital a few days before the operation, in addition to the usual preparation he is given pot. brom. gr. xv; repeated in the morning two hours before the operation, and one half hour before the operation a hypodermic of morph. sulph. gr. 1/6. Instead of a doctor to administer the chloroform there is a nurse to attend the patient, and to erect a sterile towel screen between the patient and the field of operation. As a rule the patients bear it well. It has been used on men over eighty for strangulated hernia and they have always done well.

#### WHAT IS THE SOLUTION?

Will some one give information regarding the system carried out by the Toronto Registry as to the payments for nursing cases, where full fees cannot be charged? There are quite a number of patients, who are unable to pay the regular charge, but who prefer to be nursed in their own homes instead of going to the hospital, and could afford a graduate nurse providing the charges were moderate. I am speaking of the West, where there are so many young couples and small families starting in life, where the charge of \$18 a week is a terrible drawback, and yet where the patient could pay a smaller amount and not feel under a charity obligation. Of course, I know many of the nurses charge \$18 for the first week and give their services free for say two weeks more, but that again places the patient in the "pauper class." Then, there some nurses who take a note of hand with interest for the full amount, and it takes years to pay it. Surely there must be some solution to the problem of the wage-earning class to employ graduate nurses and satisfy both sides. If there is not would it not be better for the graduates to study this class of patient and solve the problem of the employment of "untrained or experienced nurses, because their charges are lower?"

## Correspondence.

*To the Editor CANADIAN NURSE.*

THE Ontario Graduate Nurses Association meeting for this year is a thing of the past, and might an humble member of the ranks be permitted to offer a few suggestions?

Are we not big enough now to have a morning and afternoon session? Let the morning session be devoted to purely business matters and the nomination and election of officers; while the afternoon could be given over to some interesting papers by nurses of experience and ability. Some will say, "Nurses are busy women and cannot afford a whole day. Well, nurses residing in the city and engaged in private nursing could possibly spare a few hours in the morning as easily as in the afternoon whilst Superintendents of hospitals and training schools are usually able to be absent for a day. The outside members, (and they are by no means few) have of necessity to make a day of it, and coming, some of them, from a distance and at considerable expense would like to carry home with them new ideas gleaned from those who are in positions where they can see all that is latest and best in modern nursing methods.

To my mind, and I will venture to say many more agreed with me, the last nominations and elections being carried on concurrently with the programme spoiled the meeting to a great extent. The old saying anent "not being able to do two things at once" still holds good, consequently both the election and programme were lacking in interest to many, who while not gifted with great executive power, are still more than willing to do the little that comes to their share heartily.

We want to go home from the meetings inspired to new courage and higher ideals from contact with the master minds of our Association. And for our meetings to accomplish this, much more than business routine is necessary, important though it undoubtedly is. We know much has been done—much more is doing, and much still remains to be done by the brave pioneers of Provincial Registration. It is the question of the hour, but we must take care to keep the nurse who comes to our meetings interested in more things than that, or surely there will be a falling off in our ranks. After all, registration is to benefit the great rank and file of nurses. At present some of them do not altogether understand what is to be brought about by it, and until they do it is necessary that the women who are foremost in the



"LITTLE LADY BOUNTIFUL"

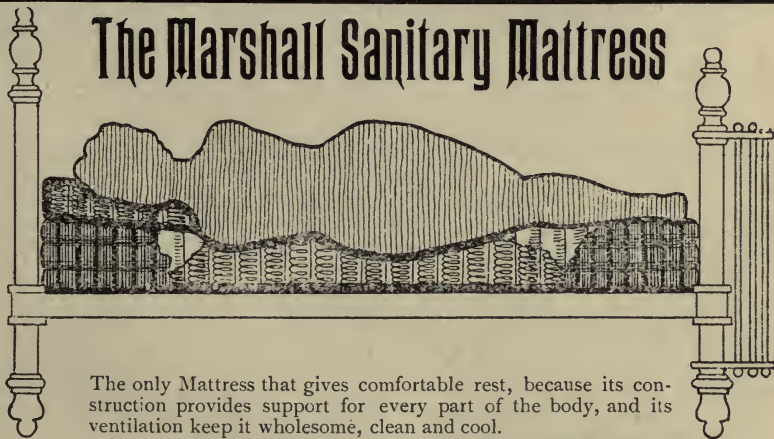
This beautiful gravure which measures  $28\frac{1}{2}$  x  $19\frac{3}{4}$  inches, is printed on fine plate paper, 40 x 30 inches and is quite Free From Advertising. It will form a magnificent companion to our last year's picture, "The Leopard Skin."

Information as to manner of obtaining this picture is contained in a circular wrapped around every Bottle of BOVRIL.

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movement for Government recognition shall keep them interested in the nursing questions of the day. These nurses identify themselves with our associations, hoping thereby to gain much knowledge along professional lines, from those who are abundantly able to give it, and it seems a pity where so many intellectual women are gathered together more effort is not put forth to benefit the individual nurse. Of course our Association is new yet, and we will I hope progress rapidly, but we must make our meetings both interesting and instructive to the profession at large if we are going to look for a continuance of interest.

A MEMBER, O.G.N.A.

*To the Editor CANADIAN NURSE.*

THE nurses of Michigan extend a cordial invitation to all graduate nurses to attend the ninth annual convention of the "Nurses' Associated Alumnae of the United States," which is to be held in Detroit, Michigan, June 5th, 6th and 7th, 1906. The programme is of unusual interest, and the meetings have always been an inspiration to those who have attended them. It is hoped that the attendance will be the largest in the history of the organization. The cause of State registration in Michigan would be greatly helped by the show of enthusiasm on the part of graduate nurses.

Information as to trains, hotels, etc., may be obtained from the chairman of arrangements committee, Mrs. L. E. Gretter, Harper Hospital, Detroit, Mich.

ROSE SMITH,  
Sec. Wayne County Graduate Nurses' Association.

924 Brush Street, Detroit.

*To the Editor CANADIAN NURSE.*

I CANNOT renew my subscription to the CANADIAN NURSE without sending you a word of appreciation. I quite welcome the magazine now that I am so far from home and work, and I must congratulate you on the success you have achieved. I am enjoying my year of rest after fifteen years in the "ranks;" and much I could tell you of some of the beauties of this wonderful country. Just now I am revelling in the wild flowers; the brilliant yellow poppy is everywhere. I expect to be in Manitoba after June for three months, so am sending you that address.

Ever yours sincerely,

California.

A MONTREAL NURSE.

*To the Editor CANADIAN NURSE.*

TO NURSES accustomed to the settled life of an eastern city, nursing in the West offers many opportunities of seeing life under the most varied conditions.

In a western city the population is always restless, constantly on the move, living some months in one part of the city, some months perhaps further west, north or south and then returning again to a different part of the same city, so that a nurse does not often have the "pleasure" of nursing an old patient.

Then the nurses themselves have the spirit of restlessness upon them, and some months of steady work will make them long for a change, so off they go to the coast or California, nurse there for six months or so and then return, so that a patient rarely has the "pleasure" of having the same nurse twice. This restless mood is the "Spirit of the West." Nature is never still on the prairies, there is always a wind, gentle, medium, or strong; and a perfectly calm, still day is an "unknown quantity." Added to this the superabundance of unadulterated ozone makes the western life one of hustle and bustle.

So we have a constant change of faces in the nursing world and it becomes difficult to keep in touch with the ever-changing personnel of the Association. Winnipeg being such a cosmopolitan city we have nurses from nearly all parts of America and the Old World, as well as our own country, and it speaks well for the "spirit" of the profession, that there is but little friction as to the merits of the various training schools. A nurse finds her education only begins when she comes West; what she learns in a large eastern or Old Country hospital doesn't half cover the ground and to be successful she must drop a number of ideas and take up ones that seem totally "untrained." For instance, the help problem is a "crying evil" in the West, and one thing never fails, that when sickness enters the home, the servant promptly leaves. There have been cases where sickness has come suddenly in the early part of the day and the servant has left, "bag and baggage" before the nurse could arrive. Other cases also occur, where the servant engaged to go to a home, suspecting the mistress of becoming a mother soon, will simply never even let the mistress know that she doesn't intend to fill her engagement. These cases make the nurse see the varied conditions of work, and she has to be always on the alert for such emergencies. Consequently a nurse must be a capable housekeeper, cook, companion, dishwasher, a general "factotum;" also giving the requisite amount of

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attention her patient demands, besides keeping an eye on any children there may be and seeing they get off to school and are behaving properly.

All this seems a tremendous amount of work not called for by the "nursing code" but it *has* to be done in the West for the majority of patients are not in a position to keep more than one maid of all work and often not that, and *true woman cannot and will not* see a "home" suffer for lack of a few extra hour's work. When a nurse goes out of the city on a case, she finds still another kind of life. There are no conveniences in the farm houses, as a rule, and if it is in the winter time she has to melt ice for water and will often have to do the necessary washing to keep things going until the farmer can get help, but I must say the western farmer is as good as a woman in the house and can keep house, cook meals, and do a hundred things that would be like "Greek" to an easterner.

The district nurses in Winnipeg have chiefly the foreign element to deal with and the clashing of new ideas is marvellous, and requires infinite tact and patience on the part of the nurse to make her foreign patient realize that she is working for her good. One example will show the mediæval ideas of the emigrant. A Galician, very bad typhoid case, who had several cold sponges, before she could prevent it, simply fought against even her face being washed at the nurse's third visit and as the excitement was making her delirious the nurse managed to get another Galician who could understand a little English to explain to the typhoid patient the necessity of the sponges or anyway of having her face washed, and was routed by this answer, "You no good "washwoman," wash too often, take away body by wash too much. We no wash till spring." The idea, of course, being that the washing weakened the patient and anyway *they NEVER do wash in winter and rarely* at other times of the year. But withal, they are always extremely grateful for anything done to ease their suffering.

As a rule they rarely have a physician unless near death's door, as they have perfect faith in their "old women," who stand to the community as the "medicine man" does to the Indian. Indeed there is much in common with regard to "healing" between the foreign emigrant in this country and the "Red man."

As Winnipeg is the centre of the business world of the West so it is the centre of the western nursing world, and the nurses are looking towards the Ontario graduates successfully passing their Registration Bill this session, in order to have a model for future reference.

A WINNIPEG NURSE.

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To the Editor CANADIAN NURSE.

DEAR MADAM,—The charge is often made that in our Alumnae Associations a few nurses "run things" and it may be that in the Ontario Association the Toronto nurses are blamed for the same offence. If the charge be true in either case, I am sure it is not because the nurses in either association wish to do this, as nothing would please them better than to have each member take a personal interest in the welfare of the Association and help in the work.

In the Alumnae Association I would suggest that each member attend the meetings as frequently as possible, and take part in the discussion as freely as if she were the one most interested in the subject. There will be some feeling of diffidence at first but this will gradually grow less.

In regard to the Ontario Association in order that the nurses from the different parts of the Province may become acquainted, I would suggest that each nurse look upon the CANADIAN NURSE as her special property and send in articles for publication, but a paragraph in length if she so desire, telling about something in her work or experience, and sign her name with the name of her school so that we all may learn to know one another by name at least.

With the best wishes for the good fellowship of the nurses in Ontario and for your part in the same, I remain yours sincerely.

Toronto.

LUCY BOWERMAN.

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To the Editor CANADIAN NURSE.

DEAR MADAM,—Your letter of March 16th addressed to the matron of this hospital has been handed to me by her, as she has so very little time for correspondence. It is very kind of you to want to hear about our hospital, and I will gladly give you any details that will be of use. The Provincial Royal Jubilee Hospital of Victoria, B.C., was built in memory of the first jubilee of Her late Majesty, and was opened by H. R. H., the Duke of Connaught, in 1889. From that date until now the hospital has grown steadily in reputation and usefulness, although it is not yet complete. A very great deal of surgery is performed there, the operating theatre itself being a memorial to the late J. D. Pemberton. The ground plan of the building is that known as the "Pavilion," there being a central administrative building, whence corridors lead to the three large public and semi-private wards, and the private

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rooms, all on one floor. The hospital stands in nineteen acres of land, a great part of which is beautifully laid out, and planted with flowery shrubs and ornamental trees, while the borders are gay with flowers from early March until December. In the spring the whole place is golden with the flowering broom, and musical with song-birds, including the English sky-lark, but lately imported to this country. The training school for nurses in connection with the hospital gives a course of two and a half years, and a gold medal is given to the highest graduate of the year, smaller medals being granted to all who pass the school. There are twenty-two nurses in regular training in the hospital, with a matron, and two head nurses in charge. It is creditable to the training that our nurses hold good positions all over the continent and are much in request for private nursing both in British Columbia and on the American side, especially in San Francisco. In 1904 the generosity of Lord Strathcona and Mount Royal made it possible to add a new wing to the building for private patients, known as the Strathcona Ward. This addition has been a source of much comfort to the sick, as before its erection the private wards were greatly in the minority, and patients had to wait long for admission. The hospital is supported by a government and city grant, but as the number of patients treated average one-half free per annum, there are often financial straits to be faced. The women of Victoria, banded together in two societies, viz., "The Woman's Auxiliary," and "The Daughters of Pity," do all in their power to aid, and have, in seven years, raised the sum of \$13,000.00, which they have expended on comforts for the patients or funded for some hoped-for addition. At present a children's ward is about to be built by their united efforts, while a fund has been started in aid of a Queen Victoria Memorial Ward for maternity cases, at the Royal Jubilee Hospital, Victoria, B.C., and dedicated very especially to her who was so essentially mother of her people.

Patients come to the hospital from afar, partly because of the fame of some of our surgeons, and partly because of the beautiful climate and environment; and I think a little also, because of the high standard maintained among the staff for care and discipline. I am forwarding to you by this mail a copy of the last Director's Report, together with two reports of our women's work. Excuse this hasty letter, but I see the time is short and we are so very busy. Yours respectfully.

Victoria, B.C.

BEATRICE M. HASELL.

## Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE, TORONTO; MISS CRAWFORD, WINNIPEG;  
AND MISS YOUNG, MONTREAL.

MISS JEAN CALDER has been appointed Head Nurse of the Sarnia General Hospital.

MISS LIVINGSTONE (T.G.H.) succeeds Miss Stewart as Housekeeper of Toronto General Hospital.

MISS MECKLE, graduate P. G. Hospital, Chatham, left for her home in Winnipeg the last of May.

MISS STEWART is now second Assistant Superintendent of the Training School for Nurses, T. G. H.

MISS BRERETON (T.G.H.) has been appointed Superintendent of the General Hospital, Dauphin, Man.

MISS SNIVELY gave a very pleasant At Home on Friday, March 9th, in honor of Mrs. Robb and Miss Palmer.

MISS WARNICA (St. M.H., Port Arthur, Ont.) has taken a position in the McKellar Memorial Hospital, Fort William, Ont.

MISS MYRTLE HODGINS (Woodstock General Hospital) has been appointed Night Supervisor of the General Memorial Hospital, N.Y.

MISS JESSIE STANLEY (St. Michael's Hospital, Toronto) has taken a position on the nursing staff of St. Joseph's Hospital, Port Arthur, Ont.

MISS EVA BOGGS, graduate Toronto Western Hospital, has been appointed office and operating-room nurse in a private hospital, Norfolk, Virginia.



## Glyco-Thymoline as a Mouth Wash in Fever Cases

When the temperature keeps a point or two above normal for a few hours, the membrane of the oral cavity becomes dry and parched, causing great discomfort to the patient. Supplemented with this frequently comes the formation of sordes on the teeth and more or less inflammation along the marginal surface of the gums. The flow of saliva is checked and the sense of taste interfered with. In cases of this kind we may win the gratitude of the patient for all time by urging the frequent use of an alkaline mouth wash of the nature of Glyco-Thymoline. This solution is admirably adapted both by physiological action and therapeutic effect to meet the requirements. The normal flow of saliva is re-established, the further formation of sordes is prevented and the mouth is kept sweet and clean. No one can estimate the amount of comfort derived by the patient under this simple treatment.

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MISS M. A. SNIVELY, Superintendent of the Toronto General Hospital, has gone to Europe on an extended trip.

MISS B. ROSS, graduate Public General Hospital, Chatham, has accepted a position in one of the Detroit hospitals.

MISS L. SMITH, graduate P. G. Hospital, Chatham, is visiting in Detroit before leaving for her home in Regina, N.W.T.

MISS GRACE BOYD NOURSE, Head Nurse of the Galt General Hospital, spent her holidays at her home in Sherbrooke, Que.

THE Jeffrey Hale Hospital, of Quebec City, expect to open a new wing in June, called "The McKenzie Home for Incurables."

MISS McNEIL, of Riverdale Hospital, has returned from Fort William, where she has been nursing typhoid fever during the epidemic.

MISS MAUD ALLISON (St. Joseph's Hospital, London, Ont., 1904) is taking a post-graduate course at the Lying-in Hospital, Boston.

MISS A. C. BLAKELY, who has been visiting in Picton, Ont., has returned to her duties as Superintendent of the Hospital, Yorkton, Sask.

MISS HASTINGS, Superintendent of the General Hospital, Madison, Wis., is visiting Miss Kennedy, of the P. G. Hospital, Chatham, Ont.

MISS JEAN B. CRAIG, graduate P. G. Hospital, Chatham, who is engaged in private nursing in Winnipeg, is visiting her home in Paisley, Ont.

MISS MATTHEWS and Miss Breeze, Hospital for Sick Children, Toronto, are taking their post-graduate course at Manhattan Dispensary, N. Y.

MISS VERA SCARLETT, graduate of Toronto General Hospital, has resigned her position as Night Supervisor of the General Hospital, Brandon, Man.

MISS TINNEY, graduate of the Public General Hospital, Chatham, has accepted the position as Head Nurse in the Jamestown Hospital, North Dakota.

MISS C. C. FRASER, class '03, St. Michael's Hospital, Toronto, has been appointed Superintendent of the Midland and Penetanguishene Hospital.

MISS M. LEGGE, graduate to the Hospital for Sick Children, Toronto ('96) has returned from New York and is visiting her sister in Penranceville, Ont.

MISS GERALDINE FITZGERALD has resigned from the Victoria Hospital, London, Ont., and will spend several months at her home in Charlottetown, P.E.I.

THE Alumnae Association of St. Michael's Hospital, Toronto, Training School for Nurses, contributed \$32.00 towards the Dr. Wallace Memorial Fund.

MISSES MARTIN AND BRUCE, graduates of the G. and M. H., St. Catharines, have returned from St. Petersburg, Fla., and will take up private nursing in Ontario.

THE nurses' new residence in connection with the Hospital for Sick Children, Toronto, is progressing favorably and is expected to be ready for occupation about August first.

THE friends of Miss Clara Ferguson (St. Joseph's Hospital, London, '03) will be pleased to hear that she has recovered from her illness and resumed her duties at Christie Hall, London, Ont.

MISS GRACE BOLTON (Victoria Public Hospital, Frederickton) has accepted the position of Matron of Carleton County Hospital, in place of Miss Gamble, who resigned, owing to ill health.

MISS SARA HENDERSON, graduate of the Lady Stanley Institute, has been appointed to the position in the Victoria Hospital, London, Ont., made vacant by Miss FitzGerald's resignation.

MISSES ELIZABETH GAUNCE, Cassie Greer, Bertha McCain, and Jean Balloch have finished their course of training in the V. P. Hospital, Frederickton, N.B., and are engaged in private nursing.

MISS BRENT, Superintendent of the Hospital for Sick Children, left for New York about the end of April, to attend the Convention of Superintendents of Training Schools to be held there.

MISS MAUD REMOND, President of the Collingwood General and Marine Hospital Alumnae Association, has been very dangerously ill with double pneumonia, but is now convalescing very rapidly.

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MISS MARY ROBINSON, class 1905, who recently underwent an operation in the General and Marine Hospital, Collingwood, has quite recovered, and will soon be able to resume her professional duties.

MISS TESSIE LAUGHLIN, graduate of G. and M. H., St. Catharines, was presented with a lot and well furnished house, and a substantial sum of money, by a patient whom she had nursed for two years.

MISS MAY HYDE has resigned her position of Superintendent of the Dauphin General Hospital. Miss Hyde will visit her home in Ireland until her marriage in August, after which she will reside in Dauphin, Man.

MISS CUNNINGHAM, Head and Surgical Nurse, Royal Columbia Hospital, New Westminster, B.C., has resigned to take a post-graduate course in the General Memorial Hospital, New York City. The vacancy has been filled by Miss Barker.

ON account of illness in her family, Miss K. Manson, Night Supervisor of the Hospital for Sick Children, Toronto, was obliged to resign her position. Miss Edythe Green, graduate of the Lady Stanley Institute, Ottawa, has been appointed in her place.

THE nurses of the G. and M. Hospital have a booth in the "Made in Canada" Exhibition, which will be held in St. Catharines in June. They hope to represent every training school in Canada by a doll dressed in the uniform of the school. The proceeds will go towards the Building Fund.

MISS BARRATT, formerly Night Superintendent at Plaistow Hospital, England, and now District Nurse at Fort Frances, Ont., was recently presented with a sapphire ring by the Brotherhood of Firemen and Locomotive Engineers, in recognition of her kindness to several injured firemen last August.

A MOST successful At Home was given by the Alumnae Association of the Toronto Western Hospital, at the residence of Miss Woodland, on March 7th. There were present many members of the Alumnae besides Drs. Jennie Gray, Helen MacMurchy and Greenaway, and representatives of the different Alumnae of the city.

THE Nurses' Home, Galt Hospital, is to be enlarged, by the addition of another story this summer, thus doubling the accommodation. The old part will be decorated and put into thoroughly good shape. The necessary funds were raised last year by the "Made in Canada" Exhibition, held under the auspices of the Woman's Hospital Aid Society and the Daughters of the Empire.

THE Montreal Western General Hospital has made the length of the course in the Training School three years instead of two years as formerly, and added obstetrics to the curriculum. The Superintendent, Miss Rahmo Aitken, has arranged that the nurses shall have their training in obstetrics at the Montreal Maternity Hospital, along with the nurses of the Montreal General Hospital and the Royal Victoria.

THE Galt Hospital is in receipt of a very valuable gift, which will be highly prized and meet a long-felt want. It is a library, and the donor is Mr. R. Cromarty, of Toronto. Mr. Cromarty, who is an old Galt boy, was a patient in the hospital not long ago, and was so delighted with the institution that he decided to show his appreciation in a practical way. The library consists of several hundred volumes, and more are coming out from England. It is a most valuable collection of books, and Mr. Cromarty is deserving of the heartiest thanks of the townspeople for his splendid generosity.—*Galt R. porter.*

THE County of Bruce General Hospital, Walkerton, Ont., which was established in 1903, has accommodation for twenty patients, and the plans are now ready for a new wing which is to be added this spring, and which will increase the capacity considerably. It is a very bright and attractive building, having eight private rooms, and two large wards of six beds each, with sun-rooms adjacent. The operating room is small but well-equipped. The whole hospital is nicely fitted up and improvements and additions are being made from time to time. The Training School consists of four under-graduates and a graduate head nurse, and the first graduating exercises take place in June.

THE annual meeting of the Galt Alumnae Association was held Monday, February 5th, the Association having been organized February 17th, 1905. The number of members has increased during the year to seventeen. The monthly meetings during the year were fairly well attended, considering the difficulty nurses on private duty find in getting out at any fixed time. The constitution of the Association was

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printed and distributed to the members. At a special meeting held in December, a new members' tariff card was drawn out, and the fees raised. The sum of five dollars was contributed towards the support of THE CANADIAN NURSE. Officers for 1906: President, Mrs. J. S. Wardlaw; Vice-President, Miss M. McGregor; Treasurer, Miss E. Landerkin; Secretary, Miss B. Scrimger. After the business meeting was over, all adjourned to a lunch room, where a pleasant time was spent.

THE alterations which have been going on in the east annex of the Toronto General Hospital have been completed, and the wards are being furnished for the reception of cases of neurasthenia. It is not intended to receive insane patients or victims of drugs or alcohol. There is accommodation for fourteen patients. Miss Isabel Moody is the nurse in charge. The annex is under the medical supervision of Dr. D. C. Meyers. A couple of new laboratories have been fitted up in connection with the hospital, the larger one being equipped with apparatus by the Superintendent, Dr. A. H. W. Caulfield, assistant pathologist, who will have supervision of the work. Associated with him will be Dr. Karl Van Norman, with two assistants. The Burnside lying-in department has been fitted up with a nursery and an extra clinic room for private ward patients.

THE Hospital of St. Vincent de Paul, Brockville, Ont., has been greatly benefited by the addition of an up-to-date clinical laboratory, well equipped and furnished. It is now in full working order and has proved itself of inestimable value in the diagnosis of difficult and obscure cases. Here there is provision made for the teaching of urinalysis, sputum examination, etc., to the nursing staff of the hospital. During the past year the Sisters received a course of instruction in massage, consisting of twenty lessons given by Miss G. A. Carson, graduate of Clifton Springs Sanatarian. They were also given twelve lessons in practical cooking by Miss Adelaide Frances Pattee, a graduate of Boston Normal School of Household Arts. Sister Mary Catherine has been placed in charge of the Pharmacal department of St. Vincent de Paul Hospital.

THE Hospital of Gleichen, Alta., is a mission hospital for the Blackfoot Indians, and is built on the reserve, five miles from the railway station and village of Gleichen. The patients are all Indians. The working staff consists of Head Nurse and probationers, housekeeper and helpers, and an Indian woman who does the washing, scrubbing, etc. There is a resident doctor who also has a practice in the village. It is not a training school, and the entire staff (with the exception of the doctor) is paid by the Woman's Auxiliary of Toronto, who also give a small grant for extras, and supply linen, etc., for hospital and house. The Government built the Hospital and Home, and also give a yearly grant for maintenance, food, coal and wood, drugs, furnishings and repairs, and rations of meat and flour, so much per week for each patient. Unfortunately tuberculosis is running riot among the Indians and consequently most of the patients are tuberculous, though the hospital is not supposed to admit any cases of consumption. This class is very hard to treat as they seem to think that the recognized treatment for phthisis is *ill-treatment*. The hospital consists of two wards of four beds, dispensary, bath-room, and square hall ward for waiting-room, with plumbing all through and heated by furnace.

The annual graduating exercises in connection with the General and Marine Hospital, Collingwood, Ont., were held on Tuesday, April 3rd, at 8 p.m., in the large public ward of the new building. Promptly at 8 o'clock the graduating class entered, followed by the pupils in training, and took their places in front of the platform which was prettily decorated for the occasion. Mr. H. T. Telfer, President of the Board of Trustees, presided, calling upon the Rev. Mr. Cameron for the opening prayer, after which Mrs. Morris sang a solo. The Superintendent's report of the Training School was then read by Miss Morton, at the conclusion of which she was presented with a beautiful bunch of dark crimson roses, on behalf of the Alumnae Association of the school. Dr. Arthur, President of the Medical Staff of the Hospital, gave the address to the graduating class of 1906, and his cheery, helpful, practical advice will not soon be forgotten. Impromptu speeches were made by the mayor of the town, doctors of the staff, clergy of the different churches, and members of the Board of Trustees, interspersed with songs and recitations from some of the talented people of the town who gladly gave of their best for the nurses' evening. The most interesting part of the programme came with the presentation of diplomas and thermometers by Mrs. Bassett, President Women's Board of Management. Mrs. Lett, Hon. President, pinned the medals—her own gift—on the members of the graduating class, while Miss Morton presented to each of the graduates the class pin for 1906. Just at this point two little flower girls, attended by a golden-haired page, presented large bouquets of dark crimson carnations (the school color and flower) tied with ribbon of same shade, to each member of the

# LINENS FOR THE SICK-ROOM

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**T**HE Linen and Staples Department of this store will particularly interest professional nurses. So often they find the homes of their patients imperfectly supplied with the bed-linen necessary to the proper care and comfort of the sick. In such cases it is well to know that this store is well equipped to supply all that is needful, economically and well. We occupy a very high place in the opinions of the house-keepers on this very account, and nurses have only to make themselves acquainted with the department to prove how well that opinion is deserved.

We give you a few quotations on goods such as have made this department famous.

**Hemmed Torn-off Sheets** made from selected cottons, full bleached, 2-inch top hem, 1-inch bottom hem. Plain weave 63x90 in., per pair, 98c, \$1.15, \$1.35; 72x90 in., per pair, \$1.10, \$1.25, \$1.35, \$1.50; 80x90 in., per pair, \$1.25, \$1.40, \$1.60. Twill—63x90 in., per pair, \$1.20, \$1.35; 72x90 in., per pair, \$1.15, \$1.35, \$1.50; 80x90 in., per pair, \$1.45, \$1.60, \$1.75.

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**Bleached Sheetings,** pure soft finish, best English and Canadian makes, full bleached. Plain—7/4 or 63 in., per yd., 20c, 22c, 25c; 8/4 or 72 in., per yd., 21c, 24c, 26c, 28c; 9/4 or 80 in., per yd., 21c, 27c, 30c, 32c. Twill—7/4 or 63 in., per yd., 23c, 26c; 8/4 or 72 in., per yd., 22c, 25c, 28c, 30c; 9/4 or 80 in., per yd., 28c, 30c, 33c.

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graduating class. These flowers were the gifts of the Medical Staff of the Hospital. After singing the National Anthem, refreshments were served by the old graduates of the school assisted by the pupil nurses. The graduating class consisted of Misses Ella Baker, Batteau; Phœbe Jane Cottrill, Collingwood; Mrs. Mary Isabel McBride, Collingwood.

ST. JOSEPH'S HOSPITAL, Port Arthur, Ont., was built in 1885. In 1884 Port Arthur was but a small town connected with the east only by water, when the eastern division of the C. P. R. was commenced. This was when the need of a hospital was first felt here, and the people of the town asked the Sisters of St. Joseph to help them in doing something for the sick and the injured. Early the following year, the present hospital, then but a small two storey building was opened. The patients numbered seventeen and the town was proud of its humble hospital. Many interesting accounts are given of the work done under great difficulty in those days, by Drs. Beck, Smellie, and McDonald, assisted by the Sisters, of whom there were but few. In 1898 it became necessary to build an addition to the hospital, and another wing was added, containing a very bright well-equipped operating-room, with tiled floor. In a few years the hospital was again over-crowded, as the town was growing very rapidly. In 1904 a large addition was started, and finished early in 1905, which gave the present building. The hospital is beautifully situated on one of the many hills of the picturesque town. It commands a fine view of Lake Superior, the neighboring town of Fort William, the Indian Mission, Mount McKay and the famous Sleeping Giant. The hospital is directly in charge of the Sisters of St. Joseph. The nursing is done by the Sisters, three graduate nurses and the nurses in training. The training school is in its second year. The course of training takes in all general hospital work, including a great deal of emergency work, and the time is, as in most other hospitals, a three years' course.

THE Chipman Memorial Hospital was opened in February, 1902. It was a gift of the heirs of the late Zachariah Chipman to the county of Charlotte, N. B., as a memorial to their father and mother. It was the old Chipman homestead and is situated on the bank of the St. Croix river, and is one of the most beautiful places in the town of St. Stephen. When first opened it contained twenty beds, but before it had been in operation two years it was found to be too small for the needs of the community. About this time Owen Jones, of London, England, a son-in-law of the late Mr. and Mrs. Chipman, died, leaving two thousand pounds to the hospital. This bequest came at a most opportune time and enabled the trustees to erect a much-needed Nurses' Home, and a wing containing two light airy public wards, the women's ward on the second floor, and the men's on the ground floor. These wards, as well as the Nurses' Home, are known as the Florence Jones Memorial. In addition to these improvements they have provided a new operating-room, which will be, when complete, one of the best lighted operating-rooms in the country. There are also additional private rooms which have been furnished by some of our generous citizens. One room has been furnished by Mrs. Blair and her two sons, in memory of her late husband, Dr. Dougald Blair. Another room, known as the St. Croix room was furnished by funds raised by the people of the St. Croix Valley, at a social entertainment, got up by Mrs. Leed. Another room was furnished by Mr. and Mrs. Philip Breen and another by Mr. and Mrs. Frederick M. Murchie. These, with a room furnished by Mr. E. G. Russell, of St. George, when the hospital was first instituted, make five beautifully furnished rooms for private patients. The furniture for the operating-room has been donated by Henry B. Eaton, Esq., of Calais, Me., and the entire equipment for a laboratory is being supplied anonymously by a St. Stephen's man who is interested in the good work. In the training school connected with the hospital there are at present seven student nurses. This branch will have to be enlarged in the near future, as the present staff is hardly sufficient for the growing needs of the hospital.

#### MARRIAGES.

WILKINSON—PEARCE—On April 11th, 1906, at the bride's home in Mitchell, Miss Jean Pearce, graduate of Riverdale Hospital, Class '05, to Mr. Christopher Wilkinson, of Toronto.

HUTTON—SANFORD—On April 18th, 1906, at Tottenham, Ont., Miss Alberta Sanford, graduate of Riverdale Hospital, Class '02, to Dr. Herbert Hutton, of Port Colborne. Dr. and Mrs. Hutton will reside in Port Colborne.

BALLANTYNE—RITCHIE—On April 18th, 1906, by the Rev. John Hay, Renfrew, Ont., Miss Elizabeth C. Ritchie, graduate of the Lady Stanley Institute, Ottawa, Class '01, to Dr. C. T. Ballantyne, Ottawa.

SANSON—CLARKE—On March 23rd, Miss Stella Clarke, a graduate of the Victoria Public Hospital, Fredericton, N. B., was married to Mr. F. Sanson, of Stanley, N. B. Mr. and Mrs. Sanson will reside in Stanley.

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STRACHAN—GLADSTONE—On February 20th, Miss Sadie Gladstone, a graduate of the Toronto General Hospital, was married to Mr. Robert Strachan, of Fort William, Ont. Mr. and Mrs. Strachan will reside in Fort William.

DIXON—OLIVER—On March 7th, at the residence of Mrs. Frank Cochrane, Toronto, Miss Alice M. Oliver, graduate of the Lady Stanley Institute, Ottawa, was married to Dr. Mortimer L. Dixon, of Frankville, Ont.

GOW—DALY—On February 13th, at Old St. Andrew's Church, by the Rev. Dr. Milligan, Mrs. Edith Frances Daly, graduate Toronto General Hospital, was married to Dr. James Gow.

#### DEATHS.

At the Toronto General Hospital, on April 4th, 1906, Libbie Reid, graduate of the Hospital for Sick Children, Toronto.

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#### WINNIPEG NEWS.

THE Nurses' Registry at the Nurses' Home, Langside Street, is now self-supporting.

NURSE BOWMAN, who went to Fort William during the typhoid epidemic, has not yet returned.

STAFF-SERGEANT KERR (Salvation Army) has arrived to take charge of the Nursing Department of Grace Hospital.

NURSE GILROY has gone to Victoria, B.C., for a short visit. Her brother was one of the earthquake sufferers in San Francisco.

MISS SARA MCKIBBEN (W.G.H.) has bought out Miss Reid's interest in The Nurses' Home, Langside Street, and took possession April 1st.

MISS REID (Boston General), with her mother, left Winnipeg to reside in Southern California, as they both found our Manitoba winter too severe.

THE graduating exercises of the Winnipeg General Hospital will be held on the 22nd May. This year there will be twenty-two nurses in the graduating class.

THE Alumnae Association of the Winnipeg General Hospital will give a reception to the Graduating Class at the Nurses' Home, Langside Street, on Monday evening, May 7th.

QUITE a number of our nurses had relatives and friends in and around San Francisco; all have been heard from, but in most cases the homes have been demolished, and the world has to be faced anew.

THE new Salvation Army Hospital and Rescue Home is to be formally opened on May 15th, and will be called "Grace Hospital." It will have sixteen beds to start with, and room enough to make sixty beds as the work grows.

DURING the severe epidemic of typhoid fever in Fort William, Ont., about thirty-five of our nurses were sent from Winnipeg. Of the number only one took typhoid, Miss Wightman, but from the latest accounts she is fairly on the road to recovery.

MISS MACCULLOUGH, the Victorian Order Nurse who has been in Winnipeg since January, has been kept so busy that it has been decided to send another Victorian Order Nurse as her assistant, as soon as the necessary funds can be arranged, which we hope will be this month.

THE second annual meeting of the Alumnae of the Winnipeg General Hospital was held on May 2nd. The reports showed the Association in a very flourishing condition. The following were elected officers for the ensuing year: President, Miss Lumsden; Vice-President, Miss McKibben; Secretary, Mrs. White.

MISS HYDE, late Superintendent of Dauphin Hospital, spent a few days in Winnipeg on her way home to Ireland, as the guest of Miss A. M. Crawford. Miss Hyde also undertook the charge of a Galician boy, who had lost the sight of both eyes by a shooting accident, and was being sent by the Government to the Blind Asylum at Brantford.

THE first annual meeting of the Manitoba Association of Graduate Nurses was held the last Tuesday of March. There was a very large attendance and an enthusiastic meeting. The following officers were elected: Hon. Presidents, Miss Wilson, Superintendent of Winnipeg General; also Rev. Sister Superior of St. Boniface

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By LeRoy Lewis, M.D., \$1.75.

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By Emily A. M. Stoney, \$1.75.

"Nursing in the Acute Infectious Diseases."

By George M. Paul, M.D., \$1.50.

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By A. M. Galbraith, \$1.50.

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By R. S. Fowler, M.D., \$2.00

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General; President, Miss Sara McKibben; 1st Vice-President, Mrs. White; Treasurer, Miss Starr; Secretary, Miss A. M. Crawford. There was also a Committee on Legislation formed to draft a bill for registration, and to thoroughly take up the matter. The Secretary of the Association has had numerous enquiries from all over the North-West regarding registration, and asking if the Bill cannot be made general. For the information of these Provinces which have no Bill, the Secretary wishes it to be generally known that on account of the British North America Act regarding educational matters, one Bill will not do for all, hence there can be no "Dominion Registration Bill," but each Province must frame and enact its own Bill.

THE Auxiliary of the Margaret Scott Nursing Mission, gave an At Home to its friends and the public interested, on April 26th. The Home is pleasantly situated on George Street, and is the headquarters for the District Nurses, who are paid by the city. It is called after Mrs. Scott, who first started missionary work amongst the poor of the city, and Mrs. Scott still makes her home there. At the present time there are four "city" nurses.

DURING the early part of April Winnipeg suffered from a street car strike, which, for a week, tied up the service, and was decidedly inconvenient for the District Nurses and the Victorian Order Nurse. The only satisfaction they got out of it was the fact that the men cheered them and encouraged them "to walk," which was really hard work, as Winnipeg covers an immense area.

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#### MONTREAL NEWS.

MISS DUNCAN (M.G.H.) has gone to Johns Hopkins Hospital for a post-graduate course.

MISS POMEROY, graduate Royal Victoria Hospital, has taken up Victorian Order work.

MISS FORTESCUE (M.G.H.) has gone to Quebec to take charge of the Detention Hospital for six months.

MISS MAUD BROCK (M.G.H.), who has been doing private nursing in Mexico, has returned to Montreal.

MISS PARKER (M.G.H.), who has been ill with typhoid fever, has recovered sufficiently to return to her work.

MISS KATIE BROCK (M.G.H.) has accepted the position of Night Superintendent of the Polyclinic Hospital, Philadelphia.

MISS MOLONY, Lady Superintendent Jeffrey Hale Hospital, Quebec, was in New York for the Superintendents' meeting.

MISS LEDFORD (M.G.H.) was in New York for the meeting of the American Society of Superintendents of Training Schools.

A VERY enjoyable dinner was given on April 19th by the Alumnae Association of the Royal Victoria Hospital, in honor of the graduating class of 1906. The guests, who numbered forty-five, were received by Miss Henderson, Hon. President, Miss Gilmour, President, and the members of the committee in the Lady Superintendent's reception room before proceeding to the dining-room, which was decorated effectively. The table was artistically arranged with red and white carnations, smilax and lighted candles, with pink shades. An orchestra was in attendance. The President, in a charming little speech, welcomed the guests, and proposed the toast to "The King," also toasting the health of the nurses who were ill and unable to attend. Other toasts were: "The Governor," "Our Guests," "Our Superintendent," "The Doctors," "Absent Friends," which were suitably responded to. Then followed an impromptu dance, and the evening was closed by singing "Auld Lang Syne," and "God Save the King."

THE graduating exercises of the Royal Victoria Hospital Training School for Nurses, took place April 23rd, 1906. Sir George Drummond was in the chair, and Lady Drummond, after a delightful address, much appreciated by the nurses, presented diplomas and badges to the following graduates: Myra Inkster, Winnipeg; Lysbeth Castor, Boston Mill, Ont.; M. MacIntyre, Charlottetown, P.E.I.; M. Berney, London, Ont.; Maud MacLeod, Charlottetown, P.E.I.; Mary Walsh, Halifax; K. Loper, Ottawa; A. Archer, Campbellford, Ont.; M. Langford, Westmount, Que.; E. Queton, Cobourg; M. F. Whelan, Montreal; E. Legge, Oak Ridges, Ont.; C. Howes, Harriston, Ont.; G. Huff, Rossmore, Ont.; E. Campbell, Hawkesburg,

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C. B.; I. Wishart, Toronto; E. Mackay, Woodstock, Ont.; M. Orr, Montreal. Dr. Charles F. Martin addressed the nurses, and gave them much helpful advice. A large number of the nurses' friends were present, and were invited by the governors of the hospital to a reception, where refreshments were served.

THE M. G. H. Graduate Nurses' Club held their annual meeting on April 4th. The officers were elected as follows: Hon. President, Miss Livingston; President, Miss Strum; 1st Vice-President, Miss F. M. Shaw; 2nd Vice-President, Miss Andrews; Secretary, Miss Ledford; Treasurer, Miss Webster. Committee—the Misses C. McKay, Morton, Van Buskirk, Kennedy, Cooper, Young, Parker, and Margaret Smith.

THE monthly meeting of the M. G. H. Nurses' Club was held on Wednesday, March 7th, in the diet kitchen of the General Hospital, and Miss Grace Livingstone gave a very interesting and instructive demonstration on a "Full Diet Tray." This consisted of "Oyster Cocktail," "Pan-Broiled Chop," "French Peas in Potato Nest," "Ice Cream." Some of the recipes may be of use to private nurses.

*Vanilla Ice Cream.*—A small quantity made without a freezer in half an hour. One cup thin cream,  $\frac{1}{2}$  teaspoonful of syrup or 2 lbs. sugar;  $\frac{1}{2}$  teaspoonful vanilla. Mix ingredients and freeze in baking powder tin packed in ice or salt (in a deep dish or saucepan), 3 parts of ice to 1 of salt. Turn the small tin with hand until the mixture commences to freeze, then scrape frozen portion from sides of tin and beat with a spoon. Continue until mixture is frozen. Great care should be taken to prevent the salt from getting into the ice cream.

*Oyster Cocktail.*—Tomato catsup, 3 tablespoonsful; Worcestershire sauce, 1 teaspoonful; salt; tobasco pepper; lemon juice, two teaspoonsful; small oysters, 8. Wash oysters and remove gills; chill; place in glass or lemon shell; cover with sauce which has been made very cold; garnish with curled celery, and serve.

*Pan-broiled French Chop.*—Place chop, neatly trimmed, and bone well scraped, in a very hot frying-pan. Turn constantly, allowing six minutes if it is to be underdone, eight if well done. Use a knife to turn the meat, as a fork would pierce the chop, and allow the juices to escape. Place chop in a hot dish, cover with soft butter, season, and let stand in oven one minute.

#### MARRIED.

GILLIES—LECKIE—In Montreal, on April 16th, 1906, Miss M. A. G. Leckie (R. V. H., Class 1900), to Dr. B. D. W. Gillies, late of the Montreal General Hospital house staff.

THERE are many more shining qualities in the mind of man, but there none more useful than discretion; it is this, indeed, which gives a value to all the rest, which sets them at work in their proper times and places, and turns them to the advantage of the person who is possessed of them. Without it learning is pedantry and wit impertinence; virtue itself looks like weakness; the best parts only qualify a man to be more sprightly in his errors, and active to his own prejudice,—*Addiscn.*

GOSSIP can do an immense amount of harm; it can do no possible good. Grumbling is a little different from gossip, inasmuch as it does the person who grumbles more harm than anybody else, though the harm done by no means ends there.—*Eva Lückes.*

LET every man be occupied, and occupied in the highest employment of which his nature is capable, and die with the consciousness that he has done his best.—*Sydney Smith.*

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## The Nurse's Library.

*The Food Factor in Disease.* By FRANCIS HARE, M.D., Inspector-General of Hospitals for Queensland, and formerly Consulting Physician to the Brisbane General Hospital. London, New York, and Bombay: Longmans, Green & Co.

Books which make us think are the most valuable, and this is one. Dr. Hare advances the hypothesis that many neuroses, such as migraine, asthma, etc., and many diseases in which high-blood pressure is an important factor, are "Food Diseases," and may be cured by systematic and regulated diet. The two volumes before us contain an amount of information, and a wealth of reference not often equalled. Some idea of this may be gained from the fact that the index of authorities alone occupies ten pages. This is a book which will well repay careful perusal. Eighty-six illustrative case-histories are appended.

*The Operating Room and the Patient.* By RUSSELL S. FOWLER, M.D., Surgeon to the German Hospital, Brooklyn. N.Y. Philadelphia and London: W. B. Saunders Company, 1906. Toronto: J. A. Carveth & Co. \$2.00.

Dr. Fowler's book, which will fill a vacant place in the Nurses' Library, deals with the operating room and staff, instruments and supplies, anæsthesia, the patient and the treatment. It is intended for internes and nurses, and is practical, complete and clear in every detail. The chapter on supplies is of especial value.

*Nursing in the Acute Infectious Fevers.* By GEORGE P. PAUL, M.D. Philadelphia and London: W. B. Saunders Company, 1906. Toronto: J. A. Carveth & Co. Price, \$1.00 net.

This book is a well-prepared and useful text-book, with good illustrations. It contains a good deal of information on the general principles of nursing and treatment in acute infectious diseases, and also chapters on Poisons, Antitoxins, Bacteria, Antiseptics, etc.

*The Physical Examination of Infants and Young Children.* By THERON WENDELL KILMER, M.D., Instructor in Pediatrics in the New York Polyclinic Medical School, New York. Illustrated. Eighty-six pages. 75 cents. F. A. Davis Company, Publishers, Philadelphia, Pa. Toronto: J. A. Carveth & Co.

This is a useful little book. Its value is enhanced by the illustrations, which teach more satisfactorily than many words. Nurses who are not familiar with the nursing of children are sure to appreciate it, and those who do know about children will probably appreciate it still more.

*Visiting Nurse Quarterly Magazine.* A new and welcome visitor is this quarterly magazine, which no nurse interested in District Nursing can do without. It is full of interest and information.

*The Nurses' Journal of the Pacific Coast* always looks so fine, with its great red cross on a gray ground, that we are never surprised at the excellence of the contents, including this time one which they have done us the honor of taking from THE CANADIAN NURSE. Other articles are "My Life During the Boer War," and "Our Debt to Florence Nightingale."

*The Australasian Nurses' Journal* is one of the best monthly magazines that we see. Its scarlet cover shelters many good things. It is the journal of the Australasian Trained Nurses' Association.

*Charities and the Commons* is a fine magazine, and the best number we have yet seen is that of April 7th, on "The Visiting Nurse," edited by our friend, Miss Dock. We have put our copy away for reference, and would not part with it for ten times the price.

*The Sixteenth Annual Report of the Visiting Nurse Association of Chicago* tells of a splendid work well done.

WE have received and read with interest the Annual Report of St. Vincent de Paul Hospital, Brockville.

THE Queen's Nurses' Magazine has now an Hon. Treasurer, Miss Peter, The Nest, Horsham, Sussex. Annual subscription, 1s. 3d.

THE Denver Chemical Co. informs us that the San Francisco drug trade had already placed orders with them before the fire was out. One hundred thousand pounds of antiphlogistine were shipped on order to the Pacific Coast within a week. The emergency hospitals were supplied free of charge.

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- Mrs. J. Chubb (*nee* Applegath), 13 Tranby Avenue, Toronto.
- \*Mrs. Annie Yorke, 400 Manning Avenue, Toronto.
- Miss Mabel Ireland, 33 East 33rd Street, New York.
- Mrs. Ray (*nee* Whittet), Winnipeg, Man.

1899.

- Mrs. McLean (*nee* Grace), Galt, Ont.
- Miss Kate McArthur, Deceased.
- Miss Annie Insch, Greensboro' Hospital, North Carolina.
- \*Miss Riddel, Cobourg, Ont.

1901.

- \*Miss Lucy Bowling, 47 Metcalf Street, Toronto.
- \*Miss Eva Boggs, Norfolk, Va.
- \*Miss Minnie Brett, 566 Church Street, Toronto.
- Mrs. McIntosh (*nee* Ottaway), New Glascoe, N.S.
- Mrs. Gibson (*nee* Lindsay), Toronto.
- Mrs. Tucker (*nee* De Laree), Beaverton, Ont.

1902.

- Mrs. Little (*nee* McNabb), Rosemont, Ont.
- \*Mrs. Lovelace (*nee* Patterson), Agincourt, Ont.
- \*Mrs. (Dr.) Bright (*nee* Gunn), Drayton, Ont.
- \*Miss Georgina Woodland, 1 Rose Avenue, Toronto.
- \*Miss Nellie Dunnington, 2 Brunswick Avenue, Toronto.
- \*Miss Mildred Wilson, 159 College Street, Toronto.

1903.

- \*Miss Nellie Johnston, Superintendent, Battleford Hospital, Sask.
- \*Miss Clara Ovens, 502 Spadina Avenue, Toronto.
- \*Miss Mary Butchart, 566 Church Street, Toronto.
- \*Miss Kate King, New York.
- \*Miss Gertrude Fletcher, 29 Wood Street, Toronto.
- \*Miss J. Higgins, Parry Sound.
- Miss Harrington, 96 Lowther Avenue, Toronto.

1904.

- Miss Nan Lawrence, Wenatchee, Washington.
- \*Miss Ida Speer, 665 Spadina Avenue, Toronto.
- \*Miss Therese Ahlund, 665 Spadina Avenue, Toronto.
- \*Miss Marcella McKim, 76 Close Avenue, Toronto.
- Mrs. Houston (*nee* Wylie) Cleveland, U.S.
- Miss Myrtle McNeely, Toronto.
- Mrs. Bell (*nee* Warne), 72 Dewson Street, Toronto.
- \*Miss Jennie Huff, 62 College Street, Toronto.

1905.

- \*Miss Mary Sawers, Western Hospital, Toronto.
- \*Miss Edith McAlpine, 15 Gloucester Street, Toronto.
- Mrs. (Dr.) Taylor (*nee* McGarvey), Burnside, Mich.
- Miss Louie Orme, 633 Euclid Avenue, Toronto.

1906.

- Miss Victoria Benner, 566 Church Street, Toronto.
- Miss Maud Hartley, Toronto.
- Miss Lillian Tilly, Roxborough Street W., Toronto.
- Miss Kate Waldren, Toronto.
- Miss Mamie Kelly, Toronto.
- Miss Lottie Creighton, Toronto.
- Miss Mary Langton, Toronto.
- Miss McWilliams, 566 Church Street, Toronto.

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\* Member of the Alumnae Association.

# The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

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VOL. II.

TORONTO, SEPTEMBER, 1906.

No. 3

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## NOTES ON NURSING AS GIVEN TO MY CLASS.

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Nothing in hospital life is as interesting as nursing, because nothing is so personal and nothing so difficult to "get good." Hospital supplies and furnishings, energy and money will put right, but no money can put nursing right if it is bad. Whether the nursing is good or bad in a hospital depends on the character of each nurse in it. This is why you should all keep the highest possible ideal before you. You should look on nursing, especially nursing the poor, as the most Christlike work a woman can undertake. A woman without a high ideal may make a fairly good machine, but not a nurse. Do not be machines only, that is, women trained in the technical part and nothing more. Training is not magic and cannot make a careless, hard woman into a nurse. No amount of training will make a nurse of a woman unless she has the true spirit of a nurse in her. All good must come from within, therefore, we must look to ourselves. Training is necessary to make a nurse, but it can do nothing without the foundation of a true womanly character, and after all we can do for you in training, it rests with each of you whether you will be a real nurse, a success in your profession, a credit to your school and, better still, a credit to your higher nature. It rests with you each individually whether you will keep up and help others to keep up the proper ideal of a nurse. We try to give you the best training and we expect in return the very best of nurses. Not eye-servers, but real nurses. You all enter the Training School for some personal reason, but add to whatever reason you had for taking up nursing the only motive power that will make a real nurse, that is, love for your fellowmen and forgetfulness of self in the earnest desire to help others. In other words, sympathy and unselfishness, these are the mainsprings of good nursing. You must remember sympathy does not always mean words, silence is often much kinder than words and true sympathy is shown in small everyday actions of life which lessen the misery of many of your fellow beings. It is the continuance of doing well after the work has grown wearisome and when patients are ungrateful and when nobody is looking on, which marks the real women from the shallow ones, the real workers who will do some good in the world and will be felt.

True sympathy is shown by having a genuine feeling for misery of mind as well as for pain of body, and nurses that get used to misery and suffering are no use whatever. You will come in contact with much of both, and of course it will "take it out of you," but that is what a nurse's life means. You have not taken up an easy life, sacrifice of self is required of every good nurse, and never stifle your better feelings, they make you a nobler woman, by that I do not mean to allow yourself to lose your self-control, want of self-control is weakness and a nurse must be strong. Sympathy in small things is what stamps a nurse, and always remember true sympathy is not what you say, but what you do.

The next mainspring of good nursing is unselfishness: Do not always be thinking and talking about your rights. When you take up nursing you must be not only prepared, but cheerfully willing to give up everything to your patients if it becomes necessary, and you are not to feel wronged if your days off or holidays are not arranged as you wish. Pay little unselfish attentions to your patients, pay attention to their little fads and always remember that illness is not the time for curing grown-up people or children of their faults.

Do not lean against beds. Get in the habit of never touching a bed when walking or standing about in the wards, and also form the habit of walking and talking quietly. Do not walk on your tiptoes, it is very distressing to listen to. Look cheerful and speak cheerfully and never talk about the condition of your patient before him, do not forget he is listening for your answer, answer cheerfully if asked about him. Be thoughtful to the patient's friends, do not think of the trouble they are to you, but of the trouble they are in and of the misery and heartaches they are enduring.

The nurse at night has such an opportunity of being a nurse. There are so many little attentions she can give sleepless patients if she looks for the opportunity. See that their feet are warm, perhaps give a hot sponge, or rub the weariness of lying out of the back, or put cold cloths on the head, or speak in a gentle soothing voice, all these little things mean so much to one who is ill.

Jewelry is entirely out of keeping with a nurse's work, and it looks vulgar to see a nurse on duty decked with jewelry.

Conversation with your patients is difficult, avoid personal conversation of any kind, by that I mean pertaining to your work and school and hospital, also the doctors and nurses. Always remember it is a breach of confidence to talk of your other patients. A patient's affairs are sacred as far as a nurse is concerned. Always speak well of your training school, for your training school is you.

In every large training school there are sure to be constitutional grumblers who make themselves and every one else unhappy. Inside the hospital they are a nuisance, outside they are disloyal. If things are not as they should be grumbling will never make them right. Make your complaints to the person who can remedy them. This habit of grumbling might properly come under the head of

selfishness, for it is nothing else. Grumbling generally comes from inexperience and ignorance, a narrow mindedness that cannot see beyond personal feeling.

Life in a hospital is one of necessary restraint and strict discipline, but every probationer entering a training school knows of the rules, and if she has any sense also knows every institution to be well managed must have strict rules, and that they must be enforced, and a nurse objecting to them or wilfully breaking them should not be in the school or try to be a nurse.

You may think it hard because a nurse is criticized more severely than people of an ordinary walk of life, but that is because when you become a nurse you are supposed to place yourself on a higher level, and the higher you are the more noticeable the fall. (When I say nurse I do not mean in name only, of course.) Therefore how careful a nurse should be to be always womanly and lady-like and especially careful when in uniform. A nurse's life is not an easy one and none of you took up nursing expecting to have an easy life of it, therefore you should not be disappointed to find you are facing stern realities daily and not filling in your time with a round of pleasures, and you must keep your brightness and cheerfulness to lighten the suffering of your poor patients instead of bestowing them on strangers only.

I would like also to say a few words to you on economy and care of hospital property. Hospital property means everything provided by the hospital authorities, whether for use in the wards or for your comfort in the Home, and everything, no matter how small it is, should be taken care of as a trust. The nurses must remember that even if each one only destroyed five cents' worth of something each day it would mean \$4.50 in a school of ninety. There are so many ways of wasting in an institution, and when it is not brought home to the individual nurse she goes heedlessly on, never thinking and never realizing how much she is destroying of what does not belong to her, and careless waste, especially of what does not belong to you, is sinful and wicked. I want to point out to you a few of the many ways that you waste and destroy needlessly and to tell you it all arises from carelessness and want of intelligence and a lack of honor in small things. I will take some items of greatest waste and will begin with gauze, and will mention some of the things that have come under our special notice. One is using it for handkerchiefs, etc. I have not noticed in the rules of your school that we provide gauze or cheese cloth for the nurses' personal use, so I do not know where you got the idea, but one thing I do know there is a lack of intelligence in the adoption of such a habit, and not one of you would have done such a thing had you given any thought to it at all. Gauze is also wasted in dressings, two or three dressings will be taken to wash off a wound when all that is needed to do it just as thoroughly is one small piece or wipe. Gauze is also used for purposes it is not intended for, such as padding crutches, cleaning instruments, and I have even seen it used for washing

basins in the bathrooms and if you will notice as you go about your work you will see how often you will use gauze when it is not intended to be used.

FREDERICA WILSON.

Winnipeg General Hospital.

(*To be continued.*)

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## TORONTO CENTRAL REGISTRY, ANNUAL REPORT.

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*Madam Chairman, Members of the Central Registry,  
and our Guests.—*

It is with feelings of deep thankfulness and of great pleasure that the Registry Committee welcomes you here to-day in order that you may know each other, and hear in detail the work that has been accomplished for the past year, and that you may assist us in the future with your advice, experience and kindly interest. Of one thing we are keenly desirous, and that is that each nurse should feel a personal pride and responsibility in the advancement of the work, and should voice her opinions when necessary whether she is a member of the Registry Committee or not.

One year ago to-day we opened the Registry, and Miss Land, a graduate of the oldest Training School in Canada, the Mack School in St. Catharines, was the first graduate to register.

The following is the list of calls, and number of nurses who joined for the various months:—

JUNE.—Personal calls, 3; Registry, 3; total calls, 6. Number of nurses joining, 27.

JULY.—Personal calls, 1; Registry, 9; total, 10. Visiting nurse, 5. Number of nurses joining, 9.

AUGUST.—Personal calls, 3; Registry, 36; total, 39. Unanswered, 4. Visiting nurse, 6. Number of nurses joining, 23.

SEPTEMBER.—Personal calls, 6; Registry, 46; total, 52. Unanswered, 3. Visiting nurse, 2. Number of nurses joining, 30.

OCTOBER.—Personal calls, 7; Registry calls, 26; total, 33. Unanswered, 2. Visiting nurse, 4. Number of nurses joining, 29.

NOVEMBER.—Personal calls, 11; Registry calls, 19; total, 30. Unanswered, 1. Visiting nurse, 5. Number of nurses joining, 22.

DECEMBER.—Personal calls, 20; Registry calls, 53; total, 73. Unanswered, 7. Visiting nurse calls, 4. Number of nurses joining, 11.

JANUARY, 1906.—Personal calls, 12; Registry calls, 32; total, 44. Unanswered, 7. Visiting nurse calls, 3. Number of nurses joining, 22.

FEBRUARY.—Personal calls, 14; Registry, 39; total, 53. Unanswered, 1. Visiting nurse calls, 5. Number of nurses joining, 13.

MARCH.—Personal calls, 12; Registry calls, 54; total, 66. Unanswered, 1. Visiting nurse calls, 4. Nurses joining, 13.

APRIL.—Personal calls, 12; Registry, 81; total, 93. Unanswered, 5. Visiting nurse calls, 6. Number of Nurses joining, 9.

MAY.—Personal calls, 00; Registry calls, 00; total, 00. Unanswered, 00. Visiting nurse, 00. Number of nurses joining, 6.

Making a total of 214. Of these 14 have resigned, leaving 201 on our Registry list.

*The Toronto Hospitals are as follows:—*

Toronto General Hospital, 7; Sick Children's Hospital, 21; Western Hospital, 13; Grace Hospital, 28; Riverdale Hospital, 5; St. Michael's Hospital, 20; Orthopædic Hospital, 1; Dr. Myers' Private Hospital, 1; English and Canadian Hospitals, 18; American Hospitals, 24.

### STATEMENT OF RECEIPTS AND EXPENDITURES,

FOR THE YEAR ENDING MAY 31ST, 1906.

#### RECEIPTS.

Registry fees. . . . .	\$802 00	
Advances by Hospitals. . . . .	38 00	
Deposited in Error. . . . .	5 00	
		\$845 00

#### EXPENSES.

Printing, Stationery, etc. . . . .	\$113 32	
Rent of Telephone. . . . .	55 33	
Registrar's Salary. . . . .	420 00	
Advertising in Medical Journal. . . . .	84 55	
Returned to Hospital. . . . .	38 00	
Amount withdrawn from the Bank, it having been deposited in error. . . . .	5 00	
Charitable work. . . . .	3 00	
Cheque returned to Nurse, who had not had a case, and had resigned to take up Institutional work. . . . .	5 00	
		724 20

Balance in Bank. . . . . \$120.80

Cash in hand since books were closed. . \$ 5 00

When the Registry was first started one of the rules was, that the Registry fee need not be collected until the termination of the first case. This proved to be a fatal mistake, for in many instances when we could have given the nurses cases, they were on duty, and when on the list then, unfortunately, we had not the work, consequently the Registry was minus the fees, and financially we could not have gone on had we not made a change.

At a special meeting called for this purpose we drafted a con-

stitution, and it requires that the members pay their fee on joining. This fee is a very small one, being only \$5 a year, and if each nurse would consider it one of her sacred obligations to pay it, and not just look upon the matter as getting so much for a definite sum, then it would go a long way towards assisting the work of the Registry, and make the mind of those in charge much easier and enable them to undertake the necessary improvements. The amount still owing is \$215.

Early in January we sent two nurses to Fort William; later four were called for; then came a telegram for six in two weeks' time. These remained all through the epidemic, and two of them are still there as assistants in the Hospital.

I am glad to be able to express my appreciation in public of the willing and kindly manner in which the nurses have helped me in many different cases throughout the winter, several times giving their services not only for the confinement, but paying voluntary visits afterwards as long as they were needed. The middle class, or cheaper nursing, where a nurse low down on the list goes and is moved up on the list during her absence, has proved a very definite boon to the patient who needed skilled nurses, and yet could not afford to pay the full rates, and in several instances the nurses were more than rewarded by seeing their patients brought back to health from what seemed practically their last illness.

On behalf of the Registry Committee, I would like to thank those ladies in charge of the various Nurses' Homes for their kindly interest and many acts of thoughtful assistance that they have given me repeatedly this last year, but for their valued help I would have often been in a quandary, and I cannot express too strongly my appreciation of their goodness to me personally, and also towards the Registry.

Two interesting episodes have occurred this year, firstly, the birth of a beautiful girl to one of our married graduates; and, secondly, the loss by matrimony of one of our best nurses, Miss Sanford, a graduate of Riverdale Hospital.

Knowing how interested our nurses are, I rang up several of the doctors, and asked them their opinion on the Registry. All of the six expressed their entire satisfaction with the work of the past year, and had no suggestions to offer concerning our future, with the exception of one who urged us to continue to advertise.

We feel sure that the nurses will be glad to hear that our Central Registry is getting quite a reputation abroad, for being an established success. Already we have had letters on the subject from New York, Syracuse and Washington, and the Registrar had the privilege of giving a paper on the subject before her own Alumnae Association—that of the Johns Hopkins of Baltimore—and this has been accomplished in one short year, and what possibilities are open before us if we stand shoulder to shoulder and believe that in unity there is strength—forgetting our school pre-

judices, and only remembering we are graduate nurses, aiming for the same standard, what may we not accomplish in this our second year. Firstly, the club house looms in our vision, where all those who wish may have single rooms at a nominal rent, and unlimited hot water in respectable porcelain tubs, and attractive, reasonable meals furnished by a nurse housekeeper. Then the library where all up-to-date literature regarding our work may be found, and where one may study in peace and quietness, and, thirdly, and chiefly, that a room may be laid aside for the express purpose of putting in it only sick nurses, who are not sufficiently ill to be sent to the Hospital; that they may be brought from boarding houses elsewhere and feel that they are at home. This is but an outline of the task that lies before us, but if we look upon it as a personal duty, seizing every opportunity that lies before us, then may we feel certain that this time next year our 200 members will be at home in their own club house.

In conclusion, I would like to offer my warmest thanks to the Registry Committee for their untiring attention and ready sympathy on all occasions. In every way have they tried—and most successfully, too—to make the small burdens of the Registrar lighter, and I think that we are to be congratulated as a Registry in having had such level, well-balanced minds to steer us through the many currents of a pioneer undertaking, and to have launched on such a successful second year.

E. B. BARWICK.

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## THE EMPLOYING OF GRADUATE NURSES IN HOSPITALS.

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A great deal is heard nowadays about the improved system of training for nurses in our hospitals, but one point has, I believe, been overlooked. The training given nurses now is much better than it was some five years ago, but still the average nurse of to-day is not so good as the average nurse of five years ago. Why? Too many nurses are being turned out. More nurses are needed every year to fill the increasing demands of hospitals, small and large, and these hospitals are endeavoring to have their nursing done as cheaply as possible, hence the increase in the number of nurses-in-training.

The probationers for these institutions are being chosen from waiting-lists—woefully small, compared with what they were some years before—and the results are what they must needs be: Superintendents of training schools are confronted with the problem of filling, say, ten vacancies from a list of, we'll say, ten candidates, more than half of whom are either under age, under size, delicate, illiterate or otherwise incompetent. What is usually done? The vacancies are filled with the incompetents, because the hospital management will not face the situation when it means an increased expenditure, and those incompetents go on, and, finally, graduate—



unless they kill some patient or die themselves, before the day of graduation arrives.

They are thus launched on the sea of professional life, to lower the standards of nursing, and to be a burden to doctors, to patients and to themselves. For, mark you, be the training ever so perfect the impossibility of making a silk purse out of a sow's ear is every whit as impossible to-day as it was a hundred years ago.

The time has come in the history of hospitals, when the greater part of the nursing should be done by experienced, responsible graduates, and the smaller part, only, by nurses-in-training. The results would be wholly satisfactory. Patients would, with reason, have more confidence in the hospital treatment, both from the fact that there would be more experienced women nursing them, and, also, from the fact that the nurses-in-training being picked women would inspire, naturally, more confidence than a number of incompetent women. Better care would be taken of the sick, fewer mistakes would be made and more intelligent economy would be practised in all departments.

The nurses-in-training, too, would learn, unconsciously, from the graduates, all those thoughtful little attentions and niceties of treatment that mean so much to the sick and dying, and in which our hospital nursing is usually so sadly lacking.

Not so many nurses would be graduated annually, but the supply would meet the demand, the quality would be much better than it is at present. The nursing profession would draw nearer the goal of perfection, toward which it has been struggling so bravely for so many years of its life.

Let the hospital training schools look to their probationers and all will be well: "Ce n'est que le premier pas qui coute!"

MARY ARD. MACKENZIE, B.A., (Toronto).  
(R.N., Mass.).

Washington, D.C.

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### NURSES' ALUMNÆ ASSOCIATIONS, TORONTO.

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At the lecture given by Dr. Clarke, under the auspices of the Associated Alumnae of Toronto Hospitals, the opinion seemed to be general that the course of lectures given during the past winter had been very beneficial, especially in the development of a friendly relationship among the nurses of the different schools, and a committee of three was appointed to arrange a plan of work for next winter.

The committee, together with representatives from each of the Hospital Alumnae Associations, has had two meetings and has drawn up what it is hoped will prove to be a profitable as well as an interesting programme. The main points are as follows:—

1. That the Toronto nurses, including those nurses who, having

graduated elsewhere, have no interest in the work of the Alumnae Associations, form an organization. If this can be done as a branch or chapter of the Ontario Association the committee feels that it may be of great benefit to that Association, which has but one day's session each year, and especially if similar organizations be formed in the other nursing centres of the province. This might form the basis of a registration propaganda throughout the province. Another result would be to give opportunity for representation of *outside* nurses upon the Central Registry Committee.

2. That a programme be presented each month, giving not only different phases of nursing work such as demonstrations in duties and new methods and the work of the school nurse, but evenings of travel and accounts of settlement and mission work at home and in the Far East. The committee thinks that an interesting course may be arranged at very little expense and in order to provide the funds it has been decided to charge a small sum for the tickets for the course. Any one who wishes may take the course, as it will prove interesting to many beside nurses. It is especially hoped that the hospitals will give facilities for the nurses-in-training to attend in order that they may feel that they belong to the nursing world as well as the graduates.

3. That a nurses' club be formed in the city which shall be a nursing centre and headquarters for all nursing associations who desire it. A reading room, nurses' club house and accommodation for nurses visiting in the city as well as a meeting place for the Ontario Association are among the benefits which might be expected from this scheme. Last, but not least, among the benefits would be the providing of a place where nurses could meet one another and become acquainted. A cup of tea makes a good introduction and anything that will tend to develop a friendly feeling among the nurses and break down that high wall which has tended in the past to separate the nurses from different schools cannot fail to be a benefit and will help to make the nurses realize that nursing is a profession and not merely a means for making money.

The committee in putting these plans before the nurses in THE CANADIAN NURSE do so with the hope that when the first meeting is called in the fall the nurses will be prepared to discuss the different points and possibly to improve upon the plans of the committee.

LUCY BOWERMAN,

Convener.

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FROM a Canadian Nurse in the United States: "I met a graduate to-day, whose home is in Fergus, Ontario, who had neither seen nor heard of OUR JOURNAL. Send her a copy of our good CANADIAN NURSE, please."

### THE DETROIT MEETING.

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The Ninth Annual Convention of the Nurses' Associated Alumnae of the United States was held in Detroit on June 5, 6, 7.

The convention was large and representative, delegates numbering over four hundred being gathered from all parts of the United States and some from Canada. Marked success crowned the efforts of the nurses of Detroit, who had left nothing undone for the success of the Convention or the comfort of their visitors.

After the invocation by the Rt. Rev. C. D. Wilson, the delegates and visiting nurses were cordially welcomed to the city by Alderman Heineman and by Mrs. R. J. Service. The address of the President, Miss Damer, gave a comprehensive outline of the work and ideals of the Association. At the close of the session the delegates enjoyed an automobile drive.

On Wednesday morning the papers were (1) "How can skilled nursing service be procured by the family of moderate means?" (2) "How may a nurse charge below her price without lowering her standard?" Nurses might donate a part of the time. Again, a society might be formed, into which each member pays regular dues. Any member may apply to the society and a nurse is sent and paid by the society. Some means should be devised by which a nurse should be paid her full rates. Wednesday afternoon was spent on a most delightful boat trip to the St. Clair Flats, the Venice of America.

Evening session: (1) "Are nurses refusing to care for tuberculosis?" Nurses are doing their profession an injustice by refusing these cases, but their action is largely the result of the attitude of the hospitals. No special provision is made for these patients. Tuberculosis would not be shunned any more than other contagious diseases, if nurses were given a special training in it as in the others. (2) "Do our Alumnae Associations broaden professional lines?" It depends upon the work taken up by the Alumnae Association, medical science and nursing in all its branches and in relation to church work should be studied.

(3) "Should a nurse take a case from which another nurse has been dismissed without cause?" How may a nurse judge as to cause of first nurse's dismissal? She is asked to take charge of the case without being given any opportunity of ascertaining cause of first nurse's dismissal. Nurses have high ideals of professional etiquette, but those ideals must be guided by common sense.

(4) "The influence and value of Alumnae journals." Nurses, after graduation, are kept in touch with the superintendent, the doings of the hospital and the work of graduates. Journal is much appreciated by nurses living abroad. It forms a bond of union, promotes and fosters feeling of good fellowship and keeps us in touch with our Alma Mater.

(5) "What are the occupations of nurses who have dropped

out of the work?" One has a summer resort accommodating fifty guests. Some are doctors, others sanitary inspectors, one owns and conducts a drug store, one is matron of an Orphan Asylum, another is engaged in manufacture of sterile dressings, one is a dentist who still retains her interest in her Alumnae Association.

(6) "What can a nurse do with her margin of time or money?" A nurse should have a hobby, some occupation to fill up her spare time. One nurse said: "Do something for your own Alumnae Association in your spare time." Another said: "Be glad you have spare time to develop yourself and be yourself."

At the close of this lengthy interesting session ice cream was served in the spacious parlors of the Y.W.C.A. The buzz of conversation showed that the enthusiasm of the nurses had been aroused by the discussions.

Thursday, 9.30 a.m. (1) "Are nurses being over-trained?" The woman who desires to care for the sick must have a broad, thorough and practical training to fit her for her work. Some things she brings with her, other she acquires in the course of her training. Time must be given for assimilation and development.

"The work of the Red Cross" was outlined by Miss M. T. Boardman, who gave some interesting facts in connection with that work.

This was followed by a most interesting and forcible address by Mrs. Coleman, of Ann Arbor, on "The relation of nurses' training schools to Y.W.C. Associations." Mrs. Coleman made an earnest plea for the introduction of Y.W.C.A. work into the training school, and this was further emphasized by the report from one training school in which a Y.W.C.A. held weekly meetings and did much good and helpful work.

The afternoon session was devoted to the consideration of the work of visiting nurse and district nursing, and whether the latter should form part of training school curriculum.

In some training schools, third year pupil nurses were sent out with district nurse, but this was not considered satisfactory. A successful district nurse must have a broad experience to enable her to readily adapt herself to all kinds of conditions and places. Then patients do not like constant change and their comfort is of the first importance. Some post-graduate work could be done in this line.

At the close of this, the last session of the Convention, the delegates were taken to see the Laboratories of Parke, Davis & Co., and a pleasant and interesting hour was spent viewing the manufacture of so many of the drugs in constant use by the nurse. Then all were entertained in the large refreshment tent of the company, and thus was brought to a close one of the most successful conventions of nurses. Detroit, 1906, will not soon be forgotten by the visitors.

## Reports of Nursing in Hospitals.

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### A CASE OF PSORIASIS COMPLICATED BY CHICKEN POX.

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Upon April 12th, 1906, L— J— (aged 13), was admitted to the Sick Children's Hospital, Toronto, for "Eczema of the Scalp." It was found that a less common and more interesting condition was present.

Over the extensor surfaces of the body where the skin is thickest and subject to friction (the knees and elbows) were scattered large, well-defined patches of brownish colored material, which, when lightly scraped, revealed numerous silvery scales and when completely removed, a reddened, granular, denuded surface.

The appearance was typical of Psoriasis.

The spots varied in size from a farthing to a silver dollar. The collections of thick, soft, yellowish material scattered in patches over the scalp were probably due to the unknown cause of Psoriasis.

The patient demonstrated the fact that this disease occurs in strong, healthy-looking individuals. It is almost a certificate of good health.

*Treatment:* Epithelial scales were scraped off and Ung. Hydrargyri Ammoniatum applied to bases of lesions on left side of body; chrysarobin, grs. v., acid salicylic, grs. viii., to vaseline, i oz. on right half of body; a head shampoo, and liquor arsenicalis with iron internally.

May 10th.—Spots are clearing up quicker on right half of body under chrysarobin treatment. Throat felt sore. Pharynx congested. Calomel, saline and spray ordered.

May 13th.—Temperature 103°. Scattered over the abdomen, chest and back are numerous vesicles, varying in size from a pin head to a split pea. Some were slightly umbilicated. Moved to chicken pox ward.

May 14th.—Chrysarobin ointment is to be applied to all the body lesions.

May 16th.—Psoriasis spots clearing nicely, leaving brownish patches with a few thin scales. Chicken pox vesicles are everywhere.

May 31st.—Vesicles have been punctured and scales washed with bichloride 1-5000, but both persist. Olive oil is improving the scalp.

June 17th.—A few vesicles still found.

June 27th.—Arrived at Lakeside Home. No vesicles visible. Psoriasis practically cured. Chrysarobin proved more effectual than ammoniated mercury ointment.

FLORENCE POTTS.

## My Scallop-Shell of Quiet

### A PRAYER FOR NURSES.

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O God, our Heavenly Father, we come to Thee with grateful hearts when we think of all Thou hast done for us. Thou hast given us health and strength of body and mind, and above all, Thou hast given us eternal life through Thy Son, Jesus Christ. Enable us to show our gratitude by lives devoted to Thy service.

We thank Thee that Thou hast led us to devote our lives to the blessed work of ministering to the sick and suffering ones, and that Thou hast opened up the way by which we have been trained for that service. Do Thou continue to bless us. Give us strength of body and mind. Impart to us skill and tenderness. Give us the spirit which will enable us to deny ourselves for the good of others. Take away from us all selfishness and pride. May our hearts be filled with love and sympathy, then will we be ministers of mercy to the suffering ones. We pray Thee be with us in all that we plan for the good of others. Give us Thy wisdom and may all that we do be begun, continued and ended in Thee. Take from us all self-will, and may we work together in unity and love, looking not on our own things, but each on the things of others.

O God, the source of all comfort, be near to all the sick and suffering ones. Give peace to those to whom the day brings no light, and the night no rest. Make them ever conscious of the presence of Him who is the Great Physician. May they know that nothing is too hard for Him, that He can heal all diseases, and that He will make all things work together for their everlasting good. All this we ask, with the forgiveness of sins, in the name of Jesus Christ our Lord. AMEN.

# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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VOL. II.

TORONTO, JUNE, 1906.

No. 2

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## Editorial.

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### QUEEN ALEXANDRA'S IMPERIAL NURSING SERVICE.

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THE CANADIAN NURSE has been placed upon the list of nursing journals to publish official information from the service, an honor not enjoyed by any other nursing journal outside of the British Isles.

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### THE GUILD OF ST. BARNABAS.

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On St. Barnabas Day, Monday, June 11th, 1906, St. Barnabas Guild celebrated its 30th birthday. The Guild has now 2,503 members, 326 Associates, 47 chaplains, 54 priests-associate, 31 medical

associates and 258 honorary members. On June 19th the anniversary service was held at St. Alban's, Holborn, when Canon Newbolt preached a sermon full of encouragement.

The secretary-general, Miss C. J. Wood, sails (at her own expense) from England on the "Carisbrooke Castle" for Cape Town on October 20th. She goes round the world to visit members of the guild in India, Africa, Australia and Canada. She will be welcome indeed to Canada, where she hopes to arrive (D.V.) in May, 1907.

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### A CHEERFUL COUNTENANCE.

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In St. Paul's Cathedral on May 29th, Canon Scott-Holland, to a large congregation of nurses, including many connected with district nursing societies, preached a sermon from Psalm civ: 15. The preacher spoke of the cheerfulness of nurses.

Now, where did they get this cheerfulness from? First there was the oil of activity; the need to be active in face of facts. It was a splendid thing always to know what to do; nothing mattered as long as they could do something. Next there was the oil of efficiency: doing something well; the joy of an artist and craftsman. Then there was the oil of tenderness and sympathy: always moving about bringing something of relief, some ease to each poor sufferer; teaching them there was still somewhere in the world some love and some care for them. There was the oil of vocation: "Here am I; send me." And then there was the oil of healing. Christianity found a great parallel in the art of healing. Christ when on earth spent His time in healing those terrible diseases of olden times. Lastly, there was the oil of hope: they asked nothing as to the past, but lived for the future. If they would keep themselves in a cheerful countenance they must gain power to do so from the Eucharist, the great thanksgiving. They had lately lost one who had done so much for them, and when they thought of her they thought also of all those who had served and helped in their day.

This reference was to the late Miss Alice Grenville Phillimore, who had been the means of making this annual gathering in St. Paul's a possibility and a success. In seven different organizations she was either founder or leader, her activities were boundless, and her large-heartedness no less than her generosity and common sense, endeared her to all.

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### POST-GRADUATE WORK.

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It will be generally conceded by nurses who are familiar with facts, that one of the most important problems at the present time in the Hospital Training Schools is that of the possibility and



advisability of establishing post-graduate courses, inferior to none as regards equipment, attractiveness and efficiency.

In the Toronto General Hospital within the past few months a new course in nervous diseases has been added, and also special training in the nursing of children, an exchange of nurses having been effected between the Toronto General Hospital and the Sick Children's Hospital, and if to this could be added a further interchange with the nurses of the Isolation Hospital the training would be still more complete.

The introduction of post-graduate courses in our hospitals would be of inestimable value to the nursing profession in Canada.

Many of our brightest graduates have gone to the United States to take such courses, have given an excellent account of themselves, and with few exceptions never returned to Canada.

The most important point to be kept in mind is, that whatever is attempted should be of a character to attract the highest type of nurse, and if our Provincial University would co-operate with the new Hospital Board and provide a special course in hospital economics it would prove of great value to Canadian nurses, and would enable them to take and sustain a position in any hospital in the world.

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### ORGANIZATION.

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Nursing has had its stages of evolution just as well as all other professions, the only difference being in the rate of progress. A history of nursing for the past twenty-five years would show this, and in fact those of us who have been in the work for only ten years can see many changes. There was a time, and in very recent years, when the authorities of the training schools considered that they had done their duty by the nurse-in-training when they gave her a diploma in return for her work. But the nurses from special hospitals found themselves hampered when brought into competition with graduates from General Hospitals. Nurses' organizations were formed among the alumnae of the different schools and later Provincial associations were formed, and through these means the standard was raised. The remuneration given to nurses-in-training was lowered and in many cases abolished, but in return the authorities were impelled to make such provision for their nurses that they might, when graduated, stand on an equal footing with other graduates. The result was affiliation between the schools in order to complete the training. The Toronto General Hospital is affiliated with the Sick Children's Hospital. The latter hospital in order to obtain obstetrical and gynecological training sends its nurses to the General Hospital and the Victorian Order. The Isolation Hospital sends its nurses to the Woman's Hospital in Detroit and other hospitals for a general training. It may be only a dream, but may we not hope that ere long all the hospitals in

Toronto will become affiliated in such a manner that every nurse graduating may have a good general practical training. With registration an accomplished fact and a central nursing council for Ontario, all the Ontario hospitals might be similarly benefited, and Provincial Nurses' Associations, already formed in Manitoba, and probably soon to be formed in the other provinces will, it may be hoped, accomplish as much or perhaps more for nurses in every province of Canada.

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### NURSING AFFAIRS IN GREAT BRITAIN.

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Two important events have recently occurred, one was the reception of a deputation against the Bill for the State Registration of Nurses by the Earl of Crewe, Lord President of the Council, on June 21st. This deputation was organized by the Central Hospital Council for London, which represents all the London Hospitals recognized as training schools with over 100 beds. The representatives of the Council were Mr. Harben (chairman), the Hon. Sydney Holland, Dr. Allehin and Dr. Kingston Fowler. Sir Thomas Barlow and Sir Frederick Treves were also present, and a Duchess, a Marchioness, a Countess, and a Viscountess and several matrons of the London and Provincial Hospitals.

It was a remarkable deputation and presented a remarkable proposal, namely, that an official directory of nurses should be instituted, and that "every nurse who has been trained at a training school for nurses not carried on for private gain should be entitled to have the following particulars entered in the directory: Name, place, dates and periods of training; subsequent hospital and other appointments held." This would not do much good. But the proposal shows that the opponents of State Registration see that something must be done. Three gentlemen addressed the Earl of Crewe, but do not appear to have made much impression on him, judging from his acute and statesmanlike reply. We wonder if any nurses were present!

The other event was the Annual Meeting of the Royal British Nurses' Association, held at the Imperial Institute on June 7th. This Association appears to have fallen upon evil days. It is impossible to tell that it is a Nurses' Association from reading the list of officers as follows: "Sir James Crichton-Browne (presiding), Dr. Comyns Berkeley (Medical Hon. Secretary), Dr. Clement Godson (Hon. Treasurer of the General Funds), and Mr. John Langton (Treasurer of the Settlement Fund)." A woeful tale then was told of unpaid subscriptions, unexpected expenses and resignation of members. *The Nurses' Journal* is a hundred dollars in debt. The Settlement Home is not flourishing and only the Benevolent Fund is able to make a satisfactory report.

This is all wrong, and everyone knows the reason why. This Association was originally formed by nurses in 1887 to secure

State Registration for nurses. It departed from this policy. In 1904 it returned to it again. In 1906 the Executive Committee of the R.B.N.A. re-drafted their Registration Bill and provided for a council of sixteen, consisting of representatives of the Government, six or eight medical men, five matrons elected by themselves, and *one directly elected representative of the British nurses!*

But to return to the Annual meeting. Miss Forrest brought forward the following resolution:—

“That the Bill for State Registration of Nurses as drafted and presented by the Executive Committee of the Royal British Nurses’ Association does not express the feeling of the majority of the members of the Association, as, in their opinion, it does not provide for adequate representation of the nursing profession in the constitution of the Central Board. That in the interests of the nursing profession there should be a fixed majority of nurses on the Central Board elected from amongst the nurses to be placed on the State Registry. That the members of the Association assembled in general meeting hereby protest against the unbusinesslike and unjust conduct of the honorary officers of the R.B.N.A. at the meeting of the General Council held on February 7, 1906, and now place on record their disapproval of the procedure adopted at such meeting.”

Each of these resolutions, though just and moderate, and supported with courage by the mover and others, was lost by a large majority. The meeting was a great failure, and deservedly so. It is a deplorable spectacle this. One can only hope more and more members will resign till the medical officers are left alone to form a Medical Association, not a Nurses’ Association.

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### YOUR OWN MAGAZINE.

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The Publication Committee desires to state that THE CANADIAN NURSE is and always was intended to be, as our “Foreword” stated “devoted to the interests of the nursing profession in Canada.” It is not the journal of any one alumnae association. The Publication Committee now includes representatives from six alumnae associations, and all other nurses and alumnae associations in Canada are invited to subscribe, to contribute and in every way to control and support their own nursing journal. They own it—all Canadian nurses at home or abroad own it. It is not the property of any hospital or training school, or any one alumnae association.

As to the need for a journal, that has been evident for no short time! Canada is a great country—its nurses many—and the journal bridges distance, keeping the intelligent nurse in touch with new methods and discoveries, as well as giving a general outlook on work which the busy individual has not time to study in detail. Numerous letters have been received thanking us for doing these things.

As to the third and important point: We have been requested by our subscribers to publish the journal monthly in 1907. Besides, business firms will more readily give advertisements to monthlies, and the journal must have advertisements to be self-supporting. Even at present many firms will not advertise with us because our *bonâ fide* subscribers are only eight hundred. If it is to be a monthly, THE CANADIAN NURSE *must have* a thousand subscribers to support it. That means two hundred more to be found.

Will every one of our subscribers tell nurses or ex-nurses and doctors, or personal friends who have an interest in their work, about THE CANADIAN NURSE, and secure new subscribers at once?

The Publication Committee would cordially thank the profession for its support. Every one of the eight hundred has been enlightened and public-spirited and generous enough to subscribe to and support her own journal. It is to them that we look to increase our subscription list so that we may place the journal on a proper basis. We had upwards of fifty dollars credit balance last year. But both in the Business Department and the Editorial Department most of the work was not paid for, and the money, time and work needed for a monthly journal is at least three times that needed for a quarterly journal.

It rests with our subscribers as individuals to make THE CANADIAN NURSE a monthly. If they leave it to others to do, they will find they are not alone in their indifference, and the work will not be done and we will not have a monthly magazine. There is always a large percentage of people in any body who are passive, or indifferent or obstinate. But not so you, dear reader. Then please send us *now* all the new subscriptions you can get at one dollar each, and these new subscribers will get THE CANADIAN NURSE from September, 1906, to December, 1907, fourteen numbers, for the sum of one dollar.

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[Official.]

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.**

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THE WAR OFFICE,

LONDON, 26th June, 1906.

The following ladies have received appointments as Staff Nurse: Miss H. C. Winzer, Miss M. A. Cachemaille, Miss F. J. Mitchell.

POSTINGS AND TRANSFERS.

*Sisters:* Miss M. E. Richardson, to Military HP., Hounslow, from Cambridge HP., Aldershot.

Miss E. L. McAllister, to the Queen Alexandra Military HP., Millbank, from Royal Victoria HP., Netley.

Miss M. Steenson, to Military HP., Portsmouth, on return from South Africa.

Miss A. S. Bond, R.R.C., to Military HP., Devonport, from Military HP., Canterbury.

Miss J. Hoadley, R.R.C., to Military HP., Canterbury, from Cambridge HP., Aldershot.

Miss E. M. Fairchild, to Cambridge HP., Aldershot, from Royal Victoria HP., Netley.

*Staff Nurses:* Miss C. T. Bilton, to Royal Victoria HP., Netley, from Military HP., Hounslow.

Miss G. M. Allen, to Military HP., Colchester, from Military HP., Portsmouth.

Miss D. J. Saunder, to Royal Victoria HP., Netley, from Royal Arsenal HP., Woolwich.

Miss A. M. S. Clapp, to Royal Victoria HP., Netley, on appointment.

Miss M. H. Congleton and Miss C. H. E. Gerahty, to Military HP., Portsmouth, on appointment.

#### APPOINTMENTS CONFIRMED.

*Staff Nurse:* Miss C. W. Jones, Miss M. Plaskitt.

#### PROMOTIONS.

The undermentioned Staff Nurses to be Sisters: Miss F. A. Dawson, Miss E. M. Lyde, Miss E. L. McAllister, Miss B. F. Perkins, Miss E. M. Perkins, Miss G. M. Smith.

*The Editor,*

THE CANADIAN NURSE,  
133 East Bloor Street,  
Toronto, Canada.

C. H. KEER,

*Matron-in-Chief,*  
Q.A.I.M.N.S.

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### THE SAN FRANCISCO COUNTY NURSES' ASSOCIATION.

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Our sisters in San Francisco have formed a Relief Committee for Nurses and have a central directory and club house at 4 Steiner St. To this address all contributions for the nurses, many of whom have lost all, should be sent, and we do hope some will go from Canada. It is another reason for THE CANADIAN NURSE being made a monthly that this news is already three months old. In a letter dated June 1st Miss Jones, of the *Nurses' Journal of the Pacific Coast*, says, in answer to our letter of sympathy: "We hope that should any Toronto nurses be among the sufferers we may learn of it in time to render them some assistance. It may interest you to know that two Toronto nurses (pupils of the California Woman's Hospital here) are going to complete their training in a New York Hospital. Arrangements have been made through military quarters to secure them transportation, and the head nurse of a New York Hospital (I don't remember just which one) will give them all their time and see that they have no expenses while in her hospital."

## Editorial Notes.

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**The Hospital Nurse at Sea.**—The Kaiserin-Augusta-Victoria the newest and largest Hamburg-American liner (3,000 passengers) carries a fully-trained hospital nurse to assist the ship's doctor.

**Florence Nightingale.**—On Tuesday, May 15th, Miss Nightingale, who is living in retirement at 10 South Street, Park Lane, London, England, celebrated her 86th birthday. She is sometimes able to leave her couch and retains her great interest in the nursing profession.

**The Conference at Melbourne.**—On the invitation of the Royal Victorian Trained Nurses' Association a number of delegates from the Australasian Trained Nurses' Association visited Melbourne recently and held a conference with the R.V.T.N.A., discussing such questions as the formation of a Federal Association, the proposed Midwives Act and the minimum number of beds necessary for a Hospital Training School for Nurses. A dinner was given to the guests and the meeting was both successful and enjoyable.

**The British Nurses' Registration Bill.**—This Bill was introduced in the House of Commons on Thursday, June 14th, by Mr. R. Munro-Ferguson, and is to be supported by Dr. Macnamara and seven other Members of Parliament. The Bill proposes to create, after the Register is formed, an incorporated Council of nineteen persons, of whom ten will be directly elected representatives of the registered nurses of Great Britain and Ireland. This Council will be responsible for the registration, education, examination and discipline of all registered nurses.

**The Nurses' Missionary League.**—The annual meeting of the Nurses' Missionary League was held at University Hall, Gordon Square, W.C. London, England, on May 30th. Miss Miller, secretary of the League, gave an address on the principles, purpose and progress of the League. Miss Van Sommer spoke of the message that only a Christian woman can carry to the women of the non-Christian world. Missionaries from Africa and Poland also addressed the meeting. Trained nurses, or nurses-in-training, who wish to become foreign missionaries are eligible as members.

## The Contributors' Club.

### A NEW ARMY ORDER—A QUALIFICATION FOR MILITARY MATRONS—

Army Orders for February provide that the following paragraphs are to be inserted after paragraph 1,197A in King's Regulations :

#### EXAMINATION OF SISTERS FOR THE RANK OF MATRON, QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

1,197B. Sisters of Queen Alexandra's Imperial Military Nursing Service will not be promoted to the rank of Matron until they have passed the examination set forth in Appendix VIII.D.

This examination may be taken after completing five years' service in the rank of Sister. The written examination will take place half-yearly, on the last Monday in May and November.

The board of examiners for Sisters, Queen Alexandra's Imperial Military Nursing Service, for the rank of Matron, will consist of a Principal Matron, as president, and two Military Matrons as members; for stations abroad, a board will be appointed to conduct the oral portion of the examination, under arrangements made by the Director-General, Army Medical Service. The written portion of the examination will be supervised by a local board, consisting of a Matron as president, and two Sisters as members.

Sisters on leave from abroad will apply to the War Office for facilities as to examination.

Sisters serving abroad will, whenever possible, be examined by a board in the command in which they are serving.

Examination papers for the written portion of Part I. will be prepared under the direction of the Director-General, Army Medical Service. Application for permission to be examined should therefore be submitted to the War Office in time to enable papers to reach the respective commands before the date of examination.

To enable Sisters of the Queen Alexandra's Imperial Military Nursing Service to procure the necessary certificate of administrative capacity referred to in Appendix VIII.D, Sisters of four years' service and over, in that rank, may (as far as circumstances admit), at their own request, undergo a two months' course of special instruction in Matrons' duties.

(b) The following will be inserted after Appendix VIII.C :

#### APPENDIX VIII.D.

##### PROMOTION TO MATRON.

Syllabus referred to in paragraph 1,197B.

Subjects in which the Board is to test the capabilities of the Sister are as follows :

##### PART I.

The examination will be written and oral; the written portion will consist of four questions, for which three hours will be allowed.

The time allowed for the oral portion will be 15 minutes.

The examination will consist of questions bearing on the following subjects :

(a) The regulations affecting the Army Nursing Service, and the relations of its members to the medical officers, nursing staff, and patients of hospitals; method of conducting official correspondence and of keeping accounts.

(b) The distribution of duties of the nursing *personnel* in hospitals in peace and war, and the numerical proportion of nursing staff to patients under varying circumstances.

(c) The special circumstances affecting nursing in hospitals in the field, hospital ships, ambulance trains, convalescent establishments.

(d) Responsibilities of nursing staff as to equipment, bedding and linen.

(e) The supervision of nursing quarters and their domestic economy.

(f) The sanitation, in accordance with the regulations, of all premises under their charge; ventilation, warming, and methods of cleaning.

(g) Precautions necessary in connection with nursing of cases of infectious diseases.

(h) The nursing in hospitals for women and children.

PART II.

To deliver, before the examiners, a lecture adapted to the training of orderlies, Royal Army Medical Corps, on one of the subjects laid down in the syllabus contained in Standing Orders for Royal Army Medical Corps, Appendix 2.

The time allotted to this lecture should not exceed forty-five minutes.

Written questions on the lecture (suitable for the orderlies attending the same) must be handed in at the time of examination.

*Marks for the Examination.*

Written.....	75
Oral.....	50
Lecture.....	25
<hr/>	
Total.....	150

50 per cent. of the total marks are necessary to pass.

Marks shall be allotted by each examiner independently; the means of these marks shall indicate the final result.

A week before the board is held, each sister will send a certificate to the effect that she has, during the twelve months previous to the date on which the examination is held, undergone special instruction, in duties of Matrons, by the Matron, for a period of two months, or has discharged Matron's duties for two months. This certificate will be signed by the Matron of the hospital in which the Sister is serving.

GENERAL INSTRUCTIONS FOR BOARD.

A.—For Local Boards.

(1) When commenced, the examination should be concluded without unnecessary delay.

(2) On completion of the written examination, at stations at home, the board will transmit the papers of the candidates, with the replies, under sealed cover, to "the Board of Examiners, Queen Alexandra's Imperial Military Nursing Service," c/o Director-General, Army Medical Service, War Office, London.

At stations abroad, the Board will compile separate proceedings for each Sister orally examined; they will enclose with such proceedings (1) the written examination papers, with replies; (2) the written questions upon the lecture handed in by the Sister; and (3) the marks allotted to each candidate in the oral portion of the examination

At stations, both at home and abroad, the Local Board will render the following certificate:

"We hereby certify that we have conducted the examination of Sister..... Queen Alexandra's Imperial Nursing Military Service, in strict accordance with paragraph 1,197B and Appendix VIII.D., King's Regulations.

..... President.

..... } Members.  
 .....

Place.....  
 Date....."

B.—For Board of Examiner .

The Board of Examiners referred to in paragraph 1,197B will furnish the following certificate:

"We hereby certify that we have examined Sister..... for promotion to the rank of Matron. She has been thoroughly tested in accordance with Appendix VIII.D, King's Regulations, and we are of opinion that she has attained the necessary standard in the subjects in which she has been examined.

..... President.

..... } Members.  
 .....

Place.....  
 Date....."



Should one of the Board demur at signing this certificate she will record her reasons on the back. But if two members decline to sign, the candidate will be informed by the President that she has failed.

*Books Recommended.*

- “King’s Regulations.”
  - “Allowance Regulations.”
  - “Pay Warrant.”
  - “Regulations, Army Medical Service.”
  - “Field Service Manual for Army Medical Service.”
  - “Standing Orders, Royal Army Medical Corps.”
  - “Report of South African War.” By Sir W. Wilson.
  - “Royal Army Medical Corps Journal.”
  - “Regulations for Supply, Transport, and Barrack Services.”
- The medical and surgical books authorized for the training of orderlies.

**RUBBER GLOVES IN MEDICAL WARDS.**—A good many journals are speaking of the use of rubber gloves in medical wards as something new, but we know that many of our readers are accustomed already to use them. Those who have not will find them not only a great protection to the hands, but a safeguard against infection.

**SOAP STONES.**—“Not having heard that soap stones are used in any hospital for warming beds and applying heat to the body, it might be a benefit to the nurses to know of the great comfort to be derived from their use. They can be bought at a hardware store at from 25c. to 75c. per stone, according to size. For hospital use the most convenient size is 6 x 8 x 1½ inches at 35c. They are better than rubber bags where heat is not required in proximity to the body. They are cheaper, more durable, and can be heated to a much higher temperature and will retain the heat six or eight hours, without being re-warmed. They are particularly good in warming a bed for an operation case or for a new patient. If necessary to use with the patient in bed they can be placed between the blankets, a few inches from the patient’s body. They can be heated on a gas stove or in the oven. Before using wrap each stone in several thickness of newspaper or wrapping paper.”—*From a Correspondent.*

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## Correspondence.

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**DEAR CANADIAN NURSE.** —I have intended to write you long before this, but somehow or other when mail day comes my letter-writing is interrupted and I only get the time to write home. I wrote to a friend of mine to send you my subscription for the following year, which I hope you have received by this time.

A very interesting case came in the other day. The patient was suffering from general debility. On examination the doctor found that the heart was on the right side. Another case of some interest was that of a patient with a floating spleen. An unusually severe case of typhoid is occupying our attention just now. The patient has had three relapses. When a patient with enteric and malarial

fever has a temperature of 102 2-5 or over, we give a cold water sponge and then rub the patient all over with creosote and oil,  $\frac{3}{4}$  ii. of creosote to  $\frac{3}{4}$  p. of olive oil. This brings down the temperature more effectually than the sponging. The sponge lasts 20 minutes and the oil rub 10 minutes. For intestinal disinfectant we give minim doses of carboic acid in a mixture.

GRADUATE R.V.H., MONTREAL.

Vellore, India.

## Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE, TORONTO; MISS CRAWFORD, WINNIPEG;  
AND MISS YOUNG, MONTREAL.

[PROBABLY few of us realize the scope and influence of this Department. Our Toronto Editor came home from a case the other night to find letters awaiting her from Vancouver, B.C., Calgary, Alta., Fredericton, N.B., and Springhill Mines, N.S. A few days later she received by one mail kind invitations to pay visits to two hospitals, one in Vancouver and the other at Halifax. She will in time accept both, we hope! Within another week or two a Hospital Superintendent came from New Ontario to the address above, and demanded to see the Toronto Editor of the Hospital and Training School Department. "Out at a case?" said the superintendent in amazement. "Isn't this the office of THE CANADIAN NURSE? Do you mean to say that she does private nursing too!" THE CANADIAN NURSE owes a great part of its success to the three efficient and loyal Editors of this Department. Their work has been beyond praise, and not the least part of it has been the way in which they have kept us in touch with all our subscribers and with the nursing profession generally. We are greatly encouraged to hear that *every* letter (and there were about fifty of them) received for this number, began: "I am so glad THE CANADIAN NURSE is going to be made a monthly."—Ed.]

MISS IRENE SHEPARD, H.T.S.C., has gone to Vancouver to visit her sister.

PLANS have been prepared for a new and modern Isolation Hospital at Peterboro.

MISS ALICE LANDRY, V.P.H., Fredericton, has accepted a position in the hospital at Amherst, Nova Scotia.

MISS WARDELL, graduate Johns Hopkins Hospital, has taken charge of the Sanitarium at Gravenhurst.

MISS HELENA M. GRANT, graduate of St. Michael's Hospital, has gone to Winnipeg to taken up private nursing.

MISS LIZZIE THOM, Victoria Hospital, London, has been appointed Office Nurse by Dr. John D. Wilson, London.

MISS JOHNSTON, late Lady Superintendent of Battleford Hospital, is expected home soon.

MISS STANLEY has left St. Joseph's Hospital, Port Arthur, owing to ill-health, and Miss Warwick has taken her place.

MISS CAMPBELL, T.G.H., has accepted the position of night supervisor at Butterworth Hospital, Grand Rapids, Michigan.

MISS HELEN LATIMER, graduate of the Lady Stanley Institute, Ottawa, has accepted a position in the hospital at Moose Jaw, Sask.

MISS MICKLEJOHN, Lady Superintendent of the Lady Stanley Institute, Ottawa, is spending her holidays in Charlottetown, P.E.I.

MISS MARY CAMPBELL, graduate of Toronto General Hospital, has gone to Grand Rapids, Mich., to act as Night Supervisor for Miss Flaws.

MISS MINNIE HAUCE, '04, Miss E. Bond, '05, and Miss M. Sharpe, '05, Victoria Hospital, London, have joined the Victorian Order of Nurses.

MISSSES STEWART AND LESLIE, Guelph General Hospital graduates, who have been nursing in Baltimore, have come home for the summer months.

MRS. ETHEL SMEDLEY, graduate of T.O.H., has been very ill at the Western Hospital for some time. Her many friends wish for her a speedy recovery.

MISS L. J. SHEPPARD has resigned her position as Lady Superintendent of the Guelph General Hospital and Miss Cameron, Head Nurse, is at present in charge.

MISS IRENE NOECROSS, Vancouver General Hospital, has gone to Rock Bay Hospital to take the position left vacant by the death of Miss Jean Sutherland, V.O.N.

MISS JEAN WHITTON, Victoria Hospital, London, has been appointed Assistant Matron and Head Nurse of the Infirmary at the Asylum for Insane, London.

MISS VERA WHITNEY, '05, and Miss E. Fredin, '05, Victoria Hospital, London, have been appointed Head Nurses in the Children's Free Hospital, Detroit.

MISS B. MCKIM, graduate of Western Hospital, was married to Dr. Miller, of Battleford, Alta., June 6th, at the home of her sister, Mrs. Neff, 76 Close Ave., Toronto.

MISS RUTH PENTLAND, a graduate of Bellevue Hospital Training School, New York, has been appointed Superintendent of the Homeopathic Hospital of Montreal.

MISS MARY BURGESS, Vancouver General Hospital, has resigned her position in the Atlin Hospital, and will be succeeded by Miss Isabel Blyth, Class 1906, Vancouver General.

ON July 7th the Alumnae Association of the Guelph General Hospital held their annual picnic at Riverside Park. A most enjoyable afternoon was spent.

MISS GAULD, a Guelph General Hospital graduate, who has been doing private work in Guelph and vicinity, has gone west to Saskatchewan to follow her profession.

MISS ELEANOR EMERSON, and Miss Wilhemina Moss, both recent graduates of the Vancouver General Hospital, have gone to Lethbridge, Alta, to take positions in the hospital there.

MISS SAWERS, who has been Head Nurse at the Western Hospital for some time, has been appointed Lady Superintendent of the Toronto Orthopedic Hospital. Her duties commenced July 1st.

THE Emergency Hospital, Bay St., Toronto, has been closed. Miss Irwin, the Superintendent, has accepted a position as Head Nurse of the private wards in the Lakeside Hospital, Cleveland.

MISS BESSIE DOUGLAS (Vancouver General Hospital), who was doing hospital work in San Francisco at the time of the terrible disaster, after a very short rest, has taken a hospital position in Seattle.

MISSES BREEZE AND MATTHEWS have completed their maternity course at Manhattan Dispensary, N.Y., and are now taking a course in Roosevelt Hospital. They expect to return to Toronto about September 1st.

PLANS have been accepted for an Isolation Hospital, to have three separate buildings, for diphtheria, scarlet fever and tuberculosis; the whole to be under the management of the Vancouver General Hospital.

MISS HUME, Lady Superintendent of the Orthopedic Hospital, Toronto, has accepted a similar position in a Chicago Hospital. Miss Sawers has been appointed Lady Superintendent of the Orthopedic Hospital.

MISSES WOODSIDE AND LEWIS, graduates of H.S.C., Class '05, who took a post graduate in Roosevelt Hospital, N.Y., and afterwards filled responsible positions in Dr. Bull's private hospital, have returned to their homes for the summer months.

MISS ANNIE F. LOCKHART has resigned her position of Head Nurse in the Chipman Memorial Hospital to take a post-graduate course in the Boston Floating Hospital. Miss Viola MacSwain, a graduate of the Prince Edward Island Hospital, takes her place.

MISS MARY MACMASTER, graduate of the Protestant Hospital, Ottawa, has resigned the position of Assistant Superintendent of Victoria Hospital Training School, London, and has gone home to take a rest. Miss Kate Holbein, who for the last eighteen months has been Night Supervisor, has succeeded her as Assistant Superintendent.

MISS E. MAYOU has resigned the position of Superintendent of Victoria Hospital Training School, London, and has joined the Victorian Order of Nurses, in order to do hospital work in connection with Dr. Grenfell's Deep Sea Mission on the Labrador Coast.

MISS C. DUNCAN has been appointed Matron at the new Fever Hospital, St. John's, Newfoundland. She was trained at the Meath Hospital, Dublin, and as a member of the Army Nursing Service Reserve worked in South Africa as well as at the Cambridge Hospital, Aldershot.

THAT noble institution known as Hospital Sunday has come to Canada. Sunday, May 20th, was Hospital Sunday in all the churches in Victoria, B.C. The money collected will be devoted to the erection of a Maternity Ward in connection with the Royal Jubilee Hospital in that city.

THE graduating exercises of the Brockville General Hospital were held on the 26th June. The seven following nurses received diplomas and medals: Miss Wilson, Glasgow, Scotland; Miss Mills, Jasper, Ont.; Mrs. Lott, Arthur, Ont.; Miss Dier, Westport, Ont.; Miss Wylie, Winchester, Ont.; Miss Easton, Brockville; Miss Moore, Brockville.

AT the annual meeting of the Alumnae Association of St. Michael's Hospital, Toronto, held in May, the following officers were elected: President, Mrs. J. C. Day (re-elected); 1st Vice-President, Miss E. Ross-Greene; 2nd Vice-President, Miss Grant; Directors, Mrs. Greer, Misses Donnelly and MacCallum; Treasurer, Miss MacNevin; Secretary, Miss L. M. Graves.

LADY MINTO in India is no less good and kind than she was in Canada, where her visits to hospitals and charitable institutions will long be remembered. Her Excellency showed a knowledge and a genuine interest in the welfare of the inmates and officials truly helpful and inspiring. Her last good work in India is providing trained nurses for Europeans for which effort large subscriptions have been received from the Viceroy, Lord Kitchener and others.

MISS LILLIE SMITH, graduate of Grace Hospital, has recently taken charge of the Nurses' Home at No. 9 Pembroke Street, Toronto, formerly under the management of Miss Harrison, who returns to private nursing. This is one of the largest and most successful homes in the city, twenty nurses being usually in residence.

MISS M. MOODY, H.S.C., gave a luncheon in honor of Miss M. Legge (R.N., New York; H.S.C.), who is here from New York for a six months' holiday. A very pleasant time was spent by those present: Miss Barwick, Miss Mildred Gray, Miss Land, Miss Goodall, Miss Mary Hill, Miss Leman, Miss M. Legge, Miss Mary Gray, Mrs. and Miss Moody.

THE graduating exercises of the Vancouver General Hospital Training School were held in the new administration building on February 6th. The class of ten were each presented by Mrs. Hart with crimson and white carnations tied with crimson and white ribbons (their school color). Dr. R. E. McKechnie addressed the nurses. Dr. Alfred Poole presented the diplomas and Lady Tupper pinned on the medals. The programme was followed by a reception and dance at which the graduating nurses were the guests of honor.

THE graduating exercises of the Victoria Public Hospital, Fredericton, N.B., were held on June 19th in the Church Hall. Dr. J. W. Bridges gave a particularly interesting and instructive address to the class. The diplomas were presented by Mr. Carleton Allen, Vice-President of the Trustee Board. At the close of the exercises the graduate nurses entertained the graduating class and the pupil nurses. The members of the graduating class are: Misses Elizabeth Gaunce, Catherine Greer, Jean Balloch, Bertha McCain, Isabel Likely, Blanch Slipp.

THE Alumnae Association of the Guelph General Hospital Training School for Nurses held its second annual meeting on July 5th at the home of Mrs. Anderson. The number of members has increased during the year to eighteen. A review of the year's work, report of officers and committees, followed by discussions of coming year's work and plans closed a profitable meeting. Officers for coming year were elected as follows: Honorary President, Miss L. J. Sheppard; President, Mrs. M. Douglas; Vice-President, Miss E. Leadley; Sec. Treasurer, Miss M. Walker; Cor. Sec., Miss H. Plewes Stork, Douglas St., Guelph.

THE graduating exercises of the Lady Stanley Institute, Ottawa, were held on June 1st. Mr. G. T. Orme, President of the Board of Directors, was in the chair, and presented diplomas and badges to the following graduates: Misses Mabel Hanna, Richmond; Gretrude McCaffrey, Stittsville; Mary Macmaster, Laggan; Eleanor Stevenson, Bradford, Pa.; Florian Forneri, Kingston; Mary Pepper, Lanark; Elizabeth Heeney, Danford Lake; Agnes Hubbard, St. John, N.B.; Jessie Argue, Carp; Elizabeth Phillips, Minden; Ethel Campbell, Toronto; Margaret Kingston, London. After the exercises tea was served from a marquée in the lawn.

THE programme of the recent graduating exercises at Johns Hopkins Hospital School for Nurses in Baltimore includes the awarding of scholarships, two of which have been gained by Ontario girls, Miss Effie Taylor, of Hamilton, winning one in the intermediate year, and Miss Helen Mair, of Toronto, one in the junior year. The following Canadians are among those graduating: Miss Esther M. Black, St. Stephen, N.B.; Miss Gwendoline Colborne, Goderich; Miss Martha Fortune, Vesta; Miss Elizabeth S. Keith, Toronto; Miss Adele Macdonald, Stirling; Miss Adeline Rowland, Toronto; Miss Mildred Telfer, Montreal; Miss Elza White, Woodstock.

THE closing meeting of the Alumnae of the Hospital for Sick Children was held on June 9th, at the "Lakeside Home." In connection with this meeting the nurses gave a garden party. Among those present were Dr. and Mrs. Wishart, Dr. and Mrs. Copp, Dr. and Mrs. Graham, Dr. and Mrs. Bingham, Dr. Graham, Dr. Black, Mr. and Mrs. St. John, Dr. Helen MacMurchy and Dr. and Mrs. J. N. E. Brown, also representatives from all the Toronto Hospitals. A very enjoyable time was spent by those present. Guests were received at the Lakeside wharf by Miss Mary Gray, Secretary, and at the Hospital by Miss Brent, Miss J. Hamilton, President, and Miss M. Moody, Vice-president.

THE graduating exercises in connection with the Royal Alexandra Hospital, Fergus, Ont., were held on the 30th day of March. The diplomas and pins were presented by Major J. J. Craig, M.P.P., to the following graduates: Misses Pauline Martignoni, Erin; M. Rathburn Sutherland, Glencoe; Bertha McDowell, Glenallan; Annie Kilner, Fergus; Annie Trout, Oxendon; and Florence A. Atkinson, Wiarton. Addresses were given by Dr. Gibson, of Hillsburg, Dr. Annie Ross, Guelph, Dr. Groves, the Medical Superintendent, and several other prominent members of the medical profession. The programme was interspersed with music and reading. The class essay was read by Miss Rathburn Sutherland, who received the gold medal for general proficiency during the three years' training. In the evening a musical promenade was given at which a large number of the nurses' friends were present.

THE graduating exercises of the twenty-first class of the Victoria Hospital, London, were held in the Auditorium, May 22nd. The following, after having repeated the Nightingale pledge, were presented with their diplomas and medals: Misses Christella Campbell, London; Lilian Urew, Cherry Grove; Lillie King, London; Robina Macpherson, Arkona; Marguerite St. John, Stratford; Gertrude Armstrong, London; May Spence, Glenarin; Mary Gillies, St. Mary's; Florence Lankin, Granton; Margaret Stewart, London Junction; Leilia Orme, Luncan; Lizzie McQueen, Glencoe; Florence McCullough, Point Edward; Mabel Andrews, Dorchester; Jennie Welsh, Hensall; Olive Hooper, Exeter; Elizabeth Dulmage, Toronto; Lydia Whiting, Muncey; Ruth Graham, England; Ina Pringle, Toronto. A reception was given at the Home in the evening and was much enjoyed by the nurses and their friends.

THE First Annual Meeting of the Central Registry was held on Friday, June 1st, at St. Stephen's Schoolhouse, by kind permission of the Rector and Mrs. Broughall. After an opening prayer by the former, we had a very kindly little address of welcome from the chairman, Miss Crosby, who reviewed the work of the past year, and gave us some good ideas for the coming one. Miss Mitchell presented a most interesting paper on her work—tuberculosis; Miss Standen on home nursing, while Miss Christie spoke on THE CANADIAN NURSE. We were greatly indebted to Mrs. Broughall for a

beautiful little talk on the higher and more spiritual aims of a nurse's life. Between the papers Mrs. Marriott kindly contributed a piano solo, and Miss Kerr delighted us with her beautiful contralto voice. Adjournment was then made to the committee room, where the Registry Committee served refreshments and where our first birthday cake was cut by our pioneer member, Miss Land, a graduate of the Mack Training School of St. Catharines. After the refreshments we had the registrar's official report and the meeting was closed with the singing of the National Anthem.

THE Brockville General Hospital, during the last six months, has been in the hands of carpenters, plumbers and painters; new hardwood floors have been laid and the building has been cleaned throughout. In April an "At Home" was held at the hospital, that those who were interested might inspect the improvements made. The governors were gratified at the interest shown. In May the governors of the hospital and members of the Women's Auxiliary of the same, held a "Dutch Fête" in the Brockville Armory, at which the sum of \$1,800 was cleared for the benefit of the hospital.

THE most noteworthy event in connection with the General Hospital, St. John's, Newfoundland, has been the laying out of the grounds, and the planting of about two thousand trees, spruce, fir, horse-chestnut, birch and others. The ground was prepared last autumn, and a new wire fencing put up. Although the trees are yet small they have made a great difference in the appearance of the hospital already. Plans have been accepted for a new wing to be commenced shortly, which will contain beds for sixty patients, as well as an operating theatre. The oldest wing of the present building, now used chiefly for administrative purposes, is to be remodelled, and a new residence built for the doctor—the present doctor's quarters to be used for nurses. In the training school two sets of lectures are given, one to the junior class on general nursing, and the other to the senior class on medical nursing.

THE annual graduating exercises in connection with St. Joseph's Hospital, London, Ont., were held in St. Mary's Hall on June 21st. A large number of friends assembled to witness the presentation of diplomas and medals to a class of eleven nurses. The city clergy and the medical profession were well represented. Rev. T. Aylward, Rector of St. Peter's Cathedral, was chairman and short addresses were given by Rev. T. Tobin, Rev. J. Clark and Dr. Tillman. Dr. H. MacCallum replied to the valedictory, read by Miss A. Woodrow. After the presentation of the diplomas by the chairman, and medals by the Rev. J. Clark, three little flower girls wearing the school colors (yellow and white) presented each graduate with abundance of flowers, the gifts of the junior nurses and many friends. The exercises closed with the class song and National Anthem. The members of the graduating class were: Misses Ella McDonell, Wallacetown; Edna Walsh, London; Verda



Leavitt, Exeter; Eleanor Cummins, Walkerton; Nina Steele, London; Annie Woodrow, Harrow; Eva Coleman, Port Stanley; Julia Scharf, London; Ethel Coleman, London; Masie Ross, Ingersoll; Kate Thompson, Denfield.

THE H.S.C., Toronto, has started a preliminary course for nurses, being the first hospital in Canada to do so. This was begun in a small way March 1, 1906. Three nurses entered the school, having passed a very creditable examination. It was then decided to establish a more complete course, and Miss Kinder, a graduate of the Polyclinic Hospital, Philadelphia, and one who has had wide and varied experience in hospital work, has been put in charge of this department. At present there are eight probationers in the class, and besides instruction given by their teacher, lectures are given by Drs. Ryerson and Canfield. With the opening of the new "residence," October 1st, still further instruction will be added in domestic science, and this department will be in charge of Mrs. MacBeth, a graduate of Pratt Institute, Brooklyn, N.Y. Under the new system the course in the hospital will be most complete. Three months' preliminary course, two years in hospital and three months in Toronto General Hospital and four months in district work. In the building of the new "residence" everything has been done for the advancement of the work as well as for the comfort and health of the nurses.

THE graduating exercises in connection with the d'Yonsille Training School, Ottawa, held on June 7th, were both interesting and ceremonious, and there were present very many appreciative friends. The Class of 1906 is the fourth to graduate from the Ottawa General Hospital, and the Convocation Hall of the Water St. Convent was prettily decorated for the occasion. Sir James Grant, M.D., acted as chairman, and in his address gave kindly words of advice to the nurses, making a special point of the need of extra care in the prevention of tuberculosis. Rev. F. X. Brunot, chaplain of the nurses, presented the diplomas, and Mrs. W. P. Davis, President of the Ladies' Auxiliary, pinned the gold medal on each of the following: Misses Katherine Brennan, Ottawa; Adeline Turcotte, Chapeau; Margaret Brankin, Ottawa; Stella Mulroney, Quebec; Annie Ray, Montreal; Catherine Casey, Ottawa; Cora Nix, Ottawa; May Teaffe, Quebec. Miss Cora Nix won the gold medal in surgery, presented by Dr. J. L. Chabot; Miss Margaret Brankin, having won the highest percentage in totals, won the "nurse's kit," presented by Dr. R. Cheverier. The valedictory was read by Miss Brennan, and short addresses were made by Dr. Freeland and the Rev. F. X. Brunot.

THE Galt Hospital, Lethbridge, Alta., was built originally in 1881, and consisted of one ward of three beds, a nurse's room and a kitchen. The first patient was a man who had a compound comminuted Potts fracture, and a policeman of the N.W. Mounted Police Force nursed him. There was then a nurse secured, who took full

charge of the place, but her duties were not heavy, for at times she had no patients at all. Then again she would have miners who could not speak one word of English, and it was almost impossible to understand them or to make them realize what was wanted of them. In 1891 Sir Alexander Tillock Galt, and some of his friends in England, gave twenty thousand dollars to have a more commodious building erected, and now there is accommodation for thirty-five patients. Gradually the steam-heating, waterworks system, electric light and a laundry have been added. Until three years ago this was solely for the use of the employees of the Alberta Railway and Coal Company, but at that time the town took it over and patients are now treated from far and near. The number of patients is constantly increasing, the average for this year, so far, being double that of last year, the hospital being generally full. The nursing staff is composed of graduates, most of them from the East, and they have a fine new Nurses' Home built only this year. This was mainly donated by E. T. Galt, Esq., son of Sir Alexander Galt, and President of the Alberta Railway and Irrigation Co. The work consists mostly of surgery, although there are some medical patients also. There are a great many out-door patients treated. Not long ago an Indian from the Blood Reserve at Macleod, came down to have an operation for appendicitis. The family pitched their tent outside the hospital ground and made it their home until "Wearing-old-Clothes," for that was the Indian's name, was ready to go home. He could not speak a word of English, but his niece acted as interpreter. On examination the trouble proved to be tubercular, so the Indian went home to the reserve to spend his remaining days.

THE "Made in Canada" held in St. Catharines from June 18 to 24 was opened by the Hon. Wm. Mortimer Clark, Lieut.-Governor. After a number of addresses Miss Clark was presented with a beautiful bouquet of roses. All the churches of the city, Merriton, Thorold and Niagara-on-the-Lake were represented by their different booths.

The doctor's wives and nurses had a booth representing "Æsculapius," which was very striking with its pillared front, and interior an imitation of marble, and over the pillars inscribed in letters of gold. "The God Æsculapius." On entering the building one was struck by the beauty of the general decoration which was red and blue, with pillars of white, and on each pillar bouquets of red roses, while each booth had its particular decoration. Many good things were planned by way of entertainment, such as the May-pole dance, Mrs. Jarley's wax works, art gallery, band concerts, delicious candy, beautiful flowers, refreshing ices, in fact everything that the heart of man or woman could desire. Each evening there was a grand march, headed by six Grecians, eight stretcher bearers in regimental uniform, four red cross nurses, four graduates and four pupils, and followed by the helpers of each booth dressed in their own distinctive costume.

THE All Saints' Springhill Cottage Hospital, Springhill Mines, Nova Scotia. The hospital contains thirty-three beds. There are four wards, a children's ward and five private rooms. The predominant idea is home-likeness, and not institutionalism. The rooms are consequently prettily furnished and homelike. The hospital was built 14 years ago and was last year enlarged. The cases are principally miners, lumbermen, railway men and sailors. The wide character of the work may best be shown by the fact that on one occasion the patients constituted no less than eight different nationalities. About \$20,000 has been expended in the erection and equipment of the building. There is a training school in connection with the work in which postulants of nineteen years of age and over are taken, and after two years of experience and examination receive the diploma of "A Cottage Hospital Trained Nurse." By this method nursing vocations are tested and graduates often proceed to larger hospitals for fuller training. Much district nursing forms a feature of the work. The work, though undenominational is done "in His Name and for His sake" and trusts the friends of the Great Physician for its support. Every room was a gift room; there has never been a cent of indebtedness. The hospital does not seek civic, provincial or any government grants. The builder and endower is the Rev. W. Chas. Wilson, and Mrs. Wilson is the housemother. An earnest worker at Springhill Mines, Nova Scotia, the Rev. W. Chas. Wilson, courageously started the All Saints' Cottage Hospital. With splendid pluck he has labored continuously to raise the money for building, equipment and endowment of the hospital. With great ingenuity he evolved an original scheme of Endowed Days. In a relatively short time Mr. Wilson has secured 309 endowed days. An idea which has proved so fruitful in Nova Scotia may well commend itself to the earnest consideration of all who are responsible for the financial success of a voluntary hospital. The sum of \$150 endows a day in the hospital, and many churches, societies and individuals have adopted this method of doing a piece of permanent philanthropic work. It is interesting to note that an English trained nurse endowed one of the days. The Head Nurse is Miss Clara Patterson, a graduate of the Halifax Hospital, and her chief assistant is Miss F. Newman, a graduate of the Cottage Hospital, and there are four postulants and two ward maids.

WHAT is now the Victoria General Hospital of Halifax, Nova Scotia, was formerly a military hospital founded by the Imperial Government. In 1880 the buildings were taken over by the local government and changed into a general hospital under the name of "Provincial and City Hospital," for the Province of Nova Scotia and Cape Breton. The original building was situated on the outskirts of the city, in the centre of a large swamp, and consisted of a small brick house with several out-houses. From time to time additions were made until in 1896 two large wings were added, and two years later the present operating room, post-operative wards



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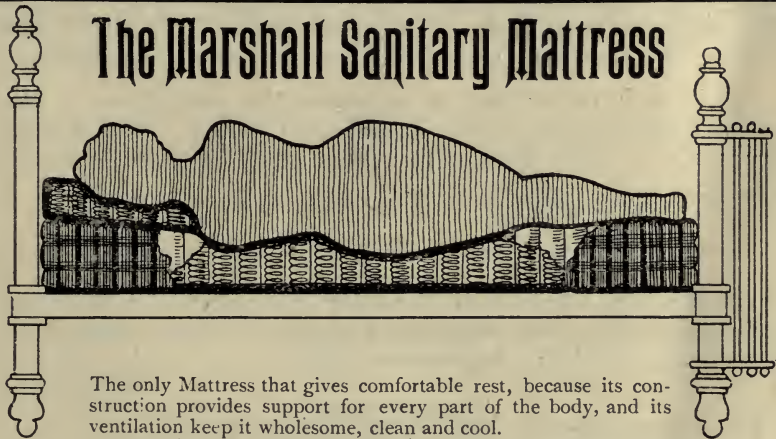
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and private wards were added. Within the last two years the Nurses' Home has been enlarged, a new dormitory for the help has been built, and also a cottage hospital for the care of contagious diseases that may develop in the general wards. In the year of Queen Victoria's Jubilee the name of the hospital was changed to "Victoria General Hospital." The hospital now presents a far different appearance from when it was first built. The city has grown up around it, while the swamp has given place to beautifully kept grounds, making altogether an ideal place for the sick. The hospital is supported by the government and accommodates 178 public ward and ten private ward patients. The training school for nurses was established by the Executive Council of Nova Scotia in 1891, and the first class consisted of fifteen pupil nurses. Instructions were given by the visiting and resident staff, and the text-books used were "Human Body," by Martin, also the text-book on Nursing, by Clara Weeks. In the training school at present there are thirty-eight nurses, six of them men. The course is two years in addition to two months' probation; lectures are given by the visiting and resident staff, but all classes are conducted by the Lady Superintendent of Nurses. The text-books now in use are: "Practical Points on Nursing," Stoney; "Physiology and Hygiene," Hutchison; "Anatomy and Physiology," Kimber; "Fever Nursing," Wilson; "Obstetrics," De Lee. The hours for duty for day nurses are 7 a.m. to 8 p.m., and night nurses 8 p.m. to 7 a.m. Day nurses have one afternoon each week, and two hours off duty daily. Junior nurses receive nine dollars a month, and senior nurses eleven dollars, the graduates twenty dollars a month. Uniforms are provided by the school. Only natives of Nova Scotia are accepted as pupil nurses. The school graduated its largest class in May, 1906, and four of the class remained on as head nurses.

It is with regret that we announce the resignation of Miss Sinclair, Head Nurse of the Burnside (T.G.H.). Miss Sinclair will return to New York City. Miss Allen (T.G.H.) has been appointed to the vacant position.

#### BIRTHS.

To Mr. and Mrs. Theodore Roberts, the Rectory, Fredericton, N.B., a daughter. Mrs. Roberts was formerly Miss Frances Allen, a graduate of V.P.H., Fredericton, 1901.

#### MARRIAGES.

FLEMMING—SINCLAIR.—In Fredericton on Wednesday, July 4th, at the residence of the bride, Miss Jennie Sinclair, graduate V.P.H., Fredericton, Class 1904, was married to Mr. A. C. Flemming. Mr. and Mrs. Flemming will have their home in Fredericton.

PATTERSON—SHEPPARD.—At New Carlisle, Que., May 24th, 1906, Lillian M. Sheppard, graduate of the Lady Stanley Institute, Ottawa, Class 1904, to Dr. Frank Patterson, Trail, B.C.

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ABBOTT—CROZIER.—On April 11th, 1906, at Cleveland, Ohio, Mary Crozier, of Ayr, Ont., to Dr. William J. Abbott, of Cleveland. Miss Crozier was a Guelph General Hospital graduate, and was Head Nurse in Lakeside Hospital, Cleveland.

MITCHELL—SMITH.—On June 27th, 1906, at the home of the bride's mother in St. Catharines, Mary Boyd Smith, graduate of G. and M. Hospital, St. Catharines, to Dr. Alex. Mitchell. Dr. and Mrs. Mitchell will reside in McKoon, Sask., N.W.T.

RANSOM—KIRKPATRICK.—On June 13, 1906, at the bride's home, Guelph, Frances Kirkpatrick to Dr. Sherman Ransom. Miss Kirkpatrick was a Guelph General Hospital graduate, Class 1906. Dr. and Mrs. Ransom will reside in Mitchell, Ont.

McNICHOL—CRYSLER.—At Westminster College, West Bloor Street and Avenue Road, Toronto, by the Rev. A. R. Gregory, B.A., on July 17th, 1906, Effie R. Crysler, daughter of Dr. Frank E. Crysler, Niagara-on-the-Lake, to Geo. D. McNichol, banker, Oscoda, Mich.

MISS HOLLINGWORTH, Supt. of G. and M. Hospital, St. Catharines, is spending a very pleasant month with the "Cuthbert house party" on their western trip.

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#### WINNIPEG NOTES.

MISS EDNA BIGHAM is visiting in Toronto and Newcastle.

MISS BELL, W.G.H., '06, has taken charge of Michael Hospital, Alaska.

MISS LAWFORD, W.G.H., '06, is Night Supervisor at Prince Albert.

MISS STARR, Treasurer of the Provincial Association, is paying a visit to her old home in Elmira.

MISS HOPE PICKERING has taken a position as staff nurse in the Calgary General Hospital.

THE Misses McBride and Mondal, recent graduates of the W.G.H., have gone to Battleford Hospital as staff nurses.

MISS GUTHRIE, a graduate of Glasgow Infirmary, Scotland, has been appointed Head Nurse of the Isolation Department of the W.G.H.

MISS LUMSDEN, Assistant Superintendent of the Winnipeg General Hospital, is away on a two months' trip to Toronto and Montreal.

MISS WILSON, Lady Superintendent of the General Hospital, Winnipeg, goes for her holidays in August, and will spend them in the West.

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NEW YORK CITY



NURSE FLORENCE SIMPSON has left Winnipeg for good, having gone home to Nova Scotia for a good rest and will in future nurse in Rhode Island.

MISS ISABEL STEWART, staff nurse W.G.H., is away on a holiday trip to Norway House, north of Lake Manitoba. She was accompanied by Miss Jean Webster.

Two marriages took place during July, Miss Lawrence (graduate St. Boniface Hospital) to Rev. J. Oke, stationed at Berens River as Methodist Missionary. This is away north in the wilds of Manitoba), and Miss Blanche King (graduate Winnipeg General) to Dr. Vrooman, of Winnipeg.

THE Summer Cottage in connection with the W.G.H., which is situated on a lovely island at Rat Portage, has been opened for the summer months. This year Mr. Hespeler has also placed his cottage, which is nearby, at the disposal of the Hospital Directors, so that the nurses-in-training can have a delightful outing for their holidays at a very reasonable figure.

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#### MONTREAL ITEMS.

MISS TEDFORD, M.G.H., has gone to England for a six weeks holiday.

THE new McKenzie Wing of the Jeffrey Hale Hospital, Quebec, is to be opened in August.

THE annual service of the G.S.B. was held on St. Barnabas' Day. Miss Kerry very kindly entertained the members to tea after.

THE Misses Steward and Van Zile (M.G.H.) gave a small tea at their flat on Friday, 25th May, for Miss Grace Banen (M.G.H.), who is to be married shortly.

IT was finally decided at the last meeting of the Canadian District Council of the G.S.B. that the Canadian District should admit nurses who are not members of the Church of England as honorary members to the Guild.

A PRETTY wedding was solemnized at "Hillcrest," Knowlton, Que., on Saturday, June 9th, at the home of James McKeown, Esq., of Montreal, when Miss F. M. Day (graduate Royal Victoria Hospital), daughter of Peter Day, Esq., of Collinsby, was married to Dr. Harris Coherne Mersereau, of Richibuctoo, N.B. Rev. C. T. Scott, of Montreal, assisted by Mr. Stevens, performed the ceremony. Miss Bessie Fairservice, R.V.H., was maid of honor. Dr. Richards, of the Montreal General Hospital house staff, was best man.



## Glyco-Thymoline as a Mouth Wash in Fever Cases

When the temperature keeps a point or two above normal for a few hours, the membrane of the oral cavity becomes dry and parched, causing great discomfort to the patient. Supplemented with this frequently comes the formation of sordes on the teeth and more or less inflammation along the marginal surface of the gums. The flow of saliva is checked and the sense of taste interfered with. In cases of this kind we may win the gratitude of the patient for all time by urging the frequent use of an alkaline mouth wash of the nature of Glyco-Thymoline. This solution is admirably adapted both by physiological action and therapeutic effect to meet the requirements. The normal flow of saliva is re-established, the further formation of sordes is prevented and the mouth is kept sweet and clean. No one can estimate the amount of comfort derived by the patient under this simple treatment.

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### The Nurse's Library.

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*The Queen's Nurses Magazine* (The Nest. Horsham, Sussex), is always welcome and interesting.

*Nurses Near and Far* (July) contains an article on Baghdad by Nurse Ryan and an interesting account of the Annual Meeting of the N.M.L.

*Misericordia*, the monthly paper of the guild of St. Barnabas for Nurses, publishes in its June number an excellent paper on "Tact." (2d. per issue.)

*The British Journal of Nursing* grows more and more indispensable to us. Every page is worth careful reading. Its comments on current events are always illuminating.

*The American Journal of Nursing* for July is the Training School Convention number. It is a splendid number. The papers form a mine of valuable information on hospital affairs.

*Nursing Notes* (July) is as clever and bright as ever. For instance, it describes the proposal of the Anti-Registrationists in Great Britain as "a remarkably clear giving away of the case."

*The Delineator* (August) is a pleasing number, with its suggestions for new summer gowns, its articles on Rembrandt and "Dixie," its fiction, and the concluding article of that notable series, "Safe Foods," entitled "The Market Inspector and the Buyer."

*Rational Hydrotherapy*. By J. H. KELLOGG, M.D. Third Revised Edition. Philadelphia: The F. A. Davis Co.

Hydratic treatment grows in favour daily, and indeed is now regarded as indispensable. This volume is a scientific exposition of everything connected with hydrotherapeutics and it is so far superior to any other work we have seen on the subject that we feel it a duty as well as a pleasure to direct the attention of our readers to it. From a nurse's point of view one very important feature is that every little detail and direction is given and every step is fully illustrated, so that any trained nurse to whom the spinal pack, the dry abdominal bandage, the square chest pack, the hot chest pack, etc., are not familiar, can easily learn them from this book. Everything has been done to facilitate reference and to make the book useful, practical and satisfactory. Dr. Kellogg is well known as the Superintendent of the Battie Creek Sanitarium, and in producing

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so systematic and comprehensive a work on this department of therapeutics, he has done good service to the profession. Those who have to do with the nursing of patients suffering from nervous and mental diseases will find this book an important aid.

*A Cook Book for Nurses.* By SARA C. HILL, Instructor in Cooking, Michael Reese Hospital, Chicago. Boston: Whitcomb & Barrows. 1906. 75 cents.

This is a neat, brown-bound volume, somewhat slender and the right size and shape for a nurse's bag. There are five chapters—fluid diet, light, soft diet, convalescent diet, special diet and infant feeding. We feel irresistibly impelled to try these recipes. They are so sensibly expressed and nothing but stupidity, a quality which no trained nurse can possibly possess, could make them anything but perfectly delicious. It is the best book we know of for a nurse's bag.

*A Primer of Psychology and Mental Disease.* By C. B. BURR, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases. Third edition. Thoroughly Revised, with Illustrations. Philadelphia: F. A. Davis Company. Toronto: J. A. Carveth & Co. \$1.25.

The present (third) edition of Dr. Burr's book has been brought quite up-to-date. It is in four parts, Psychology, Insanity, Management of Cases of Insanity from the Medical Standpoint and Management from the Nursing Standpoint. We heartily commend it to our readers.

*Surgical Suggestions.* Practical Brevities in Surgical Diagnosis and Treatment. By WALTER M. BRICKNER, M.D., and ELI MOSCHCOWITZ, M.D., Editors *American Journal of Surgery*. Duodecimo. New York: Surgery Publishing Co., 1906. Cloth, 50 cents.

A convenient and well-arranged little book containing 250 hints and aphorisms, many of which will be useful to the nurse as well as to the surgeon.

*I. Nursing: Its Principles and Practice. II. Nursing Ethics.* By ISABEL HAMPTON-ROBB. Cleveland: E. C. Koeckert.

The first-mentioned volume is an old friend and is by an old and true friend of Canadian nurses. It is well known as a most excellent text-book of nursing, used and appreciated throughout the nursing world. The present is the 3rd edition, revised, enlarged and re-arranged. For instance, the two years' schedule is replaced by a three years' schedule, and great attention has been paid to the practical working out of details in new methods. The book is in every way complete and satisfactory.

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*Lectures on Tropical Diseases.* SIR PATRICK MANSON. London: Archibald Constable & Co.

One is delighted with this book. It comprises the Lane Lectures for 1905, delivered in Cooper Medical College, San Francisco. In little more than 200 pages we have here a master's account of the chief tropical diseases—popular in the best sense and scientific in the best sense. Any nurse who is likely to go abroad, as so many of our Canadian nurses have done, will find this book especially valuable, but it will be well-placed in any nurse's library.

*Furnishing the Nurses' Class-Room.*—A good Webster's, or some other dictionary on a revolving stand, and a medical dictionary and encyclopedia, should be at the disposal of the students. A modern encyclopedia should also be a valuable addition to a nurse's library. A reading table should be supplied with some of the popular magazines and newspapers, and a bookcase of carefully selected works of fiction and history ought not be considered an unwarranted extravagance in these days of cheap books. This reading table should contain also copies of the journals of the day that deal with the various questions that concern nurses. In this connection we would mention especially *The Dietetic and Hygienic Gazette*, *The Therapeutic Review*, *The American Journal of Nursing*, *The Trained Nurse and Hospital Review*, *Charities and the Commons*, *The Visiting Nurse Quarterly*, *THE CANADIAN NURSE*, and last but not least, *The National Hospital Record*. A few of the leading medical journals might also rightly find a place there, and would help the nurse sometimes to look at situations from the doctor's standpoint, and get a clearer idea of the nurse's relation to the physician and to the sick in general.—Charlotte A. Aikins, in *The National Hospital Record*.

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“Modern civilization as a factor in causing diseases of women” has been reprinted from the *American Journal of Surgery* by the Martin H. Smith Co., N.Y. It is by Dr. C. Kassabian, of Michigan.

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X-RAY BURNS.—At the 337th regular meeting of the New York Dermatological Society, Dr. Henry G. Piffard said “that he had obtained the most benefit in treating these conditions from Antiphlogistine, chloride of zinc, high frequency current and ultra violet rays.”—*Journal of Cutaneous Diseases*.

# LINENS FOR THE SICK-ROOM

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**Hemmed Torn-off Sheets** made from selected cottons, full bleached, 2-inch top hem, 1-inch bottom hem. Plain weave-63x90 in., per pair, 98c, \$1.15, \$1.35; 72x90 in., per pair, \$1.10, \$1.25, \$1.35, \$1.50; 80x90 in., per pair, \$1.25, \$1.40, \$1.60. Twill-63x90 in., per pair, \$1.20, \$1.35; 72x90 in., per pair, \$1.15, \$1.35, \$1.50; 80x90 in., per pair, \$1.45, \$1.60, \$1.75.

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- |   |   |
|---|---|
| Mrs. Jackson, married.  | 1885.<br>Miss M. Macdonnell, dead.  |
| Mrs. T. Till, Chicago.<br>Miss M. Hume, Minneapolis   | 1886.<br>Miss A. Roll, London.  |
| Miss Zadie M. Phillips, married.<br>Miss Ada M. Rowley, England.<br>Miss Carrie M. Robb, married.   | 1887.<br>Jennie M. Morrison, not known.<br>Miss M. T. Edmondson, married.<br>Miss M. Walsh, London. |
| Miss Sarah Frank, Los Angeles.<br>Miss M. I. Wilson, Ingersoll.<br>Miss M. Handy, Mt. Brydges.      | 1888.<br>Miss M. Arnold, London.<br>Miss B. F. Merriman, married.                                   |
| Miss S. C. Ferguson, Wyoming.<br>Miss Elsie Hume, married.  | 1889.<br>Miss Alice Greigg, Mt. Brydges.<br>Miss Lilla Randall, Weldon.                             |
| Miss B. S. Cole, Ingersoll.<br>Miss Clara North, Picton, married.<br>Miss Sarah McKague, Teeswater. | 1890.<br>Miss Eva Gaffeney, London.<br>Miss Maggie C. Ross, married.                                |
| Miss F. G. Buchanan, Minneapolis.<br>Miss Jenny Lind, Shattuck Sch.,<br>Minneapolis.                | 1891.<br>Miss Carrie Watkins, London.<br>Miss Isabella Leslie, dead.<br>Mrs. Turnbull, married.     |
| Miss Nagle, Mooretown.<br>Miss Read, London.<br>Miss McLennan, Lancaster.                           | 1892.<br>Miss L. N. Hobbs, London.<br>Miss A. Bennington, Prescott.<br>Miss L. McVicar, Chicago.    |
| Miss L. Bremner, London.<br>Miss K. Shobotham, London.<br>Miss A. McAlpine, Chicago.                | 1893.<br>Miss E. Gowan, London.<br>Miss A. Proudfoot, London.<br>Miss M. A. O'Dell, married.        |
| Miss E. M. Wyckoff, married.<br>Miss Ford, Milwaukee.<br>Miss Moralee, London.                      | 1894.<br>Miss O'Dell, Nelistown.<br>Miss R. Robb, dead.<br>Miss Kilbourne, married.                 |
| Miss A. Milne, New York.<br>Miss E. I. Glass, New York.   | 1895.<br>Miss C. Taylor, New York.<br>Miss Eva Robson, New York.                                    |
| Miss Barrows, married.<br>Miss Jelly, New York  | 1896.<br>Miss Roberts, married.<br>Miss Davis, New York.  |
| Miss N. Tye, California.<br>Miss E. Rigsby, New York.   | 1897.<br>Miss L. Matthews, London.<br>Miss K. Taylor, London.                                       |

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Miss Flory, married.  
Miss E. McCutcheon, Petrolea.

1899.

Miss Dyson, England.  
Miss Hay, New York.

Miss Shipley, Saratoga.  
Miss M. Dejean, Kingsville.  
Miss Bell, married.

1900.

Miss Beattie, married.  
Miss McNab, married.  
Miss Jacobs, Philadelphia.

Miss Lamb, married.  
Miss Thompson, married.

1901.

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Miss McVicar, Wardsville.  
Miss H. Dufton, London.  
Miss Stella Orme, London.

1902.

Miss Jessie Mortimer, London.  
Miss K. McKenicher, Pincher Creek.  
Mrs. S. Smythe, Quebec.

Miss E. M. Grierson, Walkerton.  
Miss Sadie Barker, London.  
Miss F. Struthers, Winnipeg.  
Miss C. Clark, Winnipeg.  
Miss A. McDougall, London.  
Miss L. Battell, Spokane, Wash. Ter.

1903.

Miss Eva Hill, London.  
Miss M. E. Morden, married.  
Miss N. Douglas, Strathroy.  
Miss A. McGillivray, London.  
Miss I. Whitton, London.  
Miss E. Essex, London.

Miss L. Robinson, Michigan.  
Miss C. Vivian, Michigan.  
Miss A. Kendrick, Michigan.  
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Miss E. Cline, Los Angeles, Cal.  
Miss Kate Taylor, Manitoba.  
Miss T. McCutcheon, Petrolia.  
Miss B. Pearce, London.

1904.

Miss I. Fraser, married.  
Miss N. Francis, Manitoba.  
Miss E. Reid, Lucknow.  
Miss L. Elson, St. Thomas.  
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Miss A. Toohey, London.  
Miss M. Hance, Ottawa.  
Miss E. McKinlay, Los Angeles.

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Miss L. Thorn, London.  
Miss F. V. Whitney, Detroit.  
Miss I. Hutchinson, London.  
Miss Jessie Smith, Port Huron.

1905.

Miss Edith Freden, Detroit.  
Miss C. Fraser, London.  
Miss F. Magill, London.  
Miss Eva Bond, Ottawa.  
Miss A. Wall, Manitoba.

Miss C. Campbell, Winnipeg.  
Miss R. Macpherson, London.  
Miss L. Uren, London.  
Miss M. St. John, London.  
Miss D. L. Orme, London.  
Miss G. B. Armstrong, London.  
Miss M. Andrews, London.  
Miss M. Spence, Glenarm.

1906.

Miss I. Welsh, Hensall.  
Miss M. Gillies, St. Mary's.  
Miss M. Stewart, London Junction.  
Miss L. McQueen, Glencoe.  
Miss F. Lankin, Granton.  
Miss F. McCulloch, Port Edward.  
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Miss L. King, London.

# The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. II.

TORONTO, DECEMBER, 1906.

No. 4

## NURSING IN PNEUMONIA.

Pneumonia is an acute disease, due, we are told, to a specific germ that invades the air cells and excites an irritation which causes an exudation into the cells from the functional capillaries; and, this exudation serving as a medium, the germs rapidly develop, multiply and generate a toxin which, being absorbed into the circulation, infects the system at large. Cell after cell and lobule after lobule is invaded and thus filled up until a greater or less area of the lung becomes completely consolidated. While due to a specific germ, certain determining and predisposing causes are recognized, although in their relation to the specific cause of the disease these are not as yet fully understood. The most common determining cause is exposure to cold, and one common predisposing cause is unsanitary living, for instance, living in dark, crowded, badly ventilated or over-heated rooms. A person once having had pneumonia is more liable to a second attack.

In undertaking a case of pneumonia the nurse must go expecting nothing less than constant vigilance and hard work.

While the ideal room for a pneumonia patient would be a large roomy one, well ventilated, and so lighted that the light comes from either side of the head of the bed and not from the foot, the private nurse in a great many cases has no choice, but is obliged to nurse her patient in a room perhaps very far from ideal. The writer retains a vivid recollection of being once called upon to nurse a case of double pneumonia, with early symptoms of heart failure, in a very small board shack in the mountains, the thermometer showing 23° below zero, and the open cracks in the walls being as numerous as boards. When not in active attendance upon her patient the nurse, uniformed in huge shawl and overshoes, got plenty of exercise, cramming wood into the stove in a corner. The doctor, who made but one trip, and that before the nurse's advent, was in the city 50 miles away. The too thorough ventilation did not in this case prevent the patient getting well.

Although the nurse cannot always secure ideal environment for her patient, she can exercise her ingenuity to make it as favorable as possible. Removing superfluous articles of furniture, drapery and ornaments, renders the room less stuffy and more roomy, and,

if light and air must come in from the most undesirable side of the room, the placing of a screen will prevent the light directly striking the patient's eyes and also serve to protect from draught. One window should be kept slightly open all the time, besides which it is desirable to change the air of the room completely about every three hours, or oftener if the room be small. The best means of effecting this will depend upon the season of year, upon the situation of windows and doors in the sick-room and upon its relation to adjoining rooms or halls. If air of a lower temperature must directly enter the sick-room, precautions should be taken to protect the patient by extra covering if need be, and the use of screens which can be easily improvised for the purpose. The air of the room should, if possible, be kept at about 65° F.

The bed clothes should be such as will give sufficient warmth without too much weight. Too much covering is a mistake as it bundles up the patient, renders him more uncomfortable, and also retains the exhalations from the body. A soft flannel gown made to facilitate examinations of chest and local applications is by many considered the most desirable garment for a pneumonia patient. Gown and sheets should be changed frequently. It is advisable to protect the mattress with rubber sheeting.

While pneumonia is not readily transmitted from one person to another, the nurse must bear in mind that well-authenticated instances have proved it to be a communicable disease under very favorable conditions. All precautions consistent with full devotion to the patient's interests should be adopted. The pneumonia patient at first generally lies on his back, but is likely to change this position later to lie on affected side, this allowing him to breathe easier on account of there being thus less pressure upon the sound lung. One position may be steadily retained for a considerable time, therefore precautions must be taken to prevent trouble arising from the continued pressure.

During the fever stage of pneumonia the diet should be liquid. As a rule the chief reliance is placed upon milk, which should be peptonized if not readily digested. Beef tea or expressed beef juice may be used to relieve the monotony of an all milk diet, or perhaps one of the reputable patent food preparations may be ordered. Kumyss makes a good substitute for plain milk and is sometimes more agreeable to the patient. As the febrile condition is very unfavorable to digestion it is preferable to give the nourishment in small quantities at short intervals. Crowding nourishment upon a patient, so far from keeping up the strength, may have an exactly opposite effect and do a great deal of harm. Forty ounces of nourishment in the twenty-four hours is by many doctors considered a fair amount; however, in amount and kind of diet, the nurse will be guided by the orders of the attending physician. The patient may be given as much water as he desires.

In pneumonia the general infection is usually, though not

always, marked by a chill which in different cases may vary greatly in intensity and duration. Coincident with the chill comes the rise in temperature, the fever during the first twelve hours perhaps reaching 103° or even 105° F. The pain, which may be the very first indication of serious trouble and is usually in the region of the nipple of the affected side, may be quite severe at first, but generally diminishes as consolidation becomes more complete. The cough, an early symptom, is repressed at first on account of the severe pain it causes. The expectoration is, at first, viscid, and mixed with blood, and its color may vary from light yellow or perhaps greenish to a brown or rusty color. Occasionally, it is thin and dark colored, which is generally taken to denote a specially unfavorable condition. The extreme adhesiveness characteristic of the expectoration often calls for cloths to aid its removal and the nurse should see that plenty of clean cloths are provided. After using they should be promptly burned before they have an opportunity to dry.

The nurse should watch her patient closely, noting, not only the temperature, which usually remains more or less high until the crisis, but more particularly the character of the pulse, the respirations, the hue of the face, and the mental condition. The greatest danger may be present when the fever is moderate. The pulse, which is often full, firm and bounding at first, usually becomes more rapid and more compressible, perhaps small and thready, as the disease progresses. In different cases the pulse varies greatly in sympathy with the disturbances of the nervous system. In children it may be very high without proportionate danger. The respirations are shallow and out of all proportion to pulse and temperature, probably varying from forty to fifty or even sixty per minute if the consolidation of lung is extensive and the respiratory surface consequently much reduced. The face is generally inclined to be pale or of a dusky hue with red patches on cheeks. In severe cases the dark hue is likely to be more pronounced and the lips will take on a bluish tint. At first the skin is hot and dry. Later, there may be a tendency to perspiration which is sometimes profuse. The urine is scanty and frequently contains albumen. Delirium is frequently present. If it occurs when fever is high it is a less serious symptom than when fever is moderate as in the latter case it indicates cerebral exhaustion. A delirious pneumonia patient should be watched with the utmost vigilance, as, especially in alcoholics, the delirium may assume a sudden frenzy with an attempt to spring from bed or perhaps display violence by striking out suddenly. In this connection a rather remarkable instance comes to mind. The patient in question, a young man (not an alcoholic) suffering from a really severe attack of pneumonia, was in a public ward of a hospital—not a Canadian hospital, I may add. Some days after admission while in a high fever and delirious, during the temporary absence, about 3 a.m., of the male attendant (the sole

night nurse for the ward) this patient jumped out of bed, bolted from the ward, and succeeded in squeezing himself through a small window in an adjoining room, thus gaining the outside of the building after which, in bare feet and clad only as bed patients are customarily clad in a hospital, he ran over the snow-covered ground for a full mile, being finally, after the alarm had been sent from the hospital, found and brought back in a cab by a policeman. It was a frosty night in January and the patient was absent between one and two hours. After this feat, the writer was called to the hospital as special nurse for this patient and can therefore personally vouch for the facts stated, and also for the fact that in this particular case the patient apparently suffered no ill effects from the violent exercise and exposure. The temperature fell by crisis within twenty-four hours, the delirium left with the fever, and he made a rapid and complete recovery.

Pneumonia usually ends by crisis, when the temperature within a few hours will fall almost or quite to normal. The crisis may be looked for from the fifth to the eighth day. In some cases, instead of a crisis, there is a gradual lowering to normal. Generally, the pulse decreases in frequency with the fall of the temperature, and if it does not it may be a matter of serious import, indicating that the infection has weakened the heart muscle. Heart failure is one of the commonest and gravest dangers in pneumonia, in fact, the chief danger. If stimulants are not given regularly, as is sometimes necessary quite early in the disease, the doctor will no doubt provide or order to be kept on hand, to use if need be, the cardiac stimulants that he favors. When any grave symptoms arise the nurse should at once notify the doctor, but she should always be provided with remedies to administer until his arrival in the event of a possible emergency. Oxygen given by inhalation is a favorite remedy with many. Whisky or brandy is often freely used, generally in conjunction with other remedies, such as strychnine, nitroglycerin, digitalis, etc. The treatment of pneumonia varies considerably with different practitioners, but the nurse is simply called upon to follow faithfully the particular line of treatment ordered in each individual case. Sponge baths, cold packs, ice bags or ice poultices, hot flaxseed poultices and various other local applications are employed. The cold sponge bath for a pneumonia patient is preferably shorter than for typhoid, ten minutes being perhaps the general rule, and the best effect is probably obtained by accompanying the bath with brisk friction which stimulates the circulation in the skin and produces reaction and perspiration. To produce a similar effect with a cold pack, blankets should be placed outside the wet sheet. If hot poultices are ordered, the nurse must needs be very attentive, changing them often and with care to prevent them doing more harm than good.

In pneumonia, as in every other acute disease, the nurse should, of course, keep an accurate clearly-written record of treatment and

everything that marks the patient's progress. Temperature, pulse and respirations should be taken and recorded about every four hours, or as often as ordered. Quantity and kind of nourishment, amount of sleep, evacuation of bowels and bladder, medicines, local applications, baths and all other treatment, cough, expectoration, pain, chills, perspiration, delirium, muscular twitching or other evidence of nervous disturbance, should all be noted and recorded at the time. Delays are certainly dangerous when the keeping of an accurate chart is in question.

ANNIE E. HUTCHISON.

ORILLIA.

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### THE ALEXANDRA HOSPITAL, MONTREAL.

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The Alexandra Hospital, Montreal, for the care of contagious diseases, is situated on Charron St., at Pointe St. Charles, about one-half mile above the Victoria Bridge. The buildings are grouped about a main axis running through the centre of the lot and distributed systematically on each side of the axis. The Administration Building occupying the centre of the group nearest the street is 72 by 40 feet, and has on the ground floor a large entrance and waiting-hall, an office and doctor's room, a dispensary, the superintendent's office, living room and linen room, the superintendent's dining room with pantry accommodation off it. The first floor is devoted to the resident physician and his assistant, the lady superintendent, the housekeeper and the night supervisor, ample sitting room, bedroom and bathroom accommodation being provided. The physician's and Lady Superintendent's quarters, at the opposite ends of the building, are each independent and shut off from the other.

In the centre of this floor are located the laboratories and microscopic research rooms. In the basement is an autopsy room and ante room with an independent outside entrance, so that these and ante-room with an independent outside entrance, so that these rooms are completely isolated from the Administration Building.

From the rear of the Administration Building leads a covered and heated corridor, that passes around the kitchen building, and gives access to three main pavilions for the treatment of measles, scarlet fever, and diphtheria. It will be noticed that the corridors for these main pavilions are double and incline up and down from the kitchen floor, which is situated at a level midway between the ground floor and first floor of the three principal buildings. The object of this is that food and other supplies may be sent up and down these inclined planes on rubber-tired waiters, providing a means of distribution that eliminates staircases, elevators or dumb-waiters. Patients also are wheeled or carried up and down these inclined planes with a minimum of labor and discomfort. The kitchen wing provides on the ground level a steward's receiving



room, refrigerator and sterilizing rooms for milk, a cook's pantry, scullery, kitchen staff dining room. In the second floor are the sleeping apartments for the servants. Coming to the scarlet fever pavilion, the largest of the group, 92 x 112 feet in size, an entrance by the corridors, and an entrance porch from the grounds is provided. Before entering the pavilion proper an examination room and a discharge room are noted, so that a patient on entering is examined by the physician in charge, and if the diagnosis of the disease is correct, the patient is passed on to the ward or private room to which he is assigned. Likewise on leaving the institution he is shown to the discharge room, where a disinfectant bath is given and a clean suit of clothing put on before leaving the hospital. The ground floor of each pavilion is for the treatment of male patients; and the first floor for females; these are identically the same in plan and accommodations.

On entering, the main ward is observed directly at the end of the corridor, a large sun parlor, 26 x 17 feet, built three sides of glass from floor to ceiling. An acute case ward, four private wards, nurses' duty rooms, ward kitchen, pantry, lavatories, bathrooms, linen closets, etc., make up the rest of this floor.

Both the diphtheria and measles pavilions are similar to the scarlet fever one, but slightly smaller. A feature of the diphtheria pavilion is a large operating room with vitreous tiled walls and floors. Sterilizers, surgeons' sinks, etc., and the most modern equipment for treatment of the throat are here.

The power house and laundries for patients and staff are situated at the extreme end of the property. The power equipment consists of a high pressure steam boiler providing power for the laundry machinery, steam for sterilizing, cooking, heating, etc., laid on to all the different buildings.

As to the construction of the building, terra cotta, steel, brick, stone and concrete are the structural materials; every provision is made to prevent lodgment of infectious material. All walls and ceilings are in hard plaster, painted and enamelled white, the only woodwork used being the sashes and doors, and these latter are of veneered hardwood, without panels or mouldings.

A supply of fresh screened and heated air is provided at each bed, also at each bed is an open dust ventilator that is aspirating, ensuring a positive up draught, both in winter and summer.

The accommodation obtained is for 125 beds, under normal conditions, while in case of an epidemic as many as 150 patients could be accommodated.

Dr. Fisher, the Medical Superintendent, and Miss Montgomery, Lady Superintendent, a graduate of Riverdale Hospital, Toronto, are much to be congratulated on the beautiful modern hospital in which their good work will now be carried on.

KATE MATHIESON.

Riverdale Hospital, Toronto.

THE TORONTO NURSES' CLUB.

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On Tuesday, October 23rd, a special meeting of nurses was held in the Theatre of the Normal School, Toronto, to arrange a programme for the winter's work. The meeting was called by the committee which had been appointed in April last. There were 37 nurses present, representing some of the leading training schools of Canada and the United States. Mrs. Paffard was appointed chairman and Miss Barwick, secretary, for the meeting.

Miss Bowerman, the convener of the Committee, then read the following report.

*Madame Chairman and Sister Nurses:* Your committee appointed at the meeting in April and reinforced by a member from each Alumnae Association in the city, beg leave to report as follows:—

1. We have had three meetings, held at the Hospital for Sick Children, at the kind invitation of Miss Brent, the Lady Superintendent of the Hospital.

2. We have arranged a course of lectures and entertainments for the winter months, only the final details of which have yet to be arranged. We hope that the programme as arranged will be of profit and interest to the nurses of Toronto and their friends. The first lecture is to be in November by Mrs. Scott-Raff on "Self-control." Later we have Miss Rogers on the School Nurse's work in New York. Mr. J. Ross Robertson will give a Travel Talk. An evening in the Orient and another on Settlement work in the city will bring the philanthropic side of life before us. Nursing will be remembered by Demonstrations in the Hospitals. This course differs from last year's in the use of home talent, but we hope that it will be of interest and profit to all.

As for the cost, it is proposed to charge a fee of 50 cents for the whole course, allowing outsiders the privilege of attending.

We feel that as a rule a nurse's life is too much inclined to become narrow, and that such a course as we have arranged will prove of benefit to both the nurse and her patient by broadening her outlook.

3. The Committee feel that it would be for the best interests of the nursing profession if a Toronto Chapter of the Ontario Association were formed in Toronto, since the parent society meeting but once a year gives very little opportunity for the outside nurses resident in the city to show their interest in nursing matters. Besides this, they might thus obtain representation on the Committee of the Central Registry. If this organization be decided upon we hope that it will be the eldest in a large family of similar organizations, and that through our combined efforts registration may soon be an accomplished fact.

4. The subject of a nurses' club has been discussed in the Com-

mittee and outside, and it is our opinion that the Toronto Chapter if formed could well manage this beside helping materially in other nursing reforms.

Miss Bowerman closed by a reference to Miss Haldenby, saying: "It is my painful duty to tell the nurses assembled that this morning I heard that Miss Haldenby, the representative of Grace Hospital Alumnae on our Committee, was dying. It is probable that by this time Miss Haldenby has left the cares and worries of this world and has entered upon the fuller life above. Miss Haldenby was a graduate of 1901 from Grace Hospital, and I believe the first President of their Alumnae Association. She always took a great interest in nursing matters. I know I but voice the sentiments of all the nurses who knew her in saying that she will be much missed. May each of us leave as kindly feelings among our associates when our work is finished here."

Considerable discussion followed the reading of this report. Some of the nurses felt that there were already enough associations to do the work, but the majority felt that the outside nurses had not enough opportunity for work. All agreed that another association with officers and constitution was not necessary, and as without the consent of the Ontario Association we ought not to form a chapter, it was finally decided to form "The Toronto Nurses' Club." Miss Brent was chosen chairman and Miss Land, 314 Markham Street, secretary. Miss Standen was added to the Programme Committee which was continued in its work for the winter.

It was decided to charge a fee of 25 cents for members of the Club. The course of lectures is to be free to undergraduates of the hospitals, cost 50 cents to graduates, and \$1.00 to the public, or 25 cents for single lectures. The first and last of the course are to be more social in character and have refreshments served after the programme.

A report of the meeting was ordered to be sent to the daily papers and to THE CANADIAN NURSE.

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### THE HOSPITAL SUPERINTENDENTS' MEETING.

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The eighth annual conference of the Association of Hospital Superintendents was held in Buffalo on September 18th to 21st inclusive, under the presidency of Mr. Geo. P. Ludlam, Superintendent of the New York Hospital, of New York City. The attendance was good. Canada was represented by hospital superintendents from the Victoria Hospital, Halifax; the Royal Victoria, Montreal; the Toronto General; the Victoria Hospital, London; the Winnipeg General, and others, as well as by Dr. R. W. Bruce Smith, Inspector of Hospitals for Ontario.

The following is a list of the topics for discussion:—

Best Medical Organization of a Hospital.

Organization and Discipline.

Appointment of Internes.

Right sort of Employees.

The Modern Hospital.

Development of a Wider National Hospital Association.

The Medical Staff and its Functions.

Comparative Advantages of Large and Small Hospitals.

Outdoor Treatment of Patients.

Open Air Work.

Provision for Outdoor Treatment, in Bellevue and Allied Hospitals.

Management of Southern Hospitals from the Race Standpoint.

Probably the most effective paper was read by a Canadian, Miss C. A. Aikens, of the Columbia Hospital, Pittsburg, on "The Development of a Wider National Association." That the Association was to an extent in sympathy with the reader of the paper was shown by the new name adopted by the Association—The American Hospital Association; and also by the adoption of a resolution admitting to membership Assistant Superintendents, Superintendents of Training Schools and hospital trustees.

Subsequent to the passing of this resolution a motion to reconsider was made with the idea of opposing the admission of any beside Assistant Superintendents. The writer left the meeting before a decision was arrived at.

Miss Aiken's paper was a strong plea for a unity of effort among those engaged in the various phases of hospital work.

The papers on Open Air Work and on Outdoor Treatment show the influence the treatment of Pulmonary Tuberculosis has had on treatment in general; the first paper presented by Dr. Washburn, of Massachusetts General Hospital, illustrated by stereopticon views and photographs, was highly instructive.

The papers and discussions will all appear in pamphlet form and (the writer believes) may be procured by applying to Dr. R. R. Ross, President-elect, Superintendent of the General Hospital, Buffalo. They are also appearing in *The National Hospital Record*, copies of which may be obtained by applying to the editor, Del. Sutton, Detroit, Michigan.

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BUT as we meet and touch each day  
 The many travellers on our way,  
 Let every such brief contact be  
 A glorious, helpful ministry!  
 The contact of the soil and seed;  
 Each giving to the other's need—  
 Each helping on the other's best,  
 And blessing each as well as blest.

S. Coolidge.

NOTES ON NURSING AS GIVEN TO MY CLASS.

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Absorbent cotton and medicated cotton and cotton batting—these are also articles that the nurses seem to think the school provides for their personal use. This is not in the Rules and Regulations. Do not use a large piece of absorbent cotton where a small piece will do. You cannot clean a typhoid patient's mouth with a great wad of absorbent cotton. I have seen a nurse put a piece of absorbent on her finger to wash a patient's mouth, that had she divided it into three would have cleansed the mouth better and the patient would feel much better and less nauseated. Then again nurses will use absorbent cotton and gauze to make pads for fomentations because it looks nicer, and many other ways too numerous to mention.

In the use of gas nurses waste hundreds of dollars of hospital money. A nurse will pass in and out of the kitchen and never notice the gas burning and will have the gas burning without any reason and say it was left burning to save matches. It is hard to believe any woman would do such things, they would not if they had to pay the bills, that is where the lack of honor comes in.

Thermometers. This is another means of appalling waste. Nurses will leave a thermometer in a sick patient's mouth when he is too sick and weak to be left with it, and if it should be broken say the patient did it, or give it to a new patient, say a foreigner, who does not understand English and leave him with it and then wonder that it got smashed, or leave the glass with the thermometer in it out of place and then think it is not their fault if it is knocked down.

Hypodermic syringes. Another great source of careless waste, but the methods and means the nurses have in this particular form of destruction, I need hardly enumerate as the care of the hypodermic syringe is spoken of daily. The careless handling of the hot water bags and ice caps is another thing that seems so hard to get the nurses to see and prevent. Some nurses think if they put a little cold water in a hot water bag and then pour boiling water in they are using common sense, never noticing that the boiling water is being poured over the neck and loosening the part the stopper screws into, from the rubber, and so I might go on if I had time.

I will only mention a few more such as soap, safety pins, tearing shirts, using hand towels and even table napkins and bureau covers I have noticed used as tea towels. Carelessness in regard to bed rings, bed rubbers, etc., that are so often sent to the laundry. All this is lack of observation, therefore lack of intelligence. If you could only see the importance of attending to these details and realize that a nurse that will be careless in these details will also be careless in the actual care of her patient. I would like you all

to think of this a bit and understand how helpless we are to teach you if you won't teach yourself, and how much depends on your keenness and interest and your wish to improve and to be a nurse. Never know better than those in authority over you, when you do, you cease to learn and may as well give it up.

Winnipeg General Hospital.

FREDERICA WILSON.

(*Concluded.*)

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## TRAINING SCHOOLS FOR ASYLUM NURSES IN ONTARIO.

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The first Training School for Asylum Nurses was instituted by Dr. C. K. Clarke, at Rockwood Hospital, Kingston, in 1887; this was one of the pioneer schools, the seventh among such schools instituted in America, McLean Hospital, Boston, being the first established, under Dr. Edward Cowles.

The Rockwood School has been most successful and has sent out graduates to responsible positions all over America.

Toronto Asylum did something some years ago, but the difficulties seemed insuperable and the movement died away. London and Brockville have instituted training schools.

Toronto Asylum School has now entered on the second year of its existence and is in a flourishing condition, the nurses in training taking the keenest interest in the course.

At Rockwood and London separate hospital buildings, well equipped, exist; at Toronto Asylum two hospital wards are fitted up and meet the requirements fairly well. At Toronto and London Asylums, too, all of the nurses come under the rule of a Head Nurse, who is a graduate of a General Hospital; this is a further development of the hospital idea. In Kingston the Government erected a beautiful Nurses' Home and the result was most gratifying; all of the Institutions require such an addition at once, as relief from the incessant noise and turmoil of the wards is most essential.

It is doubtful if a three years' course will ever be advisable in the asylum service; what is to be aimed at is a third year in a General Hospital, if possible. This subject was thoroughly discussed at a recent meeting of the Medico-Psychological Association, in Boston. Dr. Hurd, of Johns Hopkins; Dr. Cowles, of Boston, and Dr. C. K. Clarke, of Toronto, were very positive in their assertions that the really ideal nurse was one who commenced her career as a nurse in a Hospital for Insane and finished her course in a General Hospital.

It is to be hoped that Ontario will lead in making such a course easily possible, and the authorities are at present desirous of improving the position of Asylum Nurses, both in making the hours shorter, in giving better training and in other ways.

## My Scallop-Shell of Quiet

*GIVE me my scallop-shell of quiet,  
My staff of faith to walk upon,  
My scrip of joy, immortal diet,  
My bottle of salvation,  
My gown of glory, hope's true gage;  
And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;  
No other balm will there be given;  
Whilst my soul like quiet palmer  
Travelleth toward the land of Heaven;  
My soul will be a-dry before,  
But, after, it will thirst no more.*

—Sir Walter Raleigh.

“A LITTLE thing is a little thing,  
But faithfulness in little things is a great thing.”

\* \* \* \*

CERTAIN thoughts are prayers. There are moments when, whatever be the attitude of the body, the soul is on its knees.—*Victor Hugo.*

\* \* \* \*

WHETHER any particular day shall bring to you more of happiness or of suffering is largely beyond your power to determine. Whether each day of your life shall give happiness or suffering rests with yourself.—*G. S. Merriam.*

\* \* \* \*

“As an alienist and one whose whole life has been concerned with the sufferings of the mind, I would state that of all hygienic measures to counteract disturbed sleep, depressed spirits, and all the miserable sequels of a distressed mind, I would undoubtedly give the first place to the simple habit of prayer. Let there but be a habit of nightly communion, not as a mendicant or repeater of words more adapted to the tongue of a sage, but as a humble individual who submerges or asserts his individuality as an integral part of a greater whole. Such a habit does more to clean the spirit and strengthen the soul to overcome mere incidental emotionalism than any other therapeutic agent known to me.

“I believe it to be our object, as teachers and physicians, to fight against all those influences which tend to produce either religious intemperance or indifference, and to subscribe, as best we may, to that form of religious belief, so far as we can find it practically embodied or effective, which believes in ‘the larger hope,’ though it condemns unreservedly the demonstrable superstition and sentimentality which impede its progress.”—*Dr. Theodore B. Hyslop, Superintendent of Bethlem Royal Hospital.*

# The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication. Please send MSS on the 1st of each month.

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VOL. II.

TORONTO, DECEMBER, 1906.

No. 4

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## Editorial.

### YOUR SUBSCRIPTION TO YOUR OWN JOURNAL.

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If you have not already done so the business manager respectfully requests you, Dear Reader, to send to her, this very day, an express order, or a postal note for \$1.00 for your subscription for 1907 to your own journal. Please do not send a cheque, as we lose fifteen cents that way. If you have changed your address, please send your new address and your former address. If your CANADIAN NURSE does not reach you regularly, send us a postal card at once, and we will set that right. There is great need that you should, within the next ten days, send us at least one new subscriber, if you wish THE CANADIAN NURSE to appear on Jan.



1st, 1907, as a monthly. We have almost completed our arrangements, but not quite, till we hear from you. A great many new subscriptions have come in, but the one you *meant* to send has not yet come! Please let us hear from you, and remember that all new subscribers you send now, will receive the December number free.

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### DISTINGUISHED VISITORS.

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Among the distinguished visitors to Toronto this summer in the nursing profession were Miss Belle J. Walton, a former resident of Toronto, who is at present Head Nurse of the Out Patient Department of the New York Hospital and is also one of the "Spanish-American War Nurses," having just come to Toronto from the annual meeting of the S.A.W.N. in Boston. Miss Walton was formerly in charge of one of the floating hospitals in New York, and is well and favorably known in the profession.

Another distinguished visitor was Miss M. N. Oxford (Sister Mary), of Guy's Hospital, London, England, where she was for years the "Sister" of Philip Ward. Miss Oxford is now Lady Superintendent of Guy's Hospital Institution for Trained Nurses, an institution which is at once a Nurses' Home and a Registry. It numbers about 110 nurses and has been in existence for 22 years, having been begun with two nurses in September, 1884. The institution pays Guy's Hospital for the training of 42 probationers, and it sends its nurses all over the world. The residence is in three houses on St. Thomas St., London. Miss Oxford's stay in Toronto was short, but still she found time to visit the hospitals and took much interest in nursing affairs in Canada.

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### HOSPITAL NURSES AND THE GRANTHAM RAILWAY ACCIDENT.

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The nurses of the Grantham Infirmary, except the night sister in charge and her assistants, had just retired for the night when the first victims of the terrible accident to the Scotch Express reached the hospital. Instantly all was activity, the nurses were roused and were speedily at their posts. Convalescent patients were asked to give up their beds, and seven men, two women and a child, all more or less severely injured were admitted and put to bed. The beds being provided with full-length mackintoshes no preparations delayed the work, in spite of profuse hemorrhage from many of the wounds. The nurses worked all night, with the assistance of some kind helpers, until 5.30 a.m., when they retired for an hour's rest, going on duty at 7.30 as usual. These facts, as related in the *British Journal of Nursing* and *The Nursing Times*, speak volumes for the nurses and the Infirmary.

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**ENLARGEMENT.**

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The Publication Committee desires to enlarge the Editorial Board of THE CANADIAN NURSE so as to make it truly representative of the whole of Canada, every province and territory being included, and also representative of the profession and the subscribers for whom and by whom it is published. Suggestions and hints as to the best way of accomplishing this are requested by the Committee.

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**MONTREAL.**

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On Nov. 13th and 14th two of the members of our staff, one of whom was the Convener of the Publication Committee, Miss Mitchell, paid a visit to Montreal, and by kind invitation addressed the Canadian Nurses' Association, the Montreal General Hospital Graduate Nurses' Club, and the Alumnae Association of the Royal Victoria Hospital. Words fail us to tell of the cordiality, the hospitality and the genuine kindness shown by the nurses, and by members of the medical profession in Montreal, as well as by the officials of the Royal Victoria, the Montreal General, the Western, the Maternity and other hospitals and of the McGill University. Montreal is a noble and beautiful city, and one of which every Canadian may well be proud. Every moment of the visit was delightful, in fact The Canadian Nurse left her heart behind her in Montreal. It is expected, as a result of this visit, that in future we shall have a large number of members of the Editorial Board in Montreal.

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**IN MEMORIAM.**

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We regret greatly to announce the death of Miss I. M. Fair (M. G. H., 1896), whose death is a loss to her Alumnae Association and to the profession in Montreal. At its last meeting the following minute was adopted by Montreal General Hospital Alumnae Association to express in a fitting and permanent manner their regret and sympathy: "It is with deep regret that we have to record at this meeting the death of Miss I. M. Fair, a graduate of the Montreal General Hospital Training School, Class of 1896. Resolved, that we, the members of the Montreal General Hospital Graduates' Club, extend our heartfelt sympathy to the members of her family. Resolved, that a copy of these resolutions be sent to her family, and to THE CANADIAN NURSE for publication."

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We also regret very greatly to record the death of Miss Emma Haldenby, formerly of Grace Hospital, Toronto. Miss Haldenby graduated from Grace Hospital in 1901. She always took keen

interest in nursing and hospital affairs and was President of Grace Hospital Alumnae from Sept., 1904, to Sept., 1905, resigning the presidency on account of ill health. Although practically confined to the house for some months with slight heart trouble, she was not really ill and did not suffer, but was obliged to take exercise only by driving or in a wheel-chair. During the last six weeks improvement was very marked, but on Thanksgiving Day, Oct. 18th, 1906, she was not so well and by Sunday, the 21st, she realized she would not get better and gradually sank, passing away peacefully and happily at midnight, Oct. 24th, 1906. Since October, 1905, Miss Haldenby had made her home with Miss Lash at "The Cottage," 31 Breadalbane St. All the Alumnae Associations of Toronto sent flowers to the funeral service, which was held on October 26th, and was largely attended.

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Our readers will have learned already of the sudden and tragic ending to the noble, faithful and useful life of Miss Jean Sutherland, a graduate of the General Hospital, Galt, Ontario, afterwards Head Nurse in the Hospital at Fort William. Miss Sutherland was appointed in July, 1905, to the New Queen's Hospital (V.O.), at Rock Bay, Vancouver Island, British Columbia and for some months labored there alone. In November she was joined by Miss Franklin, an English graduate nurse from Birmingham. How hard they worked may be seen from the Hospital Report of July-Dec., 1905: No. of beds, 10; No. of out patients, 147; No. of operations, 33, Total No. of cases, 63; Medical, 14; Surgical, 49.

The Bearer of the Great Invitation came unknown and unexpectedly to Miss Sutherland. On Thursday of one week she was apparently in the best of health at noon; before five o'clock in the afternoon she was attacked by pleurisy; abdominal and other complications set in with great rapidity; and at 9.00 a.m. on the Tuesday of the next week she passed away, having only once recovered consciousness sufficiently to speak of her last wishes.

Her coffin was hewn by kind hands from the cedar trees of the adjoining camp, and, covered by the Union Jack, and the white blossoms of the salmon berry and the spirea, the wild flowers of these woods, was borne by four of the "boys," who will always keep her memory green, to the SS. Cassiar, the first stage of its long journey, to her old home at Port Burwell, in Ontario.

Miss Sutherland never neglected her duty, never spared herself, and it is to be feared that her strenuous work undermined her constitution. She was beloved by everyone, and in the Galt Hospital, in Fort William and elsewhere, as well as at Rock Bay, her memory is blessed. Her Superintendent, Miss Robinson, of Galt, bears affectionate testimony to her good work as a nurse, to her sweet unselfish loyalty and beautiful Christian character. To her family at Port Burwell, and to her relatives, thus sadly bereaved, as well as to the Victorian Order, and the hospital at Rock Bay, THE CANADIAN NURSE would respectfully tender its deep sympathy.

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## Editorial Notes.

**An Alumnæ Prize.**—We have pleasure in directing attention to the action of the Alumnæ Association of Toronto General Hospital in offering to the Graduating Class of 1907 in the T. G. H., a prize of \$25.00 in gold. Further particulars will be given later on.

**Up the Saskatchewan.**—*The Evening Journal*, of Edmonton Alberta, publishes a delightful article on "A Trip up the Saskatchewan," signed N. McK., by which many of our readers will recognize an old friend, and enjoy the following beautiful description: "We drove past fields of lovely grain, past a quiet farm house and outbuildings, over hills and valleys rising gently one above another, past small groves and clumps of trees with nests of bushes scattered here and there, through grass and pea vine and flowers knee deep, and always upward, until we reached the summit, and the whole exquisite country lay spread out around and beneath us, rising and falling like the waves of the sea. The breath of ten thousand flowers fanned our cheeks, and the most wonderful silence prevailed, broken only at intervals by a few notes of a lonely bird. The whole place was flooded with sunshine and above us was the deep blue Albertan sky."

**The British Medical Association.**—As our last number went to press, members of the British Medical Association were gathering from far and near for what proved to be in every way a happy, memorable and successful annual meeting. There were 1103 Canadian physicians present and about as many more from Great and Greater Britain and the United States. Great congratulations are due to those who worked and planned for this; they were doubtless more than rewarded by the result of their efforts. The whole country will reap benefit from this meeting.

**The King and the Crimean Nurse.**—Among his many other duties this summer, His Majesty found time to visit the Royal Agricultural show at Derby. The King observed, among a group of Crimean veterans, an aged nurse, and at his own request was told that she was Mrs. Milne, wife of a hospital sergeant of the 7th Hussars in the Crimea, and that she had been a nurse first at Varna and then at Scutari, before the arrival of Miss Nightingale. The old lady was presented to her Sovereign and ventured to ask him to accept a rose. "Thank you very much," said the kind King, stretching out his hand for the gift, which he then kept in his possession during the whole day.

**Balls.**—The Secretary of war, Mr. Haldane has been asked in the House of Commons why military nurses should not be allowed to go to dances. Mr. Haldane explained the evil effects of late hours. Nurses have been expressing themselves in their own paper to the effect that the discussion was unnecessary, as no good nurse on duty wants to go to balls.

## Official Department.

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### SECRETARY'S REPORT OF EIGHTH ANNUAL MEETING TORONTO GENERAL HOSPITAL ALUMINÆ ASSOCIATION.

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Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss Grace Hodgson, 82 Bloor St. W., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

*Conveners of Standing Committees:* Sick Visiting, Miss H. Fralick; Legislation, Miss C. Mitchell; Programme, Miss B. Crosby; Representatives of the Central Registry Board: Miss B. Crosby and Miss A. Boyd.

The eighth year of our Alumnae Association closes with the session of to-day, Oct. 9th, 1906. A year fraught with encouragement and disappointment. Encouragement in that our work as an Association is both deepening and widening, a generous public spirit is growing in us, a desire to "covet earnestly the best gifts." Disappointment in that the Bill for the Registration of Nurses failed to pass the Provincial Parliament and must be relegated to the background for some time yet.

Nine regular meetings were held during the year with an average attendance of twenty-five. The Alumnae membership numbers 115, with a balance in bank of \$119.67. The sick benefit fund with a membership of 23 has \$549.42 in bank. We should like to see all graduates take membership with us, for as has been very justly remarked our meetings make a post-graduate course not to be despised.

The treasurer's book has changed hands more than once during the year, indeed, we are now without a treasurer; though the work has not suffered there has been more or less difficulty in carrying it on.

Our committees have worked indefatigably and with acumen. It is to them we must attribute our success as a society. Busy women they are, yet they make time not only to come to the meetings regularly, but to do a very great deal of the hard work, real drudgery, of a committee. These are they who are bearing the burden and heat of the day for us.

The Publishing Committee, under Miss Mitchell, has done no less work this year than last. That THE CANADIAN NURSE has maintained its course with a balance in its favor instead of a deficit,

is owing entirely to our editor-in-chief, business manager and committee.

The Central Registry, under the able management of Miss Barwick, is going forward, well patronized by the public, doctors and nurses.

The Sick Visiting Committee in Mrs. Findlay's hands has done, if possible, better work than ever before. Nurses realize as few others "the touch of nature that makes the whole world kin."

The important work done by our Registration Committee scarcely needs retelling. Failure is sometimes a better teacher than success. That the Bill for the Provincial Registration of Nurses was defeated was not altogether unforeseen or unexpected, nevertheless our faith remains unshaken that a measure generously meeting the needs of both public and profession will become law at no distant date. To the Hon. Mr. St. John, Speaker of the House, we are deeply grateful for his great kindness in assisting us in the difficult work of drafting and presenting the Bill.

This Association cordially and gratefully thanks those who addressed our meetings, namely, Dr. F. N. G. Starr, on "Surgery"; Dr. K. C. McIlwraith, on "Obstetrics"; Dr. Fotheringham on "The Humanitarian Side of the Nurse's Work"; Dr. Thistle on "Enteric Fever"; Dr. Helen MacMurchy on "Pneumonia"; Miss Julia Stewart on "Materia Medica for Nurses," and Miss Flaws on "Hospitals, Ancient and Modern."

The course of lectures delivered before the Associated Alumnae of the city was emphatically good. Not only from subject, delivery and the personality of the speaker did we derive benefit, but also from meeting with each other. All this induces and strengthens the catholic spirit that is personally so desirable to acquire and is so necessary between societies.

It has been decided that this Alumnae Association shall offer an annual scholarship of twenty-five dollars (\$25.00) for competition to the graduating class, subject and qualification are yet to be decided.

A fund to be devoted to the new hospital in some way was proposed and headed by Miss Snively and is growing surely.

An official note, sent out by our President, Miss Hodgson, to all our graduates, comprehensively covers the ground of our duty to our profession as a whole, to our joint magazine, THE CANADIAN NURSE, to our beloved Alma Mater and our sister graduates, and the members of our Alumnae Association, and forcibly shows the necessity for earnest work to ensure protection by law for the nurse of the future. We commend this letter with its list of important subjects to your most careful consideration, earnestly hoping that our graduates far and near may realize that in union only is strength, and that each individual is an added prop to the whole.

We have lost one of our graduates by death, namely, Mrs. McArthur, of Queensville, a graduate of 1901 (nee Smith), we deeply sympathize with the bereaved family.

This Alumnae Association expresses sympathy with all its members who suffered illness the past year. We hope that when the new hospital is completed it can be arranged that permanent and comfortable quarters will be provided for nurses in illness.

Several of our members have married during the year, to them we extend cordial good wishes for future happiness and prosperity.

The social side has not been neglected during the past year. Our annual At-Home was held in McConkey's reception rooms on the 28th of December, 1905, and was as usual a delightful reunion. In January Miss Snively gave a tea at which we had the honor and pleasure of meeting Dr. Osler, Regius Professor of Medicine, Oxford, England. A man eminent in his profession, gentle and humble of heart as great in brain, is always an incentive to others, from such an one virtue goes out to others. To Miss Snively, in March, we were again indebted for making it possible for many of us to meet Mrs. Hunter-Robb and Miss Palmer; ladies whose names have long been well known from their prominent positions in our profession are now charming personalities to us, not to be forgotten. In February our President, Miss Hodgson, entertained us with the Associated Alumnae of the city at a delightful musicale held in the Theatre of the Normal School; it was very greatly enjoyed by all. Again in June Miss Hodgson metamorphosed our meeting into a garden party at her own home. We have received many kindnesses from the hands of our President and her family, and our Association very cordially thanks them.

Shall we forecast the work for coming years? Post-graduate courses, affiliation of hospitals, general and special, and asylums for the insane for all round training, University supervision of technical work, a Nurses' Club House. It will all come.

JESSE AGNEW BEGG,

*Secretary.*

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### THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

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#### OFFICERS, 1906-7.

President, Miss J. Hamilton; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson; Treasurer, Miss M. Hill; Directors: Miss M. Gray, Miss C. Lunan, Miss M. F. Blythe.

#### CONVENERS OF COMMITTEES.

Arrangement and Publication, Miss Tindall; Sick Visiting, Mrs. Annie McGarvey. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.

## SECRETARY'S REPORT.

The Alumnae Association of the Hospital for Sick Children, Toronto, held their third annual meeting at the Hospital, College St., on Oct. 11th, 1906.

The year closed with a membership of fifty-six, showing an increase of fifteen over last year. Miss L. Rogers became a life member.

There has been one death during the year, that of Mrs. Fielding (nee Slattery), who died early in the year after several months' illness.

Numerous communications have been received from our graduates, showing a greater interest in our Association.

The members of the Alumnae desire to thank Mr. Ross Robertson for the printing done during the year and also Miss Brent for procuring for the nurses the use of the Lakeside Lawn for a Garden Party which was held on June 9th, 1906, at which many doctors and their wives and also representatives from all the Toronto Hospitals were present. Music was furnished by an orchestra.

Our meetings during the year have been fairly well attended. The thanks of the Alumnae Association are due to Dr. Machell, who lectured on "Some points on Infant Feeding," giving demonstration, assisted by an undergraduate, which was most instructive; Dr. Minerva Greenaway, "Some facts in Physiology"; Dr. Fotheringham, "The Non-technical Side of a Nurse's Calling"; Dr. Hutchison, "The Present Day Care of the Consumptive"; Miss Palmer, Editor of *American Journal* gave an address; Miss Lucy Bowerman, T.G.H. graduate, gave a talk to the nurses on the Bill, which was up in the House at the time; Dr. Allan Baines, could not lecture on account of illness; Mr. J. Ross Robertson, who was to have addressed us, was away at the time so we hope to hear him in the near future.

All the above lectures and addresses were highly instructive and much appreciated by those present.

Several nurses took operating room work this summer, among them Miss Daisy Browne, of Montreal.

It is requested that all members notify the Secretary of any change of address.

A report of the Central Registry was given by one of our representatives at each meeting, and we are pleased and gratified to note the progress made in the past year. Twenty-three of our graduates are members. We are sorry to lose our Treasurer, Miss Shepard, who has served the Association so faithfully and efficiently since its organization.

We cannot close our report without a word of deep and grateful appreciation to our Hon. President, Miss Brent, for her interest and kindly advice, which has helped us over many difficulties. We trust that she may be spared to us for many years more.



We close our report feeling that we have made progress in the past year, although there is much to be accomplished, and as we enter another year, we look forward to greater progress. May we all feel the responsibility of office, giving faithful service.

We extend a cordial invitation to all of our graduates to unite with us—

MARY GRAY,  
*Secretary A. A.*

### TREASURER'S REPORT, 1905-6.

RECEIPTS		DISBURSEMENTS	
Balance on hand, 1905-06....	\$41 35	To Postage .....	\$9 75
Annual Fees .....	42 00	“ Stationery .....	1 60
Initiation .....	17 00	“ Flowers .....	8 75
Life Members .....	25 00	“ Treas. Asso. Alumnæ... ..	16 00
Refund from Registry.....	6 00	“ J. D. Bailey .....	21 00
Interest .....	1 62	“ CANADIAN NURSE .....	12 50
Donation .....	40 00	“ Toronto Registry .....	6 00
		“ Grand & Toy .....	2 85
		“ Musicians .....	12 00
		“ Coles.....	40 00
		By Balance .....	42 52
	\$172 97		\$172 97

IRENE SHEPARD, *Treasurer.*

### SICK BENEFIT FUND.

RECEIPTS		DISBURSEMENTS	
By Donations .....	\$50 00	By balance on hand.....	\$94 20
“ Annual Fees .....	44 00		
“ Interest .....	20		
	\$94 20		\$94 20

IRENE SHEPARD, *Treasurer.*

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

THE WAR OFFICE,

LONDON, 15th October, 1906.

#### POSTINGS AND TRANSFERS.

*Sisters:* Miss E. A. Cox, to SS. “Plassy” for Indian Troopship Service, from the Queen Alexandra Military HP., Millbank.

Miss M. L. Harris, to SS. “Plassy” for Indian Troopship Service, from Military HP., Chatham.

Miss M. Pedler, to SS. "Plassy" for Indian Troopship Service, from Cambridge HP., Aldershot.

Miss L. E. Mackay, to Egypt, from Military H.P., Gosport.

Miss E. M. Denne, to South Africa, from Royal Herbert HP., Woolwich.

Miss M. Walker, to South Africa, from Connaught HP., Aldershot.

*Staff Nurses:* Miss G. S. Jacobs, to SS. "Plassy" for Indian Troopship Service, from Connaught HP., Aldershot.

Miss W. L. Everingham, to Cambridge H.P., Aldershot, on appointment.

*The Editor,*

THE CANADIAN NURSE,  
133 East Bloor Street,  
Toronto, Canada.

C. H. KEER,

*Matron-in-Chief*  
Q.A.I.M.N.S.

*Official Notice.*—The Alumnae Association of the Hospital for Sick Children meets the second Thursday in the month at 3 p.m., at the Nurses' Residence.

## The Contributors' Club.

LIKE A HOME LETTER.—"THE CANADIAN NURSE seems to bring us all so close together that I watch for it like a home letter. I'm so glad you are making it a monthly edition. Very sincerely yours." Vancouver, B.C.

FROM A NURSE IN OHIO, U.S.A.—"I enclose \$1.00, my subscription to THE CANADIAN NURSE for 1907. I am not a Canadian nurse myself, but I was very glad to meet THE CANADIAN NURSE, and wish it every success, and know I shall enjoy it very much."

OUR GRADUATION DAY.—"One year ago to-day graduation day at last arrived. With fear and trembling we entered upon our duties three years before. I think of these years now. There was much in them that was arduous, but they have been happy, and I trust not unfruitful. What firm resolutions were formed, as we sat before those assembled, and listened to the kind words of advice and caution given by the members of the staff. Do you remember Dr. — saying we should not go away with the idea of "knowing it all," and how quickly some of us were to realize it.

All are actively engaged in nursing except dear —. I wonder if they too are reviewing the year. It has been an eventful one for me.

What depths (and heights) of human nature, hitherto undreamed of, have been revealed. From some memories I turn in

horror and disgust, others in joy and delight. And so have the days been made up—What mistakes crowd around me! What want of tact and judgment in the moment which required calmness! Although there will always be a reproach, yet even by these have I been taught needed lessons. But it is the future we now must turn to.

With humble acknowledgment of past mercies and tokens of God's goodness, always remembering and striving to live up to the motto of our school, with loving greetings to all my class mates—May we at last truly merit the words. Well Done."—Lovingly yours.  
Toronto, October 3rd, 1906.

### Correspondence.

————— Ave., Winnipeg.

DEAR CANADIAN NURSE.—I have much pleasure in enclosing one dollar, a new subscription for Miss ———, of ———, Sask. I am so glad our own magazine is going to be made a monthly. The September number is particularly interesting to me. Am delighted with "My Scallop-Shell of Quiet," and hope it will be a permanent feature. Wishing THE CANADIAN NURSE every success.

Believe me,

Yours very sincerely.

Please find enclosed two annual subscriptions to THE CANADIAN NURSE. Kindly address one copy to Miss ———, and the other to my address. Miss ——— is nurse-in-charge at my private hospital and I have seen so many good things in THE CANADIAN NURSE that I am sure it will be a help to her. With all good wishes and trusting that 1907 will see the magazine a monthly.

I beg to remain,

Sincerely yours.

The Manse,

ETHELBERT, MAN., Sept. 19, 1906.

DEAR CANADIAN NURSE.—You will doubtless have thought long ago that I had forgotten all about my promise to write you some notes on medical work for our own CANADIAN NURSE. I have not by any means forgotten, but have been putting it off from one time to another, thinking to find more time for it. Now, however, I am not going to wait any longer to ease my conscience on this point.

I wish you could see some of the medical and surgical cases amongst the Galicians who surround us. About the first thing

noticeable about them is the extreme filth of their persons, and their homes, which are unsanitary in every respect, so that it is quite impossible for the sick to have anything like care in their own homes, which in the large majority of cases are simply hovels. We are hoping for a small hospital here that such cases may be properly attended to.

Sometimes patients are brought to us for surgical treatment, but even then it is far from satisfactory, as the bandages and dressings are often removed when they reach home, to see how it looks, and if the friends think it is not properly done they often remove the dressing altogether, substituting some concoction of their own. In one case of a fractured fibula, which we walked out about two miles late one dark night to set, Mr. Monro found on three successive visits that the bandages had been removed, and once they were rubbing over the fracture with buttermilk! Of course the union was crooked, but not so bad as we expected.

Often when medicine is given, with instructions most forcibly impressed upon them, they prefer to take it altogether differently, or if the first dose does not cure it is pronounced no good, and thrown away. In many cases upon receiving medicine here they meet friends who tell them all sorts of yarns and frighten them from taking it. It is most difficult to reason with them. They invariably want "something to rub on" over any spot affected, no matter what the cause of trouble, and cannot see why medicine taken internally can cure that particular spot.

The obstetrical work is strange indeed. If labor continues more than two or three hours they think it a great calamity, as the Galician women, being such a sturdy people, have usually a very easy time.

Few of their homes have more than one room, no sign of a curtain or screen of any sort; the entire family eat, sleep and live in this one room. There is no privacy whatever in the poorer families. Often also the cow is an inmate of the one room as well as the family.

A newly-born infant is wrapped in old clothes and left to soak in a bath tub made by hollowing out a section of a tree. Galicians have a prevailing superstition that the top of a child's head should never be washed lest the child die, or at least be unhealthy. Consequently nearly every baby has a thick patch of dirt on the head which remains there for months, or until it suppurates off. The older people are very determined to have their way in these things, and our only hope of teaching better ways is in the young people. Many remark upon our babies being so healthy in spite of the daily washing. As a rule, Galicians have very little acquaintance with soap and water, and when Mr. Monro calls for it they seem to think he is asking a most unnecessary thing.

When a tooth is extracted many look to see if the "worm" is out. They think the nerve is a living worm which has got in and is doing all the damage.

There are many other items of interest, but unless I make notes of them as they occur to my mind I cannot think of them when especially wanted. But perhaps these are as many as you will have room for.

With best wishes for success to our journal, which I am glad is to be a monthly.

Very sincerely yours,

ELENA EYRE MONRO.

## Hospital and Training School Department.

IN CHARGE OF MISS HARGRAVE, TORONTO; MISS CRAWFORD, WINNIPEG;  
AND MISS YOUNG, MONTREAL.

[THOSE in charge of this department are endeavoring to increase its value and interest by inserting from time to time brief histories of all our Canadian hospitals. Such contributions will be welcome at any time.—ED.]

MRS. PHILLIPS (nee Sutherland, T.G.H.) was also in Toronto for a short visit.

MRS. ALLISON (nee Roberts, T.G.H.) was in Toronto for a few days this summer.

MISS MARY C. GRAHAM (T.G.H.) is now Head Nurse in Vancouver General Hospital.

MISS R. ELIZABETH STEWART (T.G.H., '04), is now Head Nurse of the Eastern Annex, Toronto General Hospital.

MISS E. BRACKEN, graduate of the Dauphin General Hospital, is at present acting as Head Nurse in the D.G.H.

MISS MATHIESON, Superintendent of Riverdale Hospital, Toronto, spent her vacation among her friends in Montreal.

MISS SARA D. LIVINGSTON (T.G.H.) has been appointed Lady Superintendent of the General Hospital at Kenora.

MISS LIZZIE DYSON, of Alexandria, has been appointed Superintendent of Nurses at the General Hospital, Kingston.

MISS JARDINE has been appointed visiting nurse for the tuberculosis work in connection with Toronto General Hospital.

THE Central Registry has just issued a very dainty and convenient list of all their members, the right size for a vest pocket—a good idea.

A POST graduate course in district nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to Miss Allen, 578 Somerset St., Ottawa.

THE Hamilton Board of Health are hoping to have a new Isolation Hospital built soon.

THE Catholic Nurses' Guild in Great Britain has now 502 members and two branches.

MISS HENRIETTA MCKIM (T.G.H.), of Jalfa Hospital, Persia, is at home in Toronto on furlough.

MISS J. MCHATTIE, graduate G. and M. H., St. Catharines, has gone to Minnesota to take up private nursing.

MISS K. CAMPBELL, graduate Orthopædic Hospital School of Massage, has removed to 3 Classic Ave., Toronto.

MISS MARGARET LASH has removed the Cottage Hospital, so well and favorably known in Toronto, to 84 and 86 Wellesley St.

MISS MARY EDWARDS, a nurse-in-training in the Dauphin General Hospital, is convalescing from an attack of typhoid fever.

MISS BEATRICE PEARCE, of the Victorian Order Nurses, leaves shortly to take charge of the Cottage Hospital in Pietou, N.S.

MRS. HART (nee Clendening), formerly Superintendent of Vancouver General Hospital, paid a flying visit to Toronto this autumn.

MISS L. M. GRAVES, Supervisor of Nurses, St. M.H., Toronto, has returned from a trip to Europe and is at present in London, Ont.

MISS JEFFREY, Lady Superintendent of the Galt Hospital, Lethbridge, expects to visit her home in London, Ont., during December.

MISS CAMPBELL and Miss Rose, Vancouver General Hospital, have recently been added to the nursing staff of the R.I.H., Kamloops.

MISS EVA THORPE, who has been recuperating at her home in Sharon, will return to duty at the Toronto General Hospital on December 1st.

MISS K. MACPHERSON has resigned the position of Superintendent of the R.J.H., Vancouver. She has been succeeded by Miss Livingstone, of Toronto.

MISS HATTIE McLEAN, of the Victorian Order Nurses, graduate of Newton Hospital, Newton, Mass., has left to take charge of the hospital at Arrowhead, B.C.

MISS EFFIE JOHNSTON, Belleville General Hospital, and Miss Alice Hovey, Bruce County Hospital, have been appointed staff nurses in the City Hospital, Edmonton.

MISS KATE McTAVISH, late Superintendent of the Atlin Hospital, has returned to Ontario and intends taking up private nursing in Toronto.

MISS M. HURTLEY, Toronto Western Hospital, has returned from Virginia, where she has been engaged in both institutional and private nursing.

MISS HANCE, graduate of Victoria General Hospital, London, Ont., has accepted a position in the Victorian Order Hospital, Indian Head, Sask.

MISS M. J. O'NEILL, graduate of the G. and M. Hospital, St. Catharines, has succeeded Miss Sheppard as Superintendent of the G. H., Guelph.

MRS. G. S. MCPHERSON (T.G.H.), has opened a private hospital at "Restholm," 2 Maple Ave., Rosedale, for the care of medical and nervous cases.

MISS A. L. REGAN, graduate St. Michael's Hospital, Toronto, has been appointed Assistant Superintendent of the, Chester County Hospital, Westchester, Pa.

MISS S. MEARS, of Riverdale Hospital, has returned from Gravenhurst, where she has been assisting Miss Wardell in the Sanitarium during the summer.

MISS McHOWELL, after a post graduate course in Toronto General Hospital, has gone to take the position of Head Nurse in the Marion Sims Sanitarium, Chicago.

MISS KATE MACKENZIE and Miss Millar have graduated from the Galt Hospital with honors. Miss Mackenzie has taken up private nursing in Listowel, while Miss Millar has decided to settle in Galt.

MISS PLUNKETT CAMPBELL, who for some time has been Instructor in Massage at the Toronto Orthopedic Hospital, very generously supplied the nurses this year with a delicious Thanksgiving dinner.

MISS ELIZABETH GORDON has resigned as Superintendent of the General Hospital, Kingston, Ont., and accepted the position of Supervisor of one of the Departments of the Presbyterian Hospital, Chicago.

CORRECTION.—We regret that the name of Miss Sara H. Griffiths (1903), a graduate of the Victoria Hospital, London, was inadvertently omitted from the list of graduates published in our September number.

MISS MABEL WALLACE, of Orillia, graduated in September the Toronto Orthopedic Hospital, and will, in the near future, take a post graduate course in New York. Miss Wallace is also a graduate of the School of Massage.

THE Victoria Memorial Hospital (formerly Dr. Holford Walker's Private Hospital), at 56 and 58 Isabella St., is now under the charge of Miss Pringle. Obstetrical cases as well as medical and surgical cases are now admitted.

THE Hartford Hospital Training School for Nurses has issued a very attractive programme of lectures for 1906-07. The graduating exercises, in which a number of Canadian nurses were interested, took place on Oct. 17th, and were very pleasant and successful.



"LITTLE LADY BOUNTIFUL"

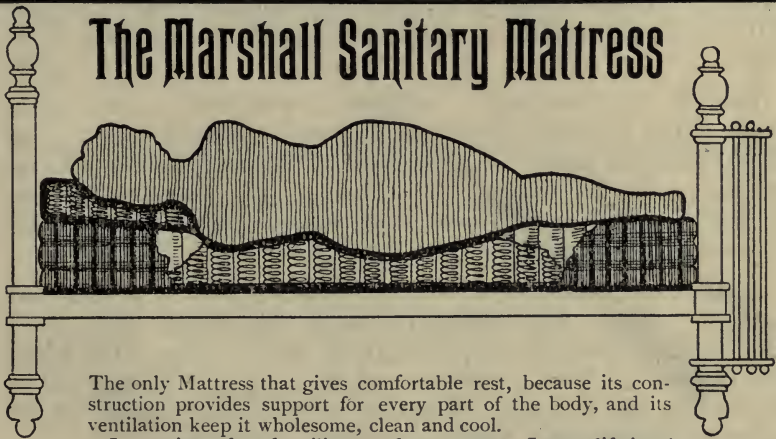
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MISS JOSEPHINE HAMILTON (H.S.C.), 505 Sherbourne Street, Toronto, has kindly consented, at the request of the Committee, to undertake the important work of receiving subscriptions for 1907, especially new subscribers. We bespeak for Miss Hamilton cordial co-operation.

It is greatly regretted that Miss Mitchell has given up her position as visiting nurse in charge of the tuberculosis clinic at Toronto General Hospital. Miss Mitchell is engaged for the present in doing district work in connection with Knox Church, a wide field which all her friends feel she will worthily occupy.

DR. MINERVA M. GREENAWAY, Lecturer to the Training School of the Toronto Orthopedic Hospital, died at St. Michael's Hospital in September of typhoid fever. Dr. Greenaway's charming disposition and noble character endeared her to all who knew her and many in the nursing profession have lost a true friend by her sad and untimely death.

IN the Royal Inland Hospital of Kamloops, B.C., the nursing staff consists of four graduate nurses and three pupil nurses. It is the intention of the hospital to increase the number of pupil nurses and have fewer graduates. The training for pupil nurses is good, although the hospital is not large, accommodating only thirty-five patients. There is a good deal of surgery and obstetrics.

THE Women's Hospital Aid Society of Stratford General Hospital have installed a steam laundry dry plant in that institution. The hospital is very much indebted to this association, which works so well and faithfully for the interests of the hospital, though at the same time taking no active part in the management of its affairs.

MRS. R. B. HAMILTON is offering a prize to the graduating classes of the Training Schools in Toronto General Hospital, Grace Hospital and the Home for Incurables. It is for the nurse who has kept the neatest room during her training. Mrs. Hamilton has been for many years a good friend to the nurses and an indefatigable worker for the hospitals.

MISS IRENE NORCROSS, Vancouver General; Miss M. A. Davison, Worcester, Minn.; Miss Edith Robinson, Miss Isabel Bates, Miss Ethel Brodie, Miss Elsie Pomeroy, Miss Mary Adams, Miss Elizabeth Hagan, St. Luke's, Ottawa, and Mrs. Agnes Fleming will be admitted to the Victorian Order at the monthly meeting of the Executive Council, Nov. 1st.

THE annual meeting of the Alumnae Association of the G. and M. Hospital, St. Catharines, was held on August 29th. Mrs. J. Parnell, of St. Catharines, was re-elected president; Miss M. Marriott, of Buffalo, 1st vice-president; Miss M. Kelman, of Newmarket, 2nd vice-president; Miss L. Tuck, of St. Catharines, secretary-treasurer. Luncheon was served at the Nurses' Home.

Special Notice to our

# Out-of-town Customers

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**W**E prepay Freight or Express (we reserve the right to ship the cheapest way) on all orders of \$25.00 and over, going forward in one shipment to your nearest railway station in Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island, on all goods except Furniture, Springs, Mattresses, Refrigerators, Organs, Stoves, Baby Carriages, Salt, Sugar and Flour.

To obtain advantage of this offer your shipment must amount to \$25.00 over and above the exceptions named.

*If you cannot make your order large enough to secure the advantage of free delivery, get your friends near by to join you and send the orders together and we shall forward the goods in one shipment.*

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**THE T. EATON CO. LIMITED**  
**TORONTO, CANADA**

THE many friends of Miss Hartley, Night Superintendent of the Toronto General Hospital, will learn with regret that she will not be able to return to her duties for some little time, owing to the sad death of her sister, Miss Edith Hartley, of Brantford, from appendicitis.

MISS M. E. COLLINS, graduate of New York Hospital, has recently taken charge of the Rosebery Nurses' Club, No. 551 Sherbourne Street, Toronto, formerly under the management of Mrs. McPherson. This is one of the oldest and most successful homes in the city.

MISS ELIZABETH HENDRIE, a graduate of the London (Ontario) General Hospital, and also a graduate in the Swedish system of massage, medical gymnastics and electro and hydro-therapy at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia, has been placed in charge of the Mechanical Department at the Victoria Sanitarium, Colfax, Iowa.

THE new and very beautiful Nurses' Residence, built by Mr. John Ross Robertson, and presented by him to the Hospital for Sick Children, of which he has been the constant and most generous benefactor, is now occupied, but not yet in every little detail completely finished and furnished. We hope to publish a special descriptive article after the formal opening early in 1907. Miss Brent, the Superintendent, leaves on Nov. 27th for a well-earned vacation in California, and will return about the new year.

MISS MARGARET E. STANLEY has been appointed Lady Superintendent of the Victoria Hospital, London. Miss Stanley is a graduate of the Johns Hopkins Hospital Training School (Class of '96), and has been engaged in institutional work ever since her graduation, having been both a Head Nurse and the Night Superintendent at the J.H.H., and afterwards for seven years Superintendent of the North Adams Hospital. This year she was in Europe and returned in August to take up the duties of her present position, in which THE CANADIAN NURSE wishes her every success.

EIGHT nurses who graduated from St. Michael's Hospital recently, were presented with diplomas by Vicar-General McCann. The presentation took place in the assembly hall of the hospital and was largely attended, members of the board of the medical staff, and relatives and friends of the graduates being in attendance. Addresses were made by the Vicar-General and by the representatives of the board and of the staff. The following were the nurses who received diplomas: Miss Katherine W. Ryan, Toronto; Miss Ella M. Hamer, Port Arthur; Miss Sophia Mahoney, Atherley; Miss Virginia Hooey, Blackstock; Miss Catherine Tighe, Sandhill; Miss Maude Lalonde, Toronto; Miss Martha Gendron, Penetanguishene; Miss Emma Allard, Midland.

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There are three reasons why SOZODONT LIQUID is essential to the sick room.

*First*,—Being an ALKALINE LIQUID, it penetrates the little crevices of the teeth that cannot be reached by the tooth brush, thus neutralizing and destroying the mouth acids that collect therein.

*Second*,—Being an excellent ANTISEPTIC, it not only thoroughly cleanses but purifies the teeth and mouth, and puts them in a healthy condition.

*Third*,—It is just sufficiently ASTRINGENT to keep the teeth tight in the gums and render the latter strong and well.

These are indeed three important things to know about SOZODONT, but you must also know its delicious and lasting fragrance will not only give tone to the mouth but makes the patient feel thoroughly refreshed. You cannot know the delights of SOZODONT until you have tried it. Should your patients prefer a Powder or Paste, SOZODONT Tooth Powder or SOZODONT Tooth Paste should be used in preference to any other, for they alone are absolutely free from acids, or gritty substances, such as punice, powdered quartz, charcoal and the like. The SOZODONT preparations have the abrasive properties without the grit, and are especially recommended where the enamel of the patient's teeth is soft.

SOZODONT Liquid, Powder and Paste on sale everywhere or by mail for the price, 25c.

Our pamphlet "The Care of the Teeth," will interest those who have good teeth and wish to keep them so. Sent free.

**HALL & RUCKEL**  
NEW YORK CITY

THE graduating exercises of the Stratford General Hospital were held on June 29th. The presentation of diplomas and medals was made in the open air immediately before the central entrance. The Hon. Thomas Ballantyne was the chairman, and he was surrounded by Mayor Ferguson, Col. Leyfert and Dr. Rankin. Rev. W. T. Cluff opened the proceedings and Mr. E. T. Dufton, chairman of the hospital board, made a few remarks about the work of the institution. Dr. Rankin delivered an interesting and instructive address to the nurses, and Mayor Ferguson presented the diplomas and Colonel Leyfert, as always, gave the medals to the following nurses: Miss E. Kidd, gold medalist; Miss L. Fleming, Miss A. Keeler, Miss A. Turner, Miss B. Harrison. The guests were received by Miss Chillman, Lady Superintendent of the Hospital, assisted by Mrs. D. M. Fraser.

THE graduating exercises of the Guelph General Hospital Training School were held on the evening of Thursday, September 27th, in Carnegie Hall. The diplomas and pins were presented by the speakers. Mr. A. W. Alexander, Chairman of the Board of Directors, occupied the chair, and on the platform with him were several of the prominent men of the city. Mr. Alexander briefly dwelt upon the work the hospital was doing and its financial needs. In the eighteen years that the Training School has been established nearly 100 nurses have graduated, and 75 per cent. of these are still on active duty. The speakers were: Mr. Donald Guthrie, K.C., who presented diploma and pin to Miss Ida Waterous, of Guelph; Alderman Stewart to Miss Ethel Cannon, Walkerton, Ont.; Rev. J. M. Glassford to Miss Edith Burling, Milton, Ont.; Dr. Angus MacKinnon to Miss May Love, Brampton, Ont.; Alderman Ryan to Miss Agnes Gibson, of Palsey, Ont.; Mr. Robert Melvin to Miss Annie Caulfield, Guelph; Mr. J. P. Downey to Miss Ollie Bailey, Rockwood, Ont., and Mr. Jas Goldie to Miss Beatrice Prosser, Drayton, Ont.

THE graduating exercises of St. Joseph's Hospital, Chatham, Ont., were held in the Lecture Room of the Hospital on Thursday evening, October 4th, when Miss Eugenia Belleperche, Walkerville, Ont., received her diploma and medal. She was also presented with an address, a volume of nursing literature and flowers by the nurses. Dr. J. L. Bray gave a short sketch of the growth and progress of the hospital, and the urgent need of increased accommodation to meet the demands of the public and of the Training School, which, though recent, already numbers nineteen graduates. Dr. J. L. Bray, Dr. Charteris, Dr. R. V. Bray, and Dr. Sullivan gave addresses, in which, among other qualifications for the nurse, they spoke of the necessity of discretion and a practical knowledge of domestic science. Rev. Father James, O.F.M., acting as chairman, thanked the medical staff, on behalf of the Sisters, for their valuable assistance in theoretical and practical instruction during the past, and hoped they would continue their kind interest and co-



## GLYCO-THYMOLINE AND THE TRAINED NURSE.

The above title is aptly termed, on account of the close association of these important factors in the treatment of disease. The physician hesitates to take any important case without the service of his nurse. He has a like attitude toward Glyco-Thymoline. Dr. Harry Plympton, of Brooklyn, N.Y., recently made the statement that he would as soon attend an obstetric case minus his satchel or necessaries as to go without Glyco-Thymoline.

The trained nurse should be made familiar with every detail in the action and special advantages of this solution. Its alkalinity, combined with the exosmotic properties, make it a most valuable antiseptic as an adjunct to the treatment of eruptive fevers as well as for diseased conditions of the mucous membrane in any part of the body. As a pleasant means of sterilizing and maintaining a normal condition of the mouth, Glyco-Thymoline has no equal. It will be found most useful in obstetrical practice, allaying the extreme soreness of the parts, depleting the engorged membrane and entirely overcoming the disagreeable odor of the lochial discharge. Strict observance of the laws of hygiene will mean not only health and comfort for the mother, but the saving of thousands of infants from that dread disease, Ophthalmia Neonatorum.

Glyco-Thymoline is indicated in all branches of Gynecology; as a mouth wash and sponge bath in all infectious diseases; in intestinal, stomach and bladder irrigations, detailing its advantages as a prophylactic measure for tubercular conditions as well as all other diseases of the contagious type.

One of these special bottles of GLYCO-THYMOLINE will be sent

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to any TRAINED NURSE on application.

We want you to know the value of GLYCO-THYMOLINE. It stands on its merits.

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210 Fulton Street, New York

operation. During the past year the operating room of St. Joseph's Hospital was enlarged, and new appliances added, giving the hospital unusually excellent facilities for surgical work and ranking second to none in the province.

The new Vancouver General Hospital was opened in January, 1906. It is a spacious and imposing building of grey granite, with a delightful view of the city, English Bay and the mountains.

The central part of the building is devoted to the administration department, while the wings are entirely for patients. The floors are all of polished Australian hardwood except the eight rooms of the operating department and the bathrooms and lavatories, which have floors and walls of white tile.

Each public ward contains sixteen beds, admits light and air on three sides and opens on a wide balcony. There are also balconies provided for every five private wards.

Telephones connecting the different departments, electric elevators and waiters to the different floors; with the latest improvements in hospital equipment and sanitary arrangement, all combine in making "the General" a hospital of which Vancouver is justly proud. The officers are as follows: Chairman, Campbell Sweeny; Vice-chairman, B. T. Rogers; Treasurer, Wm. Skene; Secretary, D. Mowat; and the Superintendent is Miss Macfarlane, formerly of Toronto General Hospital.

THE graduating class of 1906 at Toronto General Hospital will long remember with great pleasure the evening of Oct. 19th, when a large attendance, great interest and good addresses marked the graduation ceremonies. The theatre was quite transformed and the addresses of Mr. J. W. Flavelle, Chairman of the Board, and the Hon. J. W. St. John, Speaker of the Ontario House, were listened to with much attention. Prizes were presented by Mrs. Walter Lee, Dr. O'Reilly and Dr. J. N. E. Brown. The graduates are: Claire Eugenie Avery, St. John's, Newfoundland; Lillian Ellen Bate, Scotch Block, Ont.; Alice Budge, Port Hope, Ont.; Carrie Louise Cherry, Bowmanville, Ont.; Amy Constance D'Espard, Toronto, Ont.; Ida May Irene Freeze, Doaktown, N.B.; Mary Flora Galbraith, Bowmanville, Ont.; Mary Alecia Husband, Oakville, Ont.; Florence Helen Jones, Belleville, Ont.; Jean Mabel Kniseley, Port Colborne, Ont.; Lottie E. Lawson, Sackville, N.B.; Sarah Dorothy Livingston, Point Edward, Ont.; Margaret Allen McCredie, Niagara Falls, Ont.; Jean McTavish, Napier, Ont.; Lillian Rowntree, Thistletown, Ont.; Janet Scott, Malverin, Ont.; Mary E. Switzer, Rannoeh, Ont.; Mary Emma Young, Bradford, Ont.. Miss Snively, the Superintendent of the Training School, read a most excellent report, which we regret that space will not allow us to give in full. The School has now existed for a quarter of a century, and has trained 441 nurses, of which 249 are still discharging professional duties, about 160 in private nursing, 8 as missionaries, and a large number as Superintendents and assistants. 141 are married. Miss Snively also referred in her report to the hope

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

## Glyco=Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of GLYCO-HEROIN (SMITH) explain the curative action of the Preparation in the treatment of

**Coughs, Bronchitis, Pneumonia, Laryngitis,  
Pulmonary Phthisis, Asthma, Whooping Cough  
and the various disorders of the breathing passages.**

GLYCO-HEROIN (SMITH) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the bye-effects common to those drugs.

DOSE.—The adult dose is one teaspoonful, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request.

MARTIN H. SMITH COMPANY,  
NEW YORK, U. S. A.



and prospect that the nurses would soon receive a training in dietetics in the Domestic Science Department of Toronto University. During the year there have been 594 applications for entrance, of whom 53 were accepted as probationers. The demand for special nurses increases—3,382 days of special nursing is the year's record for the hospital. The present staff of the School is: Assistants, 2; night supervisor, 1; head nurses, 6; pupils, 71; probationers, 15. The chairman, Mr. Flavelle, paid a cordial and well-deserved tribute to Miss Snively before declaring the proceedings closed.

The State Civil Service Commission of New York will appoint an inspector to the above position by open competition. The conditions are stated as follows in the *American Journal of Nursing*:—

The position is open only to women. The minimum salary is \$1,800 and the maximum \$2,100. Candidates must be citizens of the United States and legal residents of the State of New York and at least twenty-one years of age. They must be registered nurses and graduates of registered nurse training-schools with at least five years' experience since graduation in supervision, administration or instruction in a nurse training-school.

Candidates will not be required to appear at any place for examination, but they must execute application form E-10 and file it in the office of the Commission on or before September 4. They must also prepare and file with the Commission on or before September 10 two theses not exceeding 5,000 words in all on two of the following topics:—

*Group A.*

- (1) A model training-school building.
- (2) A model ward and its staff.
- (3) The equipment of a training-school building.
- (4) The training-school kitchen.

*Group B.*

- (1) The essential of a well-balanced curriculum for a training-school.
- (2) The organization and management of a training-school.
- (3) The improvement of present methods of teaching in training-schools.
- (4) The place of theoretical and of practical training for nurses.

One topic must be chosen from Group A and one topic from Group B. Theses must be the original composition of the applicant and must be typewritten in double space upon paper of legal size, either 8 x 13 or  $\frac{1}{2}$  x 14 inches, written on one side of the paper and securely fastened together. They must be signed with the name of the applicant. These theses will be rated for general excellence of composition and for the value of the discussion given. In making up the standing each thesis will be given a weight of 2 and the education, experience and personal qualifications of the applicant will be given a weight of 6.

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Absolutely pure, with a most delicious flavor, made by a scientific blending of the best cocoa beans grown in different parts of the world.

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## BIRTHS.

HARDY.—In August, at Sherridan, to Mrs. Hardy, a son. Mrs. Hardy (nee Carpenter) was a graduate of the Toronto General Hospital.

HOUSTON.—On July 26th, at 2208 Kinkel Ave., Cleveland, to Mrs. Alex Houston, a son. Mrs. Houston was a graduate of the Toronto Western Hospital.

At the Manse, Ethelbert, Man., on June 5th, 1906, to the Rev. C. H. and Mrs. Monro, twin sons. Mrs. Monro, formerly Miss Eyres, is a graduate of Toronto General Hospital, Class 1900.

## MARRIAGES.

BAMFIELD—GRACEY.—At the Manse, Gananoque, Dorothy E. Gracey to Woodruff Bamfield, of Havana, Cuba.

SMITH—CRERAR.—On Sept. 24th, at Shakespeare, Ont., Mr. A. W. Smith to Miss Tina McGregor Crerar. Mr. and Mrs. Smith will reside at Balmy Beach.

MC CALLUM—HYDE.—At the home of Thos. Hyde, Richview, Kilkenny, Ireland, on August 25th, by the Rev. A. Hogg, Mary Caroline (May) Hyde to John McCallum of Dauphin, Man.

MCPHEDRAN—MCNISH.—At the home of the bride's mother, Mrs. Jane McNish, Elm Grove, L yn, on Wednesday, October 24th, by the Rev. C. A. E. Pocock, Maud Louisa McNish to Archibald George McPhedran, B.A., M.B., of Stroud, Ont.

KNIGHT—GLOVER.—The home of Dr. and Mrs. Shaw, Springfield, was the scene of a quiet wedding Tuesday evening, Sept. 25th, when their sister, Miss Madge Knight, graduate nurse of St. Thomas, became the bride of Mr. John H. Glover, hardware merchant, of Aylmer. Rev. Mr. Farney, of Aylmer, officiated.

## WINNIPEG NEWS.

MISS GILROY is once more engaged in private nursing in Winnipeg.

THE Nurses' Registry at 375 Longside Street, has 113 names on the list and one graduate male nurse.

MISS HUGGART, of Revelstoke, B.C., Hospital, has come to Winnipeg and engaged in private work for the winter.

MISS WILSON, Superintendent W. G. H., has had as her guest Mrs. D. H. Macdonald, (Nurse Benson of the W. G. H.) of Fort Qu' Appelle.

MISS DOUGLAS WILSON has resigned the assistant superintendency of Portage la Prairie and has come to Winnipeg to do private nursing.

# LINENS FOR THE SICK-ROOM

**Simpson's as a supply depot for Sheets, Pillow Cases, Dress Linens, English Cambrics, etc.**



**T**HE Linen and Staples Department of this store will particularly interest professional nurses. So often they find the homes of their patients imperfectly supplied with the bed-linen necessary to the proper care and comfort of the sick. In such cases it is well to know that this store is well equipped to supply all that is needful, economically and well. We occupy a very high place in the opinions of the house-keepers on this very account, and nurses have only to make themselves acquainted with the department to prove how well that opinion is deserved.

We give you a few quotations on goods such as have made this department famous.

**Hemmed Torn-off Sheets** made from selected cottons, full bleached, 2-inch top hem, 1-inch bottom hem. Plain weave—63x90 in., per pair, 98c, \$1.15, \$1.35; 72x90 in., per pair, \$1.10, \$1.25, \$1.35, \$1.50; 80x90 in., per pair, \$1.25, \$1.40, \$1.60. Twill—63x90 in., per pair, \$1.20, \$1.35; 72x90 in., per pair, \$1.15, \$1.35, \$1.50; 80x90 in., per pair, \$1.45, \$1.60, \$1.75.

**Hemmed Pillow Cases** made from good cottons torn-off 2-inch hem, laundered ready for use. 40x36 in., per pair, 25c, 30c, 35c, 40c; 42x36 in., per pair, 33c, 40c, 45c, 50c; 44x36 in., per pair, 35c, 40c, 45c, 50c.

**Hemstitched Sheets.** Fine American spoke hemstitched sheets, good heavy weight, torn ends, plain weave. 72x90 in., per pair, \$1.90, \$2.10; 81x90 in., per pair, \$2.10, \$2.25.

**Pillow Cases.** English and American spoke, hemstitched, superior quality. 52x36 in., per pair, 45c, 50c, 60c, 70c; 45x36 in., per pair, 50c, 55c, 60c, 75c.

**Bleached Sheetings,** pure soft finish, best English and Canadian makes, full bleached. Plain—7/4 or 63 in., per yd., 20c, 22c, 25c; 8/4 or 72 in., per yd., 21c, 24c, 26c, 28c; 9/4 or 80 in., per yd., 21c, 27c, 30c, 32c. Twill—7/4 or 63 in., per yd., 23c, 26c; 8/4 or 72 in., per yd., 22c, 25c, 28c, 30c; 9/4 or 80 in., per yd., 28c, 30c, 33c.

**Pillow Cottons** made by best English and Canadian makers, pure finish, selected yarns. Plain—10 in., per yd., 12½c, 14c, 16c, 18c; 42 in., per yd., 14c, 15c, 18c; 45 in., per yd., 15c, 16c, 20c. Circular—40 in., per yd., 15c, 16c, 20c, 25c; 42 in., per yd., 16c, 17c, 21c, 26c; 44 in., 17c, 18c, 22c, 27c.

**White Dress Linens** We have gotten together the finest stock of white dress linens ever shown in Toronto. No pains or money has been spared to make this a season to excel. Fine and coarse weaves all widths and makes are included in our display from Ireland, Scotland, Belgium and all the leading linen centres, at prices as follows: 36 in., per yd., 25c, 30c, 35c, 40c, 45c, 50c, 60c; 40 in., per yd., 45c, 50c, 60c, 65c, 75c; 45 in., per yd., 45c, 50c, 60c, 65c, 75c; 72 in., per yd., 75c, 90c, \$1.00, \$1.25.

**English and Scotch Zephyrs and Oxfords.** We have found a demand for certain patterns for nurses' costumes, etc., and we have prepared for that demand. We have been told that nowhere else is such a range of really beautiful goods at such prices being shown. They include light, medium and dark colorings in stripes of different widths, finest finish and absolutely fast colors, per yard, 10c, 12½c, 15c, 18c, 20c, 25c.

**Single White Quilts.** English, American and Canadian makes, pure finish, firm weave, good designs, medium and heavy weight, pearl or hemmed ends, 10/4 or single bed sizes at, each, 75c, \$1.00, \$1.25, \$1.50, \$1.75. (We can supply these in quantities.)

**English Cambrics** for fine underwear, or any use for which fine, pure-finished cambrics are used. We are showing three special lines made from selected yarns, finest finish, 36 in. wide, round even thread, at, per yard, 8½c, 10c, 12½c.

The **SIMPSON** Company  
Robert **SIMPSON** Limited  
TORONTO, ONT.

MISS VANCOUR, graduate of Galt Hospital, who now lives in Winnipeg, spent a short holiday recently visiting friends in Galt.

MISS MCBRIDE, graduate General Hospital, Dauphin, has been appointed Superintendent of the General Hospital, Battleford, Sask.

MISS MCCALLUM (*nee* Hyde, T. G. H. '99) with her husband returned to her new home in Dauphin, after her marriage at her home in Ireland.

THE beautiful new Nurse's Home of the W. G. H. will be ready in about a month, and Miss Wilson expects to get the nurses all settled in it by Christmas.

MISS MCARTHUR, Head Nurse of the Maternity Department of the Calgary General Hospital, has resigned, in order to take the position of Matron of the MacLeod General Hospital.

MISS ANNA CANTY, has resigned her position of Superintendent of the Masonic Hospital, Morden, Man., to take that of Superintendent of the Training School of St. Bernard Hotel Dieu, Chicago, Ill.

MISS BOWMAN lately doing private nursing in Winnipeg, having come from Hamilton Hospital, Ont., has just been appointed superintendent of Portage la Prairie Hospital *vice* Miss Palmer, resigned.

MISS MCCULLOCH, the Victorian Order of Nurses in Winnipeg, has moved to 451 Sargent Avenue and expects shortly to have another Victorian Order Nurse to assist her—the work has grown rapidly.

NURSE JEAN CRAIG, Chatham, has returned to Winnipeg, after spending the summer at her home in Burgoyne, Ont. Unfortunately she contracted grippe, which was followed by pneumonia, but is now slowly convalescing.

THE meetings of the Association of Graduate Nurses have not been able to be held on account of lack of quorum the past two months, so many of the nurses being out at country points and those in the city being too busy to meet.

MISSSES COBBE AND PENTLAND, W. G. H.; Nurse Hogan, St. Michael's, Toronto; Nurse Guthrie, Glasgow, Scotland; and Nurse Grant, have all gone from Winnipeg to work in the Emergency Typhoid Hospital at Regina, Sask.

MISS JOSEPHINE LUNDY, graduate G.H., Toronto, has resigned from the nursing staff of the Galt Hospital, Lethbridge, and will return to Ontario in December. Her position on the staff will be filled by Miss Olive Allison, Napanee.

MISS JEAN MATHEWSON, graduate of Winnipeg General Hospital, has resigned her position of Superintendent of the Royal Inland Hospital, Kamloops. She has been succeeded by Miss Barker, graduate G.H., Calgary, and formerly surgical nurse in the Royal Columbia Hospital, New Westminster.

# Dioxogen

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ANTISEPTIC AND DISINFECTANT

AS POWERFUL AS

BICHLORIDE OF MERCURY

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**H A R M L E S S**

☞ Of great value in dressing wounds, dissolving pus and dried secretions on contact, it renders the removal of bandages easy and painless, besides exerting the most beneficial influence on the wound itself.

☞ A pronounced styptic and a positive deodorant.

☞ As a prophylactic, Dioxogen is without a peer and is of inestimable worth to nurse and patient alike, destroying disease germs and preventing contagion. It can be used freely in the mouth or any part of the body without a suspicion of harm, but with all the benefit which an antiseptic alone confers.

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The Oakland Chemical Company  
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MISS WALLS, Victorian Order, has been engaged by the McKellar Hospital, Fort William, to train the nurses of the school in district nursing.

THE Dauphin Ladies' Hospital Aid Society have donated a handsome dinner set to the Nurses' Home, and six screens for use in the wards; both the dishes and screens were much needed. The Dauphin ladies have done a great deal for the hospital and their efforts are much appreciated.

AT the St. Vincent de Paul Hospital, on July 9th, twelve Sisters received diplomas, eleven of them remaining in the Institution to carry on the work. Dr. Jackson gave an excellent address and His Grace Archbishop Gauthier took part in the exercises. The new session of the Training School began on October 15th.

MR. AND MRS. JOHN MCCALLUM, who were recently married in Ireland, are at present visiting friends in Ontario. They will shortly return to Dauphin, Man., and will reside on Mr. McCallum's ranch, near the town. Mrs. McCallum is a graduate of the Toronto General Hospital, and until shortly before her marriage was matron of the Dauphin General Hospital.

THE typhoid season in Winnipeg has not been as severe as usual, but the country districts and small towns and villages have been badly afflicted, more especially owing to the large number of railway construction camps all through the west. In consequence Winnipeg has been called on to supply nurses all through the West and at present there are forty-two nurses out in the country.

THE Ladies' Hospital Aid has taken up the much-discussed question of a Convalescent Home. The latter is felt to be badly needed, especially in Winnipeg, where there are so many emigrants and transients that patients are often turned out of the hospital too early after convalescence begins in order to make room for more serious cases, as they have only boarding-houses and hotels to go to, a remedy had to be found. The Ladies' Aid had entered into negotiations for a suitable house with grounds and hope to have it open early next month. Miss Allward to be matron.

THE Portage la Prairie Hospital is one of the best equipped, although not the largest, in Western Canada. The first steps towards founding the hospital were taken in 1896, when incorporation was secured from the Manitoba legislation, under the name "The Portage la Prairie General Hospital." There was some delay in taking advantage of the Act of incorporation and it was not until 1898 that the hospital was opened in the old Central Judicial District Court House and gaol, which the Government of the day gave free of cost to the board, and which the board converted into a neat and up-to-date hospital. The whole interior of the building was remodelled until nothing remained to remind one of the purpose for which the building had formerly been used. The new hospital was cosy, comfortable and homelike, and everyone thought

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it large enough to provide accommodation for quite a number of years, but people did not realize the manner in which their town was to grow and the popularity that their hospital was in a short time to attain. In a few years it became evident that additional accommodation was necessary, and in 1904 preparations were made for building a new wing practically as large as the hospital itself. This was completed during the present year and opened in April last. The enlarged building has been excellently laid out, and everything about the hospital presents the air of neatness, comfort and cheerfulness so necessary in the treatment of the sick. Evidence is seen on every hand of the care that has been taken in the re-arranging of the building. The first floor of the old wing, as it is called, contains the entrance, the office, the apartments of the Lady Superintendent, quarters for the junior and senior nurses, nurses' dining and sitting rooms, servants' quarters, kitchen, etc. The second floor of this wing is devoted to medical cases; the second floor of the new wing is used for surgical cases. Here is also the operating room, an exceptionally well-lighted and equipped room, and off it the usual anaesthetic and antiseptic rooms. The lower floor of the new wing has been set apart for maternity cases. The new wing has been furnished by the Ladies' Aid, assisted by a number of friends of the institution. There is now in the hospital accommodation for 42 patients, and the staff consists of the Lady Superintendent, Head Nurse, and ten nurses and probationers. Of the building it may be said that it is of white brick, massive in appearance and placed in the centre of large grounds. Since it was opened the hospital has met with almost phenomenal success. The Training School was opened in 1900, with two probationers, under the management of Miss Fahrer, the present Superintendent, a graduate herself of Nicholls' Hospital, Peterboro. Miss Fahrer designed the medals and diplomas given to the graduates of the Portage la Prairie General Hospital, of whom there are nine: 1903, Miss Jessie Macdonald, Winnipeg; Miss Emily McCauley, Portage la Prairie. 1904, Miss Mary Haching, British Columbia; Miss May Garrioch, Winnipeg. 1905, Miss Edith Beers, Carberry, Man.; Miss Ethel Chambers, Vancouver; Miss Nellie Thompson, Portage la Prairie. 1906, Miss Eva Blackburn, Portage la Prairie; Miss Edith Hughes, Portage la Prairie.

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#### MONTREAL NEWS ITEMS.

MISS FLORENCE ANDREWS, graduate of the M.G.H., 1899, has gone to reside in Winnipeg.

MISS MONTGOMERY, Superintendent of the Alexandria Hospital, Montreal, spent her holidays in Toronto.

MISS TEDFORD, of the Montreal General Hospital, has returned after a most enjoyable trip to England and Paris.

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**MRS. MARY S. FOY, Superintendent**

THE marriage of Miss Jessie Helen Sharpe, graduate M.G.H., Class 1897, to Mr. George C. Weles took place in Montreal on October 14th, 1906.

THE marriage of Miss Ann Malloch, M.G.H., '05, daughter of the late Dr. Malloch, of Ottawa, to H. S. Grindley, Esq., Montreal, took place in Ottawa on August 27th.

MISS F. M. SHAW, who has taken a course at Columbia University Teachers' College, N.Y., has returned to the Montreal General Hospital as Instructress to the Nurses.

MISS HODGINS, M.G.H. '03, has resigned her position as Assistant Superintendent of the Jeffrey Hale Hospital, Quebec. Miss Mary Shaw, M.G.H., '05, has accepted the position.

MISS LINDA RICHARDS (Michigan Asylum for Insane) addressed a large and enthusiastic meeting of the Wayne Co. G. N. A. recently.

WE are sorry to hear that Miss Katie Brock (M.G.H., '05), Night Superintendent at the Polyclinic Hospital, Philadelphia, is laid up with typhoid fever. Her sister, Miss Maud Brock, has gone to Philadelphia to be with her.

THE marriage of Miss Marion Travers, graduate M.G.H., Class '04, and second daughter of J. B. Travers, Esq., of Shingawak, P. Que., to Charles M. Mearns, Esq., of Montreal, took place in August in St. Paul's Church, Shingawak.

THE Samaritan Hospital for Women, of Montreal, has issued a very interesting Report. During the year there were admitted 146 women, 118 surgical patients and 28 medical patients. The Lady Superintendent of Nurses is Miss Leslie, and the hospital is now at 394 Dorchester St. West.

MISS ETHEL BAILEY (Women's Hospital, Montreal), has been appointed Assistant at Dr. Barber's Sanitarium, Charleston, W. Va. Miss Bailey and Mrs. Steele (Superintendent of Dr. Barber's Hospital) are both graduates of the Pennsylvania Orthopædic Institute, Philadelphia. Five other Canadian nurses took the summer course at the same institution.

A VERY successful tea was held at the Montreal General Hospital Graduate Nurses' Club, Park Avenue, on Wednesday afternoon, October 10th, when the club members were at home to the graduates of the Royal Victoria and General Hospitals and the Superintendents of the Montreal Maternity Western General and Homeopathic Hospitals. Owing to the unavoidable absence of Miss Livingston, the Honorary President, Miss F. M. Shaw, Vice-President, received. The rooms were prettily decorated with red roses and red and white carnations. Among those present were the Misses Henderson, Lewis, Pentland, Aitkin, Shaw, Dodd, Tedford, Young, M. V. Young, Baikie, Bulloch, Beattie, Hunter, Pomeroy, Smardon, Parker, Dawson, Kingnan, Mrs. Stanley, Mrs. Grindley and many others.

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THE new Mackenzie memorial wing of the Jeffrey Hale Hospital, Quebec, founded by the bequest of the late Elizabeth Mackenzie, wife of Lieut.-Col. J. S. Turnbull, was officially opened on September 24th in the presence of the ministers and a large representation of the various Protestant Churches of Quebec. The new wing cost \$100,000. Besides being a school for trained nurses, it is divided into three special departments, one for incurable males, one for incurable female patients, and one as a maternity hospital. All three floors are well laid out in wards and private rooms and are well furnished. The apartments for the nurses are separate, reached by a staircase from the ground floor. There are twenty bedrooms, a parlor, dining room, etc., handsomely furnished. The occasion was a delightful one. A beautiful memorial window to Mrs. Turnbull was much admired.

THE members of the Alumnae Association of the Royal Victoria Hospital held their annual meeting Oct. 10th., 1906. The interest in the Association has been maintained. Miss Gilmour, the President, addressed the meeting and reports were read by the officers. The practical interest in this Association shown by the doctors and friends of the hospital during the past year was much appreciated by the nurses. In the death of Dr. James Stewart the nurses felt that they had lost a friend who could not be replaced. It was resolved that a letter expressing sympathy be sent to the sorrowing relatives. Miss Gilmour, our much esteemed President, was unanimously re-elected. Officers for the ensuing year: Honorary Presidents, Miss Draper, Mrs. Hunt, Miss Henderson; President, Miss Gilmour; 1st Vice-President, Miss Grant; 2nd Vice-President, Miss Lewis; Treasurer, Miss Hall; Secretary, Miss Corneil; Cor. Secretary, Miss Cooper; Executive Committee, Misses Freeland, Anton, MacIntosh, Horsey and Beatty. Miss Henderson entertained the members in her rooms after the meeting.

*The Catholic Nurses' Magazine*, in its dainty blue cover, and with its true motto—*Amare et Servire*—is now a welcome quarterly visitor to us.

THE November number of *The Quarterly*, of the Illinois State Association of Graduate Nurses, is very attractive in its cover of blue and white. There are three special departments—Philanthropy, Domestic Science, and the Department of the Visiting Nurse and the White Plague. The articles are all interesting.

*The Queen's Nurses' Magazine*, which appears three times in a year (and only costs 1s. 3d. a year), is one of the best nursing journals in the world. The frontispiece in the last number is charming, showing an old-style nurse and a new, side by side. Two of the best articles are on "Opsonins" and "School Nurses" respectively.

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## The Nurse's Library.

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WE are indebted to Mr. Axel C. Hallbeck for a reprint of his valuable article on *The Physiological Effects of Massage*. Mr. Hallbeck is well qualified to write on this subject, as he holds the qualifications of a masseur from the Royal Swedish Board of Medicine.

As usual there are many good things in the October *Delineator*. Ever so many fine fashions, with plates, a pretty story by the Countess von Arnheim (author of *Elizabeth and her German Garden*), serials, a tempting kitchen department and many other good things, including "The Art of Pleasing" are here.

*The Health of the Nation* is the name of a new periodical which is the official organ of a very important body, "The National League for Physical Education and Improvement." The first number is an excellent one, and we hope that the magazine will have great success. It is published at 49-50 Denison House, Vanstead Bridge Road, London.

*Infant Mortality: A Social Problem.* By GEORGE NEWMAN, M.D., D.P.H., F.R.S.E. London: Mathuen & Co., 1906. 7/6.

Dr. Newman, the medical officer of Health for Finsbury, has made a special study of *the* problem of preventive medicine, viz.: Infant Mortality. The present volume, if we are not greatly mistaken, will be the standard work on the subject for many years to come. In arrangement, in completeness, in practical suggestions, and in thoughtful treatment of the whole subject, it surpasses any other work on the subject. The last three chapters, on preventive methods, are of especial value. We heartily commend it to our readers.

*No Friend Like a Sister* is the name of ROSA NOUCHETTE CAREY'S new book. London and Toronto: MacMillan & Co.

Our readers will be interested to know that this "Sister" is a hospital nurse, who established an ideal nursing home.

*Physical Efficiency.* By JAMES CANTLIE, M.A., M.B., D.P.H. London and New York: G. P. Putnam's & Sons. 1906. 3/6.

Mr. Cantlie has produced an interesting and an important book. As Sir James Crichton-Browne says in the *Foreword*, it has a message for everybody. And besides, one cannot help reading it, for it is a delightful book. From the picture of little Prince Henry of Wales as frontispiece, from the words of a "Canadian comrade in arms," on p. 9, from the remarks about Australia, on p. 44, and

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*Midwifery for Midwives.* A. B. CALDER. London: Bailliere, Tindall & Cox. 1/6.

Dr. Calder's great experience in lecturing to nurses and his thorough knowledge of his subject are very apparent in this useful and practical pocket text-book, containing questions and answers on all the obstetric nurse's duties. It would be of great assistance in preparing for an examination.

ASK any woman of 55 whether she can do as much with money now as she could when she was 25. Her answer should convince Nurses that the earning years of life should be the saving years. Perhaps no financial institution has given so much thought to the subject of Women's Savings as has the Crown Bank of Canada. Every day there is the same maxim in the papers—"Save while you are able to earn!"—though twisted into different forms. This Bank has done everything it can think to induce women to look upon their earnings as seriously as men do upon theirs, has opened a special Women's Room at 34 King Street West, in order that Banking may be made easy for the uninitiated and comfortable for those who understand it; employs women officials and is training them to become expert Bankers, asks you personally to use this room and to deposit your earnings in the Savings Department connected with it

DR. De Soto and Dr. Crompton publish in the *Lancet-Clinic* an article on "Cough" and the remedies used for it in the Wayside Mission Hospital, Seattle, Washington. They say: "We are convinced that Glyco-Heroin (Smith) has no competitors in results, its action being almost specific."

INTERESTING FIGURES.—Within six months, from January 1 to June 30, 1906, three thousand and forty-one mechanical treatments, such as massage, gymnastics, electric and hydriatic treatments, were given at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy (Inc.), 1711 Green Street, Philadelphia. As all the patients reporting at this institution have to bring an order for treatment by their attending physician, this shows how mechanical treatments grow in favor with the medical profession. It further proves the extensive experience the students get who study mechano-therapy at such an institution. Winter classes open Jan. 15, 1907.

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